

# Chelsea and Westminster Hospital NHS Foundation Trust

## Quality Report

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Date of inspection visit: 9, 10, 21 and 25 July 2014  
Date of publication: 28/10/2014

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Chelsea and Westminster Hospital is part of Chelsea and Westminster Hospital NHS Foundation Trust. It is an acute hospital and provides accident and emergency (A&E), medical care, surgery, critical care, maternity, children and young people's services, end of life care and outpatient services, which are the eight core services always inspected by the Care Quality Commission (CQC) as part of its new approach to hospital inspection.

The Chelsea and Westminster Hospital is a 430-bed general hospital, based in Kensington, North West London. The hospital employs over 3,000 staff. It provides a range of elective and non-elective inpatient surgical and medical services as well as a 24-hour adult and paediatric A&E departments and an Urgent Care Centre and outpatient services. It also provides specialist services including burns, high-risk obstetrics and neonatal care for patients from London, the South East and further afield.

As well as inspecting the eight core services at Chelsea and Westminster Hospital, we also inspected: the HIV and sexual health services at the Kobler Clinic and John Hunter Clinic for Sexual Health, located in the St Stephen's Centre next to Chelsea and Westminster Hospital; the West London Centre for Sexual Health (WLCSH), which is located at Charing Cross Hospital in Hammersmith; 56 Dean Street and Dean Street Express (at 34 Dean Street), which are both sexual health clinics located in Soho, central London.

The team included CQC inspectors and analysts, doctors, nurses, Experts by Experience and senior NHS managers. The inspection took place on 9 and 10 July 2014 with unannounced visits on 21 and 25 July 2014.

Overall, we rated this hospital as requires improvement. We rated it good for providing caring services, but it required improvement for providing safe, effective and responsive care and for providing services that are well-led.

We rated HIV and sexual health as outstanding; critical care and maternity as good, and A&E, medical care, surgery, children and young people's services, end of life care and outpatient services, as requiring improvement.

### Our key findings were as follows:

- We found that staff were caring and compassionate and treated patients with dignity and respect.
- Patients told us their experiences of care were good. The NHS Friends and Family Test results, however, were below (worse than) the national average for inpatient wards and above the national average for A&E.
- National data indicated that the trust was similar to other trusts for reporting incidents but was potentially an under-reporter of patient safety incidents resulting in death or severe harm. We found that incidents were reported, investigated and appropriate action taken in most cases. But learning was not always shared across the trust. Incidents were under-reported in outpatient areas and some areas had not undertaken appropriate investigations. Serious untoward incidents took a long time to investigate with only 36% being reported within the 45 day standard. Staff in a few areas identified that there could be a blame culture when reporting serious untoward incidents.
- The trust was clean and infection control practice was observed. Most staff followed the trust's infection control policy, including being bare below the elbows, and observed hand hygiene. Infection control rates were within an acceptable range for *Clostridium difficile* (*C. difficile*) but were higher than the expected range when compared to other trusts for MRSA in 2013/14 – but there had been no cases reported from April 2014.
- The NHS Safety Thermometer, a monthly snapshot audit of the prevalence of avoidable harms, including new pressure ulcers, venous thromboembolism (VTE or blood clots), catheter urinary tract infections (UTIs) and falls. The hospital was lower than the national average in all areas except for the incidence of pressure ulcers in surgery, which was higher than average. The information was monitored throughout the hospital but the results were not displayed for the public in clinical areas.
- The National Early Warning Score (NEWS) was used effectively to identify deteriorating patients. Care

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pathways were being used to standardise care for patients who were acutely ill. Seven-day services had been developed in emergency care and mortality rates were lower (better) than the expected range.

- Not all staff had appropriate knowledge of the Mental Capacity Act 2005 and deprivation of liberty safeguards to ensure that patients' best interests were protected. There was guidance for staff to follow on the action they should take if they considered that a person lacked mental capacity.
- Nursing staffing levels had been reviewed and assessed using the Safer Nursing Care Tool in some areas but had not been completed across the trust. Some staff involved in this work were not clear about what tool had been used and some staff indicated that the trust had taken a 'one size fits all approach' and had not taken the complexity of patients into consideration. Some staff also reported that there could also be an unresponsive culture when they tried to report significant concerns. There had not been a board report to demonstrate appropriate application of the Safer Nursing Care Tool across the organisation. Nurse recruitment was recognised as a priority for the trust, as some wards were below establishment. Around 85 nurses and midwives had been recruited and it was intended that they would be in post by the end of the year. Bank (overtime), agency and locum staff were used to fill vacancies where possible but some areas, including the acute assessment unit (AAU) and children's services did not always have safe staffing levels.
- Medical staffing levels did not meet national recommended standards in A&E and palliative care medicine. However, there was a comparatively higher number of consultant staff in other specialities, which was improving access to specialist care.
- Agency nurses did not have access to the electronic patient records, including risk assessments, prescription and administration records. Therefore, the electronic system could only be updated by a permanent member of staff, which resulted in delays in the records being updated. The agency staff also had to rely on information provided at handover to identify the risks for the patients they were caring for. Care records were not adequately completed and were not always personalised.
- The trust had a major incident procedure, which most staff were aware of. Most staff had participated in training in how to respond to major incidents.
- Staff had access to a range of mandatory training and attendance was monitored electronically and by paper. However, completion of this training was below the trust's targets. Staff were supported to access training, there was evidence of appraisal but the clinical supervision was not well embedded. The profile of nursing and midwifery needed to be raised, there were examples, where staff were qualified and experienced to delivery care, such as ordering tests and prescribing, but were restricted from doing so.
- The trust had a learning disability 'passport' in which key information about how the individual should be supported was documented. However, this document was not widely used in the trust and many staff were unaware of it.
- Most medicines were stored safely but some were not appropriately locked or stored at correct fridge temperatures. The trust used an electronic prescription and medication administration record (MAR) chart for all patients apart from those in the intensive care unit (ICU), neonatal intensive care unit (NICU) and A&E. Agency staff could not access this system. The trust had a system where a medicines chart was manually printed, which agency nurses signed when they gave out medicines; the electronic system was then updated by a permanent member of staff. We saw that this caused delays in updating electronic records and also saw a delay in medication being administered. On one ward the electronic prescription and administration record for patients being cared for by an agency nurse had not been updated to confirm that medicines had been given correctly two hours beforehand. An audit of missed medicine doses in October 2013 on the AAU found that 30% of doses recorded as being missed (not being given within two hours of due time) were due to bank/agency staff being unable to sign into the IT system. It was also reported that, due to their high workload, nurses had not signed for the administration until later in the shift which extended beyond the two-hour critical window and therefore, again, counted as a missed dose. The audit report recommended that all agency staff should be given a log-in by 31 May 2014 but, when we inspected, we found this had not happened.

