

Whittington Health NHS Trust

Inspection report

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Date of inspection visit: 31 October to 2 November
2017
Date of publication: 28/02/2018

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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.

Summary of findings

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 approximately 320 beds, and is registered across three locations registered with CQC.

Overall summary

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

What this trust does

In 2016/17, the trust provided a broad range of services in four different London boroughs.

The trust provides the following services:

- Adult community nursing, supported discharge and rehabilitation services, Islington community neuro-rehabilitation team, Islington community heart failure services, Islington additional needs and disability services (IANDS), Intermediate diabetes specialist service (IDSS), Integrated therapy community team (ICTT) Haringey, integrated community ageing team (ICAT), community palliative care team, family nursing partnership programme, expert patients programme, community gynaecology services, community COPD services, community paediatric services and diabetic eye screening services.
- Palliative medicine, oral surgery, ophthalmology, nutrition and dietetics, neuropsychology and electroencephalogram service, neurology, nephrology, musculoskeletal services (MSK), microbiology services, maternity services, intensive care, histopathology, GP services, general medicine, general surgery, gastroenterology, fertility centre, endoscopy, endocrinology, ear nose and throat (ENT) services, ECGs, critical care unit, cytopathology services, care of older people services, bariatric and obesity services and anaesthetics.
- TB (tuberculosis) clinics.
- Children and family services including health visiting, school nursing, community nursing and CAMHs (Children and Adolescent Mental Health Services), Parent and Infant Psychological Services (PIPs), Newborn hearing screening service, neonatal intensive care services (NICU), looked after children's services, Infant feeding support service, Hospital at Home services, foetal medicine unit and breastfeeding a weaning services.
- Women's Health services including breast screening, gynaecology and urogynaecology.
- Rehabilitation and therapies including physiotherapy, occupational therapy, foot care and speech and language therapy for both adults and children.
- Smoking cessation services, self- management support and behavioural change services, rapid response team to prevent unnecessary admission, primary care alcohol and drug services (PCADS),
- End of life care supporting people to make decisions and to receive care at the end of their life.
- Specialist services including delivering parts of long term condition management for people living with diabetes, heart failure and lung disease, community dental services, sexual health and contraceptive services, stoma care

Summary of findings

services, tissue viability and lymphedema services, pain management services, stammering services, mobility and seating solutions services, medical photography, Macmillan information services, lung function and sleep services, domestic abuse services, diabetes services, dermatology services, Day Treatment Centre, continence advisory services, complex care team, cardiac rehabilitation services and cancer services.

- The trust work with CandI (Camden and Islington) to provide a psychiatric liaison service to those in the local area, as well as providing a designated place of safety for mental health patients. Improving access to psychological therapies (IAPT), Growing Together services to support mothers and their children with mental health problems.
- Camden sickle cell and thalassaemia service was set up by the trust to enable patients suffering with these conditions to be seen through an appropriate care pathway.
- Walk-in and urgent care centres providing care for people with minor illnesses, minor injuries and providing a range of health advice and information and an emergency department with resuscitation facilities. The trust also provide orthopaedics and trauma services.

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.

We last inspected Whittington Health NHS Trust in December 2015. All eight core services were inspected (Maternity & gynaecology, Urgent and Emergency Services, Surgery, Critical Care, Children and Young Peoples Services, Medical Care, Outpatients Department and End of Life Care).

We also inspected the following community services: Children and Adolescent Mental Health Services (CAMHS), Community dental services, community health services for adults, community health services for children, young people and families and end of life care.

All core services were rate as good or outstanding with the exception of Outpatients Department (OPD), Community Childrens and Young Persons Services (CCYP), Critical Care; these services were all rated as requires improvement (RI).

Between 31 October and 2 November 2017 we inspected four core services at Whittington Health NHS Trust. These were Outpatients Department (OPD), Critical Care, Community Childrens and Young Persons services (CCYP) and Children and Adolescent Mental Health Service (CAMHS).

We decided to inspect OPD as during the previous inspection we rated the service as requires improvement (RI). The trust informed us that they had made necessary changes to rectify issues raised within the report. There had been sufficient time for the trust to act upon the findings and it was decided that re-inspection would be appropriate to inspect changes made.

Summary of findings

Critical Care was inspected because this was also rated as RI in the previous inspection. The trust stated that they had made changes necessary to comply with the findings of the report. The decision was to inspect this service to monitor the changes made to check compliance and safety.

CCYP was inspected as it was rated as RI in the previous report. There had also been concerns raised by whistle-blowers from the trust within this service, therefore it was decided that the areas of concern raised should be inspected as part of the new methodology inspection plan.

CAMHS (Simmons House) was inspected as part of this inspection. A few months prior to the core service inspection, a Mental Health Act (MHA) reviewer attended the site and conducted an inspection. The report raised some concerns which we felt necessitated a full core service inspection.

We decided not to inspect the other core services at this time as they were previously rated as 'Good' or 'Outstanding'; therefore the decision was made on a risk based approach under the new methodology not to inspect at this time. Other concerns raised within these core services are continually monitored at quarterly regulatory meetings with the trust.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed *Is this organisation well-led?*

What we found

Overall trust

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

- We rated effective, responsive, and well-led as good, safe as requires improvement and caring as outstanding.
- We rated two of the trust's 14 services as good and two as requires improvement. In rating the trust, we took into account the current ratings of the 10 services not inspected this time.
- We rated well-led for the trust overall as good.

Are services safe?

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

- Not all incidents were consistently and timely reported.
- Staff did not always have the opportunity to learn from incidents.
- The trust target for staff completion of mandatory training was not always met.
- The trust did not have a specific protocol for managing children in adult outpatients.
- The trust did not address all the issues identified in the previous inspection in December 2015. These related to the risk of infection, suitable environment and availability of equipment (in community health services for children, young people and families) and risk assessments and a comprehensive list of all ligature points (in CAMHS).
- There was not a clear definition of what restraint was and therefore staff may not be recording accurately if a physical intervention is required.

However:

- The trust had a good medicines management system. Medicines were appropriately prescribed, administered, recorded and stored.

Summary of findings

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 professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment
- The trust had a number of protocols to ensure appropriate nutrition and hydration to meet patients' needs and improve their health.
- The trust made sure staff were competent for their roles.
- Staff from different departments and disciplines were involved in the assessment, planning and delivery of patients' care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- In critical care there were delays in providing a nutritional support to patients requiring total parenteral nutrition.

Are services caring?

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

- Staff were kind, caring and respectful of patients' privacy.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Patients told us that they felt well cared for.

Are services responsive?

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

- In most areas, the trust planned and provided services in a way that met the needs of local people.
- Most people could access the service when they needed it.
- The trust took account of patients' individual needs.
- Most complains were dealt with in line with the trust's policy when a complaint was received.

However:

- In critical care there was limited improvement in patient flow and under use of beds since the previous inspection.
- In critical care patients' individual needs were not always met.

Are services well-led?

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

- The trust's senior management team had with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a clear vision and strategy that most staff understood. Staff and the community were involved in developing the vision.

Summary of findings

- The majority of staff we spoke with knew the trust's values.
- Staff we spoke with were positive about the senior leadership team and local managers. They told us as they were visible, approachable and supportive.
- There were clear governance structures in place.
- Staff and patients had the opportunity to provide feedback about the service.

However:

- The trust needed to do more work to improve the culture for staff, particularly around bullying and harassment. It was unclear how the trust planned to address these issues.

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 an example of outstanding practice in Outpatients Department.

