

# Whittington Health NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

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

Whittington Health was established in April 2011 bringing together Islington and Haringey community services with Whittington Hospital's acute services to form a new Integrated Care Organisation (ICO). Whittington Health provides acute and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney. The hospital has 346 beds.

## Overall summary

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

## What this trust does

The trust provides a large range of services from the hospital, including accident and emergency (A&E), maternity, diagnostic, therapy and elderly care. The trust also provides community services from 30 locations in Islington and Haringey and provides both community and inpatient mental health services for children and young people.

## 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.

At this inspection, we inspected five services provided by the trust as part of our continual checks on the safety and quality of healthcare services.

Between 3 and 5 December 2019 we carried out an announced inspection of the following services:

- Urgent and emergency care services (ED)
- Surgery
- Critical Care
- Community health services for children, young people and families
- Specialist community mental health services for children and young people

# Summary of findings

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

## What we found

### Overall trust

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

- We rated effective, responsive, and well-led as good, safe as requires improvement and caring as outstanding.
- We rated four of the five services inspected as good, and one as requires improvement.
- In rating the trust, we also took into account the current ratings of the services not inspected this time. We found improvements during this inspection that meant the overall rating for the trust's community services had now improved from good to outstanding.
- As an integrated care organisation, the trust was leading the way in the provision of well-integrated community, mental health and acute hospital services. The trust planned services effectively to meet the needs of the local population. For example, the trust had an emergency response 'Hospital at Home' team who worked with health and social care partners to prevent patients having to be admitted to the hospital. By investing in community services for elderly patients, the trust had been successful in reducing the number of patients who needed to be readmitted to hospital. As a result, the trust was one of the best performing trusts in the country for emergency readmission rates.
- The trust had enough staff to care for patients and keep them safe. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Staff went the extra mile to make sure their approach was friendly and inclusive. Patients and their families were treated as equal partners and empowered to make decisions about care and treatment.
- The trust planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access services when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The trust level leadership team had the appropriate range of skills, knowledge and experience. The trust had effective structures, systems and processes in place to support the delivery of its strategy. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. Staff were clear about their roles and accountabilities. Overall, the trust engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had completed mandatory training in key skills. In some areas, staff did not always control infection risk well. Staff did not always fully assess and record risks to patients with mental health conditions. In some areas, staff did not always follow best practice when storing and disposing of medicines.

# Summary of findings

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website –

## Are services safe?

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

- The trust target for staff completion of mandatory training continued not to be met.
- The trust did not always follow best practice when storing and disposing of medicines.
- The trust did not always control infection risk well. Staff did not always follow the trust's infection control processes.
- Staff did not always fully assess and record risks to patients with mental health conditions. Staff were not clear on the trust's rapid tranquilisation policy.

However:

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- The trust had enough staff to care for patients and keep them safe.
- Staff collected safety information and used it to improve the service.

## Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However:

- Not all staff had received an annual appraisal.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff went the extra mile to make sure their approach was friendly and inclusive. Patients and their families were treated as equal partners and empowered to make decisions about care and treatment.

## Are services responsive?

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

- The trust planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Summary of findings

- The trust was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Are services well-led?

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

- Service leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the services for patients and staff. The trust level leadership team had the appropriate range of skills, knowledge and experience.
- Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. The acute hospital and community parts of the trust had a consistent culture and staff felt equally valued. The trust took appropriate learning and action as a result of concerns raised.
- Information was in an accessible format, timely, accurate and identified areas for improvement. Staff used the information to understand performance, make decisions and improvements. Information governance systems were in place including confidentiality of patient records.

## Use of resources

We rated use of resources as good because the trust demonstrated a good understanding of areas of improvements with credible plans to achieve target performance.

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

For more information, see the Use of Resources section of this report.

## 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 all services we inspected.

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

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We also found other areas where the trust should improve to improve service quality.

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

# Summary of findings

## Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of regulations 10 and 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

## 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 emergency department (ED) actively engaged local partners and charities to improve patients' outcomes and provide a holistic approach to their care and treatment needs. For example, they worked with a charity that provided support to older people, especially those who have dementia. They had close links with a charity that could offer help to adults with multiple and complex needs and support for vulnerable young people who are being criminally exploited.
- The emergency department undertook number of staff wellbeing initiatives and recognised importance of maintaining positive staffing culture in the ED environment and its impact on delivery of care and treatment. It included "tea at three" or "take a break" initiatives which aimed to raise awareness of the importance of staff taking regular breaks at work and encouraged staff to talk about concerns.
- The critical care unit (CCU) had recently received a number of lights for use in patient rooms that simulated levels of light during the day and night cycles. CCU had a consulting leading on the impact that these lights may have on patient satisfaction and recovery. We observed these lights being used in the patient areas. This project was part of a wider research initiative to 'humanise' the CCU and offer a less clinical environment for patients.
- The CCU was involved in a post-operative spinal surgery quality improvement project. This project aimed to introduce a comprehensive neurological assessment tool to detect early deterioration in post-operative spinal patients, and so improving response from staff. The project had been developed in collaboration between critical care and surgery clinicians.
- The stoma lead nurse went above and beyond to provide stoma support for patients outside of their normal working hours. The stoma nurse set up and facilitated three stoma care support groups which met the needs of the local people at a time which suited them. The nurse demonstrated dedication to their role through facilitating the groups outside of their working day to go above and beyond standard stoma care.
- The surgical service dedicated every Friday afternoon from 2pm to 5pm for an all staff handover. The handover included staff from all disciplines and ensured the sharing of patient information to weekend staff was thorough. As part of the designated time, training was provided to staff which focused on a topic, for example staff performance, learning from incidents or recent feedback the service had received. The training rotated to provide staff with increasing skills and knowledge in different specialist areas.
- Staff within community services for children and young people provided excellent support to families and carers, considered their needs and were proactive in involving them in their relative's care. The Child Development team in Haringey had developed a language train model to offer speech and language therapy to children. The approach aimed to include parents and other professionals, such as teachers, in the sessions so that they could embed the learning during their everyday interaction with the child.

# Summary of findings

- The speech and language therapy team in Camden had developed a training package for parents of newly diagnosed deaf children. This enabled the team to support parents to develop skills to communicate effectively.
- The new Social Emotional Mental Health (SEMH) service had been designed in true collaboration with a range of local stakeholders. The SEMH model had been a direct result of listening to the local population who said they needed greater access, choice and reduced waiting times for young people who required support for their emotional wellbeing and mental health. The acronym name of the service had been decided by young people during the design process.
- The Neurodevelopmental team had refined their assessment process so that it took less time without compromising the integrity or quality of the service young people received. To do this the team had streamlined their information gathering processes ensuring information from previous contact with other teams and partner organisations was better utilised. They had also trialled different types of assessment formats so that the time taken to assess a young person was proportionate to their individual level of need. This had enabled the team to save an estimated 100 hours of clinical time each month and increase the number of assessments they were able to complete, reducing the waiting time for the service. This learning had been shared across other teams in community CAMHS who were now looking to embed a similar approach.
- The service had raised awareness of Adverse Childhood Experiences (ACEs) with local stakeholders to help support the most vulnerable children and young people in the local area. Through community engagement clinicians had visited local community settings including school's and nurseries, to cascade knowledge of ACEs and how to better support young people who faced them to minimise the impact of them in adult life. By doing so the service had helped build capability in the community to support young people and families with mental health problems.
- Support teams provided for children aged under five took a truly preventative, family-based approach to empower parents to support their own children by teaching them new skills and building peer support networks. The teams used evidenced-based training programmes to up-skill families to ensure that they were able to better support the development of their younger children and their own wellbeing. This included the 'Growing Together' programme offered to local families in community settings that explored different ways to approach the challenges of parenting through personalised training.
- Young people, families and carers were fully involved in the planning of their care and the service was accessible to people from a range of cultural backgrounds. The Youth Board in place across the service gave young people a clear voice and opportunity to shape decisions about the way the service was delivered, and members completed projects that enriched the experience of young people.