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- There had been an increase in demand for services, and the capacity in some areas of the trust, such as A&E, experienced difficulties in meeting this additional demand. Staff reported that a contributing factor to this increase was due to the local reconfiguration of services across London. However, as many of these changes had been recently introduced there was no evidence to support this view.
- Patient care in A&E was good but the service was under increasing pressure and attendances were increasing, which was causing delays in assessment and treatment.
- Emergency medical care was well supported by consultant staff. There were good outcomes for medical patients, for example, in stroke care and for heart attacks, but diabetes care needed better coordination.
- Overall, the trust was not meeting the national target of 18 weeks for surgery and patients had longer waiting times for general surgery, trauma and orthopaedics, urology and plastic surgery. Patient outcomes varied and compliance with the Five Steps to Safer Surgery checklist needed to improve.
- Critical care services were good and the outreach team was responsive and supportive of patients in the hospital who required access to specialist critical care.
- The maternity department's leadership and culture needed to improve to support staff and ensure women did not have interventions that might not be needed.
- The Chelsea Children's Hospital officially opened in March 2014 and provided bright, modern and child-friendly facilities. The leadership of the service needed to improve its governance arrangements for safety and compliance with national standards of care. The culture in the neonatal unit also needed to improve.
- End of life care standards were being rolled out across the hospital but these needed to be monitored. Overall, the hospital performed well in the National Care of the Dying Audit.
- Waiting times for outpatient appointments were within national waiting times. At times, appointments could be cancelled at short notice and it was difficult for patients to contact the service by telephone.
- We rated the HIV and sexual health services as outstanding.
- Patient discharge was supported by the rapid response teams in A&E and coordinators in other services. However, some patients did report that their discharge from the wards felt "rushed" and there could be long waits, particularly, in the discharge lounge for transport or medication. Providing discharge summaries to GPs was taking longer than 48 hours.
- The hospital at night team was good. Patients were triaged and escalated safely. Junior doctors appreciated that they were only contacted when there was a concern, making their workload manageable.
- The trust had introduced Schwartz rounds (monthly one-hour sessions) for all staff to discuss aspects of the emotional and social dilemmas that arise from caring for patients. Staff who had attended were positive about the learning and emotional support and the focus on improving outcomes for patients.
- The trust was supportive of art and music therapy and there were excellent examples of uplifting art on display, and music was played on Thursday lunchtime in the main corridor of the trust.
- Staff were positive about working for the trust and said it was a friendly and positive place to work, but it was not without its challenges, which were described as concerning IT, human resources, staffing levels and support from leadership.
- The leadership team had created an environment where all members of staff were part of quality project teams. These teams were then given time to undertake innovate projects and research to improve the quality of the service. As a result, a number of staff throughout the hospital had been nominated for the trust's award for clinical excellence. Staff told us how these projects had led to improvement to services.
- There were examples of the trust's research that were nationally and internationally recognised.
- Between April and June 2014, 80% of complaints were responded to within 25 days. The main themes of complaints were clinical care, attitude of staff and communication. The main areas were surgery, medicine, maternity and end of life care. The Patient Advice and Liaison Service (PALS) had a target to respond to complaints within 10 days, and patients through local Healthwatch had identified that poor response times, for what were informal concerns, was an issue. Most PALS concerns were about outpatient clinic appointment waits, lack of communication from reception staff, having to arrive for surgery before 7am and the attitude of clinical staff when making a complaint. Staff provided positive feedback about the PALS team in terms of their support.

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- Services across London were changing under the 'Shaping a healthier future' agenda and the trust was preparing for the increasing demand on its services. The trust had a vision and clinical strategy to provide excellent services that could be sustained, to improve health and to support innovation in healthcare. There were new services for children and a new A&E was planned. The trust had published quality improvement objectives in its quality account. Governance arrangements were complex and it was difficult to identify priorities for action. Information on quality and performance was monitored, but staff did not always own this information and many actions and updates were not available or timely. Safety information was not displayed in ward and clinic areas for patients and the public to see. The trust's engagement with the public and some specific staff groups needed to improve. Staff felt the chief executive was visible but this was not the same for other members of the board.
- Staff were aware of the trust's vision. Most service areas had a strategy or transformation plans that identified how the service would develop and build capacity to respond to the predicted increase in attendances and admissions under 'Shaping a healthier future'.

## Caring for people with a learning disability

- We looked specifically at the care of people with a learning disability. Monitor, the health regulator for foundation trusts, has a Risk Assessment Framework that has six standards for learning disability care and there should be quarterly reporting against these. The standards include having: a flagging system to identify patients; readily available information agreed with people with a learning disability; protocols to provide suitable support to families or carers; training on learning disability; protocols to encourage representation with trust boards; local groups and relevant forums; and protocols to regularly audit practice. The trust had declared no breaches in the last financial year and full compliance in March 2014.
- We found that there was a lead nurse for learning disability but she was not a specialist and was the lead nurse for women's services. She had not been given any extra time to do the role and was fitting the work in with her existing job. There was no non-executive director, board lead or governor lead for learning disability. Staff were not aware that the trust had a lead nurse. There was no system to flag patients. There were good resources available, such as the hospital passport and resources on the intranet, but these were not widely used by staff. Easy-to-read information leaflets were not available and there was not a leaflet for consent to treatment. Learning disability training was available and the course was run every two months but this was not well attended by staff. There was a learning disability steering group and carers forum group with learning disability representation. The care of people with a learning disability had not been audited.

## We saw several areas of outstanding practice, including:

- The A&E department staff had taken part in a research project to routinely test patients for HIV (with their consent). This had now been embedded practice for over a year and testing had resulted in a higher-than-normal proportion of patients being identified as HIV positive.
- The clinical sterile services department (CSSD) had introduced a metal detector that was used to identify surgical equipment that had been incorrectly discarded into rubbish bags. The aim of this initiative was to promote staff safety and reduce the cost of lost equipment.
- The burns unit had international recognition and published numerous research papers annually that identified best practice.
- The physiotherapy team in intensive care had an impressive research portfolio. For example, they had developed an innovative simulation-based physiotherapy course to improve quality and safety, and a standardised functional score assessment tool to improve compliance with National Institute for Health and Care Excellence (NICE) guidance. The tool is now used in more than 50% of ICUs nationally.
- The female genital mutilation (FGM) service in maternity had achieved a national award for innovation and care.
- The neonatal palliative care nurse had developed national standards on caring for very young babies with life-limiting conditions who need palliative or end of life care on neonatal units. These standards had recently been shared with medical royal colleges and other hospitals for national use.

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- The HIV and sexual health services provided outreach clinics at London's G-A-Y Bar, Manbar and Sweatbox Gay Sauna, and in hostels and community venues to engage with hard-to-reach groups such as the Chinese and Muslim communities, young people and people socially excluded or those who use Supporting People programme services, such as the homeless.
- The HIV and sexual health services gained community engagement through outreach work, taking part in London Pride, publicity stunts such as the Guinness World Record attempt for taking the most HIV tests at G-A-Y Bar on World Aids Day in 2011 and the House of Lords campaign to provide HIV tests for legislators.
- 56 Dean Street and Dean Street Express brought sexual health services to a high street location. Dean Street Express provided fast, self-testing modern facilities for asymptomatic patients.
- Public engagement in the HIV and sexual health services was an integral part of the service and had led to innovation and excellence across London. The service had two patient representatives on a part-time basis, funded by the trust to obtain the views of people using the service to help make positive changes.
- The HIV and sexual health services provided speciality clinics such as: SWISH for people employed in the sex industry; CODE clinic for men who were into harder sex or using drugs during sex; Pearl clinic for people with a learning or physical disability; and cliniQ and the Gold Service for the transsexual community. CliniQ and the Gold Service are the only specialist sexual health clinics in the country for the transsexual community. The model for this service was led by the transsexual community through public engagement.
- The HIV and sexual health services have consistently been shortlisted and won awards for a variety of projects every year since 2007. One of their most recent awards was for the work with the West London African Women's Service for dedication to improving the care of women living with FGM. The trust had won the BMJ Group Award 2013 for transforming patient care using technology, and the adult sex project of the year at the Brook Sexual Health Awards 2013 for Dean Street at Home and cliniQ.
- The leadership team had created an environment where all members of staff were part of quality project teams. These teams were then given time to undertake innovate projects and research to improve the quality

of the service. As a result, a number of staff throughout the trust had been nominated for the trust's award for clinical excellence. Staff told us how these projects had led to improvement to services.

However, there were also areas of poor practice where the trust needs to make improvements.