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

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We also found 31 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of three legal requirements, related to two services: critical care and CAMHS.

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

In Outpatients:

- The trust provided 'one stop' clinics for those patients referred with either suspected breast cancer or a suspected skin cancer. Members of staff told us that the service focussed on carrying out as many diagnostic procedures as possible on the one day. We spoke with patients who told us that whilst it was a long day, it was their preference to have as many procedures as possible to reduce the amount of visits they had to make.

Summary of findings

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to two services: critical care and CAMHS.

In Critical Care:

- The trust must take action to reduce the length of time patients are delayed whilst waiting for discharge from the critical care unit.
- The trust must ensure that there is appropriate local oversight of risk within the critical care unit and that equipment is safely maintained.
- The trust must ensure that patients within the critical care unit receive safe care and treatment in line with best practice recommendations set out within The Faculty of Intensive Care Medicine (FICM) Core Standards for Intensive Care Units.

In CAMHS:

- The trust must ensure that ligature risks assessments are up to date and accurately identify all ligature anchor points on the unit and how they will be managed; this must be supported by information in patient risk assessments.

Action the trust **SHOULD** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

In Outpatients:

- The trust should ensure there is consistent reporting of incidents on the electronic incident reporting system.
- The trust should improve safeguarding training compliance levels to trust target level.
- The trust should ensure there is full compliance by all staff with infection prevention and control practice; in particular with hand hygiene and bare below the elbow practice.
- The trust should ensure staff are alerted to patients who may have a communicable disease or a challenging need.
- The trust should continue to reduce the occurrence of pathology sampling errors.
- The trust should ensure there is a way in which to audit the availability of patient records in clinics.
- The trust should ensure staff have access to career development opportunities.
- The trust should minimise the frequency with which patients appointments are cancelled at short notice.
- The trust should improve appraisal rates for access centre staff.

In Critical Care:

- The trust should review the long-term strategy for the critical care unit and ensure that plans meet the needs of the local population.

Summary of findings

- The trust should ensure that patients discharged from the critical care unit have access to a follow-up clinic.
- The trust should ensure that staff report, record and investigate all patient safety incidents, including delayed discharges and mixed-sex accommodation breaches. Mixed-sex accommodation breaches should be reported to NHS England.
- The trust should ensure that staff complete mandatory training.
- The trust should ensure that peoples' views and experiences are gathered and acted on to shape and improve the service.
- The trust should ensure that there is information available for relatives, carers and visitors to the critical care unit.
- The trust should ensure that people's individual needs are met and psychological support should be available.

In Community health services for children, young people and families:

- The trust should ensure staff meet the trust's target for staff completing mandatory and safeguarding training.
- The trust should ensure staff meet the trust's target for appraisal rates.
- The trust should ensure national targets for the healthy child programme are met.
- The trust should ensure that the trusts target for people accessing the service are met.
- The trust should ensure that the national referral to treatment times are met.
- The trust should ensure the environment and meet the needs of children and young people.
- The trust should ensure that hand hygiene audits and cleaning schedules are in place and are monitored regularly.
- The trust should ensure there is learning from incidents.

In CAMHS:

- The trust should ensure that the incident reporting policy contains sufficient guidance for staff and managers and that incidents are reported in accordance with trust timescales.
- The trust should ensure that the process for learning from incidents, including safeguarding incidents is formalised and information shared is documented.
- The trust should ensure that restraint is clearly defined within the protocol and reported as such.
- The trust should ensure that Simmons House staff use an early warning tool for patients who may be at risk of deteriorating physical health.
- The trust should ensure that discussions held at supervision meetings are documented and reviewed.
- The trust should ensure that there is a robust audit plan and that audit action plans address the issues identified.
- The trust should ensure staff knock and wait before entering patients' bedrooms.

Summary of findings

Is this organisation well-led?

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

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

- The trust had senior managers with the experience and skills necessary to lead and manage a service providing safe and high-quality sustainable care.
- The trust leadership and all staff shared a common and convincing vision that they were there to help support their local community in living longer healthier lives. The vision had been developed with staff and the community. The trust has a low sickness rate compared to the England average.
- The trust had effective structures, systems and processes in place which worked together in a coherent way to support the delivery of its objectives. The board were visible at key governance meetings and gave clear leadership and direction.
- The trust had a systematic process to ensure there was continual improvement in the quality of care. The trust was open to learning and had a positive culture for encouraging the reporting and investigation of incidents.
- The trust had effective processes for identifying and classifying risk. Risk were appropriately escalated and monitored to ensure that effective measures were taken to mitigate them. We found that staff at all levels in the organisation had a consistent picture of what the key risks were.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust has improved its financial position and reduced its deficit over the last three years. It is close to reaching the current financial years control target.

However:

- The trust had not fully addressed the cultural concerns raised by staff individually, and in the staff survey over a number of years. Plans to diagnose and address issues of bullying and harassment were not clear and were not followed up at board meetings to ensure changes were made.
- The trust had not analysed and developed a strategy to deal with the under use of its critical care beds over a number of years.
- The trust sets a target rate of 90% for mandatory training. As of July 2017 no department within the trust had met the target. The overall trust compliance rate was 78%. The compliance rate for medical and dental staff was 68%, for nursing and midwifery staff it was 82%.
- The trust had not made sufficient progress in improving the performance of community children's services since the last inspection.
- Despite efforts by the CEO and Chair, all of the trust leadership team could be more visible and supportive to staff, especially in the community children's and adults services.

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 ↔ Feb 2018	Good ↔ Feb 2018	Outstanding ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018

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 →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Community	Good →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Good →← Feb 2018
Mental health	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
Overall trust	Requires improvement →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018

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 The Whittington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Medical care (including older people's care)	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Surgery	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Critical care	Good ↑ Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Services for children and young people	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
End of life care	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Outpatients	Good ↑ Feb 2018	Not rated	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Maternity and gynaecology	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall*	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018

*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 Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Community health services for children and young people	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018
Community end of life care	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Community dental services	Good Jul 2016	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Overall*	Good →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Good →← Feb 2018	Outstanding →← Feb 2018	Good →← Feb 2018

*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 →← Feb 2018	Good →← Feb 2018				
Specialist community mental health services for children and young people	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall	Requires improvement →← Feb 2018	Good →← Feb 2018				

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 all eight acute core services at The Whittington Hospital.

We last inspected The Whittington Hospital in December 2015. All eight acute core services were inspected (Maternity & gynaecology, Urgent and Emergency Services, Surgery, Critical Care, Children and Young Peoples Services, Medical Care, Outpatients Department and End of Life Care).

At the last inspection, all core services were rate as good with the exception of Outpatients Department (OPD) and Critical Care; these services were rated as requires improvement. Because of this the hospital's overall rating for acute services was requires improvement.

We decided to inspect OPD and Critical Care as these services were rated requires improvement. We decided not to inspect the other acute core services at this time as they were previously rated as good. This decision was made on a risk-based approach under the new methodology.

Summary of acute services

Good ● ↑

Our rating of these services improved. 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 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 Whittington hospital has approximately 320 beds, and is registered across three locations registered with CQC. The hospital provides all eight core services, Maternity & gynaecology, Urgent and Emergency Services, Surgery, Critical Care, Children and Young Peoples Services, Medical Care, Outpatients Department (OPD) and End of Life Care. We last inspected the hospital in December 2015. All eight core services were inspected, and with the exception of Critical Care and OPD, all services were rated good. As Critical Care and OPD were rated requires improvement the decision was made to inspect both these services during the current inspection.

