

Imperial College Healthcare NHS Trust

Inspection report

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Date of inspection visit: 26th February to 28th February 2019
Date of publication: 23/07/2019

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?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

Summary of findings

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

Background to the trust

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
 - 302 Surgical beds
 - 70 Children's beds
 - 140 Maternity beds
 - 136 Critical Care beds

Overall summary

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



Summary of findings

What this trust does

In 2019, the trust provided a broad range of services across three acute hospitals, two specialist hospitals and seven renal centres. The trust is registered for the following registered activities;

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery
- Termination of pregnancy
- Family planning
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Management of supply of blood and blood derived products

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.

What we inspected and why

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

Between 26 February and 28 February, we inspected four of the nine core services provided by the trust. We inspected Critical Care at St. Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital. We inspected Maternity services at St. Mary's Hospital and Queen Charlottes and Chelsea Hospital. We inspected Children's and Young People's services at St. Mary's Hospital and Hammersmith Hospital. We inspected Neonatal services at Queen Charlottes and Chelsea Hospital.

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

We inspected Critical Care to check if improvements had been made to the service as we had rated the service as requires improvement at two locations during our last inspection in December 2014.

We inspected Maternity services to check if improvements had been made to the service as we had rated one location requires improvement during our last inspection in May 2017, and the other location had not been inspected since December 2014.

We inspected Children's and Young People's services to check if improvements had been made to the service as we had rated the service as requires improvement at one location during our last inspection in December 2014.

Summary of findings

We inspected Neonatal services to check if improvements had been made to the service as we had rated the service as requires improvement at one location during our last inspection in December 2014.

We did not inspect Gynaecology, End of life care and Diagnostic services because the information we reviewed about the services indicated no change in the safety and quality of these services.

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, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised 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 and responsive as requires improvement, effective and caring as good.
- We rated well-led for the trust overall as good.
- The rating of well-led improved since our last inspection, but the ratings for each of the other key questions remained the same.
- The ratings for each of the trust's acute locations remained the same, except for Queen Charlottes and Chelsea Hospital where the rating had improved.
- Our decisions on overall ratings consider, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

St. Mary's Hospital

- Our rating of hospital stayed the same. We rated it as requires improvement because safe and responsive required improvement, but effective, caring and well-led were good.
- The hospital improved its rating of well-led since the last inspection, but the ratings for each of the other key questions remained the same.
- We inspected Critical Care as part of this inspection to check if improvements had been made. The rating of the service had remained the same. We rated it as good because safe, effective, caring, responsive and well-led was good. The rating for responsive went up, and the ratings for safe, effective, caring and well-led remained the same.
- We inspected the Maternity service as part of this inspection to follow-up on concerns we had from the previous inspection in October 2017. We found that the service had improved, and the rating of the service went up. We rated it as outstanding, because caring and responsiveness was outstanding, and safe, effective and well-led were good. The rating for safe, caring, responsive and well-led went up and the rating for effective remained the same.
- We inspected Children's and young people's services as part of this inspection to check if improvements had been made. The rating of the service had remained the same. We rated it as good because effective, caring, responsive and well-led was good, however safe required improvement. The ratings for safe, effective, caring, responsive and well-led all remained the same.
- We inspected Urgent and emergency care in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe, effective, caring, responsive and well-led required improvement. The rating for well-led improved but the ratings for each of the other key questions remained the same.

Summary of findings

- We inspected Surgery in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement and effective, caring and well-led were good. The rating for well-led improved but the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and caring and well-led were good. The ratings for each of the key questions remained the same.
- We inspected the Maternity service in October 2017 because we had concerns about the quality of the service. Our rating of the service went down. We rated it as requires improvement because safe, responsive and well-led required improvement, and effective and caring were good. The ratings for safe, responsive and well-led went down and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. We did not rate effective. The rating for responsive improved and the rating for well-led significantly improved. The ratings for each of the other key questions remained the same.

Charing Cross Hospital

- Our rating of services stayed the same. We rated it them as requires improvement because safe, responsive and well-led required improvement, but effective and caring were good.
- The hospital ratings for safe, effective, caring, responsive and well-led remained the same.
- We inspected Critical care as part of this inspection to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring, responsive and well-led were good. The ratings for safe, effective, responsive and well-led all went up, the rating for caring stayed the same.
- We inspected Urgent and emergency care in November 2017 to check if improvements had been made. Our rating of the service went down. We rated it as requires improvement because safe, effective, responsive and well-led required improvement, and caring was good. The rating for safe, responsive and well-led went down, and the ratings for each of the other key questions remained the same.
- We inspected Surgery during in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good. The rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service improved. We rated it as good because safe and responsive required improvement; well-led was good, and caring and effective were outstanding. The ratings for effective, caring and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service improved. We rated it as requires improvement because safe, responsive and well-led were required improvement, and caring was good. The ratings for responsive and well-led improved; the rating for safe went down. We did not rate effective.

Hammersmith Hospital

Summary of findings

- Our rating of Hammersmith Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.
- The ratings for each of the key questions remained the same since our last inspection.
- We inspected Children and Young People's services as part of this inspection to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring and responsive was good, and well-led required improvement.
- We inspected Critical care as part of this inspection to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring and responsive was good, and well-led required improvement. The rating for safe, effective and responsive went up and the rating for caring and well-led remained the same. The rating for effective had improved, and the ratings for safe, caring, responsive and well-led remained the same.
- We inspected Surgery in November 2017 to check if improvements had been made. Our rating of the service improved. We rated it as good because effective, caring, responsive and well-led were good, and safe required improvement. The rating for responsive and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good, the rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. The ratings for responsive improved and the rating for well-led significantly improved; the rating for safe went down. We did not rate effective.

Queen Charlottes and Chelsea Hospital

- Our rating of services improved. We rated it them as outstanding because caring and responsive was outstanding and safe, effective and well-led were good.
- The ratings for safe, caring, responsive and well-led had improved since our last inspection in 2014. The ratings for effective had remained the same.
- We inspected Maternity services as part of this inspection to check if improvements had been made. We had previously inspected this service as part of the Maternity and Gynaecology services, so this was the first time we rated this service as a standalone Maternity service. We rated the service as outstanding because caring and responsive was outstanding with safe, effective and well-led being good.
- We inspected Neonatal services as part of this inspection to check if improvements had been made. Our rating of the service had improved. We rated the service as good because caring was outstanding with safe, effective, responsive and well-led being good.

Are services safe?

Our rating of safe stayed the same. We considered the current ratings of services not inspected this time We rated it as requires improvement because:

- The trust did not always manage infection control risks appropriately, for example in children's and young people's services, we found a cross contamination risk when staff did not always wash their hands when moving between different clinical environments.

Summary of findings

- The trust did not always assess risks to the safety of patients in a timely way to support them to stay safe, for example, in critical care venous thromboembolism risk assessments were not always completed for all patients in the acute respiratory unit.
- The trust did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Some core services did not meet the trust vacancy rate targets.
- The trust provided mandatory training in key skills to all staff, but rates of completion were variable between the core services.
- In some areas, the premises and equipment were unsuitable for the service being provided.
- The trust had improved in its management of patient safety incidents, however learning from these incidents were not always shared appropriately to all staff groups in all core services.

However:

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service planned for emergencies and staff understood their roles if one should happen.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Are services effective?

Our rating of effective remained the same. We considered the current ratings of services not inspected this time. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health.

Are services caring?

Our rating of caring remained the same. We considered the current ratings of services not inspected this time. We rated caring as good because:

- Services at Queen Charlotte and Chelsea Hospital had improved and were especially focussed on involving the patient in all aspects of their care and treatment. Staff cared for patients with increased compassion and showed sensitivity. The services provided far-reaching emotional support to patients and their families.
- Feedback from patients across the trust confirmed that staff treated them well and with kindness.
- Staff across the trust involved patients and those close to them in decisions about their care and treatment.

Summary of findings

- Staff across the trust provided emotional support to patients to minimise their distress.

Are services responsive?

Our rating of responsive remained the same. We considered the current ratings of services not inspected this time. We rated responsive as requires improvement because:

- Services were not consistently planned and provided in a way that met the needs of local people.
- People could not be assured of being able to access services in a timely way. Arrangements to assess, admit, treat and discharge patients did not meet national standards.
- The trust consistently did not meet national targets for waiting times.

However:

- The trust took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Are services well-led?

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

- The leadership, governance and culture of the trust promoted the delivery of high-quality person-centred care.

During this inspection we found the trust had made improvements in leadership, culture, engagement and management of risk, issues and performance. (See the 'Is this organisation well-led?' section below for detailed information).

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in critical care, maternity services, children and young people's services and neonatal services.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 47 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

Action we have taken

We issued a requirement notice to the trust. Our action related to breaches of one legal requirement in Children's and Young Person's services at St. Mary's Hospital.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

Summary of findings

What happens next

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

Outstanding practice

- The introduction of a frailty pharmacist was shown to reduce hospital readmissions and reduce waiting time for discharge from the hospital frailty unit.
- The pharmacy team were integrated in to the Trust “Sepsis Big Room” project. Their input into the project included incorporating content from antimicrobial guidelines in to the Electronic Prescribing and Administration (EPMA) system, so that for any patient with a potential sepsis diagnosis, the appropriate antibiotics with relevant dosing, and directions are prompted for prescribers. As a result of the project overall, the trust has seen a 23% decrease in the risk of mortality in all patients with a sepsis alert.
- In the maternity service, staff provided compassionate individualised care. Staff provided extensive support to patients and their relatives and worked hard to meet the holistic needs of their patients through emotional and practical measures.
- The maternity service was especially caring and responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive emotional support and resources to bereaved women and was committed to continually improving the care and services they provided for bereaved parents.
- The maternity service was involved in a wide range of research, innovation and quality improvement projects which resulted in improvements in service delivery and outcomes for patients
- There was a strong culture of multidisciplinary working in the maternity service with specialists to enable woman and baby centred care.
- The bereavement midwife had developed a bereavement midwifery group in the UK and engaged well with stakeholders such as local MPs, NHS England, local charities and the Stillbirth and Neonatal Death Society.
- A translation icon on the trust website could translate vital information on the website to 103 languages from different ethnicity and continents such as Turkish, Polish, Japanese, Greek, Swahili, Yoruba and Urdu.
- The trust had implemented a continuity of care model in the maternity service and community postnatal service for the private patients to improve patient outcome and service provision.
- The maternity service introduced a buddy star award, a scheme to recognise staff for excellent care in foetal monitoring.
- The ‘integrated family delivered care’ approach used in neonatal services gave parents of premature babies a much wider role in the care of their children. The project had improved outcomes for babies and their families and reduced overall length of stay. It won an HSJ award for innovation in 2018.
- Results of the National Neonatal Audit Programme 2017 showed 90% (national average of 60%) of babies born at less than 33 weeks gestation received some of their mother’s milk (either exclusively or with another form of feeding) at time of discharge from neonatal care.
- The Connecting Care for Children (CC4C) initiative was designed to assist in the integration of child healthcare across primary, secondary and tertiary services. The intention was to provide primary care providers with access to specialist paediatric advice, by way of the hospital team delivering community-led surgeries incorporating education, training,

Summary of findings

professional support and outreach clinics. In addition, GPs could access consultant paediatricians via telephone and email, with a same-day response to help reduce the risk of unnecessary admission to hospital. The scheme aimed to empower patients and their parents or carers to self-manage their own care, to provide peer support to others and to engage with local GPs and primary care nursing staff by acting as practice champions. The initiative also won an HSJ award in 2018.

- The critical care service provided extensive opportunities for learning and professional development for nursing staff. There were dedicated clinical nurse educators responsible for coordinating the education, training and continuing professional development for the nursing staff and pre-registration nursing students. The nurse educator also conducted one to one clinical coaching with new nurses. All band five and six nurses were part of a team led by a band seven nurse who acted as their mentor. The mentor was responsible for overseeing their achievement and for completing or delegating the ongoing review of critical care competencies. Junior doctors also commented on a good teaching programme. Staff also benefited from learning from specific incidents and teaching sessions using the bespoke simulation suite on the intensive care unit.
- A 'what matters' board had been introduced on to cardiac ICU. This was placed on the headboard where relatives' patients and nurses could write patient's likes, dislikes, hobbies, what mattered to them such as pets, football team, sport, pastimes and improve their emotional wellbeing during admission.
- There were dedicated clinical nurse educators supporting both general and cardiac ICUs, providing a good support structure, enabling critical care nursing staff to provide good care.
- There was a patient experience user group on general ICU where patients were invited back three months after discharge and given the opportunity to sit down with the group and review their experience. We were given examples where feedback from this group had resulted in several initiatives being introduced. This included visiting hours being extended, installation of glass into the unit door so that people buzzing to get in could see that staff were busy, thus easing frustration and a vending machine being located just outside the unit entrance, for closer availability of drinks and snacks.

Areas for improvement

We found the following areas of improvement,

The trust MUST DO:

Children's and Young People's Services at St. Mary's Hospital:

- The trust must ensure the premises and environment are suitable for the services being provided. The risk of cross-infection must be managed safely in the PICU, especially while building work is ongoing.

The trust SHOULD DO:

Critical Care services at St. Mary's Hospital:

- Ensure that consideration is given to the inclusion of the level 2 acute respiratory beds in clinical audit data submission.
- Ensure there is a formalised approach to organising follow up clinics for patients discharged from critical care areas.
- Ensure that an intensivist review all critically ill patients twice daily.
- Ensure that learning from incidents shared promptly between all staff working in areas where similar incident could occur.

