

Royal Free London NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

Summary of findings

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

Background to the trust

The Royal Free London is one of the UK's biggest trusts, and became a Foundation Trust in 2012. It employs over 10,000 staff to deliver care and treatment to more than 1.6 million patients each year across its three main hospitals. The trust supports delivery of approximately 8,000 babies a year and has over 200,000 A&E attendances a year.

The trust has 1,770 beds across three sites: Barnet Hospital (440 beds), Chase Farm Hospital (74 beds) and the Royal Free Hospital (830 beds), and in total over 30 locations where services are provided by the trust (11 locations registered with CQC).

We last inspected the trust in February 2016 and rated the trust good overall.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Requires improvement  

What this trust does

The trust provides urgent and emergency care, medical care, surgery, critical care, children and young people's services, maternity, gynaecology, and outpatients 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.

Between 11 December 2018 and 10 January 2019, we inspected 12 services across three of the trust's locations as part of our continual checks on the safety and quality of healthcare services.

At The Royal Free Hospital we inspected urgent and emergency care, medical care, surgery, maternity and critical care services.

At Barnet General Hospital we inspected urgent and emergency care, medical care, surgery and critical care services.

At Chase Farm Hospital we inspected urgent and emergency care, medical care and surgery services.

Summary of findings

During our previous inspection of this hospital we had rated all services as good.

What we found

Overall trust

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

- We rated effective and caring as good and safe and responsive as requires improvement.
- We rated well-led for the trust overall as good.
- We rated six of the 12 services inspected this time as requires improvement. In rating the trust, we also took into account the current ratings of the services not inspected this time.
- Some of the issues identified during the previous inspection, which impacted on the safety and responsiveness of services, had not been yet been addressed by the trust.
- Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.
- Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.
- Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.
- People did not always have prompt access to services when they needed it.
- Best practice guidelines for the care and treatment of patients with additional support needs were not always consistently followed.
- Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.
- Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.

However:

- The service managed patient safety incidents well.
- The hospital generally controlled infection risk well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.
- Staff treated patients with kindness, dignity and respect.
- Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.
- The trust was committed to improving services by learning, promoting training, research and innovation.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RAL/reports.

Summary of findings

Are services safe?

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

- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.**
- **We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.** Evidence of completed actions in response to serious incidents, was not always robust. There were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- **Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.** Documentation indicated patients did not always receive the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage. Medicines were not always stored securely and managed appropriately.
- **Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** In some areas, turnover and vacancy rates were high amongst nursing staff and services were reliant on temporary staff to fill shifts.

However:

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.

Are services effective?

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Staff delivered care and treatment in line with national guidance. Audits and quality outcomes were conducted at departmental level to monitor the effectiveness of care and treatment.
- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- The trust-wide clinical pathway group (CPG) model aimed to standardise clinical pathways by using evidenced-based practice to remove unwarranted variation in patient care in order to deliver better outcomes for patients.

Are services caring?

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.** Patients and their families were treated and cared for with compassion, patience and respect. Feedback from patients about their experience of care was consistently positive.
- **Staff provided emotional support to patients to minimise their distress.** Feedback from patients confirmed that staff treated them with respect and with kindness and our observations of interactions between staff and patients and relatives showed staff were sensitive and respectful.

Summary of findings

- **Staff involved patients and those close to them in decisions about their care and treatment.** Most patients we spoke with said they felt involved in their care and had the opportunity to ask questions. We observed staff listening to patients and discussing aspects of their care.

Are services responsive?

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

- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. Long waits in A&E and out of hours discharges, demonstrated issues with access and flow across many areas of the trust.
- **Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed.** Systems and processes to support patients with additional needs were not always in place or used effectively.

However:

- **The needs and preferences of different people, including the local population, were taken into account when designing and delivering services.** At the newly re-developed Chase Farm Hospital, the design of the new barn theatres, the introduction of the new EPR system and the new electronic nurse calling system were just some of the ways technology and new developments were being implemented to improve patient safety, drive efficiency and improve patient experience.

Are services well-led?

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

- **Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.** Senior staff were visible, approachable and supportive. Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive.
- **The trust was committed to improving services by learning, promoting training, research and innovation.** Staff were positive about the support they received to challenge existing practice and try out new ideas.
- The trust board was a dedicated, highly-experienced and capable leadership team with the skills, abilities, and knowledge to provide high-quality services. Leadership structures were well-embedded and leaders demonstrated a deep understanding of issues, challenges and priorities in their service and beyond.
- We found a strong organisational pride and culture of collaboration, team-working and support with a focus on improving the quality and sustainability of care and people's experiences. Staff were proud to work for the trust and spoke highly of the leadership team.

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.

Summary of findings

Outstanding practice

We found outstanding practice in a number of areas including, in surgical and medical care services at The Royal Free Hospital, in medical care, critical care and urgent and emergency services at Barnet General Hospital and also within the services we inspected at Chase Farm Hospital.

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

Areas for improvement

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

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

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and core services level.

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 engagement with the trust and our regular inspections.

Outstanding practice

In medical care services at The Royal Free Hospital:

- The trust dementia lead had worked with the volunteer-led radio station to implement daily ‘sundown’ sessions for patients as part of dementia action week in 2018. This was an evidence-based project to address the clinical phenomenon of ‘sundowning’, which refers to increased confusion patients with dementia or delirium typically experience in late afternoon. The dementia lead produced an informative booklet to help staff understand the benefits of the radio programmes, which broadcasted music and news bulletins relating to a specific point in time. Ward staff matched this with the date of birth of their patients and use the show to help the patient relax and orientate themselves.
- The dementia implementation group led a substantial body of work to improve care and services for patients and their relatives. This included a large-scale training exercise in partnership with a theatre group in which actors took on roles as people living with dementia in a simulated clinical environment to provide staff with an immersive training experience.
- The learning disability team had developed targeted training for ward staff based on a combination of the content of the national care certificate and their understanding of the needs of the local population. The team had arranged for a local theatre group to visit the hospital and deliver role-play training in empathy for extended staff groups, including porters.

Summary of findings

- The high-level isolation unit (HLIU) reflected the successful outcome of a specialised, multi-professional project to establish a unit and highly skilled team to meet the needs of patients with life-threatening and rare infections. HLIU was one of only two such units in England and the matron and their team had established robust standard and emergency operating procedures, including a six-hour activation time from the first point of escalation.
- Skill sharing and professional development opportunities had been developed between nurses on ward 11W and the outpatient Ian Charleston Day Centre. This helped to build clinical skills and contributed to understanding of HIV progression, which helped to reduce stigma. The opportunities included spending time with community nurses to help staff build a whole-picture view of the HIV treatment pathway.
- In response to feedback from family members, staff on ward 12S had designed and launched a care plan specifically for carers. The team recognised patients on the ward were often admitted for substantial periods of time, which their carers often spent with them. The care plan helped staff to get to know carers, understand their needs and develop strategies to support them during the patient's admission.

In surgery services at The Royal Free Hospital:

- Evidence provided by the trust and discussion with staff showed there was continuous learning, improvement and innovation amongst staff.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.
- We saw a number of examples of staff participating in international, national, regional and local research projects and recognised accreditation schemes in order to ensure patient care was evidence based.

In urgent and emergency services at Barnet General Hospital:

- The A&E had a clear focus on staff members' mental health and acknowledgement of the impact of stressful events on staff wellbeing. Staff were encouraged in the practice of mindfulness to reduce stress and build resilience.
- The A&E had introduced a 'care in a chair' initiative to decrease the time ambulances spent handing over patients to A&E. This had resulted in an improvement in the numbers of patients being handed over in 15 minutes from 43.35% in March 2018 to 72.5% in November 2018.

In critical care services at Barnet General Hospital:

- The use of the critical care electronic patient records system to monitor and improve the quality and safety of care and treatment, through in-built care pathways, protocols, check lists and alerts for staff. The system could be interrogated for audit purposes.

In medical care services at Barnet General Hospital:

- On the concourse on the third floor a pop up café with tables and chairs brought together patients from care of the elderly wards. Staff brought patients from wards, in their beds and wheel chairs as well as patients who could mobilise for a social afternoon with music tea and cake which was ran by hospital volunteers and staff. During inspection in the afternoon, we observed the café was supported by local school children who came to sing Christmas carols.

In urgent and emergency services at Chase Farm Hospital:

- We found that the overall result of the triage and referral audit showed 11.5% of patients were redirected or referred to other services, which meant 89% of patients were solely managed and discharged by the service.

In surgical services at Chase Farm Hospital:

Summary of findings

- We saw numerous examples of innovation within the surgical service at Chase Farm Hospital. The design of the new barn theatres, the introduction of the new EPR system and the new electronic nurse calling system were just some of the ways technology and new developments were being implemented to improve patient safety, drive efficiency and improve patient experience.
- A small room had been set aside to be used as a dedicated wellbeing space for staff, with a team of trained volunteers on hand and available to provide emotional support. Known as the 'SISOS' room (serious incident SOS room) the initiative had been introduced to provide support to staff following a serious incident and provided a quiet environment for staff to sit and reflect.
- The trust-wide clinical pathway group (CPG) work aimed to standardise clinical pathways using evidenced based practice. With the introduction of the EPR system the CPG pathways for pre-operative assessment and elective hip and knee procedures had been digitalised at Chase Farm Hospital. This ensured effective MDT input as all staff had access to the relevant information. The development and implementation of this standardised approach was being used to drive improvements in patient outcomes.

In medical care services at Chase Farm Hospital:

- Each patient undergoing a procedure in endoscopy was allocated an individual pod with en-suite bathroom facilities which they used before the procedure and to recover afterwards. This ensured patients had sufficient privacy throughout the course of their endoscopy procedure.
- There was a proactive approach to delivering care in a way that met the needs of people who had complex needs. Patients admitted to Capetown ward had access to a well-maintained dementia garden with water features and sitting areas. Patients also had access to a therapy garden located within Capetown ward. These helped to aid patient recovery.
- Inpatients on Capetown ward participated in several activity groups which aided their rehabilitation, these included exercise group, gardening group, and social activity groups (including cooking and baking).
- Staff arranged hospital transport to pick up patients attending the older persons assessment unit. Patients could access same day or next day appointment.

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:

Trust wide

- The trust must ensure that its restraint policy follows best practice guidance as set out in Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health, 2014) and Violence and aggression: short-term management in mental health, health and community settings (National Institute for Health and Care Excellence, 2015). This includes ensuring that there is a rigorous process so that mechanical restraint such as mittens are only used in exceptional circumstances, and that ongoing monitoring of all restrictive interventions is in place. (Regulation 17(1)(2)(a)(b).)

M medical care services at The Royal Free Hospital

Summary of findings

- The trust must review escalation processes in the Private Patients Unit for calling the RMO assistance to ensure the RMO is available to attend to patients when required. (Regulation 12)

Critical care services at The Royal Free Hospital

- The trust must reinforce the use of an up to date risk register that includes all risks and comprehensive mitigations. (Regulation 17)
- The trust must ensure that equipment has regular preventative maintenance and there is a replacement programme for out of date equipment. (Regulation 12)

Maternity services at The Royal Free Hospital

- The trust must ensure staff follow the trust medication policy and procedures in the safe storage of medicines and safe disposal of expired medicines. (Regulation 12(2)(g)).
- The trust must ensure medical staff complete consent forms appropriately. All forms must be signed and dated and the role of the doctor must be clearly specified. (Regulation 11).

Critical care services at Barnet General Hospital

- The trust must ensure all medicines are stored safely and securely, and at the correct temperature. Intravenous fluids are never stored in mixed boxes. There is regular checking and timely replacement of out of date medicines, including transfer and anaphylaxis kits. (Regulation 12(2)(g))
- The trust must ensure there is a sustainable plan and action is taken to improve the quality of service in relation to delayed discharges, and patient experience staying in an inappropriate environment and discharge transfers out of hours (Regulation 17(2)(a))
- The trust must ensure all risks are accurately assessed and regularly monitored with timely mitigating actions taken to address issues, including the safe and secure storage of medicines and intravenous fluids (Regulation 17(2)(b)).

Urgent and emergency services at Chase Farm Hospital

- The trust must ensure that staff follows the trust's record management policies concerning safe storage and security of patient and staff records (Regulation 17).
- The trust must act to ensure staff follow-up with patients that leave the Urgent Care Centre before being seen, particularly with vulnerable children and adults (Regulation 13).

Actions the trust SHOULD take to improve:

The Royal Free Hospital

Urgent and emergency services

- The trust should ensure there are clear lines of medical patient responsibility in the adult assessment unit.
- The trust should ensure that mandatory training rates including safeguarding training, for nursing and medical staff are compliant with the trust standard.
- The trust should ensure that there is consistent record keeping for emergency department patients in the adult assessment unit.
- The trust should ensure there is an action plan to address 2016/17 Royal College of Emergency Medicine (RCEM) moderate and acute severe asthma and consultant sign-off audit results.
- The trust should ensure that appraisal rates for nursing and medical staff are compliant with the trust standard.