We inspected the service over three unannounced inspection days, 31 October to 2 November 2017.

During our inspection, we spoke with 74 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 10 patient records and spoke with 48 patients and nine relatives.

Summary of services at The Whittington Hospital

Good  

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

Critical Care:

We rated safe, effective and caring as good and responsive and well-led as requires improvement. The rating of safe improved since our last inspection. Our overall rating of this service stayed the same . We rated it as requires improvement because:

- There was a lack of local oversight of equipment maintenance and safety testing.
- The service was not meeting the trust's target for staff completing mandatory.
- Although the incident reporting culture on the unit had improved, not all delayed discharges and mixed sex accommodation breaches were reported as incidents.

Summary of findings

- The service did not meet all best practice recommendations set out within The Faculty of Intensive Care Medicine (FICM) Core Standards for Intensive Care Units.
- Speech and language therapy (SALT) was not available at weekends.
- There was no dedicated psychological support service for the unit and staff told us that many patients would benefit from this.
- Some relatives felt engagement and communication from staff could be improved. They did not always feel fully informed.
- There was no strategy to deal with underutilisation of critical care beds and it was unclear what assessment had been carried out to identify the current and future needs of the local population.
- There were ongoing issues with patient flow. The majority of patients were delayed over the recommended four hours before being discharged to a different ward.
- Not all patients who were ventilated on the unit were offered a follow-up clinic due to lack of administrative support. This did not meet best practice recommendations set out within FICM Core Standards for Intensive Care Units
- There was very little information visibly available to support relatives and visitors.
- There was no internal referral system to refer patients to a psychological support service. Instead, the patient's GP was contacted and asked to make a referral.
- Opportunities to learn from complaints were missed. We did not observe any leaflets about how to make a complaint visibly displayed on the unit or within the designated relatives' rooms.
- It was unclear what the long-term plans were for the future of the service. The uncertainty over the future of the unit had a negative effect on staff morale.
- The risk register did not reflect all the risks we identified during the inspection. We were not assured that there were effective systems for identifying, monitoring and mitigating risks.
- There was limited evidence that staff and patients' views were gathered to improve and plan the service.

However:

- Staff demonstrated an awareness of safeguarding procedures and how to recognise if someone was at risk or had been exposed to abuse
- Staff adhered to the hospital policy of being 'bare below the elbows' to reduce the risk of infection.
- There was a clear escalation policy for any suspected cases of sepsis.
- Patient records were clear, up-to-date and available to all staff providing care.
- Learning and feedback from incidents was shared with staff via email, at handovers and team meetings. Staff were able to give us examples of learning from incidents.
- Staff used appropriate risk assessments and care bundles to reduce the risk of patient harm.
- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients.
- Patient outcomes were mainly in-line with, or better than, the national average for comparable units.
- We saw evidence of good multidisciplinary working between staff on unit and different specialities.

Summary of findings

- Consultant-led ward rounds took place twice daily, seven days a week.
- Patients and relatives were treated with compassion and kindness. They offered emotional support and reassured patients.
- Patients' family members and carers were provided with on-site accommodation within the nearby 'relatives' room' to allow them to stay at the hospital overnight.
- There was a positive and friendly culture on the unit. Staff supported each other and valued input from their colleagues. Staff told us they felt confident to raise concerns or ask questions.
- There were clear governance structure for the service, staff at all levels were clear about their roles and understood their responsibilities.

Outpatient Department:

We rated safe, responsive, caring and well-led as good. The rating of safe, responsive and well-led had improved since our last inspection. Our overall rating of this service improved. We rated it as good because:

- There were clear procedures in place for the care of patients who became unwell or patients who deteriorated whilst waiting at the clinic.
- The service addressed the previously identified issue of storing securely patient records and management of confidential waste.
- The service improved the availability of patient records in clinics.
- The service significantly reduced staff sickness.
- Evidence-based guidelines, recommendations, best practice and legislation were applied to patients' treatment and care.
- Staff were competent for their roles.
- Good multidisciplinary team working helped staff understand and meet the range and complexity of patients' needs. Each service specialty had its own multi-disciplinary team meeting.
- Staff understood the relevant consent and decision making requirements of legislation and guidance.
- Staff demonstrated compassion and kindness as they put patients and their relatives at ease.
- The service took account of patients' individual needs and was designed to meet the needs of the local population, including specialist clinics.
- There was a 'one stop' breast cancer clinic and a separate 'one stop' clinic for patients with a suspected skin cancer.
- The trust is performing consistently better than the England average for cancer waiting times.
- Divisional leaders were visible and were proactive in engaging with patients and staff.
- The departmental nursing staff won the trust annual 'acute team of the year' award.
- Risks were generally understood and shared by all staff across the department.

However:

- Incidents were not consistently reported and we were not assured that staff fully understood what constituted an incident.
- Information about patient outcomes was not routinely collected and monitored by the department.

Summary of findings

- The department's 'did not attend' rate was higher than the England average.

There were continuing capacity issues in certain clinics due to overbooking. In some cases, patient appointments were cancelled on the day.

Critical care

Requires improvement   

Key facts and figures

Critical care services at The Whittington Hospital consist of a 15-bedded critical care facility that accommodates both level 2 and level 3 patients. A maximum of 11 level 3 patients can be admitted at any one time.

The critical care service sits within the hospital's surgery and cancer integrated clinical service unit (ICSU). The critical care unit is primarily managed by the matron and the clinical lead consultant.

Between April 2016 and March 2017, 715 patients were admitted to the critical care unit. Most patients admitted to the critical care unit are unplanned medical admissions and post-operative patients.

A critical care outreach team is available from 8am to 8.30pm to assess and support the care of deteriorating patients prior to their transfer to critical care and also to follow up patients discharged from the unit.

We inspected the service over three unannounced inspection days, 31 October to 2 November 2017.

During our inspection, we spoke with 35 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the director of operations for the ICSU as well as the clinical lead and matron for the service. We reviewed five patient records and spoke with two patients and four relatives

Summary of this service

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

- There was no long-term strategy for the critical care unit. The service did not have plans in place to address the reduced bed occupancy on the unit in a way that met the needs of local people. Senior staff we spoke with were unable to confirm what the plans for the future of the service were.
- Patient flow through critical care was still a significant issue. There had been some limited improvement in the proportion of patients experiencing a delay in being discharged from the unit. However, 68% of patients were delayed, for more than the recommended four hours, before being discharged to the ward. Many patients waited so long that they were discharged directly home from critical care.
- Not all incidents of delayed discharge and mixed sex accommodation breaches were being recorded and investigated appropriately.
- The unit's risk register did not reflect all the risks we identified during our inspection. For example, we found that there was a lack of local oversight of equipment maintenance and safety checks. Not all staff had completed their mandatory resuscitation training. These, and other risks, were not reflected on the unit's risk register.
- Not all patients received the standards of care recommended by The Faculty of Intensive Care Medicine (FICM) Core Standards for Intensive Care Units. Patients requiring total parenteral nutrition sometimes had to wait 48 hours to start receiving nutritional support. Not all patients were screened for delirium on admission. Many patients were not offered the support of a specialised critical care follow-up clinic once they had been discharged from the unit.
- There was limited evidence that peoples' views and experiences were gathered and acted on to shape and improve the service. Opportunities to learn from complaints and feedback from patients, their relatives, and staff were missed.