## Areas for improvement

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

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

- The trust must ensure that staff carry out physical health checks of patients after they receive medication for their mental state administered by rapid tranquilisation, in line with trust policy (Regulation 12(2)(a)).
- The trust must ensure that medicines are managed safely within community services (Regulation 12 (2)(g)).
- The trust must ensure that the environment used for mental health patients is therapeutic and promotes dignity and respect (Regulation 10).

# Summary of findings

## Action the trust SHOULD take to improve:

### Emergency department

- The trust should ensure security staff who restrain mental health patients receive appropriate training in the needs of these patients.
- The trust should ensure all staff complete mandatory training and are appraised regularly.
- The trust should operate a formal clinical streaming procedure to ensure all patients care and treatment needs are met accordingly.

### Critical care

- The trust should review practices for staff handovers and opportunities for multidisciplinary working, including across meetings. Review of handovers should include consideration to the structure of handovers to ensure patient risks are appropriately reviewed.
- The trust should ensure that service leads have the appropriate qualifications to meet The Faculty of Intensive Care Medicine (FICM) standards for critical care leadership.
- The trust should improve the number of nursing staff with transfer training.
- The trust should develop consistent practice for the use of personal protective equipment (PPE) while delivering patient care, and a regular audit programme for IPC practice.
- The trust should improve the performance of medical staff in relation to targets for mandatory training.
- The trust should develop a process for patients or family members to provide feedback regarding their experience of the critical care ward.
- The trust should continue to take measures to improve morale for nursing staff in critical care.
- The trust should develop a clinical strategy for critical care and include staff in the consultation process.
- The trust should consider providing a process for local oversight of risk, as well as at divisional level, for critical care wards.

### Surgery

- The trust should ensure all staff complete mandatory training in key skills.
- The trust should ensure all staff have an understanding and awareness of Female Genital Mutilation (FGM).
- The trust should ensure staff follow guidelines to adhere to infection control processes.
- The trust should ensure staff continuously carry out daily safety checks of specialist equipment.
- The trust should ensure staff consistently follow guidance for the monitoring of patient temperatures in the intraoperative and postoperative recovery phase.
- The trust should ensure staff witness signatures for the discarded amounts of Controlled Drugs (CDs) in line with good practice and trust policy.
- The trust should ensure records are fully completed to reflect patient care and treatment.
- The trust should ensure all staff receive an annual appraisal of their work performance.
- The trust should ensure consultants lead daily ward rounds.



# Summary of findings

- The trust should consider sharing monitoring information such as safety thermometer with patients and relatives.
- The trust should consider medical or surgical representative at the ward daily handovers.
- The trust should consider how they can better meet the needs of patients living with dementia on the wards.
- The trust should consider providing awareness and understanding of the service's vision and values to staff.
- The trust should continue to improve the effectiveness of governance processes. Which could include "back to floor" exercises to monitor the effectiveness of processes and procedures.

## **Community health services for children and young people**

- The trust should consider if any remedial work is required to ensure the Haringey Child Development Centre is suitable for use whilst awaiting the move to the new premises.
- The trust should ensure that all equipment used by children and young people at home is regularly serviced.
- The trust should ensure that audits have an action plan with timescales in place when shortfalls are identified.
- The trust should ensure that each team has arrangements in place to monitor the frequency of supervision.
- The trust should ensure that all staff have their competencies checked and maintain an up to date record.
- The trust should ensure that governance processes are fully embedded at the Northern Health Centre.

## **Specialist community mental health services for children and young people**

- The trust should ensure that it further improves the overall waiting time for all teams from referral to treatment, to meet the target time set by commissioners and ensure young people do not wait a long time to access necessary care and treatment.
- The trust should ensure staff can work across multiple electronic record systems with partner organisations more efficiently, in a way that minimises the risk of inconsistency, recording errors and time spent transferring information.
- The trust should ensure teams have capacity and access to support, to manage any additional responsibilities as part of the new Social Emotional Mental Health (SEMH) service as well as meeting their existing work load.
- The trust should ensure that all team managers can access and use data management dashboards to their full effect.

## 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.

Our rating for well-led stayed the same. We rated the trust as good because:

- The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust's strategy, vision and values underpinned a culture which was patient centred. The trust was undertaking many patient focused initiatives.

# Summary of findings

- Local providers and people who use services had been involved in developing the strategy. The trust had planned services to take into account the needs of the local population.
- Staff felt respected, supported and valued. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. The acute hospital and community parts of the trust had a consistent culture and staff felt equally valued.
- The trust took appropriate learning and action as a result of concerns raised. The trust had good systems in place to identify issues, investigate and learn from them. We experienced humility, openness and a willingness to learn.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- Information was in an accessible format, timely, accurate and identified areas for improvement. Leaders submitted notifications to external bodies as required. Information governance systems were in place including confidentiality of patient records.
- The trust actively sought to participate in national improvement and innovation projects. There were organisational systems to support improvement and innovation work. The trust had refreshed its research strategy and had increasing levels of participation in clinical research.

However:

- Staff side representatives reported working relationships with the trust had not always been effective but were beginning to improve.
- Support staff did not always feel properly consulted with and informed of changes. The trust recognised that there was further work to be done to improve engagement with these staff groups.
- Progress on improving care for patients living with mental health conditions had been too slow.
- Medical mandatory training rates were too low.

## 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<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Outstanding<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 |

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

## Ratings for a combined trust

|                      | Safe                                   | Effective              | Caring                        | Responsive             | Well-led                      | Overall                      |
|----------------------|--|------------------------|-------------------------------|------------------------|-------------------------------|------------------------------|
| Acute                | Requires improvement<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020        | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020        | Good<br>→←<br>Mar 2020       |
| Community            | Good<br>→←<br>Mar 2020                 | Good<br>→←<br>Mar 2020 | Outstanding<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Outstanding<br>→←<br>Mar 2020 | Outstanding<br>↑<br>Mar 2020 |
| Mental health        | Requires improvement<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Outstanding<br>↑<br>Mar 2020  | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020        | Good<br>→←<br>Mar 2020       |
| <b>Overall trust</b> | Requires improvement<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Outstanding<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020        | Good<br>→←<br>Mar 2020       |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 Whittington Hospital

|  | Safe                                  | Effective               | Caring                | Responsive            | Well-led                              | Overall                               |
|--|---------------------------------------|-------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services                | Requires improvement<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020   | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020                 | Good<br>↔<br>Mar 2020                 |
| Medical care (including older people's care) | Good<br>Jul 2016                      | Outstanding<br>Jul 2016 | Good<br>Jul 2016      | Good<br>Jul 2016      | Good<br>Jul 2016                      | Good<br>Jul 2016                      |
| Surgery                                      | Requires improvement<br>↓<br>Mar 2020 | Good<br>↔<br>Mar 2020   | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020                 | Good<br>↔<br>Mar 2020                 |
| Critical care                                | Requires improvement<br>↓<br>Mar 2020 | Good<br>↔<br>Mar 2020   | Good<br>↔<br>Mar 2020 | Good<br>↑<br>Mar 2020 | Requires improvement<br>↔<br>Mar 2020 | Requires improvement<br>↔<br>Mar 2020 |
| Maternity                                    | Requires improvement<br>Jul 2016      | Good<br>Jul 2016        | Good<br>Jul 2016      | Good<br>Jul 2016      | Good<br>Jul 2016                      | Good<br>Jul 2016                      |
| Services for children and young people       | Good<br>Jul 2016                      | Good<br>Jul 2016        | Good<br>Jul 2016      | Good<br>Jul 2016      | Good<br>Jul 2016                      | Good<br>Jul 2016                      |
| End of life care                             | Requires improvement<br>Jul 2016      | Good<br>Jul 2016        | Good<br>Jul 2016      | Good<br>Jul 2016      | Good<br>Jul 2016                      | Good<br>Jul 2016                      |
| Outpatients                                  | Good<br>Feb 2018                      | Not rated               | Good<br>Feb 2018      | Good<br>Feb 2018      | Good<br>Feb 2018                      | Good<br>Feb 2018                      |
| <b>Overall*</b>                              | Requires improvement<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020   | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020 | Good<br>↔<br>Mar 2020                 | Good<br>↔<br>Mar 2020                 |