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- The service should ensure there is designated psychological service to meet needs of all critical care patients.
- The service should ensure there are no delays to patients discharges and patients that are not critically ill are cared for in a suitable environment.
- To ensure venous thromboembolism (VTE) assessments are completed for all critically ill patients.

Maternity services at St. Mary's Hospital:

- The hospital should ensure emergency equipment is checked and recorded consistently.
- The hospital should consider improvements to the hospital estate and facilities for the lifts and temperature of some maternity ward areas.
- The trust should ensure policies and guidelines available in hard copies are regularly reviewed and updated.
- The hospital should ensure the maternity early warning scores are completed and scored appropriately by staff.
- The trust should review the cleaning provision of the service to ensure the cleaning environment and equipment are clean to prevent the risk of infection.

Children's and Young People's Services at St. Mary's Hospital:

- The trust should ensure adequate equipment is available for the HDU beds that are part of PICU on the Grand Union Ward.
- The trust should ensure there are adequate defibrillators available in all areas.
- The trust should consider how to ensure there is adequate oversight of all safeguarding cases.
- The trust should continue to develop transitional services for adolescents.
- The trust should consider how to ensure there is adequate mental health care provision.

Critical Care at Charing Cross Hospital:

- Improve compliance with mandatory training levels for doctors in training.
- Minimise mixed sex breaches to ensure patients' privacy and dignity is maintained.
- Consider follow-up clinics are established and the use of patient diaries to support the recovery process of patients.
- Consider addressing the issue of tailgating into the intensive care unit.
- Continue to work with the rest of the hospital to reduce the delayed discharges of patients from the intensive care unit to the wards.
- Continue to ensure the intensive care unit transitions to a fully electronic patient records system.
- Consider when trust wide policies are used, that any guidance, instruction or tools specifically related to critical care is sufficiently signposted for staff.

Critical Care at Hammersmith Hospital:

- Ensure that ongoing review on becoming compliant with intensive care staffing standards is seen through to conclusion and action.
- Ensure that staffing of the renal high dependency beds is benchmarked against national standards.
- Ensure that pharmacy support enables staff to support ward rounds.

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- Ensure that the service risk assess the inconsistent staffing support provided to non-invasive ventilated patients being cared for outside of intensive care units.
- Ensure that wards make timely referrals to the critical care outreach team and that wards act on plans provided by them.
- Ensure that work to standardise compliance and identify a structure for critical services on the site is worked through to conclusion and action.
- Ensure that consideration is given to the inclusion of the level 2 renal beds in the steering group work to standardise compliance and identify a structure for critical services on the hospital site.
- Ensure that identified risks are worked through and resolved.

Children's and Young People's Services at Hammersmith Hospital:

- The trust should ensure the unit has a formal protocol in place for how often and when toys should be cleaned.
- The trust should ensure that the role of the 'safe to wait' nurse is formalised in order to maintain the safety of patients waiting to be triaged in the ambulatory care unit.
- The trust should consider putting into place appropriate formal interim arrangements until the band 7 unit manager position is filled.
- The trust should follow through with plans introduce video conferencing capability to the unit to enable greater unit involvement in wider directorate and divisional meetings.
- The service should consider routinely collating data such as waiting times and the time it takes patients to be treated and discharged.
- The trust should consider putting into place a formalised strategy in place for the service.

Maternity services at Queen Charlottes and Chelsea Hospital:

- The trust should improve the monitoring of emergency equipment to ensure it is safe and effective for patient use.
- The trust should improve the midwife to birth ratio in line with national recommendations.

Neonatal services at Queen Charlottes and Chelsea Hospital:

- The service should continue efforts to reduce nurse vacancy rates.
- The service should consider options to improve limited space around cots.
- The service should continue efforts to improve hand hygiene compliance.
- Managers should appraise all staff's work performance.
- The service should consider using pain assessment tools.
- The service should offer guidance regarding parental capacity.
- The service should address staff survey results regarding relation with senior management.

Summary of findings

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.

The leadership, governance and culture of the trust promoted the delivery of high-quality person-centred care.

Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There have been several changes in senior leadership since the last inspection. Following his appointment as CEO at NHS Improvement, Ian Dalton was replaced by Professor Julian Redhead, acting as the interim chief executive officer, from 4 December 2017. Professor Tim Orchard was appointed as chief executive officer from 7 June 2018. Professor Orchard was formerly the trust's interim medical director and divisional director of medicine and integrated care. The trust also had a new Chair of the board, Paula Vennells CBE joined the trust on 1 April from the Post Office, where she is group chief executive. Despite these changes, we found a stable senior leadership team in place with the appropriate range of skills, knowledge and experience. The trust leadership team had a comprehensive knowledge of current priorities and challenges and was taking action to address them.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust's vision of 'better health, for life,' is supported by a strategy based on three overarching strategic goals and is underpinned by the values: to be kind, collaborative, expert and aspirational. Since the last inspection the trust developed a new 'behaviors framework' which sets out clear examples of behaviors that show when staff are, or are not, living the values. This followed feedback that whilst 95% staff were aware of the values and behaviours, not all felt they were able to embrace them in their daily work. Co-designed with staff, the new framework is designed to strengthen the link between the trust vision and values. The trust published an infographic poster to share this information with staff, patients, partners and public. Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. At the last inspection, we told the trust they should review and improve their performance for people with characteristics protected by the Equality Act 2010. During this inspection we saw good progress being made on raising awareness on the equality and diversity (E&D) agenda. There have been various initiatives, such as E&D drop-in sessions for staff, flying a Pride flag across three sites to support participation in London Pride and the introduction and development of networks for women and Black, Asian and Minority Ethnicity (BAME) staff. Senior leaders were aware of the need to continue to focus on addressing staff concerns about harassment and bullying, improving workforce representation of BAME people and female staff on Band 7 and above and on the trust board. Staff we spoke with during our core service inspections and in focus groups held before the inspection reported feeling supported respected and valued. The trust took appropriate learning and action as a result of concerns raised and applied Duty of Candour appropriately.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board

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committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures. A clear framework set out the structure of ward/service team, division and senior trust meetings. Staff at all levels of the organisation understood their roles and responsibilities and what to escalate to a more senior person. Managers used meetings to share essential information such as learning from incidents and complaints and to take action as needed.

The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. At the last inspection we told the trust they should improve systems for board oversight of risk to ensure identified risks are eliminated or reduced. At this inspection we found the trust board had sight of the most significant risks and mitigating actions were clear. Below the standard trust board committees were several executive committees (ExCo) which met on a weekly basis. These committees have been themed to ensure that the executive team has oversight of the trust objectives across all domains and that work and performance is triangulated. Senior management committees and the board reviewed performance reports. The trust improved their process for investigating serious incidents (SI) to better align them to the national framework and made the process more responsive to patients and supportive of staff. Leaders regularly reviewed and improved the processes to manage current and future performance. Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust was aware of its performance through the use of KPIs and other metrics. This data fed into a board assurance framework. Leaders used meeting agendas to address quality and sustainability sufficiently at all levels across the trust. Staff said they had access to all necessary information and were encouraged to challenge its reliability. Team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care. The board and senior staff expressed confidence in the quality of the data and welcomed challenge.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. At the last inspection we told the trust they should ensure progress is made with the patient and public involvement (PPI) strategy to promote engagement. At this inspection, we found progress being made with the strategy included an involvement toolkit for staff offering advice and practical support to involve patients and the public in services and improvement work and an additional 22 lay partner roles enabling patients and local people to play a full part in the trust's key projects and programmes. Communication systems such as the intranet and newsletters were in place to ensure staff, patients and carers had access to up to date information about the work of the trust and the services they used. Patients, carers and staff had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The trust had a planned approach to take part in national audits and accreditation schemes and shared learning. There were organisational systems to support improvement and innovation work and staff had training in improvement methodologies and used standard tools and methods. Effective systems were in place to identify and learn from unanticipated deaths.

Use of resources

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.

The full report is available on the CQC website

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 ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
St. Mary's Hospital	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019
Charing Cross Hospital	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019
Hammersmith Hospital	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019
Queen Charlotte's and Chelsea Hospital	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Outstanding ↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑ Jul 2019
Western Eye Hospital	N/A	N/A	N/A	N/A	N/A	N/A
Overall trust	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019

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

Ratings for St. Mary's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Maternity	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Outstanding ↑↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑↑ Jul 2019
Services for children and young people	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients	Good ↔ May 2017	N/A	Good ↔ May 2017	Requires improvement ↑ May 2017	Good ↑↑ May 2017	Good ↑↑ May 2017
Overall*	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 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.

Ratings for Charing Cross Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Feb 2018	Requires improvement Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Outstanding ↑ Oct 2017	Outstanding ↑ Oct 2017	Requires improvement ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good ↑ Jul 2019	Good Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients	Requires improvement ↓ May 2017	N/A	Good ↔ May 2017	Requires improvement ↑ May 2017	Requires improvement ↑ May 2017	Requires improvement ↑ May 2017
Overall*	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 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.

Ratings for Hammersmith Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Critical care	Good ↑ Jul 2019	Good Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019
Services for children and young people	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients	Good ↔ May 2017	Not rated	Good ↔ May 2017	Requires improvement ↑ May 2017	Good ↑↑ May 2017	Good ↑↑ May 2017
Overall*	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 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.

Ratings for Queen Charlotte's and Chelsea Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↔ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019
Neonatal services	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
Overall*	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Outstanding ↑ Jul 2019	Good ↑ Jul 2019	Outstanding ↑ Jul 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.

Hammersmith Hospitals

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Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
 - 302 Surgical beds
 - 70 Children's beds
 - 140 Maternity beds
 - 136 Critical Care beds

Summary of findings

Summary of services at Hammersmith Hospitals

Requires improvement → ←

Our rating of Hammersmith Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.

- The ratings for each of the key questions remained the same since our last inspection.
- We inspected Children and Young People's services this inspection in March 2019 to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring and responsive were good, and well-led required improvement.
- We inspected Critical care this inspection in March 2019 to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring and responsive were good, and well-led required improvement. The rating for safe, effective and responsive went up and the rating for caring and well-led remained the same. The rating for effective had improved, and the ratings for safe, caring, responsive and well-led remained the same.
- We inspected Surgery in November 2017 to check if improvements had been made. Our rating of the service improved. We rated it as good because effective, caring, responsive and well-led were good, and safe required improvement. The rating for responsive and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good, the rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. The ratings for responsive improved and the rating for well-led significantly improved; the rating for safe went down. We did not rate effective.

Critical care

Good  

Key facts and figures

Imperial College Healthcare NHS Trust provide critical care services at Charing Cross, Hammersmith and St Mary's hospitals, and treat approximately 1,640 critically ill patients each year. Critical care teams include medical staff, nurses, physiotherapists, pharmacists and dietitians, who provide care for patients affected by a range of serious health conditions.

Critical care services at Hammersmith Hospital were located in two principal units. One was the general intensive care unit and the other was the cardiac intensive care unit. The general intensive care unit consisted of 16 beds, where there was an average of four to five level 2 patients with the remaining patients requiring level 3 care. The cardiac intensive care unit had 16 beds, where on average there were four to five level 2 patients with the remaining patients requiring level 3 care. There were also four beds funded for level 2 care located on De Wardener ward, where there were up to eight level 2 patients a month, and up to two level 3 patients a month. There were no high dependency patients present on De Wardener for the duration of our visit.

The critical care service also included a critical care outreach team who supported patients in other areas of the hospital. The team was led by specialist nurses and physiotherapists who were available seven days a week, between 8am and 8pm.

The three units were all managed within different directorates. The general intensive care unit sat within the critical care directorate, while the cardiac intensive care unit sat within the cardiac directorate. Both belonged to the trust wide division of surgery, cancer and cardiovascular sciences. De Wardener ward sat within the renal directorate, which was within a different trust division. As a result, all three were led by different general managers and nurse leads. Both general and cardiac intensive care units were led by consultant intensivists. Medical care for both was provided by the critical care directorate. Consultant anaesthetists also supported patients in the CICU, who sit in the theatres and anaesthetics directorate. The renal ward was not intensivist led and came under the medicine and integrated care division.

At our last inspection in 2014, we rated the service as requires improvement. This inspection took place between 25 and 27 February 2019. We spoke with 32 members of staff including senior managers, support staff, band 5, 6, 7 and 8 nurses, cleaners, a dietitian, junior doctors, consultant intensivists, pharmacist and physiotherapists. We reviewed the healthcare records of nine patients and spoke with six patients and relatives.

Summary of this service

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

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** At the previous inspection in 2014, we found mandatory training was not up to date. At this inspection, mandatory training compliance rates met trust targets.
- **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Critical care

- **The service controlled infection risk well.** At the previous inspection in 2014, we found items were not always clean and checks for cleanliness were not always carried out. At this inspection, all areas we visited and all equipment we saw was clean and hygienic.
- **The service had suitable premises and equipment and looked after them well.** Patients were cared for in suitable intensive care units. There was enough suitable equipment that had been adequately maintained.
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary. At the previous inspection in 2014, we found the safety culture was variable across the units. On this inspection, we found that ward rounds on both intensive care units were excellent and there was good communication and risk assessment processes in place. Records were clear, up to date and easily available to all staff providing care.
- **Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Systems were in place for information sharing and learning.
- **The service used safety monitoring results well.** Safety thermometer results were reported back to the units and used to improve quality of care.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** At the previous inspection in 2014, the service was unable to demonstrate results from audit participation. At this inspection, the general ICU was able to demonstrate results from relevant national audits. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- **Patients had their nutrition and hydration needs met and were provided with sufficient pain relief.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **The service made sure staff were competent for their roles.** Nurse educators supported units well.
- **Staff of different kinds worked together as a team to benefit patients.** Healthcare professionals worked well together and communicated effectively to provide effective care.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them with kindness. **Staff provided emotional support to patients. Staff involved patients and relatives in decisions about their care and treatment.**
- **The trust planned and provided services in a way that met the needs of local people.** At the previous inspection in 2014 we found the service was not always responsive to patients' needs such as providing information or allowing visits from friends and relatives to be flexible. At this inspection we found a responsive service working with patients and relatives with flexible and extended visiting hours.
- **The service took account of patients' individual needs.** Individual needs were considered in assessment and plans of treatment and care.