However:

Critical care

- Overall patient safety on the unit had improved. The service had improved how it managed patient safety incidents and controlled infection risk. The number of incidents and near misses being reported by staff had improved. Managers shared learning from incidents with staff and staff had an opportunity to reflect on how they could improve.
- Staff understanding of deprivation of liberty safeguards (DoLS) had improved. Staff we spoke were familiar with DoLS and demonstrated a good understanding of consent and mental capacity.
- There was a positive and friendly culture on the unit. We observed good team working amongst staff of all levels. Staff told us that they were proud to work for the hospital and were well supported by their colleagues.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Patient outcomes were in line with, or better than, other similar critical care units and use of evidence-based practice was embedded throughout the unit.
- Staff treated patients with kindness and compassion. Feedback from patients was consistently positive about the care they had received on the unit.

Is the service safe?

Good  

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

- The service had improved how it managed patient safety incidents. Staff recognised incidents and the number of incidents being reported by staff had increased. 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 had improved how it controlled infection risks. Equipment and the premises were clean. Staff used control measures to prevent the spread of infection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- We found that there was a lack of local oversight of equipment maintenance and safety checks. Some equipment was overdue for servicing and not all electrical appliances had been safety tested.
- Not all staff had completed mandatory training. The trust's 90% target for staff completion of mandatory training was not met for several training modules including, safeguarding children level 2, conflict resolution and resuscitation.

Critical care

- Not all incidents were reported appropriately. Although the number of incidents being reported had increased not all delayed discharges and mixed sex accommodation breaches were reported as incidents. We saw an example of where timely incident reporting could have reduced risk to patients' safety.

Is the service effective?

Good ● → ←

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

- The effectiveness of care and treatment was monitored and the findings were used drive improvements. The service compared local results with those of other services to learn from them and improve patients' outcomes.
- 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.
- Different staff groups worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Patients requiring total parenteral nutrition sometimes had to wait 48 hours to start receiving nutritional support. This did not meet best practice recommendations set out within the Faculty of Intensive Care Medicine (FICM) Core Standards for Intensive Care Units.
- Not all patients were screened for delirium on admission. This did not meet best practice recommendations set out within FICM Core Standards for Intensive Care Units.

Is the service caring?

Good ● → ←

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

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

However:

- Staff sometimes did not proactively introduced relatives to the unit or tell them what to expect. Relatives did not always feel staff reassured them or helped them to manage their expectations. Visitors felt that staff could communicate clearer and that information was not always made readily available to them.

Critical care

Is the service responsive?

Requires improvement ● → ←

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

- There had been limited improvement in patient's flow on the unit. The majority of patients were delayed over the recommended four hours before being discharged to the ward. Many patients waited for a ward bed for so long, that they were ready to go home directly from critical care. Mixed sex accommodation breaches occurred and were not being appropriately recorded and reported.
- The service did not have plans in place to address the reduced bed occupancy on the unit in a way that met the needs of local people. Bed occupancy had been lower than the England average for the majority of the 12 months prior to our inspection. It was unclear whether this was financially sustainable for the trust and what the potential impact of closing unused beds may be. Senior managers were aware of the low occupancy levels; however, they had no clear plans to address it.
- Not all patients were offered the support of a specialised critical care follow-up clinic once they had been discharged from the unit. Only four patients had attended a follow-up clinic between October 2016 and October 2017. This did not meet best practice recommendations set out within FICM Core Standards for Intensive Care Units.
- The service did not always take account of patients' individual needs. There was no dedicated psychological support for patients on the unit or once they had been discharged. There was very little information visibly available to support relatives and visitors.
- Opportunities to learn from complaints were missed. Staff were unaware of feedback from formal complaints and informal complaints and concerns were not routinely recorded. Information on how to make a complaint was not visibly displayed on the unit.

However:

- People could access the service when they needed it. Most patients were admitted to the critical care unit within one hour.
- Patients' family members and carers were provided with on-site accommodation. A dedicated 'relatives' room' was available, which allowed relatives to stay at the hospital overnight.

Is the service well-led?

Requires improvement ● → ←

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

- There was no long-term strategy for the critical care unit. Senior staff we spoke with were unable confirm what the plans for the future of the service were.
- Patient flow out of critical care was still a significant issue. We were not assured that there was a robust process in place to maintain oversight of delayed discharges and mixed-sex accommodation breaches.
- The unit's risk register did not reflect all the risks we identified during our inspection. We were not assured that there were effective systems for identifying, monitoring and mitigating risks.

Critical care

- There was limited evidence that peoples' views and experiences were gathered and acted on to shape and improve the service. Staff, patients and their relatives did not have an opportunity to contribute to plans for the future of the service.

However:

- There was a positive and friendly culture on the unit. We observed good team working amongst staff of all levels. Staff told us that they were proud to work for the hospital and were well supported by their colleagues.
- Staff we spoke with told us that the senior leadership team were visible and approachable and that local managers were supportive.
- We saw evidence of learning, continuous improvement, and innovation on the unit. Staff were encouraged to take time out to reflect on what went well, learn from errors, and work together to resolve problems.

Areas for improvement

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

Outpatients

Good  

Key facts and figures

The outpatients department sits within the hospital's patient access, prevention and planned care (PPP) integrated care service unit (ICSU). It is led by a Director of Operations and a Clinical Director. The local leadership team comprised of a head of nursing and an operational lead for patient access.

There were 382,777 first and follow up Outpatient appointments between June 2016 and May 2017. This was an increase of over 100,000 patients seen between January 2014 and December 2014 (279,969). The outpatients department is arranged over four levels of the hospital with reception desks and waiting areas in each outpatient area. The trust provides outpatient services across a wide range of specialities including cardiology, ophthalmology, gastroenterology, urology and trauma and orthopaedics.

We inspected the service over three unannounced inspection days, 31 October to 2 November 2017.

The rating for this core service improved from the time of the last inspection in June 2016. We rated it as good because there was evidence of strong leadership and staff told us they felt valued and were proud of their department. Work was done to improve the referral to treatment times. There was a well understood pathway by which this improvement was maintained which included how the booking centre managed bookings. Systems were in place to ensure new referrals were triaged in a systematic way by a consultant or clinical nurse specialist. There were measures in place to protect patient identifiable information and as a result of a project in the patient records department; availability of patient records in clinics was much improved. We received consistently good feedback from patients about the care they received and how they were involved with planning their treatment.

During our inspection, we visited the ophthalmology, breast, spinal, fracture, rheumatology, phlebotomy and urology clinics. We spoke with 39 members of staff including doctors, nurses, allied health professionals, administrative and other staff. We spoke with the director of operations and clinical director for the ICSU as well as the head of nursing and operational lead for the service. We reviewed five patient records and spoke with 46 patients and five relatives.

Summary of this service

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

- The service had improved how it protected personal identifiable information and kept it confidential and securely stored. Patient records were stored in lockable trollies which were placed in each clinic area. Members of staff told us this system worked very well as records were easily accessible and at the same time, secure.
- We saw evidence of the use of national clinical guidelines and a culture of evidence based practice in the specialties we interviewed in outpatients.
- The service made sure staff were competent for their roles. All nurses in the outpatients department had an appraisal within the last year. Those we spoke with told us they found it of benefit to take time out and reflect on their work and possible career development.
- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. We saw staff stepping in when a patient became agitated and guided them to the area of the department they needed to be.