Summary of findings

- The trust should ensure the needs of all patients who require additional support are met.

Medical care

- The trust should review the training of security officers and security protocols in the hospital, including patrols and one-to-one patient supervision.
- The trust should ensure staff have the knowledge and skills to de-escalate threatening or aggressive patients, visitors and relatives.
- The trust should ensure staff in the PPU wards fully utilise trust safeguarding policies and referral pathways including for international patients.
- The trust should improve staff access to information on securing mental health support for patients.
- The trust should review the processes in place to support staff with effective conflict management.
- The trust should implement strategies to address the strict hierarchies that staff described, which affect morale, performance and patient safety.
- The trust should ensure ward teams fully comply with the Control of Substances Hazardous to Health (COSHH) Regulations (2002) in reference to safe and secure storage of chemicals.

Surgery

- The trust should ensure the review of Never Events and serious incidents are undertaken by senior clinical staff and robust actions should be documented and monitored.
- The trust should ensure medical and nursing staff have access to mandatory training.
- The trust should ensure they continue to work with other external agencies to put systems in place to reduce the number of never events taking place.
- The trust should review how medicines were stored and accessed in the operating theatres.
- The trust should develop a rolling programme of equipment replacement.
- The trust should ensure work continues to move to a full electronic patient records system.
- The trust should ensure all staff have access to an annual appraisal.
- The trust should continue to work towards a system which allows patients to arrive for their surgery in a timelier manner.
- The trust should ensure patients are cared for in the recovery area for the minimal amount of time. Patients should not be experiencing overnight stays in the recovery for non-clinical reasons.
- The trust should ensure staff do not experience bullying by any other member of staff.

Critical care

- The trust should embed the collection of feedback from patients and relatives to improve patient experience.
- The trust should review the benefits of an electronic patient in ICU that avoids the pitfalls of the system that was introduced and abandoned previously.
- The trust should consider developing firm plans to realise the vision for the service.
- The trust should monitor medical staffing levels during the expansion of the unit to ensure they meet FICM standards.

Summary of findings

- The trust should seek to reduce the reliance on bank staff to cover band 6 vacancies.

Barnet General Hospital

Urgent and emergency services

- The trust should ensure all staff have up to date mandatory training and ensure the trust's 85% target is met.
- The trust should ensure all staff have up to date adults and children's safeguarding training at all levels and ensure the trust's 85% target is met.
- The trust should ensure there is sufficient seating and space in the A&E waiting areas for patients and visitors.
- The trust should ensure staff understand how and when to assess whether a patient with mental health needs has the capacity to make decisions about their physical care and treatment.
- The trust should ensure waiting times from referral to treatment and decisions to admit patients are in accordance with best practice recommendations.

Medical care

- The trust should ensure that risks identified on the risk register are being dealt with in a timely way.
- The trust should ensure mandatory training for staff meets the trust target of 85%.
- The trust should ensure appropriate checks are undertaken on patients wearing mittens.
- The trust should ensure they review processes for the management of medicines used in emergencies and the systems for the monitoring of temperatures of medicines storage areas.
- The trust should ensure hand hygiene compliance meets the trust targets across all the wards.
- The trust should ensure potential trip hazards in corridors are removed across all the wards.
- The trust should ensure there is proper recording of the decisions for restraint and there is clear guidance for staff on when an application for Deprivation of Liberty Safeguards (DoLS) should be made.
- The trust should ensure they focus on getting patients a bed on a ward for their speciality to reduce the number of patient moves at night.
- The trust should ensure they follow best practice and not discharge patients at night. There was a high number of patients being discharged at night which did not reflect best practice.
- The trust should ensure they reduce the average length of stay for medical non-elective patients, to meet the England average.

Surgery

- The trust should ensure all staff complete mandatory training.
- The trust should develop, and staff should adhere to at all times, a clear procedure for order and priority of patients undergoing emergency surgery.
- The trust should address the high turnover rate amongst nursing staff and ensure all of the shifts are covered at all times.
- The trust should fill the vacancies for medical staff to ensure there is sufficient number of doctors available to provide patient's care and treatment.

Summary of findings

- The trust should ensure medicines are stored in accordance with published guidance and there is a system to identify where guidance is not adhered to by staff.

Critical care

- The trust should ensure all medical staff complete mandatory training, with compliance monitored.
- The trust should ensure patients are reviewed by a consultant within 12 hours of admission to critical care.
- The trust should ensure staff have clear guidance and take appropriate action when temperature is outside optimal levels for medicine storage in drug fridges and storage rooms.
- The trust should ensure contents, including medicines, in transfer bags are regularly checked and records kept.
- The trust should ensure critical care staff receive sufficient training to enable them to confidently use the new hospital EPR system as needed.
- The trust should ensure there is a thorough review of medical staffing at weekends and allied health care provision for the service, as part of a wider review of adherence to guidelines for provision of intensive care standards.
- The trust should ensure there is a governance process to ensure most up to date, approved, protocols and guidelines are in circulation and use by staff.
- The trust should ensure the data submitted to external bodies is accurate, particularly in relation to delayed discharges and mixed sex breaches.
- The trust should ensure patients, staff and wider stakeholders are involved in developing a critical care strategy and turning it into action.

Chase Farm Hospital

Urgent and emergency services

- The trust should address the high vacancy rates, high sickness rates and high turnover rates for nursing staff and healthcare assistants in the service.
- The trust should review the facilities and service provision on signage, leaflets and translation services so they meet the needs of the patients using them.
- The trust should improve the health promotion provision in UCC.
- The trust should review the facilities provided in the urgent care centre so they meet the needs of children and patients with visual and hearing impairments or complex needs.
- The trust should implement a formal teaching programme for medical and nursing staff.
- The trust should provide local appraisals for middle grade doctors within the service.
- The trust should ensure policies and guidelines available in hard copies are regularly reviewed and updated.
- The trust should improve the provision arrangement of children in the service and paediatric outpatient area to ensure there are adequate toys and children are safe while waiting in the paediatric outpatient waiting area especially during out of hours.
- The trust should improve the reception area in the urgent care centre and paediatric outpatients to ensure patient confidentiality.
- The trust should implement a formal process for reception staff to highlight issues in the waiting areas.

Summary of findings

- The trust should ensure service provision meet patients individual needs particularly those with complex needs and disabilities.
- The trust should ensure people knew how to make a complaints or compliment about their care and treatment.
- The trust should improve the patient engagement in the service.
- The trust should improve the signage to the entrance to the UCC.
- The trust should improve staff education of incident reporting.

Medical care

- The trust should ensure there are sufficient allied staff to support patient rehabilitation.
- The trust should continually review referral to treatment times to ensure it is in line with national standards.
- The trust should ensure they engage with staff effectively.
- The trust should review processes for risk management to ensure all risks are identified and dealt with appropriately.

Surgery

- The trust should ensure staff complete mandatory training, including safeguarding training.
- The trust should ensure action is taken to prevent avoidable patient safety incidents from reoccurring.
- The trust should ensure all five steps of the safer surgery checklist are appropriately completed and documented in line with national guidelines.
- The trust should review processes to provide assurance that medicines are stored at the correct temperatures to remain effective.
- The trust should review security of medicines storage areas.
- The trust should ensure the trust's consent policy is followed and that all stages of the consent process are appropriately documented.

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:

- We found the leadership, governance and culture within the trust were used to drive and improve the delivery of high-quality patient-centred care across the organisation. This was particularly visible in their patient-centred clinically led Clinical Practice Group (CPG) initiatives.
- The trust board was a dedicated, highly-experienced and capable leadership team with the skills, abilities, and knowledge to provide high-quality services. Leadership structures were well-embedded and leaders demonstrated a deep understanding of issues, challenges and priorities in their service and beyond.

Summary of findings

- Executive and non-executive board members (NEDs) and the trust governors collaborated to ensure the delivery of the trust's strategy. The executive directors worked well with the NEDs, showing an openness to share issues, invite challenge and take a wide range of views into account when making decisions.
- The trust was a sector leader. It was prepared to provide support to other NHS organisations in the area and on occasion put wider patient interests before its own. They would 'do the right' thing even when this had a negative financial impact.
- We saw potentially dangerous substances (such as cleaning fluids) being left unattended in public places and on wards. We raised this concern with one of the executive directors who took immediate action to mitigate the risks. By the end of the inspection visit the trust had ordered new trolleys that had a lockable storage box and taken steps to ensure all staff were aware of the risk from substances which should be stored securely under the Control of Substances Hazardous to Health Regulations (2002). This demonstrated that the trust responded appropriately when new risks were identified.
- The trust had involved staff, patients, members and local system partners in the development of its strategy to ensure it reflected the vision and values of the trust and aligned with plans in the wider health economy. However, this activity was not always aligned with STP boundaries.
- We found a strong organisational pride and culture of collaboration, team-working and support with a focus on improving the quality and sustainability of care and people's experiences. Staff were proud to work for the Royal Free and spoke highly of the leadership team.
- Safeguarding of adults and children was given sufficient priority by the trust. The safeguarding leaders worked across all trust sites, providing advice and oversight of safeguarding. They were supported by specialist staff on the acute sites. The team were proactive and introduced changes in line with national guidance.
- There was an active BME network in the trust. They met regularly, provided support and held events for staff across the trust. Staff we spoke with commented that the trust leaders were aware of the issues affecting BME staff and were committed to making improvements.
- The trust had a Speak Up Guardian who worked alongside 30 speak up 'champions', who were positive and proactive. The champions consisted of a variety of staff levels from the various sites of the trust. This included satellite sites such as Edgware and Tottenham kidney centres.
- The trust LGBT network had a very positive and proactive culture. Staff spoke highly of the network and felt that it was very well-supported by senior leaders, including the executive team. Members of the network had been part of leading the project on the anti-bullying videos.
- The trust was committed to improving services for patients by identifying and sharing learning and promoting training, research and innovation. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care and a strong record of sharing work locally and nationally.
- The trust had made a significant investment in developing and supporting Quality Improvement projects, many of which were now embedded and contributing to improved patient and staff outcomes.
- The trust is leader in clinical research and had a strong focus on improving outcomes for patients. The trust was able to provide numerous examples of its ongoing research with particular national and international strengths in liver and kidney conditions.
- During December 2017, the trust formally launched its electronic patient records (EPR) system. The EPR went live across 25 of the trusts units and Chase Farm Hospital became paper free. This system was also utilised for diary and clinic management and self-referral appointment bookings. The trust managed this extremely complicated process well.

Summary of findings

- The trust leadership team were visible and supportive with the trusts charity which was very active. They were supportive of events such as the volunteer parties, and senior members of staff who came along to speak would often stay on for the rest of the event. The volunteers were also involved in staff awards and the trust gave out volunteer recognition awards as well.
- Complaints, serious incidents and never event investigations were completed to a good standard, however they were frequently beyond required timeframes. There was a clear structure in place for reporting incidents and cascading their outcomes and learning.
- The trust was a leader nationally and regionally in a number of key clinical areas. For example; liver transplants; kidney transplants; breast and plastic surgery; treating myeloma; neuroendocrine tumours; in addition the trust has the only for the treatment of infectious diseases in the UK.
- Information management and reporting was reliable and consistent. Data quality was assured internally and externally through a range of cross-checks and audits to ensure information was accurate and verified.
- The trust had a clear and effective group structure for overseeing performance, quality and risk; board members held the hospital management teams to account at monthly meetings.

However:

- There did not appear to be an effective action plan to remedy the underlying deficit. The trust's main focus was on the immediate short term financial position. In addition, trust members were not consistent in their understanding of the trust's plans and progress towards reducing the underlying deficit.
- Mandatory training compliance rates for medical staff fell well below the trust target.
- The trust reported a large number of Never Events which could be partially related to the poor behaviors among a few consultant surgeons in the trust. We found that the surgery and medical care consultant groups across the trust were not well connected or acting as a cohesive group. Although we found Never Events were well investigated, resultant learning actions were not always shown as completed in the documents we reviewed.
- Staff we spoke with and the NHS annual staff survey provided evidence that staff felt subjected to high levels of bullying and harassment. This was openly acknowledged by the leadership team who had plans in place to address the issue.
- We found that the board were not always sighted on detailed delivery issues, for example in a number of board papers we examined, some actions were not shown as complete or had passed their review date.
- From our core service inspections we found that patient pathways and processes outside of the CPGs were not always consistent.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RAL/Reports.