Critical care

- **People could access the service when they needed it.** At the previous inspection in 2014 we found that due to limited capacity, admissions and transfers to the critical care units were often delayed and patients were sometimes cared for in inappropriate areas. At this inspection we found that admissions were non-delayed.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** We found good protocols for listening to patient's and relative's concerns.
- There were clear governance processes and reporting lines in place.
- **Managers at all levels in the trust had the right skills and abilities to run a service.** Managers provided good leadership.
- **The trust had a systematic approach to continually improving the quality of its services.** There were good governance processes in place.
- At the previous inspection in 2014, we found that the lack of bed capacity had been on the risk register since 2008 and there was no completion date for resolving this. At this inspection we found this had been resolved.
- **Managers across critical care services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** We found a positive staff culture that promoted good quality care.
- **The trust engaged well with patients, relatives, and staff.**

However:

- At the previous inspection in 2014, we found nursing and medical staffing levels were stretched on some units and not always in line with national guidance. At this inspection, the service was non-compliant with intensive care staffing standards in some areas but were working towards resolution through ongoing review. However, De Wardener ward were not benchmarking themselves against intensive care standards and were unaware whether they fell short of these.
- Non-invasive ventilated patients were being cared for outside of intensive care units, often in side rooms and without a nurse or doctor present all of the time. This placed level 2 patients at potential risk due to inconsistent staffing.
- Poor signage did not help navigation. The hospital was made up of an amalgamation of different buildings. Routes to wards and units were not well signposted and we observed many confused visitors asking staff for directions as did we. We found all staff were helpful in this respect. However, navigation was not helped by poor signage.
- There had been some cases where the NEWS proforma had not been fully completed by wards referring to the critical care outreach team. As a result, the team had seen patients who should have been escalated sooner. Some wards did not always act on the plans the outreach team gave them.
- On cardiac ICU, pharmacy support did not attend ward rounds and were unable to provide sufficient pharmacy time. The unit was looking at getting more funding to support this.
- ICNARC data was only collected from the general ICU. Both the cardiac ICU and the level 2 renal beds were not included in national audits.
- The critical care outreach team were not providing a 24-hour service. They were not currently meeting critical care staffing standards for an outreach service.
- There were three different directorates and leadership structures for critical care and there appeared to be a lack of collaborative working across the three units.

Critical care

- A critical care steering group was established in Hammersmith Hospital four weeks before our inspection. This was to standardise compliance with critical care standards through workstreams and identify a strategy and an appropriate governance structure. This conversation did not include De Wardener ward.
- The trust was in the process of developing a vision and strategy for what it wanted to achieve with its critical care service. Critical care was now two years old as a directorate. Trust leads were in the process of developing a strategy which was awaiting ratification at the time of our inspection.
- The trust had systems for identifying risks, planning to eliminate or reduce them. There were several risks within critical care services that were being monitored but remained ongoing.

Is the service safe?

Good  

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

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** At the previous inspection in 2014 we found mandatory training was not up to date at this inspection mandatory training compliance rates met trust targets.
- **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.**
- **The service controlled infection risk well.** At the previous inspection in 2014, we found items were not always clean and checks for cleanliness were not always carried out. At this inspection all areas we visited and all equipment we saw was clean and hygienic.
- **The service had suitable premises and equipment and looked after them well.** Patients were cared for in suitable intensive care units. There was enough suitable equipment that had been adequately maintained.
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary. At the previous inspection in 2014, we found the safety culture was variable across the units. On this inspection we found that ward rounds on both intensive care units were excellent and there was effective communication and risk assessment processes to keep people safe.
- **Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Systems were in place for information sharing and learning.
- **The service used safety monitoring results well.** Safety thermometer results were reported back to the units and used to improve quality of care.

However:

- The service faced staffing challenges to provide the right care and treatment. At the previous inspection in 2014, we found nursing and medical staffing levels were stretched on some units and not always in line with national guidance. At this inspection, the service was non-compliant with intensive care staffing standards but were working towards resolution through ongoing review. However, De Wardener ward were not benchmarking themselves against intensive care staffing standards and were unaware whether they fell short of this.

Critical care

- Non-invasive ventilated patients were being cared for outside of intensive care units, often in side rooms and without a nurse or doctor present all the time. This placed level 2 patients at potential risk due to inconsistent staffing.
- There was only one site practitioner at the hospital and there were delays in seeing the site practitioner.
- There had been some cases where the National Early Warning Score (NEWS) proforma had not been fully completed by wards referring to the critical care outreach team. As a result, the team had seen patients who should have been escalated sooner. Some wards did not always act on the plans the outreach team gave them.

Is the service effective?

Good 

Effective was not rated at the last inspection. We rated it as good because:

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** At our last inspection, the service was unable to demonstrate results from audit participation. At this inspection the general ICU was able to demonstrate results from relevant national audits. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **The service made sure staff were competent for their roles.** Nurse educators supported units well.
- **Staff of different kinds worked together as a team to benefit patients.** Healthcare professionals worked well together and communicated effectively to provide effective care.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**

However;

- ICNARC data was only collected from the general ICU. Both the cardiac ICU and the level 2 renal beds were not included in national audits.
- The critical care outreach team were not providing a 24-hour service. They were not currently meeting critical care staffing standards for an outreach service.
- General ICU contributed to the north west London critical care network audits and national adult critical care dashboard. The cardiac ICU or renal level 2 beds were not included. There was no formal cardiac network in this area which meant there was no conversation about cardiac and critical care.

Is the service caring?

Good   

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

Critical care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff provided emotional support to patients.** Emotional wellbeing was considered in the way patients were treated and cared for.
- **Staff involved patients and those close to them in decisions about their care and treatment.**

However:

There was no dedicated psychological service for critical care.

Is the service responsive?

Good  

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

- **The trust planned and provided services in a way that met the needs of local people.** At the previous inspection in 2014 we found the service was not always responsive to patients' needs such as providing information or allowing visits from friends and relatives to be flexible. At this inspection we found a responsive service working with patients and relatives with flexible and extended visiting hours.
- **The service took account of patients' individual needs.** Individual needs were considered in assessment and plans of treatment and care.
- **People could access the service when they needed it.** At the previous inspection in 2014 we found that due to limited capacity, admissions and transfers to the critical care units were often delayed and patients were sometimes cared for in inappropriate areas. At this inspection we found that admissions were non-delayed.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** We found good protocols for listening to patient's and relative's concerns.

However;

- Poor signage did not help navigation. The hospital was made up of an amalgamation of different buildings. Routes to wards and units were not well signposted and we observed many confused visitors asking staff for directions as did we. We found all staff were helpful in this respect. However, navigation was not helped by poor signage.

Is the service well-led?

Requires improvement   

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

- **Managers at all levels in the trust had the right skills and abilities.** However, there were three different directorates and leadership structures for critical care and there appeared to be a lack of collaborative working across the three units. We found varying degrees of assurance between the three units on an on-going basis.
- A critical care steering group was established in Hammersmith Hospital four weeks before our inspection. This was to standardise compliance with critical care standards through workstreams and identify a strategy and an appropriate governance structure. This conversation did not include De Wardener ward.

Critical care

- The trust was in the process of developing a vision and strategy for what it wanted to achieve with its critical care service. Critical care was now two years old as a directorate. Trust leads were in the process of developing a strategy which was awaiting ratification at the time of our inspection.
- **The trust had systems for identifying risks, planning to eliminate or reduce them.** There were several risks within critical care services that were being monitored but remained ongoing.

However:

- **Managers at all levels in the trust had the right skills and abilities to run a service.** Managers provided good leadership.
- **The trust had a systematic approach to continually improving the quality of its services.** There were good governance processes in place.
- At the previous inspection in 2014, we found that the lack of bed capacity had been on the risk register since 2008 and there was no completion date for resolving this. At this inspection we found this had been resolved.
- **Managers across critical care services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** We found a positive staff culture that promoted good quality care.
- **The trust engaged well with patients, relatives, and staff.**

Outstanding practice

- A 'what matters' board had been introduced on to cardiac ICU. This was placed on the headboard where relatives' patients and nurses could write patient's likes, dislikes, hobbies, what mattered to them such as pets, football team, sport, pastimes and improve their emotional wellbeing during admission.
- There were dedicated clinical nurse educators supporting both general and cardiac ICUs, providing a good support structure, enabling critical care nursing staff to provide good care.
- There was a patient experience user group on general ICU where patients were invited back three months after discharge and given the opportunity to sit down with the group and review their experience. We were given examples where feedback from this group had resulted in several initiatives being introduced. This included visiting hours being extended, installation of glass into the unit door so that people buzzing to get in could see that staff were busy, thus easing frustration and a vending machine being located just outside the unit entrance, for closer availability of drinks and snacks.

Areas for improvement

We found areas for improvement in this service.

The trust **Should Do:**

- Ensure that ongoing review on becoming compliant with intensive care staffing standards is seen through to conclusion and action.
- Ensure that staffing of the renal high dependency beds is benchmarked against national standards.
- Ensure that pharmacy support enables staff to support ward rounds.

Critical care

- Ensure that the service risk assess the inconsistent staffing support provided to non-invasive ventilated patients being cared for outside of intensive care units.
- Ensure that wards make timely referrals to the critical care outreach team and that wards act on plans provided by them.
- Ensure that work to standardise compliance and identify a structure for critical services on the site is worked through to conclusion and action.
- Ensure that consideration is given to the inclusion of the level 2 renal beds in the steering group work to standardise compliance and identify a structure for critical services on the hospital site.
- Ensure that identified risks are worked through and resolved.

Services for children and young people

Good ● → ←

Key facts and figures

The Children and Young People's service at Hammersmith Hospital operated out of one clinical area. The ambulatory care unit (also known as the David Harvey Centre) was a nine-bedded day unit that cared for children of all ages.

During the inspection we visited all clinical areas, including the ambulatory care unit, the outpatient department and the urgent care centre. Over the course of our inspection, we spoke with 15 members of staff including, senior managers, divisional directors, nurses, doctors, consultant paediatricians, members of the play team, phlebotomists and healthcare assistants.

We also spoke with 10 patients and their relatives, reception staff, administrative staff and domestic staff. We observed care and treatment and looked at 15 medical records.

Summary of this service

We rated well-led as requires improvement and safe, effective, caring and responsive as good. Our rating of this service stayed the same. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **The service had suitable premises and equipment and looked after them well.**
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- **There were processes in place to care for deteriorating patients.**
- **The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patient care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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.
- **The service used safety monitoring well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- At the time of our last inspection, we found that the service carried out a very limited range of audits to ensure the service was compliant with national guidance and best practice. Since our last inspection, we found some improvements had been made in this area. **The service provided care and treatment based on national guidance and evidence of its effectiveness.**

Services for children and young people

- **Staff gave patients enough food and drink to meet their needs and improve their health.** The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- **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 monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **Staff provided emotional support to patients to minimise their distress.**
- **The trust planned and provided services in a way that met the needs of the local people.**
- **The service took account of patients' individual needs.**
- **People could access the service when they needed it.**
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.**
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The unit used secure electronic systems with security safeguards.**
- **The unit engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- **The unit was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.**

However:

- **The service provided mandatory training in key skills to all staff** but did not make sure everyone completed it.
- At the time of inspection, there was no formal process in place to clinically assess patients waiting to be triaged in the ambulatory care unit.
- There was no band 7 unit manager or dedicated nurse for the outpatient department, with no formal interim arrangements in place at the time of inspection.
- At the time of our last inspection, we found there were no robust processes in place for monitoring the overall quality of the service. This remained the case. The David Harvey Unit was not routinely collating data such as the time taken to triage and initially assess patients as an example. Waiting times were not routinely collected, nor was the time it took for patients to be treated and discharged.

Services for children and young people

- Senior staff from the unit were not always able to attend all cross-site meetings because of staffing concerns and the band 7 vacancy. Staff told us there were plans to enable video conferencing in the unit to improve attendance, but this was not in place at the time of inspection.
- Staff survey results for the division showed signs of disconnection with senior management. The NHS staff survey 2017 results showed only 35% of staff thought that senior managers tried to involve staff in important decisions. Only 25% of participants thought that communication between senior management and staff was effective and only 13% felt that senior managers acted on staff feedback.
- **The service did not have good local systems to identify risks, or plan to eliminate or reduce them, in order to cope with both the expected and unexpected.** We were not able to corroborate whether risks related to us on inspection, regarding the capacity of the unit and maintenance of estates, were formally recorded.

Is the service safe?

Good   

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

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **The service had suitable premises and equipment and looked after them well.**
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- There were processes in place to care for deteriorating patients.
- **The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patient care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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.
- **The service used safety monitoring well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- **The service provided mandatory training in key skills to all staff** but did not make sure everyone completed it.
- There was no formal cleaning schedule for toys.
- At the time of inspection, there was no formal process in place to clinically assess patients waiting to be triaged in the ambulatory care unit.

Services for children and young people

Is the service effective?

Good ● ↑

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

- At the time of our last inspection, we found that the service carried out a very limited range of audits to ensure the service was compliant with national guidance and best practice. Since our last inspection, we found some improvements had been made in this area. **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- **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 monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **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.