Outpatients

- Patients and their relatives felt included in their plan of care. Some patients and relatives told us they felt they had a 'two way' relationship with nurses and clinicians. They felt included in discussions about their treatment and staff ensured they understood what was discussed.
- The service took account of patients' individual needs. There were dementia champions in the department who could be contacted for advice and support for those who lived with dementia or their relative. Some nurses told us they had consulted the dementia champion in circumstances where they were unsure of the best way to support a patient.
- The service operated a 'one stop' breast cancer clinic and for patients with a suspected skin cancer. Patients told us that whilst it made for a long day in the department, they were pleased to have various tests, biopsies and scans done on the same day, as well as a meeting with their consultant.
- The department supported people to be as engaged in their own health and wellbeing as possible. There was a smoking cessation clinic and a clinic to support people with aspects of living with diabetes held in the outpatients department. There was also a supply of leaflets which gave information about certain health conditions and places to go for additional support.
- The trust performed better than the 93% operational standard for people seen within two weeks of an urgent GP referral. This was due in part to an improved system of booking appointments and a more robust way in which referrals for specialisms were triaged. This was an improvement from the time of our last inspection when the trust had failed the 2 week wait for all cancers.
- All staff spoken with were very positive about the current leadership team which they said was a significant improvement from the time of the last CQC inspection. They told us their biggest strength was their honesty and visibility. Staff told us they felt valued and got recognition for their work.
- There was general consensus amongst managers and staff about what the departmental top risks were. These included capacity in clinics, over-running clinics and availability of patient notes and staff told us risks were discussed at staff meetings and managers shared information about what was being done to mitigate these risks.
- Leaders developed a business strategy which was designed to increase the efficiency of the department and enhance patient experience. Part of the focus of the business strategy was to address the risks outlined above, all of which would give patients a better experience when they attended the department.

However:

- We were not assured that staff fully understood what constituted an incident or that there was an embedded culture of recording of incidents. We had mixed responses from staff about what they reported and some told us they did not believe it would result in change.
- We observed inconsistent adherence to good hand hygiene practice.
- The senior leadership team had not managed to improve the volume of reported incidents on the electronic reporting system. Whilst this was recognised as an area of improvement, there was no current plan in place to manage it.
- There were continuing capacity issues in certain clinics and the fracture, ophthalmology and urology clinics in particular, similar to the time of the last inspection. This meant patients experiencing long waits and staff told us they experienced anger from some patients who became frustrated with the wait.
- There were recurrent problems with sampling where blood and urine samples were submitted without the proper labelling or patient identification. This meant that some patients had to be recalled in order to repeat the test.

Outpatients

Is the service safe?

Good  

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

- The service had improved how it protected personal identifiable information and kept it confidential and securely stored. Patient records were stored in lockable trollies and safely returned to the record library at the end of the clinic day.
- The service had improved how it managed confidential waste. We saw that confidential waste was transported on a trolley to a lockable room. It was stored there until the end of each day when it was transferred to the patient records library for safe disposal.
- The service had improved how it ensured patient records were available in clinics. A major project in the record library resulted in increased availability and better record management. This project was on target for completion in January 2018, when approximately 3,500 patient records will have been archived off site, resulting in a better organised patient records library.
- There was a significant reduction in staff sickness to a current level of 2.6% from 20% at the time of the last inspection. Staff told us they felt the department was better managed which resulted in a better workload balance and a reduction in their stress levels.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were able to describe ways in which they remained vigilant to possible safeguarding incidents. They told us how they would raise a safeguarding alert in line with trust policy
- Medicines were stored safely. We saw they were stored at correct temperatures and drug cupboards checked held medicines which were in date. FP10 prescription pads were securely locked away in cupboards and there were processes in place to monitor their use.

However:

- Incidents were not consistently reported. A clinician told us they did not report incidences where they did not have enough nursing or healthcare assistant support in clinic. They told us they preferred to e-mail the manager, but acknowledged that they did not do this either.
- Not all staff had completed mandatory training. The trust target for staff completion of mandatory training was not met for safeguarding children level 2 where nursing staff were 87% compliant and reception staff were 80% compliant against a trust target of 90%.
- We observed episodes of inconsistent hand hygiene and poor use by staff of the hand gel dispensers which were placed around the department.
- Nurses were not always aware when a patient with a communicable disease was in the department. This information was recorded on the patient record and nurses told us they did not always have time to read the patient record during a busy clinic.
- There were recurrent problems with sampling where blood and urine samples were submitted without the proper labelling or patient identification. Nurses told us there were occasions when the patient had to be recalled, which was very inconvenient for the patient.

Outpatients

Is the service effective?

We do not rate this domain.

- The effectiveness of care and treatment was monitored and the findings were used drive improvements. In the National Diabetes Audit, they were higher than expected across five of the eight domains of care processes for type 2 or other diabetes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. Staff told us this helped them to reflect on their practice and consider ways in which to enhance their professional development.
- Staff of different roles and specialisms worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We observed clinicians from different specialisms working together to enhance patient outcomes.
- Clinics in the department supported people to be as engaged in their own health and wellbeing as possible. They provided an educational role for those who had diabetes and for those patients who wanted to stop smoking. There was a plentiful supply of information leaflets for a range of health issues in the department.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff described instances where they accessed specialist input to better support patient needs.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Results collated for July 2017 showed that out of a total of 287 comments, 263 (91.6%) were positive. Feedback from patients and their relatives confirmed that staff treated them well and with kindness. We observed several instances where staff took extra time to listen to patients and answer their concerns.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they felt included in their treatment plan and their opinion was sought in the event of any necessary changes to this.
- Staff provided emotional support to patients to minimise their distress. Nurses told us how they broke bad news and ensured this was done in an environment that protected the confidentiality and dignity of the patient or their relative.

Is the service responsive?

Good ● ↑

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

- The trust performed better than the 93% operational standard for people seen within two weeks of an urgent GP referral, and also performed better than the 96% operational standard for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat).

Outpatients

- Call answering times by access centre staff had improved significantly over 12 months. The most recent data for October 2017 showed that 63% of calls were answered within 60 seconds and 80% in 120 seconds. These figures were 19% and 23% respectively in December 2016.
- Triage systems for new patient referrals were improved. There were systems in place to improve efficiency and administrative staff told us they ensured that the standard operating procedure for the booking centre was adhered to as far as possible.
- The service took account of patients' individual needs. Some nurses were trained dementia champions. Conflict resolution training was included in mandatory training which we were told was of particular value; for example, when staff were faced with aggression from patients. Nurses in the paediatric outpatients undertook training in autism awareness.
- There was a dedicated paediatric blood test service run from the paediatric outpatients department. Parents told us it was a great relief not to have to take their children to the adult clinic.
- There was an evening haematology clinic to facilitate those patients who could not attend daytime clinics and a thalassaemia clinic to meet the needs of the local population.
- There was a 'one stop' breast cancer clinic and a separate 'one stop' clinic for patients with a suspected skin cancer. Patients in each saw a consultant and had an x-ray and biopsy done within the same appointment. This reduced the amount of times patients had to return to the department.

However:

- There were continuing capacity issues in certain clinics and the fracture, ophthalmology and urology clinics in particular. These clinics were regularly overbooked to meet demand. In some instances patient appointments were cancelled on the day or when the patient was already waiting in the clinic
- The trust 'did not attend' rate was higher than the England average.
- There were 106 complaints about Outpatients between April 2016 and March 2017. The trust took on average 31 days to investigate and close complaints which was not in line with their complaints policy, which states complaints should be completed within 25 days.

Is the service well-led?