## **Importantly, the trust must ensure that:**

- Patients are cared for in appropriate areas in the accident & emergency (A&E) department so that there is safe monitoring of their condition.
- All staff in A&E receive training in mental health awareness, and when and how to safely restrain patients.
- All staff receive training in the Mental Capacity Act 2005 and its associated deprivation of liberty safeguards.
- Pain scores are recorded and reassessed for all patients in A&E.
- In line with national guidance, consultants in A&E should sign off and agree to the discharge of patients with complex needs.
- There are suitable environments in outpatients areas to ensure accessibility for patients with a physical disability or poor mobility, to promote the privacy and dignity of patients, and protect patient confidentiality.
- Patient records and care plans are accessible by all staff, including agency staff.
- Regular checks of medicines are undertaken, that all medicines are stored safely, and are in date and fit for use.
- Nurse staffing levels are compliant with safer staffing levels guidance.
- A recognised acuity tool is used in all areas and staffing levels and skills mix reflects the findings of these as well as national guidance.
- Appropriate equipment is available and regularly checked and records maintained.
- Compliance with the 'five steps to safer surgery' checklist is improved and is embedded in surgical practice.
- The incidences of pressure ulcers in surgery and critical care are reduced.
- A record of the termination of pregnancy (TOP) forms (HSA4) sent to the Department of Health is kept by the trust.
- Compliance with statutory and mandatory training is improved.



# Summary of findings

- All staff use the incident reporting system, and that feedback is provided and learning from incidents is cascaded and shared. There should be evidence of appropriate action in response to any never event (serious harm that is largely preventable).
- Risks identified on the risk register have appropriate actions to mitigate them, with timely reviews and updates. Information on risks should be owned by the divisions.
- The safety thermometer is embedded across the trust and information on avoidable harms is available and displayed for the public to access.
- The time taken for the root cause analysis investigation of serious incidents improves so that issues are identified quickly to prevent recurrence.
- Clinical guidelines are up to date, in line with national guidance and action is taken as a result of audits.
- Governance and risk management procedures in children and young people's services improve.
- The trust continues to support staff and investigates and resolves the culture of intimidation and bullying identified in the neonatal unit.
- Staff are aware of and use the trust's learning disability passport and operational standards for people with a learning disability are appropriately assessed and implemented.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) forms are appropriately completed so that the decision and sign-off is clear and there is appropriate communication with patients, their relatives or carers.
- End of life care standards are appropriately monitored against national standards.
- Patients receiving end of life care are appropriately identified and referred to the specialist palliative care to receive timely support and treatment advice.
- There is an operational policy or guidance for the management of a deceased patient's belongings.
- Clinical governance arrangements are simplified so that there are effective processes to prioritise and escalate concerns.
- Discharge summaries are sent to GPs in a timely manner and include all relevant information in line with Department of Health guidelines
- Support is given to frontline nursing staff to be involved in change and to ensure there is a just culture.

- Staff in lower pay bands feel they are treated similarly to all staff in the trust.
- Cost improvement programmes are developed and are also reviewed by the board.

## **In addition, the trust should ensure that:**

- Medical staffing levels meet national recommendations in A&E and palliative care medicine.
- Develop the nursing and midwifery profile so that their advanced skills can be used appropriately, this is particularly the case in A&E, maternity and for end of life care.
- Agency staff get appropriate induction when working in the hospital.
- Patients living with dementia are appropriately screened and identified and that staff access the tools and advice available to ensure there is consistent care and support in all areas of the hospital.
- Information on staffing levels, safety and performance activity is displayed and accessible to patients and the public in ward and outpatient areas.
- Discharge is effectively planned and organised and patients are not waiting for long periods of time in the discharge lounge, or waiting after their outpatient appointment.
- Clinical supervision is developed for all staff.
- There is a just culture for all staff when dealing with serious incidents.
- The critical care unit participates in the Intensive Care National Audit & Research Centre (ICNARC).
- There is better multidisciplinary working in maternity and children and young people's services.
- Governance arrangements in maternity continue to improve.
- All staff follow infection control practices, particularly the bare below elbow guidance in ward and outpatient areas.
- Waiting times meet the national referral time target of 18 weeks.
- Information leaflets and signs are available in other languages where relevant.
- Bereavement support should be appropriately maintained when the officer is on leave.
- Outpatients clinics are not cancelled at short notice and patient waiting times are improved to within 15 minutes of clinic appointments.

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- Staff engagement improves so that staff feel listened to and consulted about specific issues that affect service development, particularly in A&E and outpatients; and where job roles are affected for administrative, clerical and support staff.
- Patient and public engagement continues to develop to improve services, including formal approaches for patient feedback across all services.
- Human resources, IT and finance support improve for staff, in terms of payroll and consultation on job roles.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**



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## Background to Chelsea and Westminster NHS Foundation Trust

The Chelsea and Westminster Hospital provides specialist services, including HIV and sexual health, burns, paediatrics, high-risk obstetrics and neonatal care for patients from London, the South East and further afield, and a full range of general medical and surgical services for the local community of around 500,000 people in the four local boroughs of Kensington and Chelsea, Westminster, Hammersmith and Fulham and Wandsworth. The hospital employs around 3,000 staff.

The hospital is a modern, purpose-designed-and-built facility opened in May 1993 and has 430 beds. The trust gained foundation trust status in October 2006 and has more than 14,000 members who are patients, members of the public and staff.

Most services are provided on the main Chelsea and Westminster Hospital site but HIV and sexual health services are based in three other centres - St Stephen's Centre adjacent to the hospital, 56 Dean Street in Soho, and West London Centre for sexual health at Charing Cross Hospital.

The Chelsea and Westminster Hospital has been inspected four times since registration. The last inspection was in September 2013 and the hospital was found to be compliant for all the Regulations inspected.

The inspection team inspected the following core services at the Chelsea and Westminster Hospital:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive / Critical care
- Maternity and family planning
- Children and young people's care
- End of life care
- Outpatients
- HIV and sexual health services

## Our inspection team

Our inspection team was led by:

**Chair:** Gill Harris, chief nurse, NHS England, North

**Head of Hospital Inspections:** Joyce Frederick, CQC

The team of 35 included CQC inspectors and analysts and a variety of specialists: consultant in emergency medicine; medical consultant; consultant gynaecologist and obstetrician; consultant surgeon, consultant

anaesthetist, consultant physician and junior doctor; midwife; surgical nurse; medical nurse; consultant paediatric nurse, consultant neonatologist; consultant in sexual health services; consultant in palliative care medicine; board level nurses; critical care nurse; consultant anaesthetist; palliative care nurse; student nurse; and Experts by Experience.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor, Health Education

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England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); information from medical royal colleges; NHS Litigation Authority and the local Healthwatch.

The CQC inspection model focuses on putting the service user at the heart of our work. We held a listening event in Fulham London on 8 July 2014, when people shared their views and experiences of the Chelsea and Westminster Hospital NHS Foundation Trust.

We carried out an announced inspection visit on 9 and 10 July 2014. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, chaplain, dietician, physiotherapists and pharmacists.

During our inspection we spoke with patients and staff from all areas of the hospital, including the wards and the outpatients department. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

We undertook further unannounced inspections on 21 and 25 July 2014 when we inspected A&E, the acute assessment unit (AAU) and ward areas.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the Chelsea and Westminster Hospital.

## What people who use the trust's services say

- We held a public listening event when we spoke with about 10 people. People had mixed views: the positives were about the regular lunchtime music concerts, outpatient text and phone calls to ensure patients attend, access to multi-faith spiritual and religious support, and explanation provided about treatment. The negatives were about long waiting times in A&E at night, slow response to complaints, vegetarian food lacking variety, and lack of openness and transparency about sharing information with the public.
- The results of the NHS Friends and Family Test for December 2013 to March 2014 showed that the trust scored below (worse than) the England average for the four months on the inpatient wards. The A&E scores also showed that the trust was performing above the England average for all four months. Response rates were consistent across the four-month period.
- The CQC Adult Inpatient Survey (2013) at Chelsea and Westminster Hospital NHS Foundation Trust received varied responses from different wards. The trust had performed about the same as other trusts for all ten areas of questioning. There was only one question identified under the 'nurses' area of questions where the trust had performed worse than other trusts. This was for the question 'Did nurses talk in front of you as if you weren't there?'
- The Cancer Patient Experience Survey by the Department of Health 2012/13 is designed to monitor national progress on cancer care and 152 acute hospital NHS trusts took part. The survey comprised a number of questions across 13 different cancer groups. Of the 68 questions for which the trust had a sufficient number of survey respondents on which to base findings, Chelsea and Westminster NHS Foundation Trust performed better (in the top 20% of trusts) than other trusts nationally for three questions, and worse (in the bottom 20%) than other trusts for 18 questions.
- The CQC Survey of Women's Experiences of Maternity Care 2013 showed that the trust was performing about the same as other trusts on all questions on care, treatment and information during labour, birth and care after birth. There were two questions where the trust performed better (in the top 20% of trusts) and these were for staff introducing themselves and the length of stay on the unit. There was one question where the trust performed worse (in the bottom 20% of trusts) and this was for the cleanliness of bathrooms and toilets.
- Patient-led assessments of the care environment (PLACE) were self-assessments undertaken by teams of NHS and independent healthcare staff, and also by the public and patients, focusing on the environment. In June 2014, the trust scored higher than national average for cleanliness (98.96%), privacy, dignity and wellbeing (95.43%), facilities (93.28%) and food and hydration (93.38%).