Is the service caring?

Good ● → ←

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

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **Staff provided emotional support to patients to minimise their distress.**

Is the service responsive?

Good ● → ←

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

- **The trust planned and provided services in a way that met the needs of the local people.**
- **The service took account of patients' individual needs.**
- **People could access the service when they needed it.**

Services for children and young people

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.**

However:

Waiting times were not audited in the ambulatory care unit.

Is the service well-led?

Requires improvement ● → ←

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

- At our last inspection, we found that there was no formalised vision or strategy for the ambulatory care unit or children's outpatient department at Hammersmith Hospital. The service still had no formalised or dated strategy in place.
- At the time of our last inspection, we found there were no robust processes in place for monitoring the overall quality of the service. This remained the case. The David Harvey Unit was not routinely collating data such as the time taken to triage and initially assess patients as an example. Waiting times were not routinely collected, nor was the time it took for patients to be treated and discharged.
- Senior staff from the unit were not always able to attend all cross-site meetings because of staffing concerns and the band 7 vacancy. Staff told us there were plans to enable video conferencing in the unit to improve attendance, but this was not in place at the time of inspection.
- **The service did not have good local systems to identify risks, or plan to eliminate or reduce them, in order to cope with both the expected and unexpected.** We were not able to corroborate whether risks related to us on inspection, regarding the capacity of the unit and maintenance of estates, were formally recorded.
- There was no band 7 unit manager or dedicated nurse for the outpatient department, with no formal interim arrangements in place at the time of inspection.
- Staff survey results for the division showed signs of disconnection with senior management. The NHS staff survey 2017 results showed only 35% of staff thought that senior managers tried to involve staff in important decisions. Only 25% of participants thought that communication between senior management and staff was effective and only 13% felt that senior managers acted on staff feedback.
- There was no central log for child safeguarding cases.

However:

- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The unit used secure electronic systems with security safeguards.**
- **The unit engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- **The unit was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.**

Services for children and young people

Outstanding practice

- The unit had continued the 'Connecting Care for Children' initiative that we observed at the time of the last inspection. This initiative had been designed to assist in the integration of child healthcare across primary, secondary and tertiary services. The intention was to provide primary care providers with access to specialist paediatric advice, by way of the hospital team delivering community led surgeries incorporating education, training, professional support and outreach clinics. In addition, GPs could access consultant paediatricians via telephone and email, with a same-day response to help reduce the risk of unnecessary admission to hospital. The scheme aimed to empower patients and their parents/carers to self-manage their own care, to provide peer support to others and to engage with local GPs and primary care nursing staff by acting as practice champions.
- Since the previous inspection, the service had built upon the success of the 'Connecting Care for Children' initiative and was now hosting an educational programme funded by Health Education England (HEE) as part of their 'Partnerships in Innovative Education' (PIE) initiative. This programme aimed to create GPs who could be local child health leads. The recruited GPs worked alongside paediatricians in the unit. As a result, these GPs were exposed to, and became comfortable managing, complex cases traditionally referred to secondary care. This programme also facilitated joint clinical development, diversified the staff mix at the unit, strengthened connections with community teams, and helped to establish further community initiatives.

Areas for improvement

Areas for improvement

We found the following areas of improvement.

The trust **Should Do:**

- The trust should ensure the unit has a formal protocol in place for how often and when toys should be cleaned.
- The trust should ensure that the role of the 'safe to wait' nurse is formalised in order to maintain the safety of patients waiting to be triaged in the ambulatory care unit.
- The trust should consider putting into place appropriate formal interim arrangements until the band 7 unit manager position is filled.
- The trust should follow through with plans introduce video conferencing capability to the unit to enable greater unit involvement in wider directorate and divisional meetings.
- The service should consider routinely collating data such as waiting times and the time it takes patients to be treated and discharged.
- The trust should consider putting into place a formalised strategy in place for the service.

Queen Charlottes and Chelsea Hospital

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Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds

Summary of findings

- 136 Critical Care beds

Summary of services at Queen Charlottes and Chelsea Hospital

Outstanding   

Our rating of services improved. We rated it as outstanding because caring and responsive was outstanding and safe, effective and well-led were good.

- The ratings for safe, caring, responsive and well-led had improved since our last inspection in 2014. The ratings for effective had remained the same.
- We inspected Maternity services as part of this inspection in March 2019 to check if improvements had been made. We had previously inspected this service as part of the Maternity and Gynaecology services, so this was the first time we rated this service as a standalone Maternity service. We rated the service as outstanding because caring and responsive was outstanding, with safe, effective and well-led being good.
- We inspected Neonatal services as part of this inspection in March 2019 to check if improvements had been made. Our rating of the service had improved. We rated the service as good because caring was outstanding, with safe, effective, responsive and well-led being good.

Maternity

Outstanding 

Key facts and figures

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. Our rating of maternity services was good because:

The core maternity service is provided from two hospital sites, Queen Charlotte's and Chelsea Hospital (QCCH) and St Mary's Hospital (SMH), along with some community clinics

QCCH is a maternity, women's and level 3 neonatal care hospital. It provides antenatal, intrapartum and postnatal care to both low and high-risk women. It provides tertiary specialist services in obstetric medicine for pregnancies with complex medical diseases, foetal medicine with expertise in in-utero transfusions and laser therapy, and prematurity.

It has a high dependency unit where level 2 and some level 3 critical care pregnant and postnatal patients are cared for. Midwifery-led services are provided in the co-located birth centre. QCCH also has a seven-bed private patient ward which is also managed by the maternity service.

(Source: Routine Provider Information Request (RPIR) – Context acute)

From July 2017 to June 2018 there were 8,829 deliveries at the trust.

At Queen Charlotte's and Chelsea Hospital there were approximately 450 to 500 deliveries each month, approximately 65% of the total deliveries at the trust.

We carried out an announced inspection of the maternity service on 26 to 28 February 2019. During our inspection, we visited all clinical areas in the service including labour ward, theatres, antenatal and postnatal wards, the birth centre, transitional care, antenatal clinics, fetal medicine unit, day assessment unit and Sir Stanley Clayton ward. The inspection focussed on the acute service provided at QCCH and did not inspect the community service.

The maternity service consisted of an antenatal clinic on the ground floor, specialist fetal medicine unit and postnatal ward on the second floor, labour ward on the third floor linked to the antenatal ward and triage area on the same floor but on the Hammersmith Hospital site accessible for staff via a corridor from QCCH. Next to the labour ward was the midwife led birth centre. The labour ward had 20 delivery rooms, four high risk beds and a two-bed high dependency unit and two operating theatres and recovery area located adjacent to the labour ward.

We spoke with six women and their relatives and approximately 50 members of staff, including midwives, consultants, anaesthetists, senior managers, pharmacist, matrons, midwifery risk leads, perinatal mental health team and support staff. We observed care and treatment and reviewed seven medical care records and prescription charts. We also reviewed the trust's performance data. We observed one multidisciplinary meeting, two handovers and one procedure.

Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. Our rating of maternity services was outstanding because:

- **The service provided mandatory and maternity specific training in key skills to all staff.** The majority of staff received up-to-date mandatory training. Compliance with core maternity specific mandatory training and skills, such as cardiotocography interpretation, was 98.6%.

Maternity

- **The trust had clear systems, processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements.** 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.
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies. Staff completed and updated risk assessments for each patient.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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. This was an improvement from the last inspection.
- **The service followed best practice when prescribing, giving, recording and storing medicines.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service performed better than the national recommendations and standards on the waiting time for epidurals and the average on women receiving obstetric anaesthesia during caesarean sections.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** The service performed better than average on all outcomes in the 2017 National Neonatal Audit.
- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and meetings with them to provide support and monitor the effectiveness of the service.
- The midwifery and medical staff supported women that accessed the maternity service to live healthier lives and manage their own health, care and wellbeing.
- **Staff treated and cared for women with compassion, patience, dignity and respect.** Feedback from people who used the service and their relatives was continually positive about the care they received and the way staff treated them.
- There was a strong, visible person-centred culture in the service and relationship between staff and patients was strong and supportive.
- **The hospital planned and provided services in a way that met the needs of local people.** Between April 2018 and January 2019, 100% women had a named midwife whom they saw at their first appointment. Women might not see that midwife at every appointment but would see one of a small team at that clinic.
- **People could access the service when they needed it.** Women were given a choice of times and dates for antenatal clinic appointments. There were clear pathways for all pregnant women to access the right services for their needs, with excellent access to specialist midwives.
- **Patient needs and preferences were considered and acted on to ensure services were delivered to meet those needs.** Staff tried to arrange patient antenatal appointments together for the same day to meet patients' commitments such as work.
- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.

Maternity

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Action plans were developed and monitored in response to complaints to prevent similar problems recurring.
- There was a high level of staff satisfaction across all disciplines and equality groups. Staff were proud of working in the service, spoke highly of the culture and the improvement they had made to the service since the last inspection.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**

However;

- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- The midwife to birth ratio was 1:28 which was below national recommendation of 1:26.

Is the service safe?

Good 

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

- **The service provided mandatory training in key skills to all staff.**

The majority of staff had received up-to-date mandatory, statutory and clinical training, including cardiotocograph interpretation for midwives.

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well. Staff adhered to infection prevention and control practice and kept equipment, and the premises clean. They used control measures to prevent the spread of infection.**
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** Staff used the modified early obstetric warning score (MEOWS) tool to observe mothers and the newborn early warning trigger and track (NEWTT) tool for babies at risk of clinical deterioration. Staff had training on when to escalate and to refer appropriately for medical help. Staff used the World Health Organisation (WHO) checklist for surgical practice and operations. This ensured safety for patients.
- **Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.** Women in established labour had one to one midwife care. There was sufficient obstetric cover on the wards to meet national recommendations.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date, and easily available to all staff providing care.
- **The service followed best practice when prescribing, administering, and recording medicines.**
- **Staff recognised incidents and reported them appropriately.** The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Maternity

- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service.

However:

- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- The midwife to birth ratio was 1:28 which was below the national recommendation of 1:26.

Is the service effective?

Good 

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Managers appraised most of the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit women.** Doctors, nurses, and other healthcare professionals supported each other to provide good care. There was a strong focus on multidisciplinary team work with specialists to improve outcomes for women and babies.
- **The maternity service was available seven days a week.** There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- **Staff provided health promotion advice and supported women and families appropriately.**
- 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.

Is the service caring?

Outstanding 

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

Maternity

- **Staff cared for women with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. All women we spoke with reported very positively on their experiences, and the kindness, skill and supportiveness of staff.
- We saw staff behaving compassionately and with patience towards women.
- Staff were conscious of the need to protect the dignity and privacy of women in all areas of the service.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Partners were made to feel welcome and involved in their partner's pregnancy, labour and birth, and able to stay with their partner and baby on the post-natal ward.
- **Staff provided emotional support to patients to minimise their distress.** Specialist staff offered sensitive management of loss to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.

Is the service responsive?

Outstanding 

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

- **The hospital planned and provided services in a way that met the needs of local people.** Between April 2018 and January 2019, 100% women had a named midwife whom they saw at their first appointment. Women might not see that midwife at every appointment but would see one of a small team at that clinic.
- The maternity service was planned and provided in a way that promoted equality. The service met and supported the individual needs and preferences of the population that accessed the service, including those with complex or additional needs. The service worked closely with women, clinical networks, and other stakeholders to plan the delivery of care and treatment.
- **People could access the service when they needed it.** Women were given a choice of times and dates for antenatal clinic appointments.
- There were clear pathways for all pregnant women to access the right services for their needs, with excellent access to specialist midwives.
- **Patient needs and preferences were considered and acted on to ensure services were delivered to meet those needs.** Staff tried to arrange patient antenatal appointments together for the same day to meet patients' commitments such as work.
- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Action plans were developed and monitored in response to complaints to prevent similar problems recurring.

Maternity

Is the service well-led?

Good 

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

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** The directorate of maternity service came under the trust's division of women, children and clinical support services. There was close cross-site working at both clinical and leadership levels.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.**
- **There was a strong culture for improvement, training, research and innovation.** We saw examples of collaborative working with other hospitals in the North West London region and successful innovation and improvement to improve care pathways to serve the local population.

Outstanding practice

- The service was involved in a wide range of research, innovation and quality improvement projects which resulted in improvements in service delivery and outcomes for patients
- There was a strong culture of multidisciplinary working with specialists to enable woman and baby centred care.
- In the maternity service, staff provided compassionate individualised care. Staff provided extensive support to patients and their relatives and worked hard to meet the holistic needs of their patients through emotional and practical measures.
- The service was especially caring and responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive emotional support and resources to bereaved women and was committed to continually improving the care and services they provided for bereaved parents.
- The bereavement midwife had developed a bereavement midwifery group in the UK and engaged well with stakeholders such as local MPs, NHS England, local charities and the Stillbirth and Neonatal Death Society.

Maternity

- A translation icon on the trust website could translate vital information on the website to 103 languages from different ethnicity and continents such as Turkish, Polish, Japanese, Greek, Swahili, Yoruba and Urdu.
- The trust had implemented a continuing care model in the maternity service and community postnatal service for the private patients to improve patient outcome and service provision.
- The maternity service introduced a buddy star award, a scheme to recognise staff for excellent care in foetal monitoring.

Areas for improvement

- The trust should improve the monitoring of emergency equipment to ensure it is safe and effective for patient use.
- The trust should improve the midwife to birth ratio in line with national recommendations.