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 →← May 2019	Good →← May 2019	Good →← May 2019	Requires improvement ↓ May 2019	Good →← May 2019	Requires improvement ↓ May 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Royal Free Hospital	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Barnet General Hospital	Requires improvement ↓ May 2019	Good ↔ Apr 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Chase Farm Hospital	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Overall trust	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019

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

Ratings for The Royal Free Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Critical care	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic Imaging	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019

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

Ratings for Chase Farm Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Medical care (including older people's care)	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients and Diagnostic Imaging	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

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

Ratings for Barnet General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients and Diagnostic Imaging	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Maternity and Gynaecology	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Requires improvement Aug 2016

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.

Barnet General Hospital

Wellhouse Lane
Barnet
Hertfordshire
EN5 3DJ
Tel: 02082164000
www.bcf.nhs.uk

Key facts and figures

Barnet Hospital is situated in the borough of Barnet which has a population of around 370,000. The hospital has a total of 440 beds. The hospital provides a full range of adult, elderly and children's services across medical and surgical specialties as well as an accident & emergency department.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with over 30 patients and their relatives, and over 130 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 30 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

Summary of services at Barnet General Hospital

Requires improvement  

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

- We rated safe and responsive at this hospital as requires improvement and we rated effective, caring and well-led as good.
- We rated three of the four services inspected, during this inspection, as requires improvement overall.
- Many of the issues identified during the previous inspection, which impacted on the safety and responsiveness of the service and had not yet been addressed by the hospital's leadership team.
- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.** However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- **Medicines were not always stored in accordance with published guidance.** Although many aspects of medicines were managed safely, storage of medicines, and intravenous fluids, was not always safe or secure. Staff did not always monitor storage temperature accurately to ensure it was not harmful to medicines. In some areas there was a risk, due to lack of security measures, that unauthorised persons might gain access to, or tamper with medicines intended for patients.

Summary of findings

- **Best practice guidelines for care and treatment of patients with mental health needs were not consistently followed.** Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The trust policy on restraint was out of date and did not follow current best practice guidance.
- **The hospital did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** In some areas, there was a high turnover and vacancy rates amongst nursing staff and not always enough staff to ensure shifts were safe at all times.
- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There were a high number of patient bed moves and discharges at night. Overcrowding in A&E was a regular occurrence due to lack of space and lack of capacity to meet service demand.
- **Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.** Some department level risks had not been identified or adequately addressed. Not all risks identified during our inspection were on the hospital's risk register; therefore we were not assured that senior leaders had appropriate oversight of these issues.

However:

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers monitored the effectiveness of care and treatment and used findings to improve them.
- **Staff cared for patients with compassion, kindness and respect and provided emotional support to patients to minimise their distress.** Patients and those close to them, were involved in decisions about their care and treatment.
- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The hospital engaged with patients, staff, and local organisations to plan and manage services.
- **The trust was committed to improving services by learning, promoting training, research and innovation.**

Urgent and emergency services

Requires improvement  

Key facts and figures

Details of emergency departments (A&E) and other urgent and emergency care services

- Royal Free Hospital emergency department
- Barnet Hospital emergency department
- Chase Farm urgent care centre

(Source: Routine Provider Information Request (RPIR) – Sites tab)

The trust has two emergency departments (also known as A&E and the ED), one at Barnet Hospital and another at the Royal Free Hospital. Barnet A&E is a type 1 consultant led department and trauma unit. The urgent care centre at Chase Farm Hospital is open 8am to 10pm every day, staffed by GPs and emergency nurse practitioners. This report relates to the A&E at Barnet Hospital.

(Source: Routine Provider Information Request (RPIR) – Acute context)

Summary of this service

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

- The service provided mandatory training in key skills to all staff. However, we found that not all staff completed this in a timely way.
- We found staff completion rates for some safeguarding training modules were not meeting the trust's 85% target. However, all staff we spoke with were aware of reporting processes.
- Some staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.
- The service was not meeting the needs of local people at all times due to demand pressures on urgent and emergency care services. There was insufficient seating in the A&E patient waiting area to accommodate all patients and visitors.
- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations.

However:

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service 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.

Urgent and emergency services

- Staff cared for patients with compassion. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- The A&E treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers in A&E promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The A&E engaged with patients, staff, and local organisations to plan and manage services.

Is the service safe?

Requires improvement

- The emergency department (A&E) provided mandatory training in key skills to all staff. However, we found not all staff had completed this in a timely way. From April to August 2018 the 85% trust target was not met for seven of the 18 mandatory training modules for which qualified nursing staff were eligible. The 85% target was not met for any of the 18 mandatory training modules for which medical staff were eligible.
- We found staff completion rates for some safeguarding training modules were not meeting the trust's 85% target. From April to August 2018 the urgent and emergency care department 85% target was not met for any of the five safeguarding training modules for which medical staff were eligible. The worst compliance rate was level 1 and level 2 adults (46%). The best compliance rate was safeguarding children level 1 (57%). We also found nursing staff children's safeguarding level 3 training (66%) did not meet the trust's 85% target. However, all staff we spoke with were aware of reporting processes.
- The A&E was heavily dependent on bank and agency nurses to ensure staffing levels remained safe. The department had eight nurses on maternity leave and a vacancy rate of 21%. The trust had taken actions to address staffing shortages, but, this was based on the use of bank and agency staff. The trust also had a number of staff recruitment initiatives to try and attract new staff.
- The department was not meeting the Royal College of Emergency Medicine (RCEM) guidelines in regards to the breadth of consultant cover in a 16 or 24 hour period, seven days a week.

However, we also found:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The A&E followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Staff handled and stored medicines in accordance with current regulations. Although we found an entry in the controlled drugs (CD) register that had been crossed out. This was not in accordance with regulations which states that registers should not have entries cancelled or altered.
- The A&E managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Although we found action plans in response to serious incident investigations were not always detailed and robust.

Urgent and emergency services

Is the service effective?

Good ● ➡ ➡

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

- The emergency department (A&E) provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain. Staff supported patients by using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The A&E 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.

However, we also found:

- Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care. Patients that had self-harmed, or were at risk of doing so, did not always have a mental capacity assessment. Emergency department staff recognised this was an area where improvement was required.

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. Comments included, "Staff were very kind. Everything I asked they answered. They did extra tests to put my mind at rest." Another comment was, "Staff were very kind and pleasant."
- Staff provided emotional support to patients to minimise their distress. We saw staff providing emotional support to patients and their friends and families.
- Staff involved patients and those close to them in decisions about their care and treatment. The trust's 'seven day services audit' results dated April 2018 found: The overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission was 97% on the weekend and 91% on a weekday.

Is the service responsive?

Requires improvement ● ↓

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

- The emergency department (A&E) was not meeting the needs of local people at all times due to demand pressures on urgent and emergency care services. The trust's 10 year ED strategy, dated October 2016, acknowledged that Barnet

Urgent and emergency services

Hospital was built for a capacity of 85,000 patients a year; but was seeing 118,000 patients a year. Staff told us the hospital were working with the local clinical commissioning group (CCG) on streaming patients and the potential to redirect patients to other suitable services. Staff told us overcrowding in the waiting room was a regular occurrence due to the size of the waiting room. Although the hospital were planning to reconfigure the A&E to create extra space.

- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There was insufficient seating in the A&E patient waiting area to accommodate all patients and visitors. The department was worse than the England average for measures such as: the percentage of patients waiting more than four hours from the decision to admit (DTA) until being admitted; the percentage of patients that left the trusts urgent and emergency care services before being seen for treatment; and the monthly average total time patients spend in A&E.

However, we also found:

- The A&E took account of patients' individual needs. Staff answered call bells promptly and were attentive to patients' needs. The hospital's learning disability team supported staff in caring for patients with learning disabilities (LD). The needs of people living with dementia were being met.
- The A&E treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ● → ←

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

- The trust had introduced a localised executive team at Barnet Hospital and staff said this had improved leadership at the hospital. However, staff told us they would like support at trust board level in managing issues with access and flow through the A&E department and in improving capacity on the Barnet Hospital site.
- Managers in A&E promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The A&E engaged with patients, staff, and local organisations to plan and manage services.
- The A&E used a systematic approach to improving the quality of its services and safeguarding standards of care. The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The A&E collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some staff told us the introduction of the new electronic patient record (EPR) system had been a contributory factor to delays in the A&E in the previous month.

However, we also found:

- Both nursing and medical staff told us the A&E had struggled in the month preceding the inspection to meet demands on the service. The department had tried a number of initiatives to cope with demand pressures in this period. Staff told us these had addressed some demand and capacity issues, but that some issues remained.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

Barnet Hospital is an acute hospital with 249 inpatient beds providing a range of medical care services. These services include cardiology, respiratory medicine, general medicine, stroke and older person medicine located across 11 wards and the medical day treatment unit and the TREAT (triage and rapid elderly assessment) frailty hub.

Across the trust there were 66,461 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 24,946 (37.5%), 2,647 (4.0%) were elective, and the remaining 38,868 (58.5%) were day case. Admissions for the top three medical specialties were:

- General medicine - 16,323 admissions
- Gastroenterology - 13,648 admissions
- Dermatology - 5,987 admissions

(Source: Hospital Episode Statistics)

During the inspection we visited the following wards and services: acute assessment unit (AAU), TREAT, medical short stay unit (MSSU), Mulberry, Palm, Juniper, Larch, Spruce, Rowan wards, the CCU and the discharge lounge.

During this inspection we spoke with 49 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the leadership team. We spoke with nine patients and relatives. We reviewed eight patient records and two medication administration records and attended two multi-disciplinary board meetings and a bed management meeting. We made observations and looked at documentary information accessible within the department and provided by the trust.

Summary of this service

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

- Whilst the trust had effective systems for identifying risks and planning to reduce them, the trust could not evidence that risks were always being dealt with in a timely way.
- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 85%.
- Although staff understood how to protect patients from abuse, compliance for safeguarding training for medical staff was below the trust target of 85%. However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- Although the service generally controlled infection risk well, hand hygiene compliance was variable across the wards. Action plans had been put in place when compliance was low.
- The service had suitable premises and equipment and looked after them well, but we observed potential trip hazards on the care of the elderly wards. However, there had not been any identifiable increase in falls on the wards.
- Whilst many aspects of medicines were managed safely, some medicines were not stored in tamper evident boxes and staff did not always monitor ambient temperatures in medicine storage areas.

Medical care (including older people's care)

- The trust was not following the Department of Health guidance 'Positive and Proactive Care' (2014) and did not demonstrate that the use of mechanical restraint was exceptional, that other options had been attempted, or that it was reviewed rigorously (including by an independent clinician and that the board were sighted on it). The trust policy on restraint was out of date and did not follow current best practice guidance. For two patients there were no records that provided assurance that staff had undertaken the necessary checks when mittens were worn by patients.
- People could access the service when they needed it, but there were a high number of patient bed moves and discharges at night which did not reflect best practice. The average length of stay for medical non-elective patients was higher than the England average.

However:

- Managers at all levels in medicine and urgent care division had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision to for what it wanted to achieve which was to 'deliver world class expertise and local and friendly hospital care to represent the NHS at its best' and had plans to turn it into action.
- Managers across the medicine and urgent care division promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training, research and innovation.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the team and the wider service. When things went wrong, staff apologised.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients had access to medical consultants who provided cover seven days a week across the medical wards.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people.

Medical care (including older people's care)

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

Is the service safe?

Requires improvement  

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

- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 85%.
- Staff understood how to protect patients from abuse, but compliance for safeguarding training for medical staff was below the trust target of 85%. However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- Although the service generally controlled infection risk well, hand hygiene compliance was variable across the wards. Action plans had been put in place when compliance was low.
- The service had suitable premises and equipment and looked after them well, but we observed potential trip hazards on the care of the elderly wards. However, there had not been any identifiable increase in falls on the wards.
- Whilst risk assessments were generally complete, and most mitigation of risk was carried out in accordance with the care plan, for two patients there were no records that provided assurance that staff had undertaken the necessary checks when mittens were worn.
- Whilst many aspects of medicines were managed safely, some medicines were not stored in tamper evident boxes and staff did not always monitor ambient temperatures in medicine storage areas.

However:

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the team and the wider service. When things went wrong, staff apologised.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Patients had access to medical consultants who provided cover seven days a week across the medical wards.

However:

- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, compliance safeguarding training for medical staff was below the trust target of 85%.
- The trust was not following the Department of Health guidance 'Positive and Proactive Care' (2014) and did not demonstrate that the use of mechanical restraint was exceptional, that other options had been attempted, or that it was reviewed rigorously. The trust policy on restraint was out of date and did not follow current best practice guidance.

Is the service caring?

Good ● ➡ ➡

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

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

Is the service responsive?