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

## Ratings for community health services

|   | Safe                   | Effective               | Caring                        | Responsive              | Well-led                      | Overall                      |
|---|------------------------|-------------------------|-------------------------------|-------------------------|-------------------------------|------------------------------|
| Community health services for adults                    | Good<br>Jul 2016       | Good<br>Jul 2016        | Good<br>Jul 2016              | Good<br>Jul 2016        | Good<br>Jul 2016              | Good<br>Jul 2016             |
| Community health services for children and young people | Good<br>↑<br>Mar 2020  | Good<br>→←<br>Mar 2020  | Good<br>→←<br>Mar 2020        | Good<br>↑<br>Mar 2020   | Good<br>→←<br>Mar 2020        | Good<br>↑<br>Mar 2020        |
| Community end of life care                              | Good<br>Jul 2016       | Outstanding<br>Jul 2016 | Outstanding<br>Jul 2016       | Outstanding<br>Jul 2016 | Outstanding<br>Jul 2016       | Outstanding<br>Jul 2016      |
| Community dental services                               | Good<br>Jul 2016       | Good<br>Jul 2016        | Outstanding<br>Jul 2016       | Good<br>Jul 2016        | Outstanding<br>Jul 2016       | Outstanding<br>Jul 2016      |
| <b>Overall*</b>   | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020  | Outstanding<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020  | Outstanding<br>→←<br>Mar 2020 | Outstanding<br>↑<br>Mar 2020 |

\*Overall ratings for community health services 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 mental health services

|   | Safe                                   | Effective              | Caring                       | Responsive             | Well-led               | Overall                |
|---|--|------------------------|------------------------------|------------------------|------------------------|------------------------|
| Child and adolescent mental health wards                                  | Requires improvement<br>Feb 2018       | Good<br>Feb 2018       | Good<br>Feb 2018             | Good<br>Feb 2018       | Good<br>Feb 2018       | Good<br>Feb 2018       |
| Specialist community mental health services for children and young people | Good<br>→←<br>Mar 2020                 | Good<br>→←<br>Mar 2020 | Outstanding<br>↑<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 |
| <b>Overall</b>  | Requires improvement<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Outstanding<br>↑<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 | Good<br>→←<br>Mar 2020 |

Overall ratings for mental health services 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.

# Acute health services

## Background to acute health services

The trust provides the following acute core services at the Whittington Hospital:

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

Whittington Hospital is the only acute hospital of the Whittington Health NHS Trust. The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. The trust offers some specialist services in respiratory medicine including clinical psychology service for patients with respiratory conditions, lung function investigations, services for patients with chronic obstructive pulmonary disease (COPD), and services for patients with lung cancer. The trust, together with partner organisations, offers tuberculosis (TB) outpatient services for all suspected TB and confirmed TB patients including those with complex medical needs such as HIV-TB, paediatric TB and multidrug resistant TB.

We last inspected the Whittington Hospital in October 2017 where outpatients and critical care services were inspected. The two services were rated as requires improvement in 2015. We did not inspect the other acute core services as these were previously rated as good. Following the October 2017 inspection, outpatients was rated good while critical care remained requires improvement.

This time we decided to inspect urgent and emergency services, surgery and critical care. This decision was made on a risk-based approach under the new methodology.

## Summary of acute services

Good   

# Summary of findings

Our rating of these services stayed the same. We rated them as good. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as good, please see the core service section of this report.



# The Whittington Hospital

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## Key facts and figures

Whittington Hospital provides acute services to over 500,000 people living in Islington and Haringey as well as other surrounding London boroughs including Barnet, Enfield, Camden and Hackney. The hospital provides a range of services including urgent and emergency services, surgery, critical care, maternity, and gynaecology, children and young persons services, medical care, outpatients department (OPD) and end of life care. The Whittington Hospital has 346 inpatient beds. In 2018/19 the hospital reported 535,209 face to face patient contacts, 21,292 day care admissions, 18,256 emergency admissions and 2,224 elective inpatient admissions. In 2018/19 on an average day the hospital had 1,094 outpatient appointments, 298 accident and emergency visits, 58 patients were brought by an ambulance, there were 50 emergency admissions and 10 babies were born each day.

We inspected the hospital services over three inspection days, 3 December to 5 December 2019. We inspected three core services: urgent and emergency services, surgery, critical care. During the inspection, we spoke with 101 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with members of the divisional leadership team as well as local service leads. We reviewed over 20 patient records and spoke with 49 patients and relatives.

## Summary of services at The Whittington Hospital

**Good**   

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

- The services had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Most staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress.

# Summary of findings

- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it. Staff understood the patient's personal, cultural and religious needs.
- Most service leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The services engaged with patients and the community to plan and manage services and staff were committed to improving services continually.

# Urgent and emergency services

Good   

## Key facts and figures

Whittington Health NHS Trust has an emergency department (ED) and urgent care centre, both based at the Whittington Hospital. The service was provided for the whole population including children.

The department is open 24 hours a day, seven days a week. It treats people with serious and life-threatening emergency conditions and those with less serious injuries and illnesses that need prompt treatment, such as suspected broken bones. The resuscitation area, for the most seriously ill or injured patients, has three bays for adults and one for children. Next to this is the 'majors' area for people with serious injuries or illnesses that are not immediately life threatening. This has 15 beds including an isolation room and two rooms designated for people living with mental health conditions. Patients who come to ED other than by ambulance go to the waiting room and have an initial assessment (triage). It is an emergency nurse practitioner who provides this first assessment to both non-priority ambulance patients as well as those in the waiting area. Following the initial assessment, patients may be sent to the majors' area, see a GP based on site (service provided by another provider) or go to the urgent care centre. There is a designated emergency medicine unit (EMU), equipped with 12 recliner chairs where patients can await diagnostic tests results or undergo additional observations. The ambulatory care unit, located next door to the ED, provides hospital care for people who do not need to be admitted to the hospital.

From July 2018 to June 2019 there were 109,365 attendances at the trust's urgent and emergency care services. The percentage of A&E attendances at this trust that resulted in an admission remained similar in 2018/19 compared to 2017/18 (16%). In both years, the proportions were lower than the England average (19%).

Between July 2018 and June 2019:

- 77,809 patients were discharged from the department as they needed no follow-up or follow-up could be provided by the patient's GP
- 6,898 patients were referred to other clinics; including fracture clinic, outpatients department, or other professionals
- 1,929 patients were transferred to another provider
- 3,558 left the department before treatment (includes those who refused treatment)

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We observed care and treatment and looked at patients' records. We spoke with 34 members of staff and 16 patients and their relatives.

## Summary of this service

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress. Staff understood the patient's personal, cultural and religious needs.
- The service managed patient safety incidents well. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Urgent and emergency services

- The service controlled infection risk well.
- The service had enough nursing, medical, and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service provided care and treatment based on national guidance and evidence-based practice.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked the capacity to make their own decisions or were experiencing mental ill-health.
- Key services were available seven days a week to support timely patient care. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They also worked with others in the wider system and local organisations to plan care.
- It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. The staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.
- All staff were committed to continually learning and improving services.

However:

- The service did not make sure doctors completed the mandatory training required to keep their knowledge and skills up to date.
- Staff appraisal rates did not meet the trust target.
- The department did not provide therapeutic environment for patients with mental health conditions.
- Staff were not clear on the trust's rapid tranquilisation policy. Within the first hour post rapid tranquilisation patients had not had any physical health checks recorded.