Neonatal services

Good 

Key facts and figures

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. Our rating of maternity services was good because:

The core maternity service is provided from two hospital sites, Queen Charlotte's and Chelsea Hospital (QCCH) and St Mary's Hospital (SMH), along with some community clinics

QCCH is a maternity, women's and level 3 neonatal care hospital. It provides antenatal, intrapartum and postnatal care to both low and high-risk women. It provides tertiary specialist services in obstetric medicine for pregnancies with complex medical diseases, foetal medicine with expertise in in-utero transfusions and laser therapy, and prematurity.

It has a high dependency unit where level 2 and some level 3 critical care pregnant and postnatal patients are cared for. Midwifery-led services are provided in the co-located birth centre. QCCH also has a seven-bed private patient ward which is also managed by the maternity service.

(Source: Routine Provider Information Request (RPIR) – Context acute)

From July 2017 to June 2018 there were 8,829 deliveries at the trust.

At Queen Charlotte's and Chelsea Hospital there were approximately 450 to 500 deliveries each month, approximately 65% of the total deliveries at the trust.

We carried out an announced inspection of the maternity service on 26 to 28 February 2019. During our inspection, we visited all clinical areas in the service including labour ward, theatres, antenatal and postnatal wards, the birth centre, transitional care, antenatal clinics, fetal medicine unit, day assessment unit and Sir Stanley Clayton ward. The inspection focussed on the acute service provided at QCCH and did not inspect the community service.

The maternity service consisted of an antenatal clinic on the ground floor, specialist fetal medicine unit and postnatal ward on the second floor, labour ward on the third floor linked to the antenatal ward and triage area on the same floor but on the Hammersmith Hospital site accessible for staff via a corridor from QCCH. Next to the labour ward was the midwife led birth centre. The labour ward had 20 delivery rooms, four high risk beds and a two-bed high dependency unit and two operating theatres and recovery area located adjacent to the labour ward.

We spoke with six women and their relatives and approximately 50 members of staff, including midwives, consultants, anaesthetists, senior managers, pharmacist, matrons, midwifery risk leads, perinatal mental health team and support staff. We observed care and treatment and reviewed seven medical care records and prescription charts. We also reviewed the trust's performance data. We observed one multidisciplinary meeting, two handovers and one procedure.

Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. Our rating of maternity services was outstanding because:

Neonatal services

- **The service provided mandatory and maternity specific training in key skills to all staff.** The majority of staff received up-to-date mandatory training. Compliance with core maternity specific mandatory training and skills, such as cardiotocography interpretation, was 98.6%.
- **The trust had clear systems, processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements.** 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.
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies. Staff completed and updated risk assessments for each patient.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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. This was an improvement from the last inspection.
- **The service followed best practice when prescribing, giving, recording and storing medicines.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service performed better than the national recommendations and standards on the waiting time for epidurals and the average on women receiving obstetric anaesthesia during caesarean sections.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** The service performed better than average on all outcomes in the 2017 National Neonatal Audit.
- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and meetings with them to provide support and monitor the effectiveness of the service.
- The midwifery and medical staff supported women that accessed the maternity service to live healthier lives and manage their own health, care and wellbeing.
- **Staff treated and cared for women with compassion, patience, dignity and respect.** Feedback from people who used the service and their relatives was continually positive about the care they received and the way staff treated them.
- There was a strong, visible person-centred culture in the service and relationship between staff and patients was strong and supportive.
- **The hospital planned and provided services in a way that met the needs of local people.** Between April 2018 and January 2019, 100% women had a named midwife whom they saw at their first appointment. Women might not see that midwife at every appointment but would see one of a small team at that clinic.
- **People could access the service when they needed it.** Women were given a choice of times and dates for antenatal clinic appointments. There were clear pathways for all pregnant women to access the right services for their needs, with excellent access to specialist midwives.
- **Patient needs and preferences were considered and acted on to ensure services were delivered to meet those needs.** Staff tried to arrange patient antenatal appointments together for the same day to meet patients' commitments such as work.

Neonatal services

- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Action plans were developed and monitored in response to complaints to prevent similar problems recurring.
- There was a high level of staff satisfaction across all disciplines and equality groups. Staff were proud of working in the service, spoke highly of the culture and the improvement they had made to the service since the last inspection.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**

However;

- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- The midwife to birth ratio was 1:28 which was below national recommendation of 1:26.

Is the service safe?

Good 

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

- **The service provided mandatory training in key skills to all staff.**

The majority of staff had received up-to-date mandatory, statutory and clinical training, including cardiotocograph interpretation for midwives.

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well. Staff adhered to infection prevention and control practice and kept equipment, and the premises clean. They used control measures to prevent the spread of infection.**
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** Staff used the modified early obstetric warning score (MEOWS) tool to observe mothers and the newborn early warning trigger and track (NEWTT) tool for babies at risk of clinical deterioration. Staff had training on when to escalate and to refer appropriately for medical help. Staff used the World Health Organisation (WHO) checklist for surgical practice and operations. This ensured safety for patients.
- **Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.** Women in established labour had one to one midwife care. There was sufficient obstetric cover on the wards to meet national recommendations.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date, and easily available to all staff providing care.
- **The service followed best practice when prescribing, administering, and recording medicines.**

Neonatal services

- **Staff recognised incidents and reported them appropriately.** The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service.

However:

- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- The midwife to birth ratio was 1:28 which was below the national recommendation of 1:26.

Is the service effective?

Good 

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Managers appraised most of the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit women.** Doctors, nurses, and other healthcare professionals supported each other to provide good care. There was a strong focus on multidisciplinary team work with specialists to improve outcomes for women and babies.
- **The maternity service was available seven days a week.** There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- **Staff provided health promotion advice and supported women and families appropriately.**
- 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.

Is the service caring?

Outstanding 

Neonatal services

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

- **Staff cared for women with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. All women we spoke with reported very positively on their experiences, and the kindness, skill and supportiveness of staff.
- We saw staff behaving compassionately and with patience towards women.
- Staff were conscious of the need to protect the dignity and privacy of women in all areas of the service.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Partners were made to feel welcome and involved in their partner's pregnancy, labour and birth, and able to stay with their partner and baby on the post-natal ward.
- **Staff provided emotional support to patients to minimise their distress.** Specialist staff offered sensitive management of loss to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.

However:

From October 2017 to October 2018, the trust's maternity Friends and Family Test (post-natal ward) performance (% recommended) was slightly worse than the England average.

Is the service responsive?

Good 

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

- **The hospital planned and provided services in a way that met the needs of local people.** Between April 2018 and January 2019, 100% women had a named midwife whom they saw at their first appointment. Women might not see that midwife at every appointment but would see one of a small team at that clinic.
- The maternity service was planned and provided in a way that promoted equality. The service met and supported the individual needs and preferences of the population that accessed the service, including those with complex or additional needs. The service worked closely with women, clinical networks, and other stakeholders to plan the delivery of care and treatment.
- **People could access the service when they needed it.** Women were given a choice of times and dates for antenatal clinic appointments.
- There were clear pathways for all pregnant women to access the right services for their needs, with excellent access to specialist midwives.
- **Patient needs and preferences were considered and acted on to ensure services were delivered to meet those needs.** Staff tried to arrange patient antenatal appointments together for the same day to meet patients' commitments such as work.

Neonatal services

- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Action plans were developed and monitored in response to complaints to prevent similar problems recurring.

Is the service well-led?

Good 

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

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** The directorate of maternity service came under the trust's division of women, children and clinical support services. There was close cross-site working at both clinical and leadership levels.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.**
- **There was a strong culture for improvement, training, research and innovation.** We saw examples of collaborative working with other hospitals in the North West London region and successful innovation and improvement to improve care pathways to serve the local population.

Outstanding practice

- The service was involved in a wide range of research, innovation and quality improvement projects which resulted in improvements in service delivery and outcomes for patients
- There was a strong culture of multidisciplinary working with specialists to enable woman and baby centred care.

Neonatal services

- In the maternity service, staff provided compassionate individualised care. Staff provided extensive support to patients and their relatives and worked hard to meet the holistic needs of their patients through emotional and practical measures.
- The service was especially caring and responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive emotional support and resources to bereaved women and was committed to continually improving the care and services they provided for bereaved parents.
- The bereavement midwife had developed a bereavement midwifery group in the UK and engaged well with stakeholders such as local MPs, NHS England, local charities and the Stillbirth and Neonatal Death Society.
- A translation icon on the trust website could translate vital information on the website to 103 languages from different ethnicity and continents such as Turkish, Polish, Japanese, Greek, Swahili, Yoruba and Urdu.
- The trust had implemented a continuing care model in the maternity service and community postnatal service for the private patients to improve patient outcome and service provision.
- The maternity service introduced a buddy star award, a scheme to recognise staff for excellent care in foetal monitoring.

Areas for improvement

- The trust should improve the monitoring of emergency equipment to ensure it is safe and effective for patient use.
- The trust should improve the midwife to birth ratio in line with national recommendations.

St Mary's Hospital

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Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds

Summary of findings

- No dedicated End of Life Care beds

Summary of services at St Mary's Hospital

Requires improvement ● → ←

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

- The hospital improved its rating of well-led since the last inspection, but the ratings for each of the other key questions remained the same.
- We inspected Critical Care as part of this inspection in March 2019 to check if improvements had been made. The rating of the service had remained the same. We rated it as good because safe, effective, caring, responsive and well-led were good. The rating for responsive went up, and the ratings for safe, effective, caring and well-led remained the same.
- We inspected the Maternity service as part of this inspection in March 2019 to follow-up on concerns we had from the previous inspection in October 2017. We found that the service had improved, and the rating of the service went up. We rated it as outstanding, because caring and responsiveness were outstanding, and safe, effective and well-led were good. The rating for safe, caring, responsive and well-led went up, and the rating for effective remained the same.
- We inspected Children's and young people's services as part of this inspection in March 2019 to check if improvements had been made. The rating of the service had remained the same. We rated it as good because effective, caring, responsive and well-led were good. However, safe required improvement. The ratings for safe, effective, caring, responsive and well-led all remained the same.
- We inspected Urgent and emergency care in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe, effective, caring, responsive and well-led required improvement. The rating for well-led improved, but the ratings for each of the other key questions remained the same.
- We inspected Surgery in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement and effective, caring and well-led were good. The rating for well-led improved, but the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and caring and well-led were good. The ratings for each of the key questions remained the same.
- We inspected the Maternity service in October 2017 because we had concerns about the quality of the service. Our rating of the service went down. We rated it as requires improvement because safe, responsive and well-led required improvement, and effective and caring were good. The ratings for safe, responsive and well-led went down, and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. We did not rate effective. The rating for responsive improved, and the rating for well-led significantly improved. The ratings for each of the other key questions remained the same.

Critical care

Good   

Key facts and figures

Imperial College Healthcare NHS Trust provide critical care services at Charing Cross, Hammersmith and St Mary's hospitals, and treat approximately 1,640 critically ill patients each year. Critical care teams include medical staff, nurses, physiotherapists, pharmacists and dietitians, who provide care for patients affected by a range of serious health conditions.

St Mary's Hospital has a major trauma centre, covering North-West London. Critical care services at St Mary's Hospital were provided in two hospital areas. One was the intensive care unit (ICU) and the other was the acute respiratory unit (ARU) which provides non-invasive respiratory support. The intensive care unit consisted of 32 beds where level 2 and level 3 care was provided. The ARU had 12 beds available to level 2 patients.

The critical care service also included a critical care outreach team who supported patients in other areas of the hospital. The team was led by specialist nurses who were available seven days a week between 8am and 8pm.

The two units were managed within two different directorates. The intensive care unit was managed within the critical care directorate, while the acute respiratory unit within the integrated medicine directorate. They both had similar senior management structure and were led by different general managers and nurse leads. The ICU was led by a consultant intensivist and the ARU was led by a consultant in respiratory medicine.

At our last inspection in 2014, we rated the service as good. This inspection took place between 25 and 27 February 2019. We spoke with five patients and their relatives and 28 members of staff including: senior managers, support staff, junior and senior nurses, doctors, and allied health professionals. We reviewed the healthcare records of nine patients and spoke with six patients and relatives.

Summary of this service

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

- **Patients were treated and cared for with compassion, respect, and dignity.** Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **The service controlled infection risk well.**
- **There were enough nursing staff on duty to meet the needs of the patients.** Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- **Staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- **Staff worked together as a team to benefit patients.** Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- **Records were clear, up to date, and easily available to all staff providing care.**

Critical care

- **Staff recognised incidents and reported them appropriately.** There were processes to ensure complaints were dealt with effectively. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **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.
- **Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment.** Patients were given appropriate information and encouraged to make decisions about their care and treatment.
- **Managers had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **Managers across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.**

However, we also found:

- The critical care outreach team were not providing a 24-hour service. They were not meeting critical care staffing standards for an outreach service.
- The hospital did not have a formalised approach to reviewing patients after they were discharged from critical care.
- There was no designated psychological service to meet needs of all critical care patients.
- Venous thromboembolism (VTE) assessments were not completed for all patients on the acute respiratory unit.
- Learning from incidents was not always shared promptly between all staff working in critical care areas.
- The clinical audit data was only collected from the intensive care unit. The level 2 acute respiratory beds were not included in data collection.

Is the service safe?

Good   

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

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff adhered to infection prevention and control practice and kept equipment, and the premises clean. They used control measures to prevent the spread of infection.

Critical care

- **The service had suitable premises and equipment and looked after them well.**
- **At the time of the inspection there were enough staff on duty to meet the needs of the patients.** Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date, and easily available to all staff providing care.
- **The service followed best practice when prescribing, administering, and recording medicines.**
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service

However:

- Critically ill patients on acute respiratory unit were not reviewed by an intensivist twice daily. They were supported by consultants in respiratory medicine who consulted intensivist daily.
- Learning from incidents was not always shared promptly between all staff working in critical care areas.
- Venous thromboembolism (VTE) assessments were not completed for all patients on the acute respiratory unit. The unit achieved compliance of 59% which was lower than 95% target set by the trust.