Requires improvement ● ↓

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

- People could access the service when they needed it, but there were a high number of patient moves at night. This was not best practice and meant the trust was not focussed on getting patients a bed on a ward for their speciality.
- There was a high number of patients being discharged at night which did not reflect best practice.
- The average length of stay for medical non-elective patients was higher than the England average.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ● ➡ ➡

Medical care (including older people's care)

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

- Managers at all levels in medicine and urgent care division had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision to for what it wanted to achieve which was to 'deliver world class expertise and local and friendly hospital care to represent the NHS at its best' and had plans to turn it into action.
- Managers across the medicine and urgent care division promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training, research and innovation.

However:

- Whilst the trust had effective systems for identifying risks and planning to reduce them, the trust could not evidence that risks were always being dealt with in a timely way.

Surgery

Good   

Key facts and figures

The trust has three main sites for surgery; Royal Free Hospital (RFH), Barnet General Hospital (BGH) and Chase Farm Hospital (CFH).

Surgery and associated services at BGH include four surgical wards, Beech, Cedar, Damson, and Willow and a surgical assessment unit. The hospital currently provides emergency, trauma and elective surgery. There are five main theatres and 2 theatres in the labour ward. The hospital provides a variety of surgical services including colorectal, general, ear nose and throat (ENT), gynaecology, trauma and orthopaedic, and oral and maxillofacial (OMF) paediatrics. Endoscopy also has a daily emergency list.

The trust had 49,311 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 10,751 (21.8%), 30,275 (61.4%) were day case, and the remaining 8,285 (16.8%) were elective.

The service at Barnet General Hospital performed 5105 emergency and 2534 non-emergency surgical procedures from November 2017 to October 2018.

The service was previously inspected in February 2016 when it was rated as 'good' overall. At the time all domains were rated good.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. We looked at 14 sets of patient's records. We spoke with 42 members of staff including doctors, nurses, managers, support staff, administrative staff and ambulance crews. We also spoke with nine patients and five relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

Summary of this service

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

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

Surgery

- Staff recognised incidents and reported them appropriately. There were processes ensure complaints were dealt with effectively. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Patient and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients were giving appropriate information and encouraged to make decisions about their care and treatment.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met. Managers across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However, we also found:

- Although the service provided mandatory training in key skills they did not make sure everyone completed it. The 85% target was met for none of the 18 mandatory training modules for which medical staff were eligible.
- Although staff completed and updated most of the risk assessments for patients, they had not always followed a clear procedure to prioritise patients for surgery.
- There was a high turnover rate amongst nursing staff and not all of the shifts were covered at all times. The service had vacancies for medical staff.
- Medicines were not always stored in accordance with published guidance.

Is the service safe?

Requires improvement ● ↓

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

Surgery

- Although the service provided mandatory training in key skills they did not make sure everyone completed it. The 85% target was met for none of the 18 mandatory training modules for which medical staff were eligible. Mandatory training completion rate was approximately at 51% for medical staff. It varied between 29% for Resuscitation Level 2 and 62% for Infection Control Level 1 training.
- Although staff completed and updated most of the risk assessments for patients, they had not always followed a clear procedure to prioritise patients for surgery. We were not assured that MRSA screening was undertaken as the service did not carried out MRSA screening audits.
- There was a high turnover rate amongst nursing staff (25%) and not all the shifts were covered at all times (23%). The vacancy rate for Barnet General Hospital surgery department was 11.9% amongst its nursing staff. The service had also vacancies for medical staff. The trust reported a vacancy rate of 8.3% for Barnet General Hospital surgery department.
- The medicines were not always stored in accordance with published guidance. Staff did not monitor storage temperature accurately to ensure it was not harmful to medicines. They did not know how to reset thermometers and were unable to verify if the correct storage temperature was maintained. In some areas there was a risk, due to lack of security measures, that an unauthorised person might gain access to, or tamper with medicines intended for patients.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff undertook suitable checks to ensure safe surgery and prevent any potential fatal errors.
- At the time of the inspection there were enough staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service followed best practice when prescribing, administering, and recording medicines. Patients received the right medicines at the right dose at the right time.
- Staff recognised incidents and reported them appropriately. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service.

Is the service effective?

Good   

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

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised most of the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- There was always suitable provision of services to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good   

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

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

Is the service responsive?

Good   

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

- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The department undertook a systematic review of patients with extended lengths of stay (over seven days – also known as 'stranded patients') with a view to facilitate prompt discharge and address any potential problems preventing discharge.
- The average length of stay for all non-elective patients at Barnet General Hospital was 4.4 days, which is lower when compared to the England average of 4.9 days.

Surgery

- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was better than the England average. Six out of eight specialties were above the England average for RTT rates for admitted pathways within surgery. The percentage of cancelled operations at the trust had been similar to the England average
- The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met.
- There were processes in place to ensure complaints were dealt with effectively.

However we also found:

- From July 2017 to June 2018 the average length of stay for all elective patients at Barnet General Hospital was 6.1 days, which was higher when compared to the England average of 3.9 days. Senior managers told us this was due to the complexity of procedures undertaken at the hospital.
- The department did not monitor 'did not attend' rates for planned surgical procedures. The site undertook primarily emergency work and the majority of elective work took place on Chase Farm site.
- There was no system to feedback to the wards when patients would be going to theatre. This meant that patients could be kept 'nil by mouth' for unnecessarily extended periods.

Is the service well-led?

Good   

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

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

Critical care

Requires improvement  

Key facts and figures

At Barnet Hospital critical care services are delivered across two wards, Intensive Care Unit (ICU) North and ICU South, which operate as one unit. The critical care unit has 23 beds with 10 beds (including two side rooms) on ICU North and 13 beds (including three side rooms) on ICU South.

The unit is staffed for nine Level 3 patients and 14 Level 2 patients, but this can flex if needed. Level 3 care is for patients requiring advanced or basic respiratory support together with support for at least two organ systems. Level 2 care is for patients requiring single organ support.

A Patient at Risk Response Team (PARRT) supports the ICU as well as the rest of the hospital.

There were 986 admissions to the service over the year 2017-2018; most were emergency admissions from the emergency department or unplanned surgery.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited the service over three days, from 11 December 2018 to 13 December 2018. On 12 December the lead inspector was joined by specialist advisors: a pharmacist, a senior nurse and a doctor with experience in critical care. On 13 December the lead inspector was joined by a CQC analyst.

We spoke with 36 staff (nurses, doctors, consultants, allied healthcare professionals, and administration) and seven relatives and patients. We reviewed the electronic record system and individual records of six patients. We also held discussions with unit and divisional managers and reviewed information submitted before, during and following the inspection visit.

Summary of this service

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

- Issues found at last inspection in February 2016 continued to impact on the responsiveness of the service and had not been addressed by the hospital leadership.
- Service delivery was impacted by the high number of patients staying on the unit longer than necessary, and the environment could not be flexed to accommodate them appropriately with the result that patients were regularly cared for in mixed sex accommodation in an environment that could be disturbing and frightening.
- It was more difficult for staff to meet individual needs when patients were awake and on the unit longer than they needed.
- Higher than acceptable, numbers of patients were transferred to a ward, or recovery unit, out of hours. High numbers of patients than usual were discharged home before a ward bed became available.
- There was no agreed plan to address the issues of delayed discharges and resultant impact on patients. This was highlighted at our last inspection and had not progressed.
- There was not yet a critical care strategy for the future and no involvement from patients, staff and wider stakeholders to develop this and turn it into action.

Critical care

- The governance around the management of protocols was not clear. There were no unit wide meetings or forums for assessing and monitoring the quality and safety of services, including risks arising from not fully adhering to professional guidance and standards.
- Some identified risks had not been adequately addressed. Storage of some medicines and intravenous fluids was not always safe or secure, and the risks had not been adequately assessed and mitigated.
- There was not always sufficient allied health professional staff to meet recommended standards. The pharmacist cover on the unit did not yet meet the standard for critical care. Therapist provision did not meet the guidelines for provision of intensive care standards.

However:

- We found the effectiveness of the service was good. The service leaders promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- There were embedded systems, processes and practices to keep people safe. Infection risks were well controlled, and there was sufficient suitable equipment which staff were trained to use
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had enough nursing staff to keep patients safe and provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used findings to improve them.
- The service made sure staff were competent for their roles. Staff of different kinds worked well together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment that was being provided.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving critical care by learning from when things went well and when they went wrong, promoting training and innovation.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills and most nursing staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

Critical care

- The service had suitably safe premises and equipment and looked after them well. Staff were trained to use equipment.
- The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time.
- Staff kept detailed records of patients' care and treatment on a flexible, bespoke electronic system.
- Staff completed and updated risk assessments for each patient. There were systems to identify and manage deteriorating patients, staff asked for support when necessary.
- The service generally had enough medical and nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used safety monitoring results to improve the service. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The pharmacist cover on the unit did not yet meet the standard for critical care, and the storage of medicines and intravenous fluids was not always safe or secure.
- Medical staff compliance with mandatory training was below trust target.
- Consultant rotas for weekend afternoons did not meet the recommended guidelines for consultant to patient ratio.
- Not all patients were reviewed by a consultant within 12 hours of admission, 20% were reviewed outside of 12 hours.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. These were built in to the unit's electronic records system. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Critical care

- There was consultant cover on -call at all times and most services were available seven days a week and out of hours
- Patients were signposted to organisations that could support them and help them to manage their own health and wellbeing. The team made appropriate referrals to specialist health professionals when needed.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- The number of therapists did not meet the guidelines for provision of intensive care standards.

Is the service caring?

Good   

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

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

Is the service responsive?

Requires improvement   

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

- Service delivery was impacted by the high number of patients staying on the unit longer than necessary, and the environment could not be flexed to accommodate them appropriately with the result that patients were regularly cared for in mixed sex accommodation.
- Patients remaining on the ICU when ready for discharge to a ward experienced an environment that could be disturbing and frightening to patients who were fully conscious.
- Many patients were transferred to a ward out of hours, and some were discharged home before a bed on a ward became available. The service was an outlier for delayed discharge by comparison with other units.

However:

- There were recent improvements to facilities for relatives.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Requires improvement  

Our rating of well-led went down. We rated it as requires improvement because:

Critical care

- The service leads had not yet developed a strategy and plan for critical care. A hospital wide needs assessment had begun but there was not yet a critical care strategy for the future. There was no involvement from patients, staff and wider stakeholders to develop this and turn it into action. External engagement was at a very early stage.
- There was still no agreed plan to address the issues of delayed discharges and resultant impact on patients. This was also highlighted at our last inspection and had not progressed.
- Although there was a clear governance structure in the wider division, there were no unit wide meetings or forums for assessing and monitoring the quality and safety of the ICU, including risks arising from not fully adhering to professional guidance and standards. The governance around the management of protocols was not clear.
- There was not a systematic process to identify, assess and reduce all department level risks. Some department level risks had not been identified or adequately addressed. There was no unit level risk register and we did not see any identification or assessment of any additional current or potential risks.

However:

- Service leaders had the right skills and abilities to run a service providing high-quality sustainable care. The critical care leadership team was still developing; both the clinical director and operations manager also covered anaesthetics and theatres. There was a critical care matron and consultant lead for the unit.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had started to engage with patients, staff and relatives to plan and manage appropriate services. It was recognised that more collaboration with local and partner organisations was needed to plan and manage services in the future.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving critical care by learning from when things went well and when they went wrong, promoting training and innovation, and systematically creating an environment in which excellence in clinical care would flourish.

Chase Farm Hospital

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Key facts and figures

Chase Farm Hospital is situated in the borough of Enfield which has a population of around 321,000. The hospital has a total of 74 beds. The hospital provides a range of adult, elderly and children's services across medical and surgical specialties as well as an urgent care centre providing GP and nurse practitioner led treatment for urgent, but non-life threatening, illnesses and injuries.

Shortly before this current inspection the hospital had re-located into a new purpose-built hospital building.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with 30 patients and their relatives, and over 75 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 30 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

Summary of services at Chase Farm Hospital

Good   

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

- We rated effective, caring, responsive and well-led at this hospital as good and safe as requires improvement.
- We rated all services inspected at this hospital as good overall.
- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- **Staff treated patients with kindness, dignity and respect.** Patients were involved as partners in their care and were supported by staff to make decisions about their treatment. Feedback from patients confirmed that staff treated them well and with kindness.
- **There was a strong culture of openness, transparency and teamwork within the organisation.** Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.