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- Healthwatch Central West London (Healthwatch CWL) told us they had strong working relationship with the Chelsea Westminster Hospital NHS Foundation Trust. They identified the trust as responsive, engaging and committed to joint working. Healthwatch CWL provided the following feedback from patients and their work on behalf of patients:

## Positive feedback included:

- Good services overall
- Good feedback from children about children's services.
- The quality of the procedures in place.
- The flow of patients between A&E and the wards was good.
- There were plans to develop A&E and these had involved the consultants.
- Whole system support for long-term health conditions.
- Facilities were good.
- The focus on improving staff experience.
- End of life care was reported to be good

## Areas for improvement were also identified which the trust was working to improve:

- Staff attitude and the lack of staff support, appraisals and staff feeling under pressure.
- The attitude of staff on Nell Gwynn Ward was not as caring as on other wards, for example, patients being left exposed, call bells not responded to in a timely manner.
- Nutritional snacks were not made available, protected meal times and red trays were used but the board with details of which patients required assistance was not kept up to date.
- There were long waiting times for discharge medication.

- GPs were not being informed within 48 hours that patients had been discharged.
- There were delays in responding to complaints, with themes including staff attitude.
- Outpatient services were difficult to contact. Use of the NHS Choose and Book electronic appointment system was low, and patients were not informed about how to prepare for appointments or the length of time they would be in clinic.
- London Ambulance Service handovers were breached (i.e., they were over 30 minutes) and there were issues with emergency ambulance (blue light) drop-off and handover.
- The Cancer Patient Experience Survey highlighted issues with waiting times and discharge but the patient experience was generally positive.
- There were a high number of trainee midwives in maternity. Women were concerned about the staffing skills mix and staff were unclear when to escalate issues. The hospital was not meeting home-birth targets and elective caesarean section targets.
- The hospital was not meeting the 18-week referral to treatment time (RTT) target. There was a backlog in surgery, plastics and orthopaedics.
- Some serious incidents were being identified as safeguarding issues, and this resulted in different reporting thresholds, and late notifications, when the incident should have been reported.
- The trust was responsive to resolving issues if they were in one particular area, but not as good if more than one area was involved. There were issues with the poor response from PALS.
- During our inspection, patients told us that they were treated with compassion, dignity and respect. They spoke highly of staff and told us they were given enough information and were kept informed.

## Facts and data about this trust

### Chelsea and Westminster Hospital NHS Foundation Trust: Key facts and figures

Chelsea and Westminster Hospital NHS Foundation Trust provides an acute service to around 500,000 people in the four London boroughs of Kensington and Chelsea, Westminster, Hammersmith and Fulham and Wandsworth.

### The health services provided by the trust include:

General services for the local community include A&E, maternity unit, and a full range of surgical and medical services for both inpatients and outpatients.

Specialist services for patients from London, the South East and beyond, including paediatric and neonatal

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surgery in the new Chelsea Children's Hospital, the most extensive HIV and sexual health service in Europe, high-risk maternity care, the regional burns unit for London, and bariatric (weight loss) surgery.

Children's care is provided by the Chelsea Children's Hospital, which is located on the first floor of the Chelsea and Westminster Hospital. It opened on 18 March 2014 and includes:

- Dedicated children's operating theatres
- Revamped children's wards
- New day surgery ward
- An extended paediatric high dependency unit
- Expanded surgical recovery area.

The Chelsea and Westminster Hospital NHS Foundation Trust experienced a change of medical and nursing director leadership within the financial year 2013/14.

## 1. Context

- The hospital has around 430 beds.
- The local population is around 500,000, all of which are urban.
- Deprivation is higher than average, but varies (103 out of 326 local authorities), with 4,900 children living in poverty.
- Life expectancy for both men and women is higher than the England average.
- The number of staff was more than 3,000.
- The annual turnover (total income) for the trust was £366 million in 2013/14.
- The trust surplus was £18 million for 2013/14.

## 2. Activity

- Inpatient admissions: 51,574 (2012/13)
- Outpatient attendances: 690,865 (2012/13)
- A&E attendances: 112,304 (2012/13)
- Deliveries (births): 4846 (4955) (2013/14).

## 3. Bed occupancy

- General and acute: 82% (January–March 2014). This was below both the England average of 87.5%, and the 85% level at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital.
- Maternity was at 57% bed occupancy – lower than England average of 58.6%.

- Adult critical care was at 67% bed occupancy – lower than England average of 85.7%.

\*The trust has identified that function bed occupancy is higher than this figure because denominator used for the national return uses an out-of-date figure, which is higher than the actual number of beds that are available at any given time and many beds in the trust are specialist beds are not used in general medicine or surgery.

## 4. Intelligent Monitoring – (March 2014)

- Safe: Risks = 2, Elevated = 0, Domain score = 2
- Effective: Risks = 0, Elevated = 0, Domain score = 0
- Caring: Risks = 2, Elevated = 0, Domain score = 2
- Responsive: Risks = 0, Elevated = 0, Domain score = 0
- Well led: Risks = 0, Elevated = 0, Domain score = 0
- **Total:** Risks = 4, Elevated = 0, Domain score = 4

## Individual risks/elevated risks:

- Risk: incidence of meticillin-resistant staphylococcus aureus (MRSA)
- Risk: potential under-reporting of patient safety incidents resulting in death or severe harm
- Risk: Inpatient Survey 2012 Q28 "Did you have confidence and trust in the nurses treating you?"
- Risk: Maternity Survey 2013 Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?"

## 5. Safe:

- Never Events reported in past year - 3 (January 2013 to March 2014).
- Serious incidents - Strategic Executive Information System (STEIS) serious untoward incident system; 69 (April 2013 to May 2014) – over half of these were for pressure ulcers.
- National Reporting and Learning System (NRLS) (February 2013 to January 2014); no evidence of risk.
- NRLS (February 2013 - January 2014): Potentially an under-reporter of patient safety incidents resulting in death or severe harm: Risk

Death, Acute: 9

Severe harm, Acute: 33

Moderate harm, Acute: 558

Low harm, Acute: 3,441

No harm, Acute: 4,444

# Summary of findings

**Total: 8,485**

## **Safety Thermometer (May 2013 – May 2014)**

- Pressure ulcers – higher than England average
- Catheter UTIs – lower than England average
- Falls – lower than England average.

## **Infection control (May 2013 – May 2014)**

- 11 cases of C. difficile – no evidence of risk
- 5 cases of MRSA – incidence – evidence of risk (0 cases April 2014 – June 2014).

## **6. Effective:**

- Hospital Standardised Mortality Ratio (HSMR): Lower than expected. No evidence of risk (Intelligent Monitoring)
- Summary Hospital-level Mortality Indicator (SHMI): Lower than expected. No evidence of risk (Intelligent Monitoring).

## **7. Caring:**

- CQC Adult Inpatient Survey (10 areas): within expected range all areas.
- NHS Friends and Family Test inpatient: below (worse than) the England average.
- NHS Friends and Family Test A&E: above (better than) the England average.
- Cancer Patient Experience Survey (68 questions): highest scoring 20% of trusts for three questions; average for 13 questions; and lowest scoring 20% of trusts for 18 questions. This is worse than the England average.