Is the service effective?

Good   

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Managers appraised most of the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- **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

Critical care

However:

- The clinical audit data was only collected from the intensive care unit. The level 2 acute respiratory beds were not included in the data collection.
- The critical care outreach team were not providing a 24-hour service. They were not meeting critical care staffing standards for an outreach service.
- The hospital did not have a formalised approach to reviewing patients after they were discharged from critical care.

Is the service caring?

Good ● → ←

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

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

However:

- There was no designated psychological service to meet needs of all critical care patients.

Is the service responsive?

Good ● ↑

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

- **The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care.** Patients' needs, and preferences were considered and acted on to ensure services were delivered to meet those needs.
- **The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs.** Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met.
- **There were processes in place to ensure complaints were dealt with effectively.**

However, we also found:

- Mixed sex accommodation breaches occurred frequently due to delays in discharging patients who no longer needed care and treatment within the critical care settings.

Critical care

Is the service well-led?

Good   

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

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

Outstanding practice

- There were dedicated clinical nurse educators supporting staff working within critical care areas, providing a good support structure, enabling critical care nursing staff to provide good care.

Areas for improvement

We found areas for improvement in this service.

The trust **SHOULD do**:

- Ensure that consideration is given to the inclusion of the level 2 acute respiratory beds in clinical audit data submission.
- Ensure there is a formalised approach to organising follow up clinics for patients discharged from critical care areas.
- Ensure that an intensivist review all critically ill patients twice daily.
- Ensure that learning from incidents shared promptly between all staff working in areas where similar incident could occur.
- Consider provision of a psychological service to meet needs of all critical care patients.

Critical care

- Ensure there are no delays to patients discharges and patients that are not critically ill are cared for in a suitable environment.
- Ensure venous thromboembolism (VTE) assessments are completed for all critically ill patients.
- Ensure that Guidelines for the Provision of Intensive Care Services are fully met including in relation to provision of psychological support and 24-hours critical care outreach service.

Maternity

Outstanding   

Key facts and figures

The Imperial College Healthcare NHS Trust (ICHNT) provided maternity services across two main sites, St Mary's Hospital (SMH) and Queen Charlotte's and Chelsea Hospital (QCCH) and was part of the women's, children's and clinical support (WCCS) division.

Independently funded maternity healthcare service was also delivered at SMH as part of Imperial Private Healthcare (IPH) in the Lindo Wing. The Lindo Wing maternity service had labour and postnatal wards and offered antenatal appointments. The Lindo Wing introduced the community postnatal midwifery service in July 2018 for continuity of care and to improve women's outcomes. This meant the Lindo Wing midwives visited and cared for women following their discharge home after child birth.

St Mary's Hospital including the Lindo Wing provided maternity services in the hospital and community to approximately 4,000 women in Paddington and surrounding areas. The maternity service provided consultant-led and midwife-led care for both high and low risk women. The hospital also offered a wide range of services and specialist care within maternity services. This included a consultant-led labour ward, birth centre, an outpatient antenatal clinic, a fetal medicine unit (FMU), a maternity day assessment unit (MDAU), a triage unit, antenatal and postnatal inpatient wards (including transitional care), perinatal services and bereavement services.

Low risk antenatal and postnatal care was also provided in community clinics which were either located in children's centres, GP surgeries or the Ealing community hub. There were two community midwifery teams who were attached to a GP practice and had their designated antenatal clinics and conducted home visits. Women who chose to have a home birth were supported by the community midwives which accounted for 0.4% of deliveries within the last 12 months.

There was a level two neonatal intensive care unit (NICU) with 22 cots including four intensive care beds, four high dependency beds and 14 special care cots.

On the Lindo Wing, the labour ward was located on the 3rd floor and had five delivery rooms, five overflow rooms and one theatre. The Lindo Wing also had 11 postnatal beds.

We last carried out an unannounced comprehensive inspection of the maternity service in March 2017. The service was rated requires improvement for safe, responsive and well-led and good for effective and caring. The service was judged to be required improvement overall.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We also carried out an unannounced inspection at night on 27 February 2019. During our inspection, we visited all clinical areas in the service including labour ward, theatres, antenatal and postnatal wards, the birth centre, transitional care, antenatal clinics, FMU, MDAU and the Lindo Wing maternity areas. We spoke with six women and their relatives and 67 members of staff, including midwives, consultants, anaesthetists, senior managers, student midwives, pharmacist, housekeepers, receptionist, matrons, ward co-ordinators, midwifery risk leads, perinatal mental health team and support staff. We observed care and treatment and reviewed 13 maternity care records and prescription charts. We reviewed range of equipment including resuscitation equipment, birthing pools, beds, mattresses, resuscitaires and cardiotocography (CTG) devices. We also reviewed the trust's performance data. We observed one multidisciplinary meeting, two handovers and two patients' procedures and outpatient appointment.

The inspection team consisted of one CQC hospital inspector, an observer (CQC staff) and two specialist advisors (matron and head of midwifery). The inspection was overseen by Terri Salt interim head of hospital inspections

Maternity

Summary of this service

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

- Our rating of the service had improved. We rated it as outstanding because the ratings for both caring and responsive. The trust had taken note of concerns raised about the maternity service at the previous inspection and made improvements in the areas of maternity training, cardiotocography (CTG) training, fresh eye buddy system, oversight on the risk register, emergency theatre staffing, signage, estate, visibility of leadership and governance of serious incidents.
- **The service provided mandatory and maternity specific training in key skills to all staff.** Most staff received up-to-date mandatory training. The overall compliance for all midwifery and medical staff was 91% which was better than the trust target (85%).
- Compliance with core maternity specific mandatory training and skills, such as cardiotocography interpretation, was 92% and above the trust target.
- **The trust had clear systems, processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements.** 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.
- **There was an effective system in place to assess, respond to and manage risks to patients.** Staff could recognise and respond to signs of deterioration and emergencies. Staff completed and updated risk assessments for each patient.
- The midwife to birth ratio was 1:24, which was in line with national recommendations.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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. This was an improvement from the last inspection.
- Although the clinical rooms where medicines were stored were sometimes hot, the service had mitigated the risk to ensure medicines were safe to use. Therefore, we were assured effective governance arrangements were in place to ensure safe storage of medicines, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques to support women's feeding when necessary. The service made adjustments to patients' diets for religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service performed better than the national recommendations and standards on the waiting time for epidurals and the average on women receiving obstetric anaesthesia during caesarean sections.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** The service performed better than average on all outcomes in the 2017 National Neonatal Audit.
- **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 monitor the effectiveness of the service.

Maternity

- The midwifery and medical staff supported women that accessed the maternity service to live healthier lives and manage their own health, care and wellbeing.
- **Staff treated and cared for women with compassion, patience, dignity and respect.** Feedback from people who used the service and their relatives was continually positive about the care they received, and the way staff treated them.
- There was a strong, visible person-centred culture in the service and relationship between staff and patients was strong and supportive.
- **The maternity service was planned and delivered care in a way that met the diverse needs of the local and surrounding population.**
- The maternity service was flexible, provided choice to women and ensured continuity of care.
- Women repeatedly told us that they had good access to the hospital and did not experienced prolonged delays to be seen.
- There was a high level of staff satisfaction across all disciplines and equality groups. Staff were proud of working in the service, spoke highly of the culture and the improvement they had made to the service since the last inspection.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**

However:

- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- From October 2017 to October 2018, the trust's maternity Friends and Family Test (postnatal ward) performance (% recommended) was slightly worse than the England average.
- We found some printed clinical guidelines and protocols that were out of date in the maternity areas.
- **Overall the service controlled infection risk well.** There were systems and processes to control and prevent the spread of infection. The majority of the department was visibly clean, tidy and free of any odours, however the standards of cleanliness were not always maintained on the antenatal and postnatal ward at night.

Is the service safe?

Good  

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

- **The service provided mandatory and maternity specific training in key skills to all staff.** The majority of staff had received up-to-date mandatory training. The overall compliance for all midwifery and medical staff was 91% which was better than the trust target (85%).
- Compliance with core maternity specific mandatory training and skills, such as cardiotocography interpretation, was 92% and above the trust target.
- **The trust had clear systems, processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements.** 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.

Maternity

- **There was an effective system in place to assess, respond to and manage risks to patients.** Staff could recognise and respond to signs of deterioration and emergencies. Staff completed and updated risk assessments for each patient.
- **The service had enough midwifery and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The midwife to birth ratio was 1:24 which was better than the national average and was achieved by the use of temporary staff.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up to date and easily available to all staff providing care. Staff had access to patient information and could make informed decisions on patients care, management and treatment.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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. This was an improvement from the last inspection.
- Although the clinical rooms where medicines were stored were sometimes hot the service had mitigated the risk to ensure medicines were safe to use. Therefore we were assured effective governance arrangements were in place to ensure safe storage of medicines, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.

However:

- Although the service controlled infection risk well and majority of the department was visibly clean, tidy and free of any odours. However, the standard of cleanliness was not always maintained on the antenatal and postnatal ward at night.
- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.

Is the service effective?

Good   

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

- **The maternity service had effective systems in place to ensure policies, protocols and clinical pathways were reviewed regularly and reflected national guidance, best practice and legislations.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service performed better than the national recommendations and standards on the waiting time for epidurals and the average on women receiving obstetric anaesthesia during caesarean sections.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** The service performed better than average on all outcomes in the 2017 National Neonatal Audit.
- **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 monitor the effectiveness of the service.

Maternity

- For the period of November 2017 to November 2018 the appraisal rate was 96% which was better than the hospital average of 92%.
- The midwifery and medical staff supported women that accessed the maternity service to live healthier lives and manage their own health, care and wellbeing.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**

However;

- We found some printed clinical guidelines and protocols that were out of date in the maternity areas.

Is the service caring?

Outstanding  

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

- **Staff treated and cared for women with compassion, patience, dignity and respect.** Feedback from people who use the service and their relatives was continually positive about the care they received, and the way staff treated them. Patients told us and gave examples where staff had gone the extra mile in delivering compassionate care and offering emotional support.
- Specific patient comments received included ““compassionate”, “kind staff”, “excellent- 5 stars”, “lots of support and patience provided”, “huge thank you for all your help and support during child birth”, “thanks for your support, don’t think we would have done it without you”. “Your calm and belief that we can do it natural was very irreplaceable”, “midwives are like family”, “after care and feedback was great as well as answering any feedback or questions”, “staff check on us through the day, really supportive”, “everything was so good and brilliant”, “staff did great job with us”, “everyone was wonderful, I cannot stress how fantastic the staff were”.
- There was a strong, visible person-centred culture in the service and relationship between staff and patients was supportive.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff understood the importance of patients’ holistic needs and showed empathy and support to patients and their relatives. The service offered complementary services to women and families that had experienced loss and those that attended the female genital mutilation (FGM) clinic.
- From October 2017 to October 2018, the trust’s maternity Friends and Family Test (birth) performance (% recommended) was similar to the England average on their antenatal, birth, postnatal community experience.
- In the CQC maternity survey 2018, the trust performed better than other NHS trusts for one question (birth partner involved in your care during labour and birth) and performed similar on the remaining questions.
- The birth centre satisfaction feedback survey reviewed for the period of October 2018 to February 2019 showed that 98% of women rated the service as excellent and 2% rated the service as good.
- **Staff provided women and those close to them with compassionate care and emotional support to minimise their distress.** Staff treated and involved women and those close to them as partners in assessing and meeting their emotional and social needs, which was understood as being crucial in patient-centred care. Women and those close to them had access to specialist staff such as psychologist, psychiatrist, bereavement midwives, caseload midwives, FGM health advocate, genetic counsellors and thalassemia counsellors.

Maternity

- **The service made adjustments to women's food to meet their religious, cultural and other preferences.**

However;

- From October 2017 to October 2018, the trust's maternity Friends and Family Test (postnatal ward) performance (% recommended) was slightly worse than the England average.

Is the service responsive?

Outstanding   

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

- **The maternity service was planned and delivered care in a way that met the diverse needs of the local and surrounding population.**
- The maternity service was planned and provided in a way that promoted equality. The service met and supported the individual needs and preferences of the population that accessed the service, including those with complex or additional needs. The service worked closely with women, clinical networks, and other stakeholders to plan the delivery of care and treatment.
- **Patient needs and preferences were considered and acted on to ensure services were delivered to meet those needs.** Staff tried to arrange patient antenatal appointments together for the same day to meet patients' commitments such as work.
- **Women could access the maternity services in a way and time that suited them.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.
- The maternity service was flexible, provided choice to women and ensured continuity of care.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- Women repeatedly told us that they had good access to the hospital and did not experience prolonged delays to be seen.

However,

- The hospital had challenges with the estate building including the old lifts. One of the lifts was not working during inspection however we did not observe any long wait for lifts for patients and visitors.

Is the service well-led?