Good ● ↑

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

- There was consistency in what staff raised as concerns and what were recorded as risks. The senior leadership team identified risks which staff also identified, including access to patient notes and capacity in clinics.
- All staff spoken with were very positive about the current leadership team. They told us they were open and transparent and communicated well with staff.
- Managers had an 'open door' policy and operated a 'no blame' culture which staff said led to an atmosphere of greater trust and honesty.
- Managers had oversight of the risks to the department and there was consensus about what those risks were.
- There were governance structures in place and each specialism reported via their own governance structure on a monthly basis.

Outpatients

- The divisional leadership team told us they placed a high value on being visible to both patients and staff. They took it in turns to run a tea trolley service several times a week in the outpatients department which gave them the opportunity to engage with patients and staff.
- The majority of staff we spoke with were clear about the values of the trust, ICARE (innovation, compassionate, accountable, respectful and excellent).
- The departmental nursing staff won the trust annual 'acute team of the year' award and the whole of the outpatients department was nominated in the best overall department category.
- The paediatric outpatients department supported a young person's forum which encouraged young people to share their views and fears about their illness and treatment plan.
- Managers told us they placed a high value on staff engagement by consulting with staff. Staff told us they felt included in discussions around changes the operation of the department.
- We saw a recently approved business strategy for the department which focussed on areas of improvement. This included the ways in which clinic and clinic space were organised with the aim of improving patient experience and increasing capacity.

However:

- Whilst managers acknowledged the low level of incident reporting, this had not improved significantly since the time of the last CQC inspection in June 2016.
- There were mixed views from staff about opportunities for career progression within the department.

Outstanding practice

We found an example 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:

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

We last inspected these services in December 2015. All core services were rate as good or outstanding, with the exception of Community health services for children and young people, which was rated, requires improvement.

We inspected Community health services for children and young people as part of this inspection.

We decided not to inspect the other core services at this time as they were previously rated as good or outstanding. This decision was made on a risk-based approach under the new methodology

Summary of community health services

Good ● → ←

Our rating of these services stayed the same. We rated them as good. For more information on why we rated this service as good, please see the core service section of this report.

Community health services for children and young people

Requires improvement   

Key facts and figures

The trust provides a full range of community health services for children, young people and their families (CCYPFS) in the London boroughs of Islington, Haringey, Camden and Hackney. The trust's universal service provision includes health visiting, immunisation, family nurse partnership and school nursing. Targeted service provision includes looked after children in Haringey and Islington, child development, community paediatricians, children's community nursing, paediatric physiotherapy, occupational therapy, speech and language therapy and community CAMHS in Islington.

There is a multidisciplinary medical and therapy provision in Haringey and Islington. The trust provides community nursing in Islington and life force and complex care across Islington, Camden and Haringey. In addition, the trust provides audiology services for adults and children (new-born hearing screening), community dental services for adults and children with special needs in Haringey and Islington. This also includes the urgent and emergency dental care for all patients across much of north and east London including Enfield, Barnet and Waltham Forest.

CCYPFS worked closely with a range of partners including other acute and specialist acute hospitals, GP practices, local authorities, schools and special schools and child adolescent and mental health service (CAHMS). Services are generally provided in health centres as well as schools, community buildings and in the patients' own home. As an integrated care organisation ICO, the trust is providing more consultant and nurse led clinics in community premises.

We carried out an unannounced visit on 31 October to 2 November 2017. We visited health centres at Bingfield Street Health Centre, Bounds Green Health Centre, Goodinge Health Centre, Hackney Service Centre, Hanley Primary Care Centre, Highbury Grange Health Centre, Hornsey Central Neighbourhood Health Centre, Linden Children's Centre, Northern Health Centre, The Michael Palin Centre, Tynemouth Road Health Centre.

With their consent, we observed young people and their families receiving services and accompanied staff on home visits to children and their parents to observe care and treatment. During the inspection we spoke with 68 staff across the service including the Clinical Director for the Children and Young People's Integrated Care Support Unit (ICSU) and borough leads for Haringey and Islington and Camden. We also spoke with community paediatricians, health visitors, school nurses, specialist nurses, physiotherapists, occupational therapist and speech and language therapists.

We met with people who use services and carers, who shared their views and experiences of the service. We spoke with 15 parents and two children who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of the service. We also looked at patient feedback about the service over the past year.

Summary of this service

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

Community health services for children and young people

- The service was not meeting the trust's target for staff completing mandatory and safeguarding training. As at September 2017, the CCYPFS had an overall mandatory training completion rate of 84%, which does not meet the trust 90% target. Staff did not meet the 90% target in child protection levels 2 and 3 or safeguarding adults level 1 and 2 with a completion rate of 84%. This was similar to what we found at the last inspection.
- The target for appraisal rates was not being met. Annual appraisals for staff were below the trust target of 90%. The trust reported 75 % of clinical staff, and 64% of non-clinical staff within CCYPFS had received an appraisal during the 12 month period from October 2016 to September 2017. This was similar to what we found at the last inspection.
- National and trust targets for the healthy child programme in three of the outcome measures in the twelve month period from October 2016 to September 2017 were not being met. Children who had a face-to-face new birth visit within 14 days by a health visitor was 91% in Haringey and 93% in Islington. This was below the national target of 95%. Children who had a one-year developmental review by 15 months by a health visitor was 45% in Haringey and 70% in Islington. This was below the trust target of 80%. Children who had a development review who had a two year developmental review by 30 months was 47% in Haringey. This was below the trust target of 80%.
- People could not always access the service when they needed it with less than 90% of people being seen within six weeks. In the period September 2016 to April 2017, 80% of children and young people in Haringey and 83% in Islington were seen within 6 weeks. This was lower than the trust target of 90%.
- The service was not meeting the trust's target for referral to treatment times. The longest wait in Haringey was for the community paediatric service, this was 114 weeks in February 2017, and 87 weeks in Islington; this was for the health visiting service in May 2017, which was higher than the trust target of 18 weeks. This was similar to what we found at the last inspection.
- The environment and facilities did not always meet the needs of children and young people. Not all the buildings were ideal for children with complex needs; for example at the Northern Health centre clinical rooms were on the first floor which made access difficult for parents who used wheel chairs when the lift broke down. There was also a lack of clinical space and moving and handling equipment.
- There was little evidence of control measures to prevent infection. Hand hygiene audits were not undertaken across CCYPFS on a regular basis. There was a lack of cleaning schedules in different locations and there were no cleaning schedules in place for cleaning children's toys in reception areas.
- Managers could not be assured that staff across the CCYPFS were learning from incidents across the services. Some staff we spoke with told us they had never reported any incidents, and team and multidisciplinary minutes showed that incidents were not consistently discussed.

However:

- Staff provided care and treatment based on national guidance and evidence and programmes such as the Healthy Child Programme, Family Nurse Partnership (FNP) programme and the national child measurement program monitored against national guidelines.
- Staff were seen to be very considerate and empathetic towards children, young people and their families. Staff took time to ensure parents understood their child's care and treatment. Parents were positive about the care children and young people received and told us they felt involved in their children's care.
- The service took account of patients' individual needs. The community children, young people and families service worked alongside other health and social care providers to provide care to children and families requiring complex packages of care; as well as supporting children with life-limiting conditions.

Community health services for children and young people

- Managers across the trust promoted a positive culture creating a sense of common purpose based on shared values. We found the culture within community children, young people and families service was focused on the needs and experience of children, young people and their families. Staff were focused on providing best possible quality care for patients despite pressures such as staffing in some services.

Is the service safe?