## **8. Responsive:**

- A&E four-hour standard – exceeds the England average during the course of the year (2013/14).

- A&E – time to initial assessment in line with England average; time to treatment is longer than standard and below the England average.
- Emergency admissions waiting four to 12 hours in A&E from decision to admit to admission: better than England average.
- A&E left without being seen: below the average.
- Cancelled operations: better than expected; 4 operations cancelled but not admitted within 28 days.
- 18-week RTT – June 2014:

- Non-admitted (outpatients) – better than the NHS operating standard of 90%.

- Admitted, adjusted and incomplete (inpatient and day case) – worse than NHS operating standard.

## **9. Well-led:**




- NHS Staff Survey (28 questions): better than expected (in top 20% of trusts) for 13 questions; tending towards better for three questions; average for three questions; tending towards worse in five questions; worse than expected (in bottom 20% of trusts) for four questions.
- Use of bank and agency staff – higher than England average.
- Sickness rate is below the England average.
- GMC National Training Survey (2013): The trust was within expected results for all areas of the National Training Survey.

## **10. CQC inspection history**

- Four inspections had taken place at the trust since its registration in April 2012.
- Chelsea and Westminster Hospital was last inspected in September 2013. The trust was compliant on this inspection.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Overall, we rated the safety of the services in the trust as 'requires improvement'. For specific information, please refer to the Chelsea and Westminster Hospital report.</p> <p>Staffing levels had been reviewed but not in all inpatient areas. Safe staffing levels were required in AAU, and children's care. Medical and nursing staffing levels had increased, but there was still a reliance on agency staff. Agency staff in surgery did not always have a good induction. Infection control was appropriately managed, with practice observed in all areas meeting standards. Equipment was not always regularly checked and medicines required better storage in places. Incidents were reported, but a few staff said that they did not report incidents and some did not receive feedback. Sharing of lessons learned from incidents was not done effectively. There were established safeguarding procedures in place for both adults and children. Specific areas of risk were not managed appropriately: the timings for ambulance handover; triage and assessment of patients in A&amp;E and consultant sign-off when they left the department; the surgical safety checklist; and DNA CPR orders in terms of the decision or consultant sign-off.</p>	<p><b>Requires improvement</b> </p>
<p><b>Are services at this trust effective?</b></p> <p>Overall, we rated the effectiveness of the services in the trust as 'requires improvement'. For specific information, please refer to the Chelsea and Westminster Hospital report.</p> <p>The use of national evidence-based guidelines for the treatment of patients, clinical audit to monitor standards of care, and clinical outcomes for patients varied. Mortality rates were lower than the expected range. Seven-day services were developing, and were in place for emergency care. Most staff worked in multidisciplinary teams to coordinate care around the patient but this needed better development for diabetes care and in maternity. Maternity services also needed to ensure best practice and reduce unnecessary interventions. Staff reported that they were supported with training and encouraged to develop their skills.</p>	<p><b>Requires improvement</b> </p>
<p><b>Are services at this trust caring?</b></p> <p>Overall, we rated the caring aspects of services in the trust as 'good'. For specific information, please refer to the Chelsea and Westminster Hospital report.</p>	<p><b>Good</b> </p>



# Summary of findings

Patients received compassionate care, and we saw that they were treated with dignity and respect. Patients and relatives we spoke with said they felt involved in their care, and they received good emotional support from staff. The trust performed below average on the NHS Friends and Family Test for inpatient services but above average in A&E. The trust was similar to other trusts, based on the CQC Adult Inpatient Survey.

## Are services at this trust responsive?

Overall, we rated the responsiveness of services in the trust as 'requires improvement'. For specific information, please refer to the Chelsea and Westminster Hospital report.

The trust was experiencing an increase demand for services. There had been an impact on A&E and this, at times, was delaying assessment and treatment times. Bed occupancy levels overall, in the trust were below the England average and the flow of patients through the hospital was good. Patients did not have unnecessary bed moves and the majority of patients were on the appropriate ward for their condition. Services were developing to respond to the needs of the local population and there were examples of good access and triage – for example, in maternity – and outstanding practice in HIV and sexual health services. Waiting times for surgery, however, were longer than national waiting times. Waiting times for outpatient appointments were within national waiting times, but there could be short notice cancellations and patients needed more information about delays in clinic.

Support for patients with a learning disability or for people living with dementia was available but was inconsistent across the hospital. Where support existed, it was excellent and the hospital passport for people with a learning disability and the dementia care bundle was good practice, but needed to be used more widely. Information leaflets were mostly only available in English. Translation and interpreter services could be accessed by all staff. Discharge was supported, although patients reported that it could feel “rushed” from the ward and there were long waits in the discharge lounge for transport or medication.

**Requires improvement**



## Are services at this trust well-led?

The trust leadership was rated as 'requires improvement'.

The trust had a vision and clinical strategy to provide excellent, sustainable services, to improve health and to support innovation in healthcare. There were new services for children and a new A&E was planned. The trust had published quality improvement objectives in its quality account. Governance arrangements were complex and it was difficult to identify priorities for action. Information on quality

# Summary of findings

and performance was monitored but staff did not always 'own' this information and many actions and updates were not available or timely. Safety information was not displayed in ward and clinic areas for patients and the public to see. The trust engagement with public and specific staff groups needed to improve. Staff felt that the chief executive was visible but this was not the same for other members of the board.

Staff were positive about working for the trust and said it was a friendly and positive place to work but it was not without its challenges; these were described as IT, human resources, staffing levels and support from leadership. The trust had a culture of innovation and research and staff were encouraged and had time to participate. There were examples of research that were nationally and internationally recognised.

## **Vision and strategy for this trust**

- The trust vision had its focus on quality; this was underpinned by values and was to be delivered by ensuring the trust had the best people, processes, environment and systems to work with. There were four key words: 'Safe', 'Excellent', 'Kind' and 'Respectful' and the aim was to deliver the best possible experience and outcomes for patients. This vision was displayed in clinical areas of the trust and staff were aware of it.
- The trust had a four-point clinical strategy: to excel in providing high-quality, efficient clinical services; to improve population health, outcomes and integrated care; to create an environment for learning, discovery and innovation; and to deliver financial sustainability. The strategy would encompass the challenges faced by 'Shaping a healthier future' which would reduce the number of A&E services in North West London from nine to five and therefore significantly increase emergency activity. There were also identified proposals to increase activity and broaden the trust's portfolio, which included working with Royal Brompton Hospital on paediatric cardio-respiratory services and being the preferred provider to acquire West Middlesex University Hospital. The trust was a national pilot site for accountable care groups, which involved working with local primary, community and social care providers to develop collaborative commissioning and improve the delivery of integrated care.
- Staff were aware of the trust's vision. Most service areas had a strategy or transformation plans which identified how the service would develop and build capacity to respond to the predicted increase in attendances and admissions that will happen under 'Shaping a healthier future' across London.