Summary of findings

- **The needs and preferences of different people, including the local population, were taken into account when designing and delivering services.** There was a proactive approach to delivering care in a way that met the needs of older people and people living with dementia.
- **The hospital had a vision for what it wanted to achieve** and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- **The service had suitable premises and equipment and looked after them well.** Staff kept themselves, equipment and the premises clean. They used effective control measures to prevent the spread of infection.
- **The trust had implemented a number of innovative services and developed these to meet patient needs.** The trust was committed to improving services by learning, promoting training and innovation.

However:

- **The trust needed to take action to ensure that patients were protected from the risk of avoidable harm.** We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring. For example evidence of completed actions in response to serious incidents, was not always robust.
- **Opportunities to share key safety information relating to patient risk were sometimes missed.** For example, there was no system in place for staff to escalate to the safeguarding team and risk assesses patients that left the Urgent Care Centre before being assessed.
- **Staff told us they reported incidents infrequently and therefore opportunities to learn from near-misses were lost.** We were not assured that there was a robust culture of incident reporting.
- Although records were clear, up-to-date and easily available to all staff providing care, in the Urgent Care Centre, **patient records were not always stored securely and appropriately.**
- **Although the trust provided mandatory training in key skills to all staff, not all staff had completed it.** Many staff told us they did not get time to complete training and had to do it in their own time.
- **Although the staff generally followed best practice when prescribing, giving and recording medicines, we found some medicines were not stored in line with trust policy.**
- **Patients sometimes experienced delays in accessing care and treatment.** Waiting times from referral to treatment was not in line with national standards for the endoscopy unit. Theatre lists often started late meaning patients sometimes had to wait a long time on the day of their surgical procedure. The service did not have oversight of the number of patients who left the Urgent Care Centre before being seen, including vulnerable children and adults.

Urgent and emergency services

Good   

Key facts and figures

The urgent care service provides services to approximately 40,000 patient visits from Enfield, Barnet, Potters Bar and surrounding areas.

Chase Farm Urgent Care Centre (UCC) was opened in December 2013 and commissioned by the Enfield and Barnet Clinical Commissioning Group (CCG) to provide GP and nurse practitioner led treatment for urgent, but non-life threatening, illnesses and injuries.

The UCC at Chase Farm Hospital is staffed by GPs, a radiographer and nursing staff and open 8am to 10pm every day and outside the UCC's operating hours patients were usually redirected by the 111 services to the nearest Emergency Department at Barnet Hospital or North Middlesex University Hospital. The trust also has two emergency departments (also known as A&E and the ED), one at Barnet Hospital and another at the Royal Free Hospital. Barnet ED is a type 1 consultant led department and trauma unit.

Since the last inspection the UCC have moved to its new hospital building in September 2018 and was located next to the paediatric outpatients and older person assessment unit.

The service was located on the ground floor and has 11 rooms, dedicated x-ray facilities with hot reporting and provides GP-led and nursing led care for adults and children. The UCC also had a dedicated consultation room in the paediatric outpatient department which was next to the service from 9am to 5pm and during out of hours they had access to all their clinical rooms. In the last 12 months before the inspection the UCC saw 33,876 patients of which 29% were children. The UCC's capacity was 150 attendances per day. The UCC saw an average 110 attendances per day. We last carried out an announced comprehensive inspection of the urgent care service in February 2016. The service was rated good for safe, effective, caring and responsive and well-led. The service was judged to be good overall.

Our inspection of the urgent care service was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. Before visiting, we reviewed a range of information we held about the hospital. During our inspection, we visited all clinical areas in the service including the x-ray. We spoke with 12 patients and their relatives and 22 members of staff, including nurses, GPs, senior managers, student nurses, paramedic, domestic staff, receptionist and support staff. We observed care and treatment and reviewed 14 medical care records and prescription charts. We also reviewed the service performance data. We observed a multidisciplinary meeting and four patients' procedures and consultation. We also carried out focus groups for clinical and non-clinical staff during inspection.

Summary of this service

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

- The service had suitable premises and equipment and looked after them well.
- The majority of staff had received up-to-date mandatory training. The overall compliance for all nursing and medical staff was 94% which was better than the trust target (85%).
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies.

Urgent and emergency services

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- There was effective internal multidisciplinary team working within the service and across other discipline. Doctors, nursing staff, receptionist, radiographer and other healthcare professionals supported each other to provide good care.
- The service made sure staff were competent for their roles. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff cared for patients with compassion, respect, dignity and kindness. However, patients' confidentiality was not managed appropriately due to the service environment. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust and service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However, we also found areas for improvement:

- There was no system in place for staff to escalate to the safeguarding team and risk assesses patients that left the service before been assessed after booking in.
- Records were not always stored securely and appropriately.
- There was no formal regular teaching for medical and nursing staff in the service.
- Reasonable adjustment had not been made to the service so that people with visual or hearing impairment could access the service on an equal basis as others.
- We received mixed response from staff on the access to the translation services.
- There were no leaflets or posters on health promotion or condition in the service or displayed on the television. The service did not display information on how patients could provide feedback and make complaints.
- Paediatric patients waiting in the paediatric patients did not have urgent care centre staff oversight during and out of hours.

Is the service safe?

Requires improvement  

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

- The service did not have oversight of the number of patients who left the service before been seen, including vulnerable children and adults.
- There was no system in place for staff to escalate to the safeguarding team and risk assess patients that left the service before being seen after booking in.

Urgent and emergency services

- There were high vacancy, turnover, and sickness rates in the service compared to the other trust sites and the service had plans in place to address this. Shifts were often overstaffed against the planned numbers and this was managed through reliance on bank and agency staff.
- Although the service managed patient safety incidents well, staff did not always report safety incidents and had limited knowledge of incidents themes reported.
- Staff kept detailed records of patients' care and treatment; however records were not always stored securely and appropriately.
- The UCC had an arrangement with the paediatric outpatients to share their waiting area for children waiting to be seen in the service. However there was no CCTV and designated staff during out of hours in the paediatric outpatient area which meant that there was no oversight of these patients.

However, we also found areas of good practice:

- The majority of staff had received up-to-date mandatory training. The overall compliance for all nursing and medical staff was 94% which was better than the trust target (85%).
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. There were systems and processes to control and prevent the spread of infection. The department was visibly clean, tidy and free of any odours and standards of cleanliness were maintained throughout the department.
- The service had suitable premises and equipment and looked after them well.
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies.
- The service had medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- We were assured effective governance arrangements were in place to ensure safe storage and administering of medicines, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.

Is the service effective?

Good   

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

- The urgent care centre had systems in place to ensure policies, protocols and clinical pathways were reviewed regularly and reflected national guidance, best practice and legislations.
- The April 2018 audit showed that 89% of patient that accessed the service were solely managed and discharged without further input, referrals or redirected to other service which was outstanding for the level of service delivered in UCC.
- The service used current evidence-based guidance and quality standards to plan the delivery of care and treatment to patients.
- The nutrition and hydration needs of patients was considered during their time in the service, taking their cultural, dietary and religious need in consideration, to ensure they were not at risk of malnutrition.

Urgent and emergency services

- Patients' pain was assessed and managed as appropriately by staff on arrival at the department, including those with difficulties communicating.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service supported staff to maintain their professional skills and experience. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Medical staff received face to face informal educational support from the clinic lead.
- There was effective internal multidisciplinary team working within the service and across other discipline. Doctors, nursing staff, receptionist, radiographer and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- There was no formal regular teaching for medical and nursing staff in the service.
- People were not always supported and empowered to managing their own health. During inspection there were no displayed health promotion leaflets and posters in the service.

Is the service caring?

Good  ➡ ➡

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

- Staff cared for patients with compassion, respect, dignity and kindness. However, patients' confidentiality was not managed appropriately due to the service environment. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- The UCC reception and paediatric outpatient reception were separated using a folding screen. We saw that there was a risk of patients' conversations being heard on both sides.

Is the service responsive?

Good  ➡ ➡

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

- The urgent care service was planned and delivered service in a way that met the diverse needs of the local and surrounding population. Patient's needs and preferences were considered and acted on to ensure services were delivered to meet those needs.

Urgent and emergency services

- Care and treatment was coordinated with other services and providers, to ensure the needs of patient and their families were met.
- Patients had access to timely treatment after arrival in the urgent care service, even when the department was receiving a higher number of attendances than expected.
- The UCC consistently met the four-hour target for the period of December 2017 to November 2018, which was 99.9% and better the national average of 95%.
- There were processes in place to ensure complaints were dealt with effectively.

However:

- Although the needs and preferences of patients were considered when delivering and coordinating services including those with complex needs and vulnerable circumstances, services did not always meet the needs of people with visual and hearing impairment. Reasonable adjustments had not been made to the service so that people with visual or hearing impairment can access the service on an equal basis as others.
- The children's waiting area in UCC had inadequate play facilities and was not separated from the adults waiting area. We received mixed response from staff on the access to the translation services.
- Staff had limited understanding on the complaints trends received in the service and there was no displayed or accessible information on how to make a complaint, comment cards or how to give feedback about the service.

Is the service well-led?

Good   

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

- The urgent care service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The service had a clear management structure with defining lines of responsibility and accountability.
- The trust and service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There were effective systems of governance that looked at quality and performance. Staff understood their roles around governance and there were structures for reposting and sharing information from the department to the division and board and down again.
- The service had clear risk processes and systems in place for managing performance and identifying and mitigating risks.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Urgent and emergency services

- There was a culture and focus of continuous learning, innovation and improvement in the service to improve patient outcome. Staff we spoke to told us their managers encouraged and supported them to contribute ideas towards quality improvement in the department.

However:

- Although the service acted on staff and people's views and experiences to shape and improve the services and their experience, improvement was needed on patient's engagement and gathering patients' feedback to shape the service and inform them of improvement made.
- Staff were not encouraged to always report safety incidents by their managers.
- The senior managers also had mixed views on health promotions, written leaflets and meeting the needs of people with visual and hearing impairment.

Medical care (including older people's care)

Good   

Key facts and figures

Chase Farm Hospital is part of the Royal Free London NHS Foundation Trust group. The trust completed a new Chase Farm Hospital building in July 2018.

Medical care services at Chase Farm Hospital consisted of Capetown ward, an older persons assessment unit (OPAU) and an endoscopy unit.

Two of the units including the OPAU and the endoscopy unit are located within the new building. Capetown ward is located within the old hospital building

Capetown ward is a 24-bedded rehabilitation ward with eight beds allocated for stroke rehabilitation and 16 beds for general rehabilitation. There were 36 beds on the ward during our previous inspection, however, the number of beds have decreased over time. There are ongoing arrangements to transfer the ward to Barnet, Enfield and Haringey Mental Health trust by April 2019.

There were 471 admissions to Capetown ward between December 2017 and November 2018. All admissions to Capetown ward were elective. During the same period, 25,562 patients attended the endoscopy unit and 1632 patients attended the OPAU.

The OPAU is an admission avoidance unit for patients who cannot wait for routine outpatient appointments. The service receives referrals from GPs, community matrons, urgent care centres and nursing homes amongst others. The service is funded by the local clinical commissioning group and accepts patients from the local authority and environs. The OPAU opens from 9am to 7pm, Monday to Friday.

The endoscopy unit is accredited by the Joint Advisory Group (JAG) on gastrointestinal endoscopy. The unit offers elective endoscopy including colonoscopy, flexible sigmoidoscopy, gastroscopy, feeding tube insertion/change, bronchoscopy, dilatation and stents.

The endoscopy unit opens from 7.30am to 8pm Monday to Friday. Sessions run from 8am to 11.30am, 12 noon to 3.30pm and 4pm to 7pm. At the time of our inspection, the unit was carrying out extra sessions at weekends to reduce waiting lists.

We visited Capetown ward, the endoscopy unit and OPAU during our announced inspection from 11 to 13 December 2018. We spoke with 19 members of staff including doctors, nurses, allied health professionals, administrative staff and domestic staff. We spoke with eight patients and five relatives. We reviewed 14 patient records and five prescription charts. We made observations of the environment, staff interactions and checked various items of equipment.

Summary of this service

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

- Staff kept records of patients' care and treatment. Staff completed comprehensive risk assessments and followed escalation protocols for deteriorating patients.
- There were effective systems in place to protect people from harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.

Medical care (including older people's care)

- Medicines were stored and administered safely.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of local audits to improve patient care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff were aware of their responsibilities under the mental capacity act and we saw appropriate records in patient's notes.
- There was effective multidisciplinary working, including liaison with community teams, to facilitate timely discharge planning.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients. There was a proactive approach to delivering care in a way that met the needs of older people and people living with dementia.
- The leadership team had a clear vision and strategy and there were action plans in place to achieve this.
- The trust had implemented a number of innovative services and developed these to meet patient needs. The trust was committed to improving services by learning, promoting training and innovation.