# Urgent and emergency services

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not make sure doctors completed the mandatory training required to keep their knowledge and skills up to date. Mandatory training compliance amongst doctors was between 70% and 50% (August 2019). Compliance was lower than the trust's target for completion of mandatory training of 90%.
- The department did not provide therapeutic environment for patients with mental health conditions. The two designated psychiatric liaison rooms were located on a busy 'majors' department, and there was no designated space outside of the rooms for people with a mental health condition to use. Staff told us that often there were up to seven people with a mental health condition on the ED in one day. This meant that some people with a mental health condition sat on chairs next to the nursing station whilst they waited for the mental health liaison service to assess them when the two designated rooms were occupied.
- Staff were not clear on the trust's rapid tranquilisation policy. Within the first hour post rapid tranquilisation patients had not had any physical health checks recorded.
- On occasions, the department was unable to fulfil the streaming role with a senior nurse as required by their procedure and were required to use less experienced staff. This meant they did not operate a formal streaming procedure.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service had enough nursing, medical, and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff kept detailed records of patients' care and treatment in most cases with an exception of observations post administration of rapid tranquilisation when it was administered to patients with a mental health condition.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● → ←

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

# Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease the pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked the capacity to make their own decisions or were experiencing mental ill-health.

However:

- Staff appraisal rates did not meet the trust target. From October 2018 to September 2019 only 55.1% of required staff within urgent and emergency care received an appraisal compared to the trust target of 90%.
- Security staff felt they required additional training related to understanding the needs of patients with mental health needs. They were required to support patients with mental health condition who displayed behaviours that challenged.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood the patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Since May 2019 the department had improved response rates of patients who responded to the friends and family test (approximately 15%). The test is asking patients whether they would recommend the services they have used based on their experiences of care and treatment. The department scored between 75.6% and 83.7% from September 2017 to August 2019.

# Urgent and emergency services

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. Although from September 2018 to August 2019 the trust failed to meet the standard performance against this metric remained generally similar to the England average.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Over the 12 months from September 2018 to August 2019, 32 patients waited more than 12 hours from the decision to admit until being admitted.

## Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. The staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

# Urgent and emergency services

## Outstanding practice

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

## Areas for improvement

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



# Surgery

Good   

## Key facts and figures

The trust has 10 operating theatres, which were used flexibly to provide services including breast surgery, bariatric surgery, colorectal surgery and laparoscopic procedures for colorectal surgery, day case cholecystectomy and hernia repair. The trust has three surgical wards and a day treatment centre.

Day surgery procedures are undertaken for most specialities, other than ophthalmology, ENT and plastics patients who were seen as outpatients only. Dermatology is provided in an outpatient environment. The orthopaedics and trauma department provides day case and emergency services as well as elective care. Daily trauma lists are held for emergency patients. There is also a growing spinal service. The trust provides cancer surgery for some breast, colorectal, gynaecology and urology patients. However, complex cases would be referred to one of the cancer centres at other NHS trusts within London.

The trust had 7,528 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 2,584 (34.3%), 3,591 (47.7%) were day case, and the remaining 1,353 (18.0%) were elective.

We inspected the surgical services as part of an announced inspection (they did know we were coming) between 3 and 5 December 2019. As part of our inspection, we visited three surgical wards, three theatres and recovery suites, the pre-assessment unit and the Day Treatment Centre (DTC).

As part of our inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection we spoke with 42 members of surgical staff of all grades including nursing staff, surgeons, anaesthetists, health care assistants, operating department practitioners, matrons, physiotherapists, occupational therapists, house keepers, the flow liaison office, the enhanced recovery lead nurse, the stoma lead nurse and the triumvirate managers.

We looked at 11 sets of patient records and spoke with 20 patients and three relatives.

We also observed two ward handover meetings, a ward board round, a theatre briefing meeting and theatre observations.

We followed a patient journey from theatre admission area to theatre and recovery. We also observed multiple interactions between staff and patients.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff mostly understood how to protect patients from abuse. Staff assessed risks to patients. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff mostly provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Most key services were available seven days a week.

# Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Mandatory training compliance was below the trust target.
- The service did not always manage medicines well.
- Most staff were not aware of Female Genital Mutilation (FGM).
- The service did not always control infection risk well.
- Staff did not always record the daily checks of essential clinical equipment.
- Staff did not always keep good care records.
- Managers did not always operate effective governance processes. However, they were working towards this.
- Staff did not understand the service's vision and values, and how to apply them in their work. However, staff were aware of trust strategy, and applied it in their work.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The service did not always record and store medicines safely. We reviewed the Controlled Drugs (CD) registers in three theatres and found there were dates when discarded amounts were not witnessed as a signature was missing. The Coyle ward drug room temperature was regularly raised above the recommended 25 degree Celsius. However, we escalated this during our inspection and the trust reported actions they put in place, including sharing information to increase staff awareness and understanding of drug room temperatures.
- The service did not always control infection risk well. Staff did not consistently use control measures to protect patients, themselves and others from infection. Whilst we saw examples of good practice on the wards and in theatres, staff in recovery areas did not always practice good hand hygiene. In addition, staff did not consistently follow processes to record that equipment was clean and ready for use. Cleaning records were not always kept up to date and we saw some items of equipment which were dusty.
- Staff did not always carry out daily safety checks of specialist equipment. The service did not meet the guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) for daily checks of essential clinical equipment in

# Surgery

theatres such as the Anaesthesia Machines. Signatures were not always recorded for completion of daily checks of the defibrillator on the emergency resuscitation trolley prior to start of patient procedure in the DTC. Intravenous (IV) fluid was out of date and blood culture bottles in the sepsis bags were out of date. However, we reported this at the time of our inspection, and these were replaced immediately.

- The service did not consistently follow guidance for the monitoring of patient temperatures in the intraoperative and postoperative recovery phase.
- Consultants did not lead daily ward rounds on all wards, including weekends. However, following our inspection the service planned to review consultant job plans and monitor compliance.
- Staff did not always keep detailed records of patients' care and treatment. Staff did not always update and fully document information in patient records. Records we reviewed did not always include the time or designation of staff completing them. From six records we reviewed only one had a completed escalation plan and hip fracture scores were completed for three out of the six records.
- Mandatory training compliance was below the trust target.
- Not all staff had completed safeguarding training on how to recognise and report abuse. Most staff were not aware of Female Genital Mutilation (FGM) and did not report completing training on it. However, following our inspection the trust reported they had actioned bespoke FGM training for surgery staff in collaboration with maternity services.

However:

- Staff mostly understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff mostly completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service mostly had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and administer medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information.

# Surgery

## 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-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers provided staff with support and development.
- Doctors, nurses and other healthcare professionals mostly worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Managers did not always check to make sure staff followed guidance. Staff did not record the daily checks of essential clinical equipment in theatres in line with AAGBI standards.
- Staff did not fully and accurately complete patient's fluid and nutrition charts where needed. We reviewed five patient records and saw staff had partially completed reviews of patients' nutritional and hydration needs.
- Not all staff received an annual appraisal of their work performance. However, staff reported they received informal support as and when they required it.
- No representatives from medical or surgical staffing attended the daily ward handover or board round. However, a weekly handover included attendance from all staff.

## Is the service caring?

Good   

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

# Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and mostly took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Wards were not designed to meet the needs of patients living with dementia. However, the service planned to make an area on Coyle ward dedicated to patients living with dementia.

## Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a strategy developed with all relevant stakeholders. The strategy was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply it and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The service did not have a clear vision and staff did not understand or know how to apply the strategy and monitor progress. However, staff were aware of trust strategy, and applied it in their work.
- Leaders did not always operate effective governance processes, throughout the service and with partner organisations. However, they were working towards this.

## Outstanding practice

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

## Areas for improvement

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

# Critical care

Requires improvement   

## Key facts and figures

Whittington Hospital has one general critical care ward, consisting usually of ten critical care beds (the service could increase their capacity to 14 beds if needed, with appropriate staffing). The ward was located on the second floor of the hospital, adjacent to surgical theatres.

The critical care service is designed to accommodate patients with level two (high dependency) and level three (intensive care) needs and could manage a maximum of 11 level three patients at any one time. 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.