Requires improvement ● → ←

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

- Mandatory training in key skills to all staff was below the trust target in twelve of the fourteen core areas. Managers did not make sure all staff completed the mandatory training. The lowest completion rates were for manual handling which was 69%, resuscitation was 80% and child protection level 2 was 81%. This was similar to what we found at the last inspection.
- The service could not be assured the risk of infection was controlled. Hand hygiene and infection control audits were not undertaken across the CCYPFS on a regular basis. This was similar to what we found at the last inspection.
- The care environment did not always meet the needs of children. Some furniture and equipment looked worn and tired This was similar to what we found at the last inspection
- Managers could not be assured that staff across the CCYPFS were learning from incidents across the services. Team and multidisciplinary minutes showed that incidents were not consistently discussed.

However:

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service stored medicines and were appropriately accounted for. From April 2017 the trust no longer ran the childhood immunisation programme.

Is the service effective?

Good ● → ←

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

- Staff provided care and treatment based on national guidance and evidence based programmes such as the Healthy Child Programme, Family Nurse Partnership (FNP) programme and the national child measurement program monitored against national guidelines.
- Staff supported children, young people and families with nutrition and hydration to improve their health. The health visiting service and school nursing service worked with children, young people and their carers in the community by providing advice and information on healthy eating.
- Staff had regular supervision. Staff were supported and encouraged to undertake specialist training and had opportunities to further their clinical development.

Community health services for children and young people

- The service had good multidisciplinary and joint working arrangements between the CCYPFS staff and other health professionals for the benefit of patients. The electronic patient record (EPR) was shared between CCYPFS staff to improve communication between each profession within the service.
- The service used health promotions to prioritise the care and treatment of children, young people and their families. Community teams worked hard to help patients maintain their independence, manage their own health in order to improve their outcomes.
- Staff sought consent before undertaking intervention, and the school nursing service had a clear understanding of the principles underpinning an assessment of the competence of a young person under 16, to provide consent to treatment in their own right.

However:

- The service did not meet the trusts targets for staff appraisals. Annual appraisals for staff were below the trust target of 90%. The trust reported 75 % of clinical staff and 64% of non-clinical staff within CCYPFS had received an appraisal, during the 12 month period from October 2016 to September 2017. This was similar to what we found at the last inspection.
- The service did not meet the trust targets for performance for the healthy child programme in three of the outcome measures in the 12 month period from October 2016 to September 2017. Children who had a face-to-face new birth visit within 14 days by a health visitor was 91% in Haringey and 93% in Islington. This was below the national target of 95%. Children who had a one year developmental review by 15 months by a health visitor was 45% in Haringey and 70% in Islington. This was below the trust target of 80%. Children who had a development review who had a two year developmental review by 30 months was 47% in Haringey. This was below the trust target of 80%.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Staff were seen to be very considerate and empathetic towards children, young people and their families. Parents we spoke with were positive about the staff that provided their children's care and treatment. They told us they had confidence in the staff they saw and the advice they received.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff ensured parents understood what was going to happen and why at each stage of their child's treatment. Parents were offered regular contact to ensure they are kept up to date about their child's care.
- Staff provided emotional support to patients to minimise their distress. Staff referred parents to parent and baby groups, children centres and drop in sessions for additional support. They also spoke about the benefits of networking with other mothers.

Is the service responsive?

Requires improvement ● → ←

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

Community health services for children and young people

- People could not always access the service when they needed it with less than 90% of people being seen within six weeks. In the period September 2016 to April 2017, 80% of children and young people in Haringey and 83% in Islington were seen within six weeks. Whilst this had improved this was still lower than the trust target of 90%. This was similar to what we found at the last inspection.
- The service was not meeting the trust target for referral to treatment times. The longest wait in Haringey was for the community paediatric service which was 114 weeks in February 2017, and 87 weeks in Islington was for the health visiting service in May 2017, which was higher than the trust target of 18 weeks.

However:

- Services were planned and provided in a way that met the needs of local people. The community children's young people and families service was delivered in the London Boroughs of Haringey, Hackney, Islington and Camden with different commissioners, which meant there were some differences in the way services were planned and delivered. There were regular commissioner meetings with service leads to consider local health needs and plan services.
- The service took account of patients' individual needs. The community children, young people and families service worked alongside other health and social care providers to provide care to children and families requiring complex packages of care; as well as supporting children with life-limiting conditions.
- The service treated concerns and complaints seriously, and investigated them. The community children's, young people and families service received 17 complaints in the period September 2016 to September 2017. Information provided by the trust showed that four of the 17 complaints were not dealt with within the agreed time frame. Of the 17 complaints, six were up held, 14 were partially upheld and three were not upheld.

Is the service well-led?

Good   

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

- Staff we spoke with told us that the senior leadership team were visible and approachable and that local managers were supportive. There was a clear senior management structure across Whittington Health's Children and Young People's Integrated Care Service Unit (ICSU) which was led by a Clinical Director, who was responsible for both the acute and community services for children, young people and families.
- There were clear governance structures and processes for the management of risk within Whittington Health's Children and Young People's service.
- The service had a clear vision for what it wanted to achieve and workable plans. The Children and Young People's Integrated Care Service Unit business plan for 2018/2019 main objectives were continued delivery of safe, effective and high quality services.
- Managers across the trust promoted a positive culture, creating a sense of common purpose based on shared values. We found the culture within community children, young people and families service was focused on the needs and experience of children, young people and their families. Staff were focused on providing best possible quality care for patients despite pressures such as staffing in some services.
- The trust engaged with patients and staff to plan and manage appropriate services. The service used a range of surveys to seek children, young peoples and their families' feedback on the service provided. Staff reported that they felt able to suggest ideas to their manager to help improve the service which was offered.

However:

Community health services for children and young people

- There has been a lack of progress identified against issues raised at the last inspection made by the trust.

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

We last inspected these services in December 2015. All core services were rate as good.

We inspected CAMHS (Simmons House) as part of this inspection. A few months prior to the core service inspection, a Mental Health Act (MHA) reviewer attended the site and conducted an inspection. The report raised some concerns, which we felt necessitated a full core service inspection.

We decided not to inspect the other core services at this time as they were previously rated as good. This decision was made on a risk-based approach under the new methodology.

Summary of mental health services

Good ● → ←

Our rating of these services stayed the same. We rated them as good. For more information on why we rated this service as good, please see the core service section of this report.

Child and adolescent mental health wards

Good   

Key facts and figures

Simmons House is an in-patient adolescent psychiatric unit for young people between 13 and 17 years of age. The unit has 12 beds and accepts both male and female patients. Simmons House is registered to provide the following regulated activities; assessment or medical treatment for persons detained under the Mental Health Act 1983; diagnostic and screening; treatment of disease, disorder or injury.

The unit can admit patients in an emergency or for a planned longer outcome-focussed admission of between six and 12 months. The length of stay at Simmons House depends on the young person's needs and combined aims and goals.

Patients who are admitted to the unit are entitled to receive psychiatric assessment and input, medication, nursing input and care, family therapy, individual therapy and individual psychology, occupational therapy, group work as well as education.

The service is commissioned by NHS England and takes patients from across the country, although most patients who used the service live in or around the London area.

Young people admitted to the service are diagnosed with a range of mental disorders, including depression, psychoses and severe anxiety disorders.

We previously inspected the service in December 2015; we told the trust they must and should take some action to ensure Simmons House provided safe care and treatment. Managers at the unit had worked hard to complete most of the agreed actions, but there was still some work to be done.