However:

- There was insufficient occupational therapy cover to support patients with cognitive issues.
- Waiting times from referral to treatment was not in line with national standards for the endoscopy unit.
- Staff within the endoscopy unit felt they were not always involved in the decision-making process by the executive team.
- Not all risks identified during our inspection were on the risk register.

Is the service safe?

Good  

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

- Several areas of concerns raised in our previous inspection had been addressed. Infection control practice and record management had improved. Staff completed and updated risk assessments for each patient.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Medical care (including older people's care)

- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- The service had implemented several programmes to support national priorities and improve the health of the local population.

However:

- There was insufficient occupational therapy cover to support patients with cognitive issues. Therapy cover was limited to week days only.

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 staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good   

Medical care (including older people's care)

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

- The trust planned and provided services in a way that met the needs of local people. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs.
- The service took account of patients' individual needs. People's individual needs and preferences were central to the delivery of tailored services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Waiting times from referral to treatment was not in line with national standards for the endoscopy unit. At the time of our inspection, waiting times were six weeks for cancer cases instead of two and 16 weeks for routine cases instead of six.

Is the service well-led?

Good   

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

- Managers had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision for what it wanted to achieve and plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training and innovation.

However:

- Staff within the endoscopy unit felt they were not always involved in the decision-making process by the executive team.
- Not all risks identified during our inspection were on the risk register. For example, insufficient therapy staffing on Capetown ward was not identified as a risk on the risk register

Surgery

Good   

Key facts and figures

At our previous inspection, in 2016, we rated surgical services at Chase Farm Hospital as good.

Shortly before this current inspection the service had re-located into a new purpose-built hospital building. Whereas previously there were two surgical wards, Canterbury (18 beds) and Wellington (39 beds), there was now one new surgical ward with 50 beds. The surgical ward had 42 single en-suite rooms and two four-bed single-sex bays for short-stay patients. There were eight operating theatres and a separate day surgery unit on the second floor. At the time of the inspection, the surgical service was not yet operating at full capacity. The trust told us that although the new surgical ward had 50 beds only 40 were workforce-commissioned and that one of the eight theatres was not yet workforce-commissioned.

Between November 2017 and October 2018, 9,019 surgical procedures had taken place at Chase Farm Hospital. The largest number of procedures by speciality were orthopaedics (2,654), gynaecology (1,245), maxillo-facial surgery (1,061), general surgery (952), ENT (912) and urology (865). Almost all of these were elective (planned) procedures. Patients requiring emergency surgery were seen at other hospitals within the trust.

We spoke with 35 staff including doctors, nurses and allied health professionals and with four patients. We visited the ward, theatres, recovery, day surgery unit and pre-assessment areas.

Summary of this service

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

- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes. Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- Staff treated patients with kindness, dignity and respect. Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.
- The needs and preferences of different people, including the local population, were taken into account when designing and delivering services. People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

However:

- The trust needed to take action to ensure that patients were protected from the risk of avoidable harm. We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.

Surgery

Is the service safe?

Requires improvement  

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

- We were not assured that there was an effective process in place to prevent avoidable patient safety incidents from reoccurring. Evidence of completed actions in response to serious incidents, was not robust. Staff told us they reported incidents infrequently and therefore opportunities to learn from near-misses were lost. We were not assured that there was a robust culture of incident reporting.
- Safety checks in theatres were not fully compliant with national guidelines. The brief and de-brief steps of the safer surgery checklist were not consistently structured or recorded, in-line with national safety standards for invasive procedures (NatSSIPs). Not all staff were present at the brief. Therefore, the opportunity to share key safety information relating to patient risk was missed.
- Although the service provided mandatory training in key skills to all staff, not all staff had completed it. The trust set a target of 85% for completion of mandatory training. The 85% target was met for 10 of the 17 mandatory training modules for which qualified nursing staff were eligible and six of the 17 mandatory training modules for which medical staff were eligible. Most staff told us they did not get time to complete training and had to do it in their own time.
- Although the service followed best practice when prescribing, giving and recording medicines, we found some medicines were not stored in line with trust policy.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They responded quickly to patients and gave additional pain relief when needed.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

Surgery

- Patients were supported and encouraged by staff to take ownership of their recovery which helped to improve patient outcomes.

However:

- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, they did not consistently follow the trust policy to ensure the consent process was appropriately documented.

Is the service caring?

Good  → ←

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

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

Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Theatre lists often started late meaning patients sometimes had to wait a long time on the day of their procedure. The service had not carried out any audit of patient waiting times to assess the impact of this issue and identify areas for improvement.

Is the service well-led?

Good  → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

Surgery

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

The Royal Free Hospital

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Key facts and figures

The Royal Free Hospital is situated in the borough of Camden which has a population of around 230,000. The hospital has a total of 830 beds.

The hospital provides a full range of adult, elderly and children's services across medical and surgical specialties as well as an accident & emergency department.

The Royal Free Hospital is a major tertiary referral centre for medical and surgical specialties and has an active organ transplant programme for liver and kidneys.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with over 60 patients and their relatives, and over 200 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 40 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

Summary of services at The Royal Free Hospital

Requires improvement  

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

- We rated safe, responsive and well-led at this hospital as requires improvement and we rated effective and caring as good.
- We rated three of the five services inspected, during this inspection, as requires improvement overall.
- Many of the issues identified during the previous inspection, which impacted on the safety and responsiveness of the service, had not been yet been addressed by the hospital's leadership team.
- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.**
- **Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.** Documentation indicated patients did not always receive the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage. Medicines were not always stored securely and managed appropriately.

Summary of findings

- **Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** Nurse vacancy rates and turnover rates were significantly higher than trust targets and services relied on temporary staff to fill shifts.
- **Standards of nursing documentation were inconsistent and persistent concerns about the performance of agency nurses had not been addressed.** The impact of short staffing and lack of specialty team cover at weekends was evident in the inconsistencies and errors we found in some patient documentation, including important medicine administration records. There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- **We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.** Although the hospital generally managed patient safety incidents well, evidence of completed actions in response to serious incidents, was not always robust. There were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- **Equipment was not always well looked after or safely maintained.** Not all equipment was up to date with planned preventative maintenance and staff in some services reported frequent equipment failures. This did not meet recommended standards. There were a number of incidents reported relating to the loss or missing surgical instruments after an operation. Whilst instruments were checked at the end of an operation, some instruments would be missing when arriving at the sterile services department.
- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There was an increase in the number of patients being cared for overnight in the recovery area in the operating theatres due to a lack of suitable beds. Delays in theatres meant patients sometimes had to wait a long time on the day of their procedure. Long waits in A&E were a regular occurrence due to lack of capacity to meet service demand.
- **Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed.** Staff did not always use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports. Some staff said they regularly struggled to meet the needs of patients with mental health conditions whilst they were waiting for a mental health bed placement. Some staff told us their training was insufficient to meet patient needs.
- **Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.** Some department level risks had not been identified or adequately addressed. Not all risks identified during our inspection were on the hospital's risk register; therefore we were not assured that senior leaders had appropriate oversight of these issues.
- **Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.**

However:

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Staff delivered care and treatment in line with national guidance.

Summary of findings

- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- **Staff treated patients with kindness, dignity and respect.** Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- **Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.** Senior staff were visible, approachable and supportive. Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive.
- **The trust was committed to improving services by learning, promoting training, research and innovation.** Staff were positive about the support they received to challenge existing practice and try out new ideas.

Urgent and emergency services

Requires improvement  

Key facts and figures

The Royal Free Hospital site provides a 24-hour, seven days a week service. A total of 113,265 patients attended the emergency department between November 2017 to October 2018, of which 90,765 were adults and 22,500 were children.

The department comprised of:

- Rapid assessment and triage (RAT) area with six cubicles.
- Major injuries area with 16 cubicles and one isolation cubicle, as well as two close observation rooms for patients who presented with mental health problems.
- Resuscitation area with six bays including one designated for use with children.
- Paediatric emergency department
- Urgent care centre

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. We looked at eight sets of adult patient records and four sets of paediatric patient records. We spoke with 33 members of staff including doctors, nurses, managers, support staff, administrative staff and ambulance crews. We also spoke with four patients and eight relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

Summary of this service

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

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with good practice. The department did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed. Nurses and healthcare assistants told us they did not use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports
- Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.
- There was low compliance with hand washing before and after patient contact.
- We found that daily checks of the resuscitation trolley in the rapid assessment and triage (RAT) area were not always carried out.
- There was inconsistent record keeping for emergency department patients in the adult assessment unit, which was staffed by general medical nursing staff.
- Staff were unsure about the lines of medical patient responsibility in the adult assessment unit.

Urgent and emergency services

- The department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) moderate and acute severe asthma and consultant sign-off audits.
- Appraisal rates for nursing and medical staff were not compliant with the trust standard.

However:

- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes. Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- Staff treated patients with kindness, dignity and respect. Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.
- The introduction of a rapid assessment and treatment area meant there was increased patient streaming provision.
- There were improved facilities for patients with mental health conditions. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was a robust governance structure with clearly defined areas of responsibility for individual members of medical staff. Staff were encouraged to report incidents and learning was widely shared.

Is the service safe?

Requires improvement   

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

- Although the service provided mandatory training in key skills to all staff, not all staff were compliant with the trust standard of 85%.
- Nursing staff were non-compliant with 14 out of 18 mandatory training modules; non-compliance ranged between 53.9% and 82%. Medical staff were non-compliant with 17 out of 18 mandatory training modules. Non-compliance ranged between 56.6% and 83.8%.
- Nursing staff were non-compliant with three out of five safeguarding training modules. Non-compliance ranged between 61.5% and 78.2%. Medical staff were non-compliant with all five safeguarding training modules. Non-compliance ranged between 62.5% and 75.7%.
- Hand hygiene audits submitted following inspection showed there was inconsistent hand washing before and after patient contact. There was 12.5% compliance with hand washing before patient contact and 75% compliance after patient contact. Compliance with correct hand washing technique varied between 37.5% and 80%.
- We found that daily checks of the resuscitation trolley in the rapid assessment and triage (RAT) area were not always carried out. For example, there were three consecutive days where no checks were evidenced. However, checks of four other adult and one paediatric resuscitation trolley demonstrated that all equipment was present and there were no gaps in daily checks.

Urgent and emergency services

- There was inconsistent record keeping for emergency department patients in the adult assessment unit, which was staffed by general medical nursing staff. For example, there was no assessment of pressure areas on three out of four records and no venous thromboembolism (VTE) assessment on two out of four.

However, we also found:

- There were improved facilities for patients with mental health conditions. This included two close observation rooms which met the standard for mental health assessment rooms in emergency departments.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good   

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

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and any amendments were regularly discussed at team meetings.
- The 2016/17 Severe sepsis and septic shock audit demonstrated that the department was in the upper UK quartile for four standards. These included antibiotics administered within one hour of arrival and blood cultures obtained within one hour of arrival.
- The department had an active audit programme which included national audits requested by the RCEM as well as others based on NICE guidance.
- Emergency department staff took part in a local Commissioning for Quality & Innovation (CQUIN) project and worked closely with mental health providers and other agencies to reduce the number of frequent attenders who would otherwise benefit from mental health and psychosocial interventions.
- Representatives from the emergency department were part of Clinical Practice Groups (CPGs) which used evidence-based principles and current best practice to redesign care pathways, reduce variation and improve care delivery across the trust.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care and to achieve consistency across the trust.
- 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:

- The emergency department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) Moderate and acute severe asthma audit.

Urgent and emergency services

- The emergency department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) Consultant sign-off audit.
- Appraisal rates for medical and nursing staff were below the 85% trust standard. The appraisal rate at the time of inspection for nursing staff was 74% and 77% for medical staff.
- Compliance rates for medical (70%) and nursing staff (80%) for Mental Capacity Act (MCA) 2005 training was below the trust compliance rate of 85%. However, staff we spoke with understood their duty to act in the patient's best interest and the key principles of the MCA

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff we spoke with showed understanding and a non-judgmental attitude when talking about patients with mental health needs, learning disabilities, autism or dementia.

Is the service responsive?

Requires improvement  

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

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with good practice.
- The department did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- The trust did not meet the Royal College of Emergency Medicine recommendation that patients should not wait more than one hour from time of arrival to receiving treatment.
- Nurses and healthcare assistants told us they did not use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports. However, the trust subsequently told us there were available resources including key chains with basic health related signs and symbols, as well as hospital passports on the intranet.

However:

- The trust planned and provided services in a way that met the needs of local people.
- Patients with a learning disability were flagged on the electronic patient record system.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Urgent and emergency services

Is the service well-led?