Critical care ward came under the Integrated Clinical Service Unit (ICSU) for Surgery and Cancer. There is a neonatal intensive care unit managed by the Children and Young People (CYP) ICSU, which provides intensive care and critical care baby cots and operates at level two. We did not inspect the neonatal intensive care unit as part of this inspection as this does not form part of the critical care core service.

The hospital had a nurse led critical care outreach team (CCOT) to support the needs of acute and deteriorating patients on surgical and medical wards.

The critical care provision was led by a group of general intensivists. The nursing provision consisted of general ICU nurses and healthcare assistants. The critical care ward also had access to physiotherapists, speech therapists, dieticians, and pharmacy support.

We visited the critical care ward over three days during our announced inspection on the 3 December to 5 December 2019.

We reviewed 10 patient care records and observed care being provided. We spoke with six relatives and carers, four patients and 25 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 stayed the same. We rated it as requires improvement because:

- We attended a nurse handover and found although it included allocation of nurses to patients, it did not include discussion of patient risk or complexity and was not structured. Senior staff we spoke with stated that nursing handovers and huddles were under review. Critical care also did not include daily safety huddles.
- We observed on inspection that staff may be involved in delivering support for other patients at times of high activity, meaning that their allocated patient may be left unattended. Although this was for a short period of time, we did not observe nursing staff discussing with colleagues that a patient allocated to them would be left unattended.
- The majority of critical care staff did not have transfer training to manage the transfer of patients, which meant that patients might be transferred to other services by staff without the required training.
- We did not see evidence of a consistent audit process for monitoring compliance with best practice for IPC. Staff were also unsure if there was an IPC link nurse for the ward, or who monitored IPC performance.

# Critical care

- Staff we observed were not using personal protective equipment (PPE) while delivering patient care. Staff stated that the trust policy was PPE was only needed if there were expecting to come into contact with bodily fluids and that this had been communicated to staff, however we observed some staff consistently using PPE while others did not. Senior staff for the service recognised this would be inconsistent practice, and that it would follow the matter up with the IPC leads for the trust.
- In critical care the 90% target was not met for any of the nine mandatory training modules for which medical staff were eligible.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- There were limited opportunities for staff to work together across disciplines and meet together as a multidisciplinary team (MDT). This was reflected in conversations with staff, who stated that while there was a good working relationship across disciplines, staff could be “siloes”.
- The service did not have a patient or family satisfaction survey to monitor the experience of patients and relatives using their service. This was also identified as an issue at the previous inspection.
- On inspection staff stated there had been a significant tension between staff because of leadership issues within the service. Staff suggested that there had been bullying behaviour, and that this could have impacted on retention of experienced nursing staff. Divisional leadership stated that leadership for critical care was on the risk register, as the issue was not yet resolved.
- Staff stated that since the time of the last inspection morale for critical care staff on the ward had been low. Staff survey results for the division showed that it was below the trust average across nine of the ten main questions.
- The critical care ward did not have a long-term strategy or vision in place, and senior staff recognised that there was a need to provide consistent ward level leadership. This was also the case on the previous inspection of critical care.
- CCU did not have a local risk register, with risks relating to critical care reflected on the overall divisional risk register. We reviewed the risk register provided by the trust prior to inspection and found it did not reflect the key issues we identified. The main risks identified for the division related mainly to surgery rather than to the critical care provision.
- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed. On CCU we found patients who started treatment pathways for delirium but an assessment had not been completed or was not in their records. We observed that clinical governance records had mentioned a reminder for staff to complete this pathway.

However:

- The service used systems and processes to safely prescribe, administer, record and store medicines. Controlled drugs were stored and managed appropriately.
- At the time of the last inspection we found inconsistencies in record completion. Patient records on this occasion were legible and generally well completed.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm, and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.



# Critical care

- Patients said staff treated them well and with kindness. We spoke with four patients on the critical care ward during the inspection. Family members were also positive about the care the patients received and stated that staff members were professional and welcoming.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Delivery of care on the critical care unit (CCU) was informed by standards and recommendations in the Guidelines for the Provision of Intensive Care Services (GPICS), developed by the Faculty of Intensive Care Medicine (FICM).
- Critical care were part of the peer review process for the North East North Central London Adult Critical Care Network (NENCL). The review was carried out in October 2018, led by critical care experts from other network services, and feedback from the review was positive.
- Ward level nursing leadership was provided by an interim manager for critical care, who had overall responsibility for the day to day running of clinical areas. At the time of inspection, the interim manager had been in post for two months. Both ward and senior staff we spoke with were very positive about the contribution they had made since they were appointed, and the impact they had on improving morale.
- There was a governance framework in place which oversaw service delivery and quality of care. This included monthly clinical governance meetings across critical care, led by speciality leads and attended by ward staff and allied health professionals.
- At the time of the last inspection, we identified that a follow-up clinic was not provided to all patients with did not comply with Faculty of Intensive Care Medicine (FICM) standards. On this inspection we found this process much improved.
- CCU had significantly improved the number of monthly delayed discharges by improving communication and monitoring, as well as the discharge process, since the time of the last inspection.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Safety thermometer data was not displayed on the ward for staff and patients to see. Some safety thermometer indicators were displayed on the quality board in the main corridor (but not all) and some metrics were presented under the nursing quality indicators which was displayed in the staff room.
- We found temperatures in the medication room regularly raised above the recommended range.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- We attended a nurse handover and found although it included allocation of nurses to patients, it did not include discussion of patient risk or complexity and was not structured. Senior staff we spoke with stated that nursing handovers and huddles were under review. Critical care also did not include daily safety huddles.
- We observed on inspection that staff may be involved in delivering support for other patients at times of high activity, meaning that their allocated patient may be left unattended. Although this was for a short period of time, we did not observe nursing staff discussing with colleagues that a patient allocated to them would be left unattended.

# Critical care

- The majority of critical care staff did not have transfer training to manage the transfer of patients, which meant that patients might be transferred by staff without the required training.
- However, we did not see evidence of a consistent audit process for monitoring compliance with best practice for IPC. Staff were also unsure if there was an IPC link nurse for the ward, or who monitored IPC performance.
- Staff we observed were not using personal protective equipment (PPE) while delivering patient care. Staff stated that the trust policy was PPE was only needed if there were expecting to come into contact with bodily fluids and that this had been communicated to staff, however we observed some staff consistently using PPE while others did not. Senior staff for the service recognised this would be inconsistent practice, and that it would follow the matter up with the IPC leads for the trust.
- Staff cleaned equipment after patient contact, however use of labels to show when equipment was last cleaned was inconsistent, which meant it was difficult to identify cleaned equipment.
- In critical care the 90% target was not met for any of the nine mandatory training modules for which medical staff were eligible.

However:

- There was an electronic incident reporting system in place across the trust and staff knew how to report an incident. Staff told us they also received feedback from incidents reported that were investigated, either through team meetings or by direct feedback.
- There was a critical care specialist pharmacist allocated to the unit from 9am to 5.30pm Monday to Friday. The critical care specialist pharmacist aimed to be involved in ward rounds and morning meetings as required.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Controlled drugs were stored and managed appropriately.
- At the time of the last inspection we found inconsistencies in record completion. Patient records on this occasion were legible and generally well completed.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately.
- Management of sepsis on the critical care ward was in accordance with the hospital's policy on sepsis recognition and management. Staff told us that they followed the United Kingdom sepsis guidance on the management of septic patients, and we saw evidence of screening in patient records we reviewed.
- Emergency equipment such as a resuscitation and emergency intubation trollies and crash bags were available. Staff checked resuscitation equipment daily in line with guidance from the Resuscitation Council.
- Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Cleaning schedules were used to monitor the completion of daily, weekly, and monthly infection prevention and control tasks.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm, and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Is the service effective?