# Summary of findings

## Governance, risk management and quality measurement

- To support patient care pathways, the trust had recently re-structured into three divisions: planned care; emergency and integrated care; and clinical diagnostics and support. Staff were aware of the changes but some identified a lack of communication and the need for more definition around the division and departments.
- The trust had a quality assurance reporting framework which included a raft of committees on quality, risk and patient experience. The committee structure was complex and overlapping in its functions and this was acknowledged by staff, including senior staff. There was a vast amount of paper presented at each board meeting, with dashboards and reports but the governance structure did not prioritise risk and quality issues effectively. The trust had requested an external review of its governance processes and the executive reported that the findings alluded to the fact that the structure was too complex and needed to focus more on committees reporting direct to the board with more emphasis on dashboards and exception reporting to help prioritise and manage risks. The trust had published quality improvement objectives in its quality account.
- The trust had a clinical governance team who were organised and provided comprehensive reports for committees and quarterly reports for the divisions. Performance dashboards were produced at corporate, division and ward levels. This information was clear but was complex and detailed and priorities were difficult to distinguish. There were also some anomalies in the governance information used by the trust. A red-orange -yellow- green rating system to grade incidents and risks were also analysed based on severity (outcome) and likelihood. . A 'red' rating was described as a serious reputational risk. Issues such as grade 3 or 4 pressure ulcers or falls with fractures or severe harm were rated as 'orange'. The latter would normally be rated as 'red' as part of escalation procedures.
- Some performance and outcome information was not shared with staff within the divisions, and staff in many areas did not feel like they 'owned' the reporting data that was produced. The information had gaps, outstanding information and delays in relevant updates, for example, in risk registers, where clinical staff were not contributing to requests for information or to their own governance processes. Staff in our focus groups told

# Summary of findings

us that audit and guidelines were not valued by medical staff. Where governance process were 'owned', for example, the new procedures in maternity and in critical care, the positive impact on the service was evident.

- In focus groups, staff could not articulate how quality was measured. Many people could give a high-level view but could not give any in-depth examples. Senior staff had markedly different risk priorities for the trust, with the main priority for some being patient safety, for others cost improvement plans or monetary constraints or appeasing regulators or reputational risk. Senior staff in a few divisions equally could not identify or agree what they considered to be excellent quality or risk priorities.
- The trust was monitoring patient safety issues, for example, falls and pressure ulcers, and actions were taken in some areas. In other areas, monitoring did not lead to effective action, for example, where there was only partial compliance with NICE guidance and compliance with the surgical safety checklist had not improved. The trust had introduced multidisciplinary local clinical governance with quarterly half-day meetings at which new guidelines, pathways and significant events were fed back to encourage learning. These meetings were being used well – for discussion, teaching and improvements – by teams that understood governance and 'owned' that responsibility within their departments.
- The NHS Staff Survey 2013 identified that the trust was in the top 20% of trusts for reporting errors and incidents and for having fair and effectiveness of procedures for reporting. Staff were reporting incidents and the trust was similar to other trusts for reporting. However, staff told us that they did not always receive feedback and lessons learned were not widely shared. In 2013/14, the trust had significant delays in identifying and reporting serious incidents within 48 hours; this had improved in March 2014 to an average of 12 hour. The percentage of root cause analysis investigations undertaken within the NHS recommended timeframe of 45 days was at 36% which was lower than other similar trusts.

## Leadership of trust

- appointed in March 2013, and new chief nurse appointed in July 2013. A new director of human resources and organisational development was also appointed in 2013. The chair was appointed on 1 February 2014 and five new non-executive directors were due to start this year following retirements.

# Summary of findings

- In the results of the 2013 NHS Staff Survey the trust was in the top 20% of trusts for the percentage of staff reporting good communication between senior management and staff. When we spoke with staff we identified mixed views. Staff reported that they knew who was on the senior team and many staff said the chief executive was visible, but other trust board members were less visible or known, and were not seen on wards or in departments.
- Nursing staff overall expressed some concerns about their leadership and support. They expressed concern that there was not a clear vision for the direction of nursing. There was currently a restructure underway in nursing so that management tiers and roles and responsibility were consistent across the division. Staff understood that the priority was to get safe staffing in place, but felt this was being done through the redeployment of the workforce rather than supporting frontline staff. Staff were willing to change but were concerned about the pace and style of the changes. Nursing staff spoke of an unsupportive and directive nursing leadership style.
- The trust priorities were to strengthen its clinical leadership programmes, to support its strategy for improvement. An approach to talent management was being piloted with the executive team and the trust had an 'under-fives' group which was a discussion and innovations group with consultants who had less than five years' experience. They were developing leadership programmes and introduced 'coaching for empowerment' programme for staff at all levels. Some staff reported management and leadership encouraged staff to develop and progress, but this was not all staff groups and processes for training were different for clinical and non-clinical staff.

## **Culture within the trust**

- described the trust as a good, friendly place to work, with good supportive teamwork. There was good awareness and support for the trust priorities of excellent patient care. Within the divisions there was evidence of multidisciplinary team working. However, there were some concerns: in maternity this was not working effectively and there were concerns about the impact on clinical practice. In neonatal care, staff reported a bullying culture. Staff in A&E told us that there was low morale.
- Staff expressed concerns about the challenges they had to deal with on a daily basis. Many of these involved the IT system which did not always work, the lack of IT support. Staff said there were also finance payroll errors, concerns about staffing

# Summary of findings

levels and workforce pressures and vacancies not being filled. A number of staff, particularly in administrative and clerical grades, had further responsibilities as a result of staff vacancies, without discussion or change in pay, terms and condition.

- Overall, staff in the trust told us the culture was open and there was learning when things went wrong. However, staff also told us about a developing blame culture in nursing and we were given examples of this. There was also an example where a senior nurse had told staff not to inform us about risks in staffing levels. A consultant told us he had asked to investigate an incident specifically because he did not want nursing staff to be blamed.
- A few staff indicated that there were differences for staff in lower paid bands. For example, porters and cleaners did not have changing rooms and changed in the basement corridor in a mixed-sex environment that did not have lockers.
- Partner organisations and commissioners said that the trust was more open and transparent, especially following board changes, and responded well to requests. Although, they said the trust did not always initiate discussions about risks, and collaborative working was firmly based around the trust's own considerations.

## Public and staff engagement

- The CQC Adult Inpatient Survey 2013 identified that the trust performed similar to expected in obtaining the views and experiences of patients on the quality of their care. The trust did not have an engagement strategy to develop patient and public engagement, but used patient feedback and experience through surveys to improve services. There was also patient representation on some trust groups, for example, the learning disability steering group, carers forum and end of life steering group. The trust held an Open Day every year and invited people to come and see its services and talk to staff.
- The trust, however, veered from areas for improvement to outstanding practice for patient and public engagement. Information on safety measures was not displayed to the public in wards or department areas. This transparent reporting was one of the recommendations in Hard Truths: The Journey to Putting Patients First (January 2014) which was the government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. The frequency of public Trust Board meetings was quarterly and this had not been reviewed in response to Hard Truths. The board and the patient experience group regularly heard patient stories. Information from comments, concerns and complaints was used to improve services. Most complaints



# Summary of findings

were responded to (80%) within 25 days but there were concerns about the length of time that concerns were resolved with the PALS. The service had a target of 10 days when many had targets lower than this. Some areas did not conduct patient engagement or surveys other than the NHS Friends and Family Test. Other areas, such children and young people's services, had good public engagement and there was outstanding practice in HIV and sexual health services where public engagement was a model of best practice and an essential part of continuous service improvement.

- Staff survey results from the 2013 NHS Staff Survey showed that the trust was among the top 20% of trusts for staff engagement. The trust's performance was only rated as worse than expected for four out of 28 indicators. Areas in which staff did not feel the trust performed well included work pressure, availability of hand-washing materials and equality and diversity training in the last 12 months.
- Staff told us the trust had launched 'health and wellbeing project' which included staff wellbeing days several times a year. Staff found this beneficial. Support to stop smoking was available to all staff and was advertised around the trust. Staff benefits were advertised on the intranet, including discounts at local restaurants. The trust's People Strategy includes a section on "Culture, Values and Engagement. One action under this section was to launch the staff Friends and Family Test. Other aspects of the strategy focussed on areas identified as risks.
- Many staff, nursing staff in particular, identified with the indicators of workforce pressure, particularly in nursing. The planned restructure in nursing was known but the aims had not been explained. Staff said their concerns, challenges and stresses were not listened to and were often challenged. Some staff that talked were to us were tearful and saddened because of the passion and the commitment they had to do their roles and the lack of support they felt from the nursing leadership.
- Staff said they valued the CEO's online blog, the monthly team briefings that were available and circulated to staff, and also the daily communication board updates on the trust's intranet.