At the previous inspection in December 2015 we found that the service had breached regulation 12(2)(f) of the Health and Social Care Act Regulated Activity Regulations 2014: Safe Care and Treatment. This was because the trust had failed to ensure there was sufficient equipment and medicines supplied in sufficient quantities to ensure the safety of service users and to meet their needs.

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team visited the unit and looked at the quality of the environment and observed how staff were caring for patients, we spoke with five patients who were using the service. We spoke with the service manager and clinical leads for the unit and with eight other staff members; including doctors, nurses and social workers. We attended and observed one hand-over meeting.

We also looked at eight care and treatment records of patients. We carried out a specific check of the medication management on the unit. We looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

Child and adolescent mental health wards

- The unit had made significant improvements to the safety of medical devices. At our previous inspection in December 2015, we found that the oxygen cylinders were not easily accessible in the event of an emergency, that some equipment had not been calibrated, and checks of some emergency equipment had not been undertaken consistently. At this inspection, we found that this had been rectified. Staff had ensured that oxygen cylinders were stored so that they were easily accessible, equipment had been calibrated and relevant checks undertaken regularly.
- At our previous inspection in December 2015, we also found that staff had not consistently updated patient risk assessments and management plans following risk incidents. At this inspection, we found that staff had reviewed patient records and updated them following an incident.
- The multidisciplinary team communicated effectively. The team assessed the needs of young people thoroughly and identified any risks. Staff worked with young people and their parents to develop effective care and treatment plans. These plans focused on the young person's goals and their recovery. Staff took action to minimise risk and reviewed risks each day. The multidisciplinary team delivered care and treatment in accordance with best practice guidance and legal requirements.
- Young people received education whilst on the unit and participated in a therapeutic programme, which was designed to meet their individual needs. Young people said staff were supportive and took the time to get to know them well.
- The staff team listened to the views of young people and their parents and acted on their views. The staff team delivered care and treatment in accordance with legal requirements.
- Governance arrangements were in place. The staff team checked the quality of the unit environment, the delivery of care and treatment, the completeness of care records and the management of medicines.

However:

- At our previous inspection in December 2015, we found that although staff had completed a ligature risk assessment of the unit environment, the risk assessment failed to identify some ligature points. At this inspection, we found that some improvements had been made but more work was needed. Some environmental ligature risk assessments lacked vital information. Patient individual risk assessments and care plans did not always contain adequate information on how to support and care for young people if they were at risk of attempting to use a ligature to harm themselves.
- The trust's incident reporting policy did not contain guidance for managers on how quickly incidents reported by staff should be opened and reviewed. Incidents were not always reported in a timely manner. Whilst staff learned from serious incidents, meeting minutes where the serious incident had been discussed lacked detail. There was no formal structure in place to learn from identified themes and trends, or safeguarding incidents. This meant that there may be delays in managers being made aware of incidents and learning from repeated incidents may not be used to improve practice.
- Staff supervision took place but was not documented. Audit action plans did not always address the issues identified.
- The unit did not use an early warning tool to monitor patients' physical health symptoms if they were physically unwell. This increased the risk that if a patient's health deteriorated staff may not recognise this promptly.

Is the service safe?

Requires improvement ● → ←

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

Child and adolescent mental health wards

- The unit had not taken sufficient action to mitigate the ligature risks identified at the last inspection in December 2015. There were many ligature points on the unit. Managers had not taken action to ensure that environmental and patient risk assessments in respect of ligature points had been completed with sufficient information.
- The unit used plastic bags to line waste paper bins. Managers had not undertaken a risk assessment in relation to this.
- Staff did not always report incidents promptly and there was no formal process in place to share lessons learned from incidents including safeguarding incidents not classified as serious.
- It was not evident in nursing or management minutes that safeguarding and other incidents had been discussed with the staff team.
- Restraint had not been clearly defined and therefore staff may not be recording this accurately.

However:

- The unit was clean and staff followed infection control procedures.
- The unit had taken action to ensure there was sufficient medical equipment and that it was well maintained.
- There were sufficient staff on the unit most of the time, although this could be challenging at times.
- Most staff had completed the trust's mandatory training.
- Staff were aware of the risks presented by each of the patients on the unit. Staff took action to manage risks and ensured young people were as safe as possible.
- The staff team were trained in safeguarding and there was a designated safeguarding lead.
- Medicines were stored and managed appropriately

Is the service effective?

Good ● → ←

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

- Patients received good physical healthcare. Staff supported patients to attend appointments and emergency services were contacted appropriately if required.
- Multidisciplinary teamwork was effective and young people received personalised care and treatment in line with good practice guidance. A range of therapeutic interventions were provided. The staff team worked in partnership with health specialists, such as a dietician, to ensure that young people's needs were fully met.
- Most staff had received an appraisal.

However:

- The unit did not use an early warning tool to monitor patients' physical health symptoms if they were physically unwell. This increased the risk that if a patient's health deteriorated staff may not recognise this promptly.
- Staff did not undertake audits on the Mental Health Act or Mental Capacity Act.
- Staff received regular supervision. However, records of these were not maintained. This meant staff could not reliably follow up on issues and themes from one meeting to the next.

Child and adolescent mental health wards

Is the service caring?

Good ● → ←

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

- Young people told us they were treated with respect and kindness. They said staff spent time talking with them and getting to know them.
- The staff team asked young people and their parents about their interests, needs and preferences. Staff used this information to ensure care and treatment was personalised.
- Patients had the opportunity to feedback information about their experience on the unit to staff every morning and to management every two weeks.

However:

- Patients told us that some members of staff did not always knock before entering their bedroom.

Is the service responsive?

Good ● → ←

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

- Young people received care and treatment in a pleasant environment. The unit was spacious with plenty of communal areas to promote positive interactions between patients as well as some quiet areas if a patient wanted to be alone.
- Managers always ensured that a patient's bed was kept for them whilst they were on leave.
- Young people could choose to take part in a wide range of therapeutic and leisure activities.
- Young people and their parents could easily give feedback on the quality of their experience. The staff team acted to address any concerns or complaints.
- There was a school on site to ensure patients were supported to engage in education.
- Staff supported young people to recover and move on from the unit.

Is the service well-led?

Good ● → ←

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

- There was a strong leadership team at the unit, and staff felt supported and able to raise concerns.
- The unit had a clear direction and goals. Staff were all familiar and believed in the ethos of the unit and how patients were cared for.
- There was a governance structure in place to review performance of the service as well as identify risks.

Child and adolescent mental health wards

- Staff told us that the multidisciplinary team functioned well and morale was positive.
- Managers ensured there were checks on the quality of the service. The multidisciplinary team had plans to develop the service.
- Staff and patients had the opportunity to provide feedback about the service.
- The unit had received accreditation from the Quality Network for Inpatient Child and Adolescent Mental Health Services. Ofsted had also assessed the unit as Good.

However:

- Monitoring arrangements had not ensured that ligature risks were completed accurately, that staff always reported incidents promptly and that audit action plans always addressed the issues identified.
- The audit programme was not robust which meant that performance of the service was not suitably monitored.
- Sufficient quantities of patient feedback was not consistently collected to produce meaningful results.

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)

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Nicola Wise, CQC Head of Hospital Inspection chaired this inspection and David Harris, CQC Inspection Manager took the lead for both parts of the inspection.

The core service inspection team included 11 CQC Inspectors, nine specialist professional advisors (SPAs), four CQC clinical fellows, one expert by experience (Exbyex), one inspection planner.

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.