Good   

# Critical care

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

- Care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines. Staff followed national and local guidelines and standards to ensure effective and safe care.
- Delivery of care on the critical care unit (CCU) was informed by standards and recommendations in the Guidelines for the Provision of Intensive Care Services (GPICS), developed by the Faculty of Intensive Care Medicine (FICM).
- Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff also used a nationally recognised screening tool to monitor patients at risk of malnutrition. We reviewed patient records on inspection and found that the nutritional needs of patients were monitored using a nutrition assessment tool.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service contributed and uploaded data regularly to the Intensive Care National Audit Research Centre (ICNARC), which provides information/feedback about the quality of care to those who work in critical care to allow service benchmarking against similar critical care units nationally. ICNARC data showed that CCU compared favourably to other similar units for patient outcomes.
- Critical care were part of the peer review process for the North East North Central London Adult Critical Care Network (NENCL). The review was carried out in October 2018, led by critical care experts from other network services, and the feedback from the review was positive.
- Staff we spoke with were positive about the support and availability of the practice development nurses (PDN). PDN roles were split between clinical and development, and they provided advice and support to staff on training, personal development, and revalidation.
- The CCU met the Intensive Care Society standards for registered nurse work force. This included ensuring a dedicated clinical nurse educator for critical care nursing staff, all newly appointed nursing staff receiving a period of supernumerary practice, and a minimum of 50% of nursing staff possessing a post registration award in critical care nursing.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The critical care ward was not meeting the trust target for appraisals across all disciplines.
- There were limited opportunities for staff to work together across disciplines and meet together as a multidisciplinary team (MDT). This was reflected in conversations with staff, who stated that while there was a good working relationship across disciplines, staff could be "siloed".

## Is the service caring?

Good   

# Critical care

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

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Patients said staff treated them well and with kindness. We spoke with four patients on the critical care ward during the inspection.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and support for patients throughout their care.
- Patients who were approaching the end of their life or required palliative care could be supported by the trust palliative care team. Staff were positive about the availability of support from the palliative care team, and arrangements for palliative patients.
- We spoke with six family members of patients on the critical care ward. Family members were positive about the care the patients received and stated that staff members were professional and welcoming.
- CCU had introduced a twice yearly commemoration event, where family members of patients could return to the critical care ward to talk about their loved ones who had passed away. Staff we spoke with were positive about the event and stated that the feedback from family members had been positive.

However:

- The service did not have a patient or family satisfaction survey to monitor the experience of patients and relatives using their service. This was also identified as an issue at the previous inspection.
- Critical care staff had opportunities for family members to spend time with end of life patients and to commemorate their loved ones, however some staff were unaware of what resources were available for end of life patients.

## Is the service responsive?

**Good** ● ↑

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

- The critical care unit (CCU) had access to a waiting room and family room where they could discuss sensitive topics in a calmer environment. Patients' family members and carers were also provided with on-site accommodation within the nearby 'relatives' room' to allow them to stay at the hospital overnight, if needed.
- Staff were aware of how to access translation if patients or families were unable to communicate in English.
- The service had systems to help care for patients in need of additional support or specialist intervention. Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

# Critical care

- The service did have mixed sex breaches due to the open nature of the ward, however staff appropriately escalated any concerns to critical care leadership. Where sex of the patient was a significant concern, patients could be managed in the isolation rooms. Senior leadership stated that they accommodate single sex accommodation on CCU where possible, but managing the clinical risk of patients across the hospital was the priority.
- At the time of the last inspection, we identified that a follow-up clinic was not provided to all patients with did not comply with Faculty of Intensive Care Medicine (FICM) standards. On this inspection we found this process much improved.
- CCU had significantly improved the number of monthly delayed discharges by improving communication and monitoring, as well as the discharge process, since the time of the last inspection.
- The hospital's bed management policy had included an escalation process to manage delayed discharges, which included specific plans for critical care.
- A dedicated critical care outreach team (CCOT) supported the unit, providing assessment and management of patients at risk of deteriorating on other hospital wards. Staff we spoke with were positive about the input available from the CCOT.
- Staff understood the policy on complaints and knew how to handle them. Staff were all aware of the complaints procedure, how to acknowledge complaints, and who had overall responsibility for managing the complaints process.

However:

- The CCU had not considered a means of identifying patients with dementia on the ward. Staff did not use visual aids in patient bays or on patient boards to identify dementia patients (such as 'forget me not' symbol), and patients with dementia were not identified as such at handover. Senior staff stated that they hoped to have funding to improve the availability of aids for patients with dementia, as well as making the environment more dementia friendly, in the new year.
- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed. On CCU we found patients who started treatment pathways for delirium but an assessment had not been completed or was not in their records. We observed that clinical governance records had mentioned a reminder for staff to complete this pathway.

## Is the service well-led?

**Requires improvement** ● → ←

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

- On inspection staff stated there had been a significant tension between frontline staff because of leadership issues within the service. Staff suggested that there had been bullying behaviour, and that this could have impacted on retention of experienced nursing staff. Divisional leadership stated that leadership for critical care was on the risk register, as the issue was not yet resolved.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- Staff stated that since the time of the last inspection morale for critical care staff on the ward had been low.

# Critical care

- The critical care service participated in the annual staff survey. Staff survey results for the division showed that it was below the trust average across nine of the ten themes.
- The critical care ward did not have a long-term plan in place, and senior staff recognised that there was a need to provide consistent ward level leadership. This was also the case on the previous inspection of critical care.
- CCU did not have a local risk register, with risks relating to critical care reflected on the overall divisional risk register. We reviewed the risk register provided by the trust prior to inspection and found it did not reflect the key issues we identified. The main risks identified for the division related mainly to surgery rather than to the critical care provision.

However:

- Ward level nursing leadership was provided by an interim manager for critical care, who had overall responsibility for the day to day running of clinical areas. At the time of inspection, the interim manager had been in post for two months. Both ward and senior staff we spoke with were very positive about the contribution they had made since they were appointed, and the impact they had on improving morale.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. This included engagement with staff following the recent issues relating to staffing.
- Staff were very positive about their colleagues and we observed a collaborative working culture in place between the various clinical disciplines.
- Staff demonstrated awareness of the trust values (ICARE, which stands for Innovation, Compassionate, Accountable, Respectful, and Excellent) and information on these values was displayed on CCU.
- There was a governance framework in place which oversaw service delivery and quality of care. This included monthly clinical governance meetings across critical care, led by speciality leads and attended by ward staff and allied health professionals.

## Outstanding practice

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

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides the following community health services from over 180 locations:

- Community health services for adults
- Community end of life care
- Community dental services
- Community health services for children and young people

The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. The trust offers specialist services from their Michael Palin Centre to children, young people and adults who stammer. The services provided by the centre are offered to patients from all over the UK and internationally. The trust provides tuberculosis (TB) community-based care with outreach workers and social care team.

We last inspected the Whittington community health services in October 2017. Community health services for children and young people was inspected and the service was rated good.

This time we also inspected community health services for children and young people. This decision was made on a risk-based approach under the new methodology.

## Summary of community health services

**Outstanding**  

Our rating of these services improved. We rated them as outstanding. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as outstanding, please see the core service section of this report.

# Community health services for children and young people

Good  

## Key facts and figures

The trust provides a full range of children and young people's health services across the London boroughs of Haringey and Islington, including health visiting, Family Nurse Partnership (this is a programme providing an intensive, evidence-based preventative programme for vulnerable first-time mothers aged 20 years and under), school nursing and services for Looked After Children. In Islington the health visiting service work together with early years providers under the umbrella of 'Bright Start' Islington. Children's community nursing, including nurses in primary care and hospital at home, are delivered in Islington. Continuing care and life force are provided across Haringey and Islington along with a wide range of universal to complex needs integrated therapy services and paediatric services. In Camden speech and language therapy services are provided as part of a partnership arrangement through Camden Children's Community Health Services. Services are generally provided in health centres as well as schools, community buildings and in the patients' own home.