## **Innovation, improvement and sustainability**

- In the NHS Staff Survey 2013, the trust was in the top 20% of trusts for staff who contributed to improvements at work and we found examples of this and a culture of innovation in all services. The trust was developing its people strategy based on values, and wanted the trust to have a culture of engagement, leadership and talent. The trust encouraged innovation and improvement and supported staff with time to undertake

# Summary of findings

quality and research projects. There was active participation, the research and development department was well-resourced and there were examples of research in the trust that had national and international recognition. Staff wanted the trust to be recognised as a centre of excellence.

- Cost improvement programmes (CIPs) were agreed with Monitor and commissioners, and these were set at 6.9% a year, equating to £25 million. The trust had traditionally been stable financially but acknowledged that cost improvement was becoming ever more difficult without impacting on quality. The safe staffing levels would come at a cost and the use of agency staff had had an impact. In the first two months of this financial year (April and May 2014) the trust was £2 million behind target and was predicted to be £3 million behind by June 2014. The trust was planning to increase its private income as this would reduce the impact of CIPs and reduce agency spend but efficiency and productivity savings that should be identified through CIPs had not been found in all areas to deliver the savings that were required.
- Staff told us that budgetary considerations were not well-considered in the last financial year. In March 2014, the trust had experienced constraints and had mandated a zero spend on non-clinical items such as stationery and hospitality. Staff told us that the potential consequences of this had not been considered, for example, they could not send out patient appointment confirmation letters as some areas did not have paper. The trust had changed its approach to CIPs. There was a better quality impact assessment process and, as of April 2014, CIPs were all being reviewed by the chief nurse and medical director. If there was any impact on quality, CIPs may be refused. Of 106 CIPs identified for this year, around six had been refused.
- Staff considered that monetary constraint was the priority of the trust. Many used the phrase that the “Chelsea bubble had burst”, alluding to times when the trust had more money and fared better under the allocation of resources to London’s teaching hospital trusts. Staff considered that quality would continue. The trust had ongoing plans for high- and low-level innovation, for example, the redesign of a new modern A&E, and was continuing innovation such as an arts and music programme (and lunchtime music was appreciated by staff and patients). Staff commented that, on the surface, the trust seemed modern and well-equipped but was ‘creaking’ underneath. For example, the IT system was from 1979 and not purpose-built, the pager system was slow and often crashed

## Summary of findings

and there were no iPads and few computers on the wards. Staff were not aware of trust plans around these ongoing issues. The trust informed us that they were planning to replace the IT system.

# Overview of ratings

## Our ratings for Chelsea and Westminster NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & gynaecology	Good	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
HIV and sexual health services	Good	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Chelsea and Westminster NHS Foundation Trust

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

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency, and Outpatients.

# Outstanding practice and areas for improvement

## Outstanding practice

- The A&E department staff had taken part in a research project to routinely test patients for HIV (with their consent). This had now been embedded practice for over a year and testing had resulted in a higher-than-normal proportion of patients being identified as HIV positive.
- The CSSD had introduced a metal detector which was used to identify surgical equipment that had been incorrectly discarded into rubbish bags. The aim of this initiative was to promote staff safety and reduce the cost of lost equipment.
- The burns unit had international recognition and published numerous research papers annually which identified best practice.
- The physiotherapy team in intensive care had an impressive research portfolio, for example, they had developed an innovative simulation-based physiotherapy course to improve quality and safety, and a standardised functional score assessment tool to improve compliance with NICE guidance. The tool is now used in more than 50% of ICUs nationally.
- The FGM service in maternity had achieved a national award for innovation and care.
- The neonatal palliative care nurse had developed national standards for caring for very young babies with life-limiting conditions who needed palliative or end of life care on neonatal units. These standards had recently been shared with medical royal colleges and other hospitals for national use.
- The HIV and Sexual Health services provided outreach clinics at London's G-A-Y Bar, Manbar and Sweatbox Gay Sauna and in hostels and community venues to engage with hard-to-reach groups such as the Chinese and Muslim communities, young people and people socially excluded or those who used Supporting People programme services, such as the homeless.
- The HIV and sexual health services gained community engagement through outreach work, taking part in London Pride, publicity stunts such as the Guinness World Record attempt for taking the most HIV tests at G-A-Y Bar on World Aids Day in 2011 and the House of Lords campaign to provide HIV tests for legislators.
- 56 Dean Street and Dean Street Express brought sexual health services to a high street location. Dean Street Express provided fast, self-testing modern facilities for asymptomatic patients.
- Public engagement in the HIV and sexual health services were an integral part of the service and had led to innovation and excellence in services across London. The service had two patient representatives on a part-time basis funded by the trust to obtain the views of people using the service to help make positive changes.
- The HIV and sexual health services provided speciality clinics such as: SWISH for people employed in the sex industry; CODE clinic for men who were into harder sex or using drugs during sex; Pearl clinic for people with a learning or physical disability; and cliniQ and the Gold Service for the transsexual community. CliniQ and the Gold Service are the only specialist sexual health clinics in the country for the transsexual community. The model for this service was led by the transsexual community through public engagement.
- The HIV and sexual health services have consistently been shortlisted and won awards for a variety of project every year since 2007. One of their most recent awards was for the work with the West London African Women's Service for dedication to improving the care of women living with FGM. The trust had won the BMJ Group Award 2013 for transforming patient care using technology, and the adult sex project of the year at the Brook Sexual Health Awards 2013 for Dean Street at Home and cliniQ.
- The leadership team had created an environment where all members of staff were part of quality project teams. These teams were then given time to undertake innovate projects and research to improve the quality of the service. As a result, a number of staff throughout the trust had been nominated for the trust's award for clinical excellence. Staff we spoke with told us how improvement to services had been undertaken through these projects.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the trust MUST take to improve

### Action the hospital MUST take to improve

The hospital must ensure that:

- Patients are cared for in appropriate areas in the A&E Department so that there is safe monitoring of their condition.
- All staff in A&E receive training in mental health awareness, and when and how to safely restrain patients.
- All staff receive training in the Mental Capacity Act 2005 and its associated deprivation of liberty safeguards.
- Pain scores are recorded and reassessed for all patients in A&E.
- In line with national guidance, consultants in A&E should sign off and agree to the discharge of patients with complex needs.
- There are suitable environments in outpatients areas to ensure accessibility for patients with a physical disability or poor mobility, to promote the privacy and dignity of patients, and protect patient confidentiality.
- Patient records and care plans are accessible by all staff, including agency staff.
- Regular checks of medicines are undertaken, that all medicines are stored safely, and are in date and fit for use.
- Nurse staffing levels are compliant with safer staffing levels guidance.
- A recognised acuity tool is used in all areas and staffing levels and skills mix reflects the findings of these as well as national guidance.
- Appropriate equipment is available and regularly checked and records maintained.
- Compliance with the 'five steps to safer surgery' checklist is improved and is embedded in surgical practice.
- The incidences of pressure ulcers in surgery and critical care are reduced.
- A record of the termination of pregnancy (TOP) forms (HSA4) sent to the Department of Health is kept by the trust.
- Compliance with statutory and mandatory training is improved.
- All staff use the incident reporting system, and that feedback is provided and learning from incidents is cascaded and shared. There should be evidence of appropriate action in response to any Never Event (serious harm that is largely preventable).
- Risks identified on the risk register have appropriate actions to mitigate them, with timely reviews and updates. Information on risks should be owned by the divisions.
- The safety thermometer is embedded across the trust and information on avoidable harms is available and displayed for the public to access.
- The time taken for the root cause analysis investigation of serious incidents improves so that issues are identified quickly to prevent recurrence.
- Clinical guidelines are up to date, in line with national guidance and action is taken as a result of audits.
- Governance and risk management procedures in children and young people's services improve.
- The trust continues to support staff and investigate and resolve the culture of intimidation and bullying identified in the neonatal unit.
- Staff are aware of and use the trust's learning disability passport and operational standards for people with a learning disability are appropriately assessed and implemented.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) forms are appropriately completed so that the decision and sign-off is clear and there is appropriate communication with patients, their relatives or carers.
- End of life care standards are appropriately monitored against national standards.
- Patients receiving end of life care are appropriately identified and referred to the specialist palliative care to receive timely support and treatment advice.
- There is an operational policy or guidance for the management of deceased patient's belongings.
- Clinical governance arrangements are simplified so that there are effective processes to prioritise and escalate concerns.
- Discharge summaries are sent to GPs in a timely manner and include all relevant information in line with Department of Health guidelines



# Outstanding practice and areas for improvement

- Support is given to frontline nursing staff to be involved in change and to support a just culture.
- Staff in lower pay bands feel they are treated similarly to all staff in the trust.
- Cost improvement programmes are developed and are also reviewed by the board.