Good  

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

Maternity

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.** Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Staff told us leaders were visible and approachable.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us they felt listened to and well supported by managers and colleagues and were confident to raise any concerns they had.
- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.** We saw various examples that the service used a systematic approach to work collaboratively with other organisation, patients, staff and charities to improve care outcomes, tackle health inequalities and the care provision in the service.
- There was a high level of staff satisfaction across all disciplines and equality groups. Staff were proud of working in the service, spoke highly of the culture and the improvement they had made to the service since the last inspection.
- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

Outstanding practice

- In the maternity service, staff provided compassionate individualised care. Staff provided extensive support to patients and their relatives and worked hard to meet the holistic needs of their patients through emotional and practical measures.
- The service was especially caring and responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive emotional support and resources to bereaved women and was committed to continually improving the care and services they provided for bereaved parents.
- The bereavement midwife had developed a bereavement midwifery group in the UK and engaged well with stakeholders such as local MPs, NHS England, local charities and the Stillbirth and Neonatal Death Society.
- A translation icon on the trust website could translate vital information on the website to 103 languages from different ethnicity and continents such as Turkish, Polish, Japanese, Greek, Swahili, Yoruba and Urdu.
- The trust had implemented a continuing care model in the maternity service and community postnatal service for the private patients to improve patient outcome and service provision.
- The maternity service introduced a buddy star award, a scheme to recognise staff for excellent care in foetal monitoring.

Areas for improvement

We found areas for improvement in this service.

The trust **should do**:

- The hospital should ensure emergency equipment is checked and recorded consistently.
- The hospital should consider improvements to the hospital estate and facilities for the lifts and temperature of some maternity ward areas.
- The trust should ensure policies and guidelines available in hard copies are regularly reviewed and updated.
- The hospital should ensure the maternity early warning scores are completed and scored appropriately by staff.
- The trust should review the cleaning provision of the service to ensure the cleaning environment and equipment are clean to prevent the risk of infection.

Services for children and young people

Good   

Key facts and figures

St Mary's Hospital (SMH) provides emergency, non-elective and elective inpatient services for infants, children and young people.

During the inspection we visited the paediatric wards including Great Western (general paediatrics), the paediatric short stay unit, Grand Union (Paediatric haematology, blood and marrow transplantation, paediatric oncology, paediatric infectious diseases), West Way (paediatric day case surgery), the paediatric outpatient department, the paediatric haematology day unit, the paediatric intensive care unit (PICU), and the Winnicott Baby unit (neonatal intensive care unit, NICU). We also visited the imaging department and the sexual health clinic. We spoke with 18 members of staff including nurses, student nurses, junior doctors, consultant paediatricians, play specialists, the head of children's nursing, the divisional clinical director, the divisional director of nursing and the divisional director of operations. We also spoke with 11 patients and their relatives. We reviewed 13 patient health records including medication charts.

Summary of this service

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

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- **The service usually had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** However, staff told us there were sometimes shortages.
- **The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patient care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- **The service followed best practice when prescribing, giving, recording and storing medicines.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Services for children and young people

- **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 monitor the effectiveness of the service.
- **Staff worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. **Staff provided emotional support to patients to minimise their distress.**
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **The trust planned and provided services in a way that met the needs of the local people.**
- **The service took account of patients' individual needs.**
- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.**
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers and staff including nurses and doctors promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **There were arrangements in place for governance and risk management.**
- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We saw that risks found on inspection were included on the risk register.**
- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- **The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.**

However:

- The premises and environment were not always suitable for the services being provided, with one of the risks being legionella and pseudomonas in the water.
- Whilst improvements had been made since the last inspection, the ongoing renovation work meant there was a lack of isolation facilities in the PICU.
- Staff on the wards told us play specialists were only available three days a week due to lack of resourcing.
- The service faced challenges in mental health care provision.

Services for children and young people

- Staff survey results showed signs of disconnection with senior management. The NHS staff survey 2017 results showed only 35% of staff thought that senior managers tried to involve staff in important decisions. Only 25% of participants thought that communication between senior management and staff was effective and only 13% felt that senior managers acted on staff feedback.
- There was no central log for child safeguarding cases.

Is the service safe?

Requires improvement   

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

- The premises and environment were not always suitable for the services being provided, with one of the risks being legionella and pseudomonas in the water. We saw that this was included on the divisional and directorate risk register, which stated that remedial works were carried out wherever positive samples were obtained.
- Whilst improvements had been made since the last inspection, the ongoing renovation work meant there was a lack of isolation facilities in the PICU. This was not due to be completed until the end of August 2019. The service had acknowledged this as a risk and included it on their risk register. Controls in place to mitigate the risk were insufficient to reduce the risk of cross-infection.
- We found issues with the availability of emergency equipment on the PICU. The intubation and difficult airway trolley was kept on the main PICU. The HDU had its own resus trolley but did not have a separate intubation and difficult airway trolley or a defibrillator.
- There was a cross-infection risk where staff were going through the back corridor that separated the day surgery unit and Westway ward without washing their hands.

However:

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- Apart from the issues specific to PICU and day surgery above, **the service had processes in place to control infection risk.**
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- There were processes in place to care for deteriorating patients.
- **The service usually had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** However, staff told us there were sometimes shortages.
- **The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patient care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- **The service followed best practice when prescribing, giving, recording and storing medicines.**

Services for children and young people

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. 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.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Is the service effective?

Good ● → ←

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **The service monitored the effectiveness of care and treatment and used the findings to improve them.** For example, the 'Integrated Family Delivered Care' project in neonates had improved outcomes for babies in terms of being discharged earlier.
- **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 monitor the effectiveness of the service.
- **Staff worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the trust policy and procedures when a patient could not give consent.

However,

- Staff on the wards told us play specialists were only available three days a week due to lack of resourcing.

Is the service caring?

Good ● → ←

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

- **Staff cared for patients with compassion.** Feedback from patients and families confirmed that staff treated them well and with kindness.
- **Staff provided emotional support to patients to minimise their distress.**
- **Staff involved patients and those close to them in decisions about their care and treatment. There were processes to ensure information was provided in a child friendly way.**

Services for children and young people

Is the service responsive?

Good  → ←

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

- **The trust planned and provided services in a way that met the needs of local people.** Improvements had been made since the last inspection, for example, there was now onsite accommodation for parents whose babies were in the neonatal unit.
- **The service took account of most patients' individual needs.** For example, there was a dedicated adolescent HIV service.
- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**

However;

- There was a lack of comprehensive adolescent transitional services within some specialities across the trust. This was on the divisional risk register.
- There were issues with psychiatric support for patients with a mental health condition.

Is the service well-led?

Good  → ←

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

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers and staff including nurses and doctors promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **There were arrangements in place for governance and risk management.**
- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** We saw that risks found on inspection were included on the risk register.
- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- **The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.**

However;

Services for children and young people

- Staff survey results for the division showed signs of disconnection with senior management. The NHS staff survey 2017 results showed only 35% of staff thought that senior managers tried to involve staff in important decisions. Only 25% of participants thought that communication between senior management and staff was effective and only 13% felt that senior managers acted on staff feedback.
- There was no central log for child safeguarding cases.

Outstanding practice

We found examples of outstanding practice in this service:

- The 'integrated family delivered care' approach used in neonatal services gave parents of premature babies a much wider role in the care of their children. The project had improved outcomes for babies and their families and reduced overall length of stay. It won an HSJ award for innovation in 2018.
- The Connecting Care for Children (CC4C) initiative was designed to assist in the integration of child healthcare across primary, secondary and tertiary services. The intention was to provide primary care providers with access to specialist paediatric advice, by way of the hospital team delivering community-led surgeries incorporating education, training, professional support and outreach clinics. In addition, GPs could access consultant paediatricians via telephone and email, with a same-day response to help reduce the risk of unnecessary admission to hospital. The scheme aimed to empower patients and their parents or carers to self-manage their own care, to provide peer support to others and to engage with local GPs and primary care nursing staff by acting as practice champions. The initiative also won an HSJ award in 2018.

Areas for improvement

We found areas for improvement in this service.

The trust **Must Do:**

- The trust must ensure the premises and environment are suitable for the services being provided, including ensuring the availability of emergency equipment on the PICU. The risk of cross-infection must be managed safely in the PICU, especially while building work is ongoing.

The trust **Should Do:**

- The trust should ensure adequate equipment is available for the HDU beds that are part of PICU on the Grand Union Ward.
- The trust should ensure there are adequate defibrillators available in all areas.
- The trust should consider how to ensure there is adequate oversight of all safeguarding cases.
- The trust should continue to develop transitional services for adolescents.
- The trust should consider how to ensure there is adequate mental health care provision.

Charing Cross Hospital

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Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds

Summary of findings

Summary of services at Charing Cross Hospital

Requires improvement → ←

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

- The hospital ratings for safe, effective, caring, responsive and well-led remained the same.
- We inspected Critical care this inspection in March 2019 to check if improvements had been made. Our rating of the service went up. We rated it as good because safe, effective, caring, responsive and well-led were good. The ratings for safe, effective, responsive and well-led all went up, and the rating for caring stayed the same.
- We inspected Urgent and emergency care in November 2017 to check if improvements had been made. Our rating of the service went down. We rated it as requires improvement because safe, effective, responsive and well-led required improvement, and caring was good. The rating for safe, responsive and well-led went down, and the ratings for each of the other key questions remained the same.
- We inspected Surgery during in November 2017 to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good. The rating for well-led improved, and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service improved. We rated it as good because safe and responsive required improvement; well-led was good, and caring and effective were outstanding. The ratings for effective, caring and well-led improved, and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service improved. We rated it as requires improvement because safe, responsive and well-led required improvement, and caring was good. The ratings for responsive and well-led improved; the rating for safe went down. We did not rate effective.

Critical care

Good  

Key facts and figures

The adult intensive care unit at Charing Cross Hospital cares for critically ill individuals from the local population and those referred from further afield for specialised care. Specialties include major head and neck reconstructive surgery, plastic surgery, urology, complex ear, nose and throat (ENT) surgery, neurosurgery and neurology. Neurosurgery patients form the largest part of the case mix.

The intensive care unit at Charing Cross Hospital is set across the 11th floor and is split into two units: 11 North and 11 West. The service is commissioned to 24 beds (with 26 physical bed spaces) and offers both intensive and high dependency care for adults with immediate life-threatening medical and surgical conditions (planned and emergency). The service at Charing Cross Hospital is designed to accommodate patients with level two and level three care needs and can accommodate up to 14 level two patients and 10 level three patients. Level two care describes patients requiring more detailed observation or intervention. This includes support for a single failing organ system or post-operative care, and those 'stepping down' from level three care. Level three care refers to patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multiple organ failure.

There is a practitioner-led outreach and resuscitation team providing support seven days a week from 8am to 8pm. The team comprises nurses and physiotherapists who work with staff on the wards to ensure the early detection of the deteriorating patient and follow up patients who have been discharged from intensive care.

The service also has a five-bedded acute respiratory unit (ARU) on the ground floor within the trust's acute medical unit which provides non-invasive respiratory support for level two patients only. The ARU is managed by the medicine directorate with oversight and input from the critical care directorate and team of doctors.

We visited the two intensive care units: 11 North and 11 West on the 11th floor and the acute respiratory unit on the ground floor of Charing Cross Hospital over three days during our announced inspection on the 26 to 28 February 2019.

We reviewed nine patient care records and observed care provided. We spoke with 10 relatives and carers, two patients and 43 members of staff including nurses, consultants, junior doctors, physiotherapists, pharmacists, dietitians and administrative staff. We also reviewed the trust's performance data and looked at trust policies for critical care.

Summary of this service

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

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** All staff we spoke with demonstrated a good understanding of safeguarding vulnerable adults.
- **The service controlled infection risk well.** All staff were observed to be 'bare below the elbow' and adhered to infection control procedures. All clinical areas we visited on the intensive care units (11 North and 11 West) and acute respiratory unit were visibly clean.
- The service had made improvements in the storage and availability of equipment since our last inspection.

Critical care

- There was now a clear, formal pathway between level two and level three beds. Since the last inspection all level two beds were now co-located within the intensive care units on the 11th floor or were on the five-bedded acute respiratory unit where there were strict admission criteria.
- **Staff completed and updated risk assessments for each patient.** Records we reviewed included comprehensive individual risk assessments. Where risk had been identified we also saw evidence that risk management plans were developed in line with national guidance and staff we spoke with could clearly articulate how to recognise sepsis.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** At our last inspection we found out of date medicines. At this inspection, medicines we checked were in date. Suitable arrangements were in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- **The service now had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** Medical staffing levels had improved since the last inspection. A consultant in intensive care medicine was also available 24 hours a day and could attend patients within 30 minutes.
- **The service managed patient safety incidents well** and investigations were now being investigated in a timely manner by the lead nurse and consultant in the specialism the incident was related to. Staff recognised incidents and reported them appropriately. The lead nurse 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.
- **The service used safety monitoring results well.** Safety information was collected and shared with staff, patients and visitors on the units' quality and safety boards.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** At our last inspection, the service was unable to demonstrate results from audit participation. At this inspection the service was able to demonstrate results from relevant national audits.
- At our last inspection, the critical care outreach team were unable to provide us with activity data. At this inspection the team were able to demonstrate outreach activity data and audit results.
- **The service delivered care in line with national clinical guidance.** Staff had access to policies, protocols and care bundles that were based on national guidance on the trust intranet.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate verbally using suitable assessment tools.
- **The service made sure staff were competent for their roles.** Staff had regular appraisals and performance was monitored through mentorship from band 7 nurses. There was also good support from nurse educators, opportunities for learning and professional development and use of a simulation suite for teaching sessions.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals worked as a team to provide good care.
- **Staff understood their roles and responsibilities under the Mental Capacity Act 2005.** Staff understood the relevant consent and decision-making requirements of current legislation and systems were in place to ensure compliance with deprivation of liberty safeguards.