In addition, the service provides audiology services (new-born hearing screening), community dental services for children with special needs in Haringey and Islington plus urgent and emergency dental care for all patients across much of the north and east of London including Enfield, Barnet and Waltham Forest.

The children and young people's service at Whittington Health NHS Trust was last inspected in 2017. At our last inspection we rated the service as requires improvement for safe and responsive. We rated the service good for effective, caring and well led. At this inspection, we re-inspected all key questions and the service overall.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During our inspection, the inspection team:

Spoke with 98 staff of all grades across the service including senior managers.

We spoke with seven parents of children using the service.

We spoke with two children using the service.

Reviewed 20 care and treatment records.

We collected feedback from four carers following the inspection.

We observed young people and their families receiving services and accompanied staff on a new birth visit, observed assessments being carried out, attended a baby weight clinic and visited a school nursing service at a sixth form college in Haringey.

## Summary of this service

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

- Compliance with mandatory training, safeguarding training and staff appraisals had improved. All team managers robustly monitored training and appraisal compliance.
- The service had made considerable improvements in working towards meeting the national targets for the Healthy Child Programme which included new birth face to face visits, one- and two-year development reviews.



# Community health services for children and young people

- The service had made considerable improvements in meeting target times for people accessing the service. However, the service was facing challenges in the autism pathway and waiting times had exceeded the trust target of 18 weeks. This was due to an increase in referrals by 50%. The service leads were working with commissioners to address this and the local teams were managing the waiting lists by carrying out therapist-led assessments and workshops for parents on the waiting list.
- The environment at the Northern Health Centre had improved. Managers were working closely with the estate department to ensure the environment was safe.
- Managers had improved hygiene processes to reduce risks to people using the service. Cleaning schedules were in place and hand hygiene audits were being carried out.
- Learning from incidents had improved. Staff discussed any learning from incidents at team meetings and at one to one sessions.
- There were effective safeguarding procedures in place and multidisciplinary teams worked together to protect vulnerable children.
- Risks to children and young people using the service were assessed and their safety was managed so they were protected from avoidable harm.
- Records and care plans were individualised, clear, accurate, up to date and completed in a timely manner.
- The service had enough staff with the right skills and training with managers who supported and monitored their performance. There were good opportunities for specialist training and professional development.
- Staff provided individualised child-centred care. Children, young people and their carers were treated with compassion, dignity and respect. Staff provided appropriate information and support to enable them to make decisions about the care they received.
- National programmes of care were followed and evidence-based practice was delivered across all children's services.
- Staff from different disciplines worked well together to benefit children, young people and their families. They provided a range of care and treatment interventions consistent with national guidance on best practice. Teams collaborated with each other and with external agencies.
- The service collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect.

## Is the service safe?

Good  

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

- Compliance with mandatory and safeguarding training had improved. All team managers robustly monitored training compliance.
- The environment at the Northern Health Centre had improved. Managers were working closely with the estate department to ensure the environment was safe.
- Managers had improved hygiene processes to reduce risks to people using the service. Cleaning schedules were in place and hand hygiene audits were being carried out.

# Community health services for children and young people

- Learning from incidents had improved. Staff discussed any learning from incidents at team meetings and at one to one sessions.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each child and young person. They kept clear records and asked for support when necessary.
- The service 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.
- Staff kept detailed records of peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed children and young people's safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave honest information and suitable support to children, young people and their families.

However:

- The environment at the Child Development Centre was poor. It was in an old building that was due to be demolished. Rooms had peeling paint on the ceiling. A move to new refurbished space was planned.
- The service did not ensure that all equipment was regularly serviced in the complex and continuing care teams.
- Record audits were taking place. However, action plans and timescales to address audit findings were not present.
- The service did not always follow best practice when giving, recording, storing and disposing medicines. At the Northern Health Centre there were no arrangements in place to monitor stock, use of individual medicines and disposal of medicines. The trust addressed this immediately during our inspection and took action to ensure medicines were managed safely.

## 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. Managers checked to make sure staff followed guidance.
- 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. The service provided all new staff with an induction to their place of work and access to ongoing training and professional development.
- Staff from different disciplines worked together to benefit children, young people and their families Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff provided a range of care and treatment interventions consistent with national guidance on best practice.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.

# Community health services for children and young people

- Staff understood how and when to assess whether a young person or family member had the capacity to make decisions about their care. They followed the trust policy and procedures when a person could not give consent.

However:

- The Early Years Development Team had not been monitoring whether staff received regular supervision. Whilst all the staff confirmed they had regular supervision, the team manager did not regularly check or have systems in place to monitor that regular supervision was being delivered.
- Core competency assessments were not undertaken for some staff working in the Continuing Care Nursing team.

## Is the service caring?

Good ● → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback from young people and their families was positive about the way in which staff provided care and treatment. We observed kind and caring interactions between staff, children, young people and their families.
- Staff were non-judgemental in their approach to delivering holistic compassionate care with children, young people and their families being active partners in their care.
- Staff considered children and young people's personal, cultural, social and spiritual needs when planning care. Staff supported and involved children, young people, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● ↑

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

- The service had made considerable improvements in working towards meeting the national targets for the healthy child programme and target times for people accessing the service. Where there were delays in waiting times teams were reviewing models of delivery, working with commissioners and making changes to meet increased demand.
- Services were planned and care was provided in a way that met the needs of local people and the communities the trust served. The trust also worked with others in the wider system and local organisations to plan and provide integrated person-centred care.
- Services were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- It was easy for children, young people and their families to give feedback and raise concerns about care they had received. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with relevant staff.

# Community health services for children and young people

## 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 service had the integrity, skills and abilities to run a service providing high quality sustainable care. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, children and young people and key groups representing the local community.
- Staff felt respected, supported and valued. They felt more integrated in the wider work of the trust and were focused on the needs of children, young people and families receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect.
- Managers operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Managers and staff actively and openly engaged with children and young peoples and their families, staff, the public and local organisations to plan and manage services.
- Staff had been engaged in various ways to learn, improve and innovate and were given time to do this in their day to day roles. They had a good understanding of quality improvement methods and the skills to use them.

However:

- Some governance processes were less firmly embedded at the Northern Health Centre where there were areas of improvement required with record audits, medicines management, equipment servicing, monitoring staff supervision and competency checks.

## Outstanding practice

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

## Areas for improvement

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

# Mental health services

## Background to mental health services

The trust provides the following mental health services:

- CAMHS (Children and Adolescent Mental Health Services)
- Specialist community mental health services for children and young people

The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. Whittington Health has a range of mental health services to help support children, young people and adults with their mental and emotional wellbeing including CAMHS (offers support the emotional health and wellbeing of children, young people and families), Growing Together (psychological therapy to parents experiencing mild to moderate anxiety or depression and their children), Parent Infant Psychology service (PIPS - a therapy service set up to support mums and dads, and their babies) and Simmons House Adolescent Unit (in-patient psychiatric unit).

We last inspected Whittington mental health services in October 2017. During the inspection we inspected CAMHS which was rated good.

This time we decided to inspect specialist community mental health services for children and young people. Last time the service was inspected (2015) it was rated as good.

## Summary of mental health services

**Good** ● → ←

Our rating of these services stayed the same. We rated them as good. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as good, please see the core service section of this report.

# Specialist community mental health services for children and young people

Good   

## Key facts and figures

The community child and adolescent mental health services (CAMHS) provide care and treatment to children from birth to eighteen years old and their families living in the London borough of Islington. A clinical service is also provided to mothers during the antenatal and postnatal period if they are experiencing mental health problems that impact on their capacity to parent.

The service works with colleagues in children's social care, family centres and primary and secondary schools to train and support them in the identification of children with mental health problems. Clinical interventions include parent work (individual and group), cognitive behaviour therapy, systemic family psychotherapy, art therapy, psychotherapy and educational psychotherapy. The service operates from 9am to 5pm Monday to Friday (excluding bank holidays). People using the service could access psychiatric support out of hours when needed.