## Action the hospital SHOULD take to improve

The hospital should ensure that:

- Medical staffing levels meet national recommendations in A&E and palliative care medicine.
- Develop the nursing and midwifery profile so that their advanced skills can be used appropriately, this is particularly the case in A&E, maternity and for end of life care.
- Agency staff get appropriate induction when working in the hospital.
- Patients living with dementia are appropriately screened and identified and that staff access the tools and advice available to ensure there is consistent care and support in all areas of the hospital.
- Information on staffing levels, safety and performance activity is displayed and accessible to patients and the public in ward and outpatient areas.
- Discharge is effectively planned and organised and patients are not waiting for long periods of time in the discharge lounge, or waiting after their outpatient appointment.
- Clinical supervision is developed for all staff.
- There is a just culture for all staff when dealing with serious incidents.
- The critical care unit participates in the Intensive Care National Audit & Research Centre (ICNARC).
- There is better multidisciplinary working in maternity and children and young people's services.
- Governance arrangements in maternity continue to improve.
- All staff follow infection control practices, particularly the bare below elbow guidance in ward and outpatient areas.
- Waiting times meet the national referral time target of 18 weeks.
- Information leaflets and signs are available in other languages where relevant.
- Bereavement support should be appropriately maintained when the officer is on leave.
- Outpatients clinics are not cancelled at short notice and patient waiting times are improved to within 15 minutes of clinic appointments.
- Staff engagement improves so that staff feel listened to and consulted about specific issues that affect service development, particularly in A&E and outpatients; and where job roles are affected for administrative, clerical and support staff.
- Patient and public engagement continues to develop to improve services, including formal approaches for patient feedback across all services.
- Human resources, IT and finance support improve for staff, in terms of payroll and consultation on job roles.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p><b>The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe.</b></p> <ul style="list-style-type: none"><li>• The assessments of the needs of service users were not always undertaken in a timely fashion either when arriving by ambulance or attending on foot in the A&amp;E.</li><li>• Pain scores needed to be appropriately reassessed in the A&amp;E</li><li>• Patients receiving end of life care did not have appropriate DNACPR orders or mental capacity assessments</li><li>• Compliance with the five steps to safer surgery checklist needed to improve to ensure safety in the planning and delivery of care.</li><li>• The incidence of pressure sores was high in surgery and there was not a local action plan</li></ul> <p><b>Regulation 9- 1 (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staffing</b></p>
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision.</b></p> <p><b>The provider did not have effective systems to regularly assess and monitor the quality of services provided.</b></p>

## Compliance actions

- Reporting and learning from incidents was not consistent and only 36% of serious untoward incidents were investigated within 45 days.
- Quality information, including risk registers, were out of date and not embedded in practice.
- Changes to treatment provided following analysis of incidents and conclusions of local service reviews and clinical audits was not made consistently.
- Clinical guidelines were not consistently reviewed or updated in national guidance
- Clinical audit programmes were not being done according to identified plans.
- There was no system for recording that the termination of pregnancy (TOP) forms (HSA4) were sent to the Department of Health. This was a statutory requirement.
- End of life care standards need to be appropriately monitored against national standards and the Tracey Court of Appeal in England Judgement (17 June 2014).
- Patients who need end of life care support were not always identified and referred to the specialist palliative care team
- Compliance with standards identified for the care of patients with a learning disability are appropriately assessed and action is taken to address areas for action.
- There was not an operational policy or guidance for the management of deceased patient's belongings.
- Staff were not always aware of or used the trust's learning disability passport, and operational standards for people with a learning disability were not appropriately assessed and implemented.
- Discharge summaries are sent to GPs in a timely manner and include all relevant information in line with DH (2009) guidelines.
- There were only two resuscitation trolleys covering the outpatient area over two floors. There had not been a risk assessment to check if this was sufficient for the patients seen in clinics, the diverse amount of conditions patients had and the floor area that needed to be covered across two floors

**Regulation 10 (a)(c)(i)(ii) Health and Social Care Act 2008(Regulated Activities) Regulations 2010.**

This section is primarily information for the provider

## Compliance actions

### Regulated activity

Diagnostic and screening procedures  
Transport services, triage and medical advice provided remotely

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

**The registered person had not ensured that service users using the premises were protected from the risks associated with unsuitable premises.**

- The lack of space in the A&E department compared to the number of patients admitted meant that patients often received care and treatment in environments that were not suitable and where it was difficult to appropriately monitor their condition
- Facilities in the outpatient department restricted access for patients with a physical disability (eg wide wheelchairs could not access the pre-operative assessment clinic rooms)
- The height of the reception desk for pre-operative assessment was not accessible for people in wheelchairs (this was a recent refurbishment)
- Many of the outpatient clinic areas were so small that patients had to wait standing up, and there was not enough space for wheelchairs to mobilise.

**Regulation 15 (a)(c)(i)(ii) Health and Social Care Act 2008(Regulated Activities) Regulations 2010.**

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

**The provider did not have suitable arrangements to protect patients against the risk of unsafe equipment.**

- The resuscitation trolley on Annie Zunz Ward had not been checked in two days.
- The cardiac arrest call bell system in the AAU did not link to the nurses' station and the alarm was inaudible on the other side of the ward.
- 5 out of 20 items of equipment in outpatients did not have appropriate PAT testing
- 15 out of 20 items of equipment in outpatients were not appropriately recorded as cleaned.

This section is primarily information for the provider

## Compliance actions

- The emergency equipment in the West London Clinic was not suitable for use in the environment and in particular could not be manoeuvred through doors and into the lift.

**Regulation 16 (1) (a) Health and Social Care Act 2008(Regulated Activities) Regulations 2010**

### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

**The provider had not made suitable arrangements to ensure the dignity and privacy of patients as the**

- Patients in A&E were, at times, being treated in the corridors of the A&E and their privacy and dignity was not maintained
- In the paediatric area, parents with potentially infectious children were asked to sit outside the department in the corridor due to a lack of segregated space within the department. As a result, they were with adult patients using the corridor to access the x-ray department.
- People using the toilet in the pre-operative assessment unit could be seen from the reception area
- People could be overheard by patients waiting in the waiting area when talking about their condition to the receptionist in the pre-operative assessment area.

**Regulation 17(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records**

### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

**People who use services were not protected against the risk of unsafe or inappropriate care or treatment because**

- The electronic record did not support personalised care plans.
- Patient records were not accurately completed

This section is primarily information for the provider

## Compliance actions

- Two different pain scoring systems were used in surgery and the information did not correlate
- Advice from specialist teams was not always recorded in the notes
- accurate records were not kept in relation to the care service users received and
- records were not promptly accessible for agency staff.
- decision relating to resuscitation were not being accurately recorded and reviewed to ensure they were kept current.

Regulation 20(1)(a)(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Staffing.

The provider did not have suitable arrangements to ensure that, at all times, sufficient numbers of suitably qualified, skilled and experienced nursing staff were employed.

- Nurse staffing levels in AAU level 1 did not meet guideline. There was concern about staffing on medical wards, including escalation ward. There had been up to 30% vacancy rates in some ward areas for over a year.
- Paediatric nurse staffing levels was concern: One level 1 patient was being monitored by a healthcare assistant.

Regulation 22 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010