Critical care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff provided emotional support to patients to minimise their distress.** We found a high level of emotional support provided by staff on the intensive care unit and acute respiratory unit. Relatives spoke highly of the support they received from staff.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and relatives were routinely involved in planning and making decisions about care options.
- **The trust planned and provided services in a way that met the needs of local people and patients who came from other regions.** At our last inspection, we found that some level two patients were being cared for in non-critical care areas. At this inspection, we found that level two patients were being cared for in critical care areas. Level two and level three beds were now co-located within the intensive care unit and accommodated up to 14 level two and 10 level three patients.
- There was also now an acute respiratory unit which provided non-invasive respiratory support for level two patients only.
- **At this inspection, we saw that the service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** At our last inspection we found that complaints were not always learned from and were not discussed during team meetings. The service received very few complaints, but we saw evidence that complaints were discussed at team meetings and directorate meetings. Staff also used patient and relative feedback to improve the service.
- **The service took account of patients' individual needs.** Nurses on the unit told us that they had strong links with the learning disability advice and support, inclusion and vulnerability officer. In the acute respiratory unit, patients were given hospital 'passports' which described a patient's likes and dislikes and important information the nursing team needed to know about the patient's care needs.
- At our last inspection we found that complaints were not always learned from and were not discussed during team meetings. **At this inspection we saw that the service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.** The service now had a site-based leadership team who had a good understanding of the risks and challenges to critical care services on the Charing Cross Hospital site. The site-based leadership team demonstrated good cross site working. They attended regular cross site directorate quality and safety meetings where performance and quality and safety issues were discussed. Critical care staff involved in the acute respiratory unit were also invited to respiratory governance meetings.
- There was effective cross-unit working. The site leadership team attended regular cross site directorate quality and safety meetings where performance and quality and safety issues were discussed, and critical care staff involved in the acute respiratory unit were also invited to respiratory governance meetings.
- At our last inspection, we found that the critical care outreach teams were not part of the critical care department's governance arrangements and there were issues of parity between the teams across the three sites. At this inspection we found that the critical care outreach teams were now part of the critical care department's governance arrangements and there was now parity between outreach teams across the three sites which was an improvement from the last inspection.

Critical care

- At our last inspection, senior management did not submit audit results to demonstrate the service's effectiveness. **At this inspection we received audit data which demonstrated that the service collected, analysed, managed and used information well to support all its activities.** The service kept a monthly performance scorecard which contained information about the service's performance such as staffing, infection prevention and control compliance and audit data.
- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The risk register was regularly reviewed and was now being updated in a timely manner with action plans in place. This was an improvement from the last inspection where we found that some risks had been on the risk register for a long time without a completion date. The issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.** Staff awareness of the vision of the service had improved since the last inspection.
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff demonstrated an inclusive, open and honest culture and consistently spoke of good teamwork in a patient-centred environment.
- **The service was committed to improving services and promoted training, research and innovation.** Nursing teams took ownership of various quality improvement projects such as hand hygiene, medications safety and assessments for delirium.

However:

- The intensive care unit was in the process of moving fully to the use of electronic records but at the time of the inspection was still in transition and used a mixture of paper and electronic notes. This meant that there was a risk of errors due to the different systems being in use for documentation, however there was no evidence of impact on patient safety. This issue was logged as a risk on the risk register and a plan was in place for full transition to an electronic system.
- Mandatory training compliance levels for doctors in training did not meet trust targets.
- During our inspection, we saw some visitors tailgating into the intensive care unit and inspectors were also not challenged in the bed bay areas of the intensive care unit.
- Bed occupancy rates remained high. The leadership team were aware of the high occupancy rates and told us this was due to a high number of patients awaiting discharge to ward beds. As a result, delayed discharges were on the risk register for critical care.
- During our inspection we found a large two bedded bay which was shared by two patients of mixed sex due to delays discharging patients out of the intensive care unit. Curtains or screens were not used to separate the space which meant that the privacy and dignity of the patients could not be maintained.
- The critical care outreach team were not providing a 24-hour service. They were not meeting critical care staffing standards for an outreach service.
- The hospital did not have a formalised approach to reviewing patients after they were discharged from critical care.
- Some trust wide policies that the critical care service used, lacked detail in signposting any practical guidance which staff used.

Critical care

Is the service safe?

Good  

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

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** All staff we spoke with demonstrated a good understanding of safeguarding vulnerable adults.
- **The service controlled infection risk well.** All staff were observed to be 'bare below the elbow' and adhered to infection control procedures. All clinical areas we visited on the intensive care units (11 North and 11 West) and acute respiratory unit were visibly clean.
- The service had made improvements in the storage and availability of equipment since our last inspection.
- There was now a clear, formal pathway between level two and level three beds. Since the last inspection all level two beds were now co-located within the intensive care units on the 11th floor or were on the five-bedded acute respiratory unit where there were strict admission criteria.
- **Staff completed and updated risk assessments for each patient.** Records we reviewed included comprehensive individual risk assessments. Where risk had been identified we also saw evidence that risk management plans were developed in line with national guidance and staff we spoke with could clearly articulate how to recognise sepsis.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** At our last inspection we found out of date medicines. At this inspection, medicines we checked were in date. Suitable arrangements were in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- **The service now had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** Medical staffing levels had improved since the last inspection. A consultant in intensive care medicine was also available 24 hours a day and could attend patients within 30 minutes.
- **The service managed patient safety incidents well** and investigations were now being investigated in a timely manner by the lead nurse and consultant in the specialism the incident was related to. Staff recognised incidents and reported them appropriately. The lead nurse 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.
- **The service used safety monitoring results well.** Safety information was collected and shared with staff, patients and visitors on the units' quality and safety boards.

However:

- The intensive care unit was in the process of moving fully to the use of electronic records but at the time of the inspection was still in transition and used a mixture of paper and electronic notes. This meant that there was a risk of errors due to the different systems being in use for documentation, however there was no evidence of impact on patient safety. This issue was logged as a risk on the risk register and a plan was in place for full transition to an electronic system. The acute respiratory unit had transitioned fully to electronic records and did not encounter this issue.
- Senior nurses trained as fire wardens could clearly articulate what action they would take in the event of a fire in line with local procedures. However, the training they received was classroom based and no fire drills had been undertaken since 2010.

Critical care

- During our inspection, we saw some visitors tailgating into the intensive care unit. Inspectors were also not challenged in the bed bay areas of the intensive care unit.
- Mandatory training compliance levels for doctors in training did not meet trust targets.

Is the service effective?

Good ● ↑

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

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** At our last inspection, the service was unable to demonstrate results from audit participation. At this inspection the service was able to demonstrate results from relevant national audits.
- At our last inspection, the critical care outreach team were unable to provide us with activity data. At this inspection the team were able to demonstrate outreach activity data and audit results.
- **The service delivered care in line with national clinical guidance.** Staff had access to policies, protocols and care bundles that were based on national guidance on the trust intranet.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate verbally using suitable assessment tools.
- **The service made sure staff were competent for their roles.** Staff had regular appraisals and performance was monitored through mentorship from band 7 nurses. There was also good support from nurse educators, opportunities for learning and professional development and use of a simulation suite for teaching sessions.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals worked as a team to provide good care.
- **Staff understood their roles and responsibilities under the Mental Capacity Act 2005.** Staff understood the relevant consent and decision-making requirements of current legislation and systems were in place to ensure compliance with deprivation of liberty safeguards.
- Physiotherapists assessed the rehabilitation needs of all patients admitted to the intensive care unit. Records we reviewed showed comprehensive rehabilitation plans.

However:

- The critical care outreach team were not providing a 24-hour service. They were not meeting critical care staffing standards for an outreach service.
- The hospital did not have a formalised approach to reviewing patients after they were discharged from critical care. However, consultants held ad hoc follow-up appointments with patients where requested. Patients and relatives were also invited to attend patient experience groups which the trust held every three months. However, the leadership team told us there was a plan in place to have follow-up clinics with multidisciplinary input.
- Health promotion information on the intensive care unit was limited.

Critical care

Is the service caring?

Good ● → ←

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

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff provided emotional support to patients to minimise their distress.** We found a high level of emotional support provided by staff on the intensive care unit and acute respiratory unit. Relatives spoke highly of the support they received from staff.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and relatives were routinely involved in planning and making decisions about care options.

However:

- There was no dedicated psychological service for critical care however the service was able to access support from the hospital psychiatric liaison team.

Is the service responsive?

Good ● → ←

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

- **The trust planned and provided services in a way that met the needs of local people and patients who came from other regions.** At our last inspection, we found that some level two patients were being cared for in non-critical care areas. At this inspection, we found that level two patients were being cared for in critical care areas. Level two and level three beds were now co-located within the intensive care unit and accommodated up to 14 level two and 10 level three patients.
- There was also now an acute respiratory unit which provided non-invasive respiratory support for level two patients only.
- **At this inspection, we saw that the service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** At our last inspection we found that complaints were not always learned from and were not discussed during team meetings. The service received very few complaints, but we saw evidence that complaints were discussed at team meetings and directorate meetings. Staff also used patient and relative feedback to improve the service.
- **The service took account of patients' individual needs.** Nurses on the unit told us that they had strong links with the learning disability advice and support, inclusion and vulnerability officer. In the acute respiratory unit, patients were given hospital 'passports' which described a patient's likes and dislikes and important information the nursing team needed to know about the patient's care needs.

However:

Critical care

- Bed occupancy rates remained high. The leadership team were aware of the high occupancy rates and told us this was due to a high number of patients awaiting discharge to ward beds in the hospital. As a result, this led to mixed sex breaches and delayed discharges which were on the risk register. The leadership team had taken actions to reduce delays such as becoming involved in the weekly hospital flow meetings.
- During our inspection we found a large two bedded bay which was shared by two patients of mixed sex due to delays discharging patients out of the intensive care unit. Curtains or screens were not used to separate the space which meant that the privacy and dignity of the patients could not be maintained.
- The service did not use patient diaries to support patients' recovery process.

Is the service well-led?

Good  

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

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.** The service now had a site-based leadership team who had a good understanding of the risks and challenges to critical care services on the Charing Cross Hospital site. The site-based leadership team demonstrated good cross site working. They attended regular cross site directorate quality and safety meetings where performance and quality and safety issues were discussed. Critical care staff involved in the acute respiratory unit were also invited to respiratory governance meetings.
- There was effective cross-unit working. The site leadership team attended regular cross site directorate quality and safety meetings where performance and quality and safety issues were discussed, and critical care staff involved in the acute respiratory unit were also invited to respiratory governance meetings.
- At our last inspection, we found that the critical care outreach teams were not part of the critical care department's governance arrangements and there were issues of parity between the teams across the three sites. At this inspection we found that the critical care outreach teams were now part of the critical care department's governance arrangements and there was now parity between outreach teams across the three sites which was an improvement from the last inspection.
- At our last inspection, senior management did not submit audit results to demonstrate the service's effectiveness. **At this inspection we received audit data which demonstrated that the service collected, analysed, managed and used information well to support all its activities.** The service kept a monthly performance scorecard which contained information about the service's performance such as staffing, infection prevention and control compliance and audit data.
- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The risk register was regularly reviewed and was now being updated in a timely manner with action plans in place. This was an improvement from the last inspection where we found that some risks had been on the risk register for a long time without a completion date. The issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.** Staff awareness of the vision of the service had improved since the last inspection.

Critical care

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff demonstrated an inclusive, open and honest culture and consistently spoke of good teamwork in a patient-centred environment.
- **The service was committed to improving services and promoted training, research and innovation.** Nursing teams took ownership of various quality improvement projects such as hand hygiene, medications safety and assessments for delirium.

However:

- We found that while policies were easily accessible on the trust intranet, some trust wide policies that the critical care service used, lacked detail in signposting any practical guidance which staff used. For example, the critical care service used trust wide restraint guidance but also used a paper document on restraint which had more detailed checklists. However, it was not clear how staff working on the intensive care unit, particularly new or agency staff would know to use both the paper checklist and trust wide guidance as the trust wide guidance alone, did not indicate the use of the paper checklist for critical care staff.

Outstanding practice

The critical care service provided extensive opportunities for learning and professional development for nursing staff. There were dedicated clinical nurse educators responsible for coordinating the education, training and continuing professional development for the nursing staff and pre-registration nursing students. The nurse educator also conducted one to one clinical coaching with new nurses. All band five and six nurses were part of a team led by a band seven nurse who acted as their mentor. The mentor was responsible for overseeing their achievement and for completing or delegating the ongoing review of critical care competencies. Junior doctors also commented on a good teaching programme. Staff also benefited from learning from specific incidents and teaching sessions using the bespoke simulation suite on the intensive care unit.

Areas for improvement

We found the following areas for improvement in this service,

The trust **Should do:**

- Improve compliance with mandatory training levels for doctors in training.
- Minimise mixed sex breaches to ensure patients' privacy and dignity is maintained.
- Consider follow-up clinics are established and the use of patient diaries to support the recovery process of patients.
- Consider addressing the issue of tailgating into the intensive care unit.
- Continue to work with the rest of the hospital to reduce the delayed discharges of patients from the intensive care unit to the wards.
- Continue to ensure the intensive care unit transitions to a fully electronic patient records system.
- Consider when trust wide policies are used, that any guidance, instruction or tools specifically related to critical care is sufficiently signposted for staff.

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)

This guidance (see 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 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

Terri Salt Head of Hospital Inspections chaired this inspection and Michelle Gibney Inspection Manager led it.

The team included 12 core service inspectors, one assistant inspector, one inspector from NHS improvement, three inspectors from CQC medicine team, 20 specialist advisers, and six observers.

Specialist advisers are experts in their field who we do not directly employ. Observers are individuals from external organisations or from within the CQC which the inspection team and the trust have approved to observe the inspection.