Since September 2019, the service has partnered with other local statutory and independent sector organisations to provide an integrated care model known as the Social Emotional Mental Health (SEMH) service. The SEMH uses a stepped care model to provide targeted support and preventative interventions in the local community. Through one central point of access, patients and their families can access established mental health services and innovative social and emotional interventions depending on their level of need.

There are seven main teams specialising in intake, adolescent assessment and outreach, psychological therapies, neurodevelopment, early years, schools and early help, transition to adult services and social care and welfare. The teams work in a variety of settings including schools, community buildings and shared hubs with the local authority and other organisations. The central base for the mental health component of SEMH was the Northern Health Centre. On this inspection we only inspected those parts of the SEMH service which are managed by the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team for this core service comprised a CQC inspector, CQC inspection manager and a specialist clinical advisor. We inspected the service over two days.

During our inspection we:

- Toured the waiting area, appointment rooms and the working environment at the Northern Health Centre
- Interviewed the associate director and the clinical lead for the service who was a consultant psychiatrist
- Spoke with 13 other members of the multi-disciplinary team and team managers including a registered nurse, psychologist and child and wellbeing practitioner
- Interviewed eight people who had used the service including young people, parents and carers
- Reviewed the care records of nine young people using the service
- Spoke with members of partnership agencies to gain their feedback
- Attended multidisciplinary team meetings and observed a clinical assessment
- Reviewed records relating to the overall quality of the service.

# Specialist community mental health services for children and young people

## Summary of this service

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

- Young people were treated as equal partners in their own care and staff were committed to this. The service was dedicated to empowering young people to shape the service, so it met their needs. Managers and staff went the extra mile to make sure their approach was friendly and inclusive and respected the privacy and dignity of all patients and their families. The service adopted a truly holistic family-based approach and empowered parents to support their own children.
- Staff worked exceptionally well together as a multidisciplinary team and with external organisations to provide preventative support and interventions. A full range of specialists were available to meet the needs of young people using the service and provide further support to their families and carers.
- The service provided safe care in clean and well-maintained premises. There were enough skilled staff available to give each patient the time they needed. Staff managed waiting lists to ensure that young people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The service provided a range of treatments to meet the needs of young people informed by best-practice. Clinical audits were used to evaluate the quality of care they provided. Managers ensured that staff received training, supervision and appraisal and delivered effective care.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these principles.
- The service was accessible. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- Leaders in the service were capable and had created positive change to better support staff. Governance processes were in place to ensure that the service ran smoothly, and issues were dealt with quickly. Teams were dedicated to continuous learning and used engagement with young people using the service and other stakeholders to actively ways to improve.

However:

- The service did not meet the overall waiting time from referral to treatment. Children and young people waited on average 13 weeks for an appointment rather than the target of eight weeks set by commissioners. The trust were embedding a new model of care and working closely with commissioners to monitor progress. Waiting times had significantly improved over the previous year.
- Some managers could not readily access the most recent version of their team's data dashboard.
- Staff working across multiple record keeping systems with partner organisations faced some challenges that increased the risk of inconsistency and recording errors and meant staff spent longer transferring information from one system to another.
- Due to some vacancies in individual teams some staff said it was difficult to deliver their full work load. The recent launch of the new SEMH model had compounded this as some staff had to offer extra initial support to external partner organisations. Managers were working to address the issue and provided support to minimise the effects on team capacity.

# Specialist community mental health services for children and young people

## Is the service safe?

Good  → ←

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

- All clinical premises where young people received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to young people and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with young people and their families and carers to develop crisis plans. Staff monitored waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of young people's care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff regularly reviewed the effects of medications on each patient's physical and mental health. Staff followed a safe and secure process for storing and recording forms used for prescriptions.
- The teams had a good track record on safety. 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 young people honest information and suitable support.

However:

- Staff working across multiple record keeping systems with partner organisations faced some challenges that increased the risk of inconsistency and recording errors and meant staff spent longer transferring information from one system to another.
- Due to some vacancies in individual teams some staff said it was difficult to deliver their full work load. The recent launch of the new SEMH model had compounded this as some staff had to offer extra initial support to external partner organisations. Managers were working to address the issue and provided support to minimise the effects on team capacity.

## Is the service effective?

Good  → ←

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

- Staff from different disciplines worked very well together to benefit young people. They supported each other to make sure young people had no gaps in their care.



# Specialist community mental health services for children and young people

- The service was exceptional at working in partnership with external organisations to deliver support and treatment. Professionals from across the care pathway worked together to provide a range of integrated support options. All teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff assessed the mental health needs of all young people. They worked with young people, families and carers to develop care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for young people based on national guidance and best practice. They ensured that they had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of young people under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported young people to make decisions on their care for themselves and understood the Mental Capacity Act 2005 and principles of Gillick competence. Staff assessed and recorded consent and capacity or competence for people who might have impaired mental capacity or competence.

## Is the service caring?

**Outstanding**  

- Our rating of caring improved. We rated it as outstanding because:
- Young people were treated as equal partners in their own care. Staff used a collaborative approach to care planning to understand the individual needs of young people and their families and support them to manage their own care, treatment or condition where possible.
- Managers and staff went the extra mile to make sure their approach was friendly and inclusive and respected the privacy and dignity of young people and their families.
- Young people were empowered to influence decisions about the way the service was delivered through the Youth Board. Staff were committed to engaging with young people and their families and encouraged their ideas and opinions as learning opportunities to improve the service.
- The service adopted a truly holistic, family-based approach. Staff valued the input and the individual stories of families and carers as a key factor in young people's recovery and involved them appropriately. Some parents were helped to support their own children and explore their parenting skills through group learning sessions.
- Staff created a welcoming atmosphere and helped young people feel at ease wherever possible. The service had worked with the Youth Board to commission a series of photographic self-portraits that reflected how the young people sitting for the photos said they felt about their own mental health.

# Specialist community mental health services for children and young people

- The culture of the service placed the wellbeing of young people and their families or carers as the leading priority. Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards young people and staff and were encouraged to speak up if they had concerns.

## Is the service responsive?

Good ● → ←

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

- The referral criteria did not exclude young people who would have benefitted from care. Staff assessed and treated young people who required urgent care promptly. Appropriate support was provided to young people and their families whilst they waited for services.
- Staff followed up with people who missed appointments and when needed offered appointments in settings that were more convenient to young people and their families.
- The service ensured that young people, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without causing disruption to the patient's care.
- The service met the needs of all young people including those with a protected characteristic. Staff helped them with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The wait time from referral to treatment varied between teams, with some not meeting target wait times set by commissioners. Managers were working closely to address this issue and minimise variance between teams.

## Is the service well-led?

Good ● → ←

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for young people and staff.
- Staff were passionate and motivated to succeed. Teams worked cohesively to support young people, their families and carers. Staff knew and understood the provider's vision and values and how they applied them in their work.
- Leaders reinforced an inclusive, positive working culture where staff felt respected and valued. The service promoted equality and diversity in its day-to-day work and invested in opportunities for career progression. Staff felt able, and were actively encouraged, to raise concerns without fear of retribution.
- Staff used information they collected and analysed to improve the service. As well as using outcome measures and performance dashboards, teams engaged in quality improvement activities and used clinical audits to identify areas for improvement.

# Specialist community mental health services for children and young people

- Managers took shared ownership of the service with other leaders in the local care system to address wider issues and create positive change. Staff worked closely with other healthcare services and organisations to deliver an integrated care system that met the needs of local young people.
- All teams shared a strong focus on continuous learning and improvement. The large size and diverse pool of expertise within the community CAMHS led to excellent opportunities to learn from colleagues and cross-fertilise new ideas.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

However:

- Some managers could not readily access the most recent version of their team's data dashboard.

## Outstanding practice

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

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://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 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Carolyn Jenkinson, CQC Head of Hospital Inspection and David Harris, CQC Inspection Manager, led this inspection. The team included 10 inspectors, 13 specialist advisers, and three experts by experience. An executive reviewer, supported our inspection of well-led for the trust overall.

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