Good   

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

- The leadership team had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Nurses told us the recently established focus groups and the resultant breakfast meetings made them feel listened to and valued by managers.
- Many staff described the culture of the emergency department as progressive, with consideration given to patient care, comfort and safety at all times.
- Patients and their relatives were invited to make suggestions on the design of the emergency department, including the paediatric emergency department. This was taken into consideration for the dementia-friendly cubicles in the emergency department as well as the décor and lay out in the paediatric emergency department.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a robust governance structure with clearly defined areas of responsibility for individual members of medical staff.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- Many staff told us there was often lack of clarity about medical responsibility of patients in the adult assessment unit.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

The medical care service at the trust provides care and treatment for a number of specialties. There are 281 medical inpatient beds located across 12 wards on the Royal Free Hampstead Hospital site.

A full site breakdown can be found below:

- Barnet Hospital: 249 beds are located within 11 number wards
- Chase Farm: 32 beds are located within one ward

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 66,461 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 24,946 (37.5%), 2,647 (4.0%) were elective, and the remaining 38,868 (58.5%) were day case. Admissions for the top three medical specialties were:

- General medicine - 16,323 admissions
- Gastroenterology - 13,648 admissions
- Dermatology - 5,987 admissions

There is a private patients unit (PPU) at the Royal Free Hospital, which provides inpatient medical, outpatient medical and inpatient surgical care. We included PPU wards and inpatient medical care in our inspection.

We included the endoscopy unit and discharge lounge in our inspection of this core service.

We last inspected medical care in February 2016 and rated the service good overall. This reflected a rating of requires improvement in safe and good in effective, caring, responsive and well led. Following that inspection, we told the trust they must improve compliance with the national 62-day cancer wait times and improve the availability of up to date electronic clinical guidelines and policies. We also told the trust they should implement an electronic patient system that enabled staff to quickly identify those who were vulnerable or at risk of harm.

At this inspection we found the trust had acted to address these areas with some evidence of progress.

To come to our ratings, we inspected every medical inpatient ward and wards that were part of the transplant and surgical services division, where they provided medical care. We spoke with 79 members of staff reflecting a range of different professions, grades, experience and areas of responsibility. We spoke with 13 patients and nine relatives, reviewed 25 medical records and over 120 other pieces of evidence. We carried out an unannounced inspection on a Saturday following our weekday announced inspection.

Summary of this service

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

- Many of the issues identified during the previous inspection, had not yet been fully addressed by the service.
- The impact of short staffing and lack of specialty team cover at weekends was evident in the inconsistencies and errors we found in patient documentation, including important medicine administration records.

Medical care (including older people's care)

- Although staff had access to care guidelines and tools, failure to follow these had led to serious incidents. We also observed a lack of agency staff knowledge of them during our inspection. This meant there was no robust overarching system to check compliance with trust policies.
- Processes and systems did not effectively or consistently support staff to deliver care or to excel in their roles. This included a mandatory training system that was not fit for purpose, multiple risks and gaps in the IT system and a significant lack of equity in how staff engagement processes were delivered.
- Healthcare assistants (HCAs) had highly variable support and experiences working in the hospital. While some HCAs reported good local working relationships the majority we spoke with said they felt ignored by the trust with a lack of opportunity and respect. This was corroborated by ward managers.
- The trust had not effectively addressed issues of bullying and harassment and feelings of intimidation caused by a very hierarchical working environment. There were inconsistencies in the progress senior divisional staff said they had made in this area and information a significant number of staff gave us.
- Standards of medicines management overall were good although we found examples of poor stock management that placed patients at risk and that were not adequately rectified by local teams.
- Governance and leadership systems were not functioning well for specialist teams that provided care to a range of wards, including for clinical practice educators and allied health professionals.
- Standards of nursing documentation were inconsistent and persistent concerns about the performance of agency nurses had not been addressed.

However, we also found areas of good practice:

- Safeguarding processes in NHS wards were clearly embedded. The safeguarding team provided a highly specialised service across all medical care areas and had implemented an action plan to meet the requirements of the 2018 intercollegiate guidance on adult safeguarding.
- The high-level isolation unit (HLIU) reflected the successful outcome of a specialised, multi-professional project to establish a unit and highly skilled team to meet the needs of patients with life-threatening and rare infections. HLIU was one of only two such units in England and the matron and their team had established robust standard and emergency operating procedures, including a six-hour activation time from the first point of escalation.
- Divisional lead nurses had established detailed guidance on staffing levels for each ward using evidence-based assessments from the National Quality Board safe staffing levels. Along with local initiatives to improve recruitment, this helped to stabilise teams.
- Multidisciplinary working was clearly embedded in care delivery and patients were treated by a range of clinical nurse specialists and specialist consultants. Teams had opportunities for shadowing and rotations that enabled them to develop skills and build relationships in other areas.
- Specialist clinical teams and ward teams based staff training and service development on the changing needs of their population group and demonstrated a focus on holistic care to improve outcomes.
- The hospital performed well in 18-week referral to treatment times with five specialties better than national averages.
- Systems were in place to coordinate access, flow and discharge between strategic and clinical teams. This included a schedule of meetings and response actions led by discharge and flow coordinators, operations managers and consultants.
- There was evidence of learning from incidents, complaints, patient feedback and staff engagement although this differed significantly between wards, teams and specialties.

Medical care (including older people's care)

- Each ward or specialty had developed a vision and strategy in alignment with the overarching trust and divisional objectives and goals. Governance committees maintained oversight and clinical staff were involving in projects and initiatives to drive progress.

Is the service safe?

Requires improvement   

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

- The service provided mandatory training in key skills to all staff although they did not make sure everyone completed it. Completion of mandatory training was poor and medical staff did not meet the 85% trust standard, with overall completion at 45%. Nurses met the standard in nine of 18 subjects with overall completion at 81%. Low training completion was reflected in safeguarding, in which only 48% of medical staff had the required level of completion.
- Staff did not consistently keep detailed records of patients' care and treatment. Nursing observations were not completed consistently on some wards. During our weekend unannounced inspection, there were gaps of several hours in records in some cases. The trust had recently introduced a new national system to identify patient deterioration, called NEWS2 (National Early Warning Scores). We found significant variances in standards of completion.
- Although the service managed patient safety incidents well and staff recognised incidents and reported them appropriately, themes of incidents indicated gaps in safety assurance. Whilst root cause analyses were comprehensive and backed by governance committees, there were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- The service did not consistently follow best practice when prescribing, giving, recording and storing medicines. Documentation did not indicate patients always received the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage.
- Although there was a system in place to ensure patients cared for as outliers outside of the medical specialty were reviewed, staff felt that safety was compromised in instances where specialist reviews could not be obtained.

However, we also found areas of good practice:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Most wards were fully compliant with national guidance and legislation in relation to infection control and the environment, including in the management of sharps. Ward teams encouraged the use of antibacterial hand gel and good hand hygiene practice for visiting colleagues and relatives.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding training compliance rates for nursing staff was good and met the trust target in all four modules required.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Processes were in place to ensure patients were assessed and monitored for risk. While we found some areas for improvement in the consistency of documentation, overall standards were good. Staff followed trust and national guidance in the assessment of treatment of sepsis, including use of the Sepsis6 tool.

Medical care (including older people's care)

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse vacancy rates and turnover rates were significantly higher than trust targets. However, local ward-led recruitment initiatives and projects aimed at improving retention were improving these and some wards had reduced their vacancy rate by 20%.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Vacancy, turnover and sickness rates for doctors were better than the trust target and there was little use of bank or locum staff.
- Medical care had significantly reduced the prescribing of antibiotics.
- The service used safety monitoring results well.

Is the service effective?

Good ● ➡ ➡

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff delivered care and treatment in line with national guidance, including from the National Institute of Health and Care Excellence (NICE) and the Royal College of Physicians (RCP). The private patients unit (PPU) used both NHS and independent healthcare benchmarking tools to establish standards of care and outcomes.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff promoted good standards of nutrition and hydration amongst patients, used established systems to address risk and adapted mealtime services to meet the needs of patients living with dementia.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- chronic and acute pain teams were based in the hospital and nurses uses pain assessment tools to ensure they managed pain effectively.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Care and treatment was evidence-based against national and international best practice guidance. Staff gained audit and benchmarking skills as part of leadership progression pathways to contribute to their service's development.
- The endoscopy unit could not achieve Joint Advisory Group (JAG) accreditation without a new unit. However, staff used the Global Rating Scale (GRS) to assess and monitor the standard of care they delivered in lieu of formal accreditation. The most recent assessment scored the unit highly, with a maximum A grade in 14 out of 19 criteria.
- The hospital performed well in the national Sentinel Stroke National Audit Programme and in the most recent results achieved the maximum A grade, which reflected improvements since the previous audit.
- The service made sure staff were competent for their roles. Clinical practice educators led specialised training programmes across medical services and responded to changing trends in patient needs by introducing new training. Highly specialised simulation training was provided on a rolling basis for the on-call high-level infection unit (HLIU) team.

Medical care (including older people's care)

- Although the hospital did not meet the national standard of patients with lung cancer seen by a cancer nurse specialist, performance had significantly improved since 2016, from 34% compliance to 84%.
- The tissue viability team had increased training and health promotion across medical care to address issues with pressure ulcers and skin integrity management. An external review in October 2017 found a 1.9% prevalence of hospital-acquired pressure ulcers, which was significantly better than the national average of 3.5%.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However, we also found areas for improvement:

- A lack of existing protocols or procedures, or the failure to follow these when they were in place, were significant contributing factors in all five serious incident investigations we reviewed that took place in 2018.
- The hospital did not meet any of the aspirational standards of the 2017 National Audit of Inpatient Falls. Ward teams had implemented projects to address falls risks in their specific areas although this remained a significant risk on the medical and urgent care risk register.
- Standards of care plans were variable and there was not always enough information in them to help staff plan and deliver care. Clinical practice educators were aware of this and were working with nursing staff to implement more consistent standards.
- The endoscopy service did not have a dedicated pre-assessment facility and clinicians relied on the information in a referral and during the consenting process to understand each patient's needs. This meant patients with multiple morbidities were at risk of missed diagnoses and opportunities to provide a good outcome. Clinicians had identified this as a risk and had increased the detail of patient histories to address it.

Less than 50% of doctors had completed up to date mental capacity training and we found inconsistencies in how doctors used do not attempt resuscitation (DNAR) assessments.

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.
- Inpatient wards performed consistently well in the NHS Friends and Family Test and from September 2017 to August 2018 medical achieved an overall 89% recommendation rate.
- Staff demonstrated kindness, compassion and empathy and ensured care was adapted to those who were in distress or upset.
- Each ward team displayed thank you cards and notes of gratitude they had received from patients and their relatives. We saw comments that empathically described the kind and personal care staff had delivered.
- Staff provided emotional support to patients to minimise their distress. Healthcare assistants took a lead role in providing patients with emotional support and worked with them one-to-one to allay their fears and anxieties about being in hospital.

Medical care (including older people's care)

- A range of services and professionals were available in the hospital to provide targeted emotional and psychological welfare support. This included a 24-hour multi-faith chaplaincy and a non-profit cancer support organisation.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff demonstrably valued the contribution of carers and made sure they were welcomed and involved in patient care.
- Specialist teams worked with patients to help them understand their conditions and how to manage their care, including through lifestyle and home adaptations.

However, we also found areas for improvement:

- The endoscopy team were unable to maintain standards of dignity and privacy due to environmental challenges.

Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. Staff planned and adapted care and treatment to meet the changing needs of patients in their medical specialty and demonstrated a good understanding of the public health and social care needs of their population group.
- The private patients unit (PPU) provided specialty liaison services for international patients and those referred by medics in their embassy. This meant they had rapid access to treatment and support to coordinate care with doctors in their home country.
- Staff in some medical specialties demonstrated understanding of population-based health amongst their patient groups and how this impacted care and treatment needs. The hepatology team had significantly enhanced holistic care to address the needs of a changing demographic of patients.
- The service took account of patients' individual needs.
- The tuberculosis, tissue viability and discharge lounge teams had established specific service development projects to address the medical needs of patients experiencing significant challenges, such as homelessness or difficult home situations.
- The dementia lead had worked with health services for elderly patients (HSEP) teams to significantly improve resources for patients living with dementia. This included day room refurbishment and the implementation of the national John's Campaign to expand services for carers.
- Volunteers provided a range of services to medical inpatients to help make their stay more pleasant. This included working with the chaplaincy and providing bedside trolley services with library books and personal comfort items such as toiletries.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The hospital performed better than the national average in five out of nine specialties for the 18-week referral to treatment time.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found areas for improvement:

Medical care (including older people's care)

- The heart attack service was operating significantly under capacity and the senior divisional team identified the cardiac catheter laboratory service as an on-going risk due to aging infrastructure. In 2018 the lab was out of service for 80 cumulative days, which reduced the ability of the service to meet demand.
- Staff said they regularly struggled to meet the needs of patients with mental health conditions whilst they were waiting for a mental health bed placement. Some staff told us their training was insufficient to meet patient need and this led to an increase in incidents, including a vulnerable patient absconding and a suicide attempt.
- Short staffing on wards meant patients did not always receive support with personal care and hygiene.
- Allied health professional therapists were significantly under-resourced to be able to meet the needs of patients who presented with highly complex, long-term needs.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, there was limited evidence this contributed to improved staff wellbeing and experiences. Some staff were very critical of the trust approach to a cohesive workforce and methods to address bullying. For example, the trust had organised an engagement event to improve working relationships between doctors and nurses but no doctors had attended.
- Most staff we spoke with said there was a strict hierarchy in the trust that reduced respect between staff of different grades and meant junior staff were less likely to challenge poor practice.
- The trust did not have consistently effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. All specialties and divisions had clear risk registers with regularly documented updates and evidence of process. However, this did not always lead to meaningful change or risk reduction.
- Healthcare assistants did not always feel their role and contribution was valued or that they were respected as a group. Similarly, clinical practice educators and allied health professionals lacked robust governance or support structures.
- There was limited evidence the trust acted on feedback from staff regarding the extensive challenges with IT systems, despite these impacting on training compliance and access to critical systems.
- Security arrangements to protect staff, patients and visitors were not robust or consistent.
- Arrangements for morbidity and mortality (M&M) governance differed between specialties and there was no independent, external challenge to the findings.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. However, poor information access, control and management was reflected frequently in risks for services.

However, we also found areas of good practice:

Medical care (including older people's care)

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive. Senior nurses in some areas had established scheduled opportunities for staff to meet briefly and discuss their day and any challenges they were facing.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Trust, divisional and service-level visions and strategy were clearly aligned to achieve common objectives and governance committees maintained oversight. Divisional leaders had established a working group following a reorganisation to focus on their strategy, structure and development.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff in some areas said the trust had acted to change a culture of bullying and harassment through engagement exercises and more consistent opportunities for communication. The trust and divisions provided multiple methods of engagement with staff at all levels of the organisation. This included printed and digital publications, chief executives' briefings and clinical audit awareness events.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Clinical governance frameworks were functioning and provided senior staff with assurance of service safety, quality and outcomes.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Surgery

Requires improvement  

Key facts and figures

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team was overseen by an inspection manager and included a CQC inspector, a pharmacist inspector and two specialist professional advisors: one surgical nurse and a consultant surgeon.

We inspected the perioperative care pathway from assessment, admission, operating theatre and recovery. We looked at provision for both inpatient and day care patients. We visited the main theatre and day care theatre departments. We also visited the pre-assessment clinic, and ten inpatient wards where we inspected a range of surgical specialties: 9 north, 9 west, 3 east, 5 east B, 10 east, 7 west, 7 north, 6 east, 5 north A and the private patient unit (PPU).

We spoke with 41 members of staff including the surgery service leadership team, doctors, nurses, operating department practitioners, allied health professionals, pharmacists, health care support workers and administrators. We also spoke with 10 patients.

We reviewed 12 sets of individual patient records and 12 medicines administration records.

We attended a range of meetings including multi-disciplinary safety huddles, patient handovers and board rounds.

Information we hold and gathered about the provider was also used to inform our inspection and the specific questions we asked.

Summary of this service

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

- Compliance with mandatory and safeguarding training for medical and nursing staff did not meet the trust target of 85%.
- The trust had reported eight never events for surgery, four of these occurred at the RFH site.
- There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- Medicines were not always stored securely and managed appropriately in the operating theatres.
- Staff appraisal figures remained at 72% which was below the trusts 85% target.
- Patients continued to arrive at 7.30am on the day surgery unit for their operation which resulted in 25% of patients having to wait for their operation until the afternoon.
- Operating theatre utilisation rates (70-80%) remained low. Performance had improved from our previous inspection of 63% but further improvement remained a high priority for the service.
- There was an increase in the number of patients being cared for in recovery overnight. The length of stay ranged from 14 hours to 23 hours.
- Whilst most staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.

Surgery

However:

- Staff awareness of incident reporting had improved.
- There was effective multidisciplinary team (MDT) working to support patients' health and wellbeing with good access to services such as pain and tissue viability.
- Staff recognised the importance of providing good standards of patient care regardless of how busy they were. Most of the patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.
- There was a clinical audit programme which informed service development. Surgical pathways were planned and delivered in line with referenced national clinical guidance.
- The trust had carried out an audit in 2018 to review its progress against the seven-day services standards which showed an improvement compared with 2017.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.

Is the service safe?

Requires improvement  

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

- Not all nursing and medical staff had completed their mandatory training and they did not meet the trust's mandatory training compliance rate target of 85%. Nursing staff achieved the target for eight out of the 18 modules, with medical staff for one of the 18 modules.
- Medical staff safeguarding training compliance rates fell below the trust target.
- At the last inspection we found that between December 2014 and November 2015 the RFH had three never events. At this inspection we found the trust had reported eight never events for surgery, four of these occurred at the RFH site.
- The processes for analysing serious incidents and developing action plans for improvement were not robust.
- The ageing stock of anaesthetic machines had been identified as a risk because replacement parts for faulty equipment might not be available. We were told there was a replacement programme for 2019/20 which included the rolling replacement programme that went to the asset management group.
- There were several incidents reported relating to the loss or missing surgical instruments after an operation. Whilst instruments were checked at the end of an operation, some instruments would be missing when arriving at the sterile services department Senior staff were planning to raise this issue with theatre staff.
- There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- Medicines were not always stored securely and managed appropriately in the operating theatres. For example, we found some drugs were kept in unlocked cupboards.

However:

- Staff awareness of reporting incidents had improved.

Surgery

- At our last inspection we saw that there were no wipe boards within theatres to record swabs, needles and instruments used intraoperatively. At this inspection we saw white boards were in operation. Staff told us the white boards were helpful in ensuring checks were consistently carried out.
- Emergency equipment was easily located and ready for use. Staff were trained to use it and fulfilled their responsibilities in checking and using it in line with national and local guidelines.
- Staff were trained and competent to monitor and act upon any deterioration in a patient's condition and used an early warning score to aid the process.
- Procedures to identify and respond to individual risks to patients were understood and carried out by staff.
- All of the patient areas we visited were visibly clean and there was good compliance with infection prevention and control processes.

Is the service effective?

Good   

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

- Surgical pathways were planned and delivered in line with referenced national clinical guidance. The service engaged in local and national audit programmes which informed service development.
- There was effective multidisciplinary team (MDT) working to support patients' health and wellbeing with good access to services such as pain and tissue viability.
- The trust had carried out an audit in 2018 to review its progress against the seven-day services standards and information provided by the trust showed an improvement compared with 2017.
- Staff had the required knowledge, skills and competencies to carry out their roles effectively. Managers provided developmental support.
- Staff gave patients enough of the right type of food and drink to meet their needs and improve their health.
- Staff ensured that patients were given adequate pain relief and regularly assessed their needs.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good   

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

- Patients gave consistently positive feedback about the quality of care they received.
- Staff recognised the importance of providing good standards of patient care regardless of how busy they were. Most of the patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.
- All patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.

Surgery

- We observed staff provide emotional support before and after surgery. For example, theatre staff reassured patients as they waited for surgery and afterwards in the recovery area.
- All patients we spoke with felt staff involved them and their carers in planning their treatment and care.

Is the service responsive?

Requires improvement  

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

- Many of the issues identified during the previous inspection, which impacted on the responsiveness of the service and had not been yet been addressed.
- There was an increase in the number of patients being cared for overnight in the recovery area in the operating theatres due to a lack of suitable beds.
- At the last inspection in 2016, we found there was limited staggering of arrival times in the day surgery unit for operations. These meant patients often arrived at 7:30am but did not have their operations until the afternoon. This was still the case at this inspection with 25% of patients (400 out of 1,631) arriving in the day surgery unit in the morning not having their operation until the afternoon.
- Operating theatre utilisation rates (70-80%) remained low. Performance had improved from our previous inspection of 63%. Emergency theatres were running at 84% - 100% during 8am to 8pm but further improvement remained a high priority for the service.

However:

- The trust planned and delivered services to meet the needs and demands of local people. Senior leaders worked with the local clinical commissioning groups to improve patient care and access to services.
- There were systems in place to aid the delivery of care to patients in need of additional support.
- Outcome measures for patients had improved
- The service made adjustments for patients' religious, cultural and other preferences.

Is the service well-led?

Good   

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

- Staff felt engaged in decision making and communication across the trust had improved.
- There were effective risk management and governance systems in place and risks identified by staff were aligned with what was on the risk register.
- The local leadership team was knowledgeable about the service's performance, priorities and the challenges they faced. Action was taken to address the challenges.
- Staff understood and applied the trust vision and values.
- Staff understood the principles of the duty of candour and felt confident in the related information and processes.

Surgery

- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas

However:

- We reviewed records related to never events. There was limited evidence of shared learning across the trust and little documentation to show how the evidence could be followed through to where learning was shared.
- Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres. Senior staff confirmed action was being taken to address some behaviours which were carried in within the confines of confidentiality.

Critical care

Good   

Key facts and figures

The Royal Free Hospital is a major tertiary referral centre for medical and surgical specialties. The critical care unit provides services to support all the in-patient specialities including hepatobiliary services (for patients with diseases of the liver, bile duct, gall bladder and pancreas), an established liver transplantation programme, haematology, complex vascular surgery, plastic surgery and renal services. The Royal Free Hospital has an active organ transplant programme for liver and kidneys. Most patients come to the unit after planned surgery but a proportion are admitted through the emergency department and from hospital wards, either due to becoming more unwell or after emergency surgery.

Up to 1700 patients are admitted to ICU each year. Of these admissions 40% are planned, some 30% of patients had diseases of the liver, gallbladder, bile duct and pancreas. 50% of patients were long stay (over two weeks). The 34 ICU beds are on the 4th floor of the hospital in three wings, known as 'pods': south, east and west, each with similar layout and storage facilities. Each pod has 24-hour consultant cover by a specialist in intensive care medicine and all care is consultant led. Each consultant is supported by a team of junior grade doctors who are at different stages of their training. A senior nurse leads each shift on each unit.

ITU East has 14 beds including one side room and a two-bedded side room

ITU South has 11 beds including eight side rooms

ITU West has nine beds including six side rooms

All beds can facilitate level 3 care. The unit is considered at capacity if 28 beds have level 3 patients, but this number is often exceeded. Level 3 care is for patients requiring advanced or basic respiratory support together with support for at least two organ systems. Level 2 care is for patients requiring single organ support. Level 3 patients are nursed one to one and level 2 patients were nursed 1:2 unless in a side room, where one to one care is always needed.

The critical care service uses a range of enhanced physiological monitoring systems, organ supportive therapies and complex treatments and treat all acute illnesses that necessitated a high staff to patient ratio and a highly skilled, multi-professional team.

Critical care is part of the hospital's surgical and associated services division, led locally by a clinical lead and two matrons. The team includes 15 critical care consultants. Eight teams of nurses are each led by a senior nurse (band 7). There is an education team of practice development nurses. Allied health professionals such as physiotherapists, a dietician an occupational therapist and pharmacists support the unit.

A Patient at Risk response team (PARRT) supports the ICU as well as the rest of the hospital. It is led by a Band 8a nurse supported by an establishment of 11.19 WTE Band 7 nurses.

Summary of this service

Our rating of this service stayed the same. Overall, we rated the service as good because:

- At our inspection in 2016, we had identified some concerns including feedback from incidents, timely response to national audits, delayed discharges to the ward. In the 2017 inspection we had identified concerns about the culture and relationships within the unit. There had been improvements in all of these areas.

Critical care

- There were effective systems in place to protect people from harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up the results of investigations.
- Staff were aware of their responsibilities under the mental capacity act and we saw appropriate records were in place in patient's notes.
- Feedback from families for the services inspected was mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- There was good day to day leadership on the ITU, and permanent staff felt valued and supported in their role with opportunities for learning and development.
- There had been improvements in staff morale since the July 2017 inspection, and there were sufficient junior doctors, progress in other areas had been slow. The unit had been slow to respond to some of the issues raised in the CQC reports and peer review reports

However:

- Leadership required improvement as there was no shared vision among senior medical staff and little work had been done to assess the views of patients, relatives and other stakeholders and feed this into service development.
- The assessment and management of risk needed to improve. Not all risks were identified on the risk register and progress to mitigate risk was slow. Some of the risks seen at the previous inspection were still judged to be high risk.
- There was no capital programme at the time of the inspection for the replacement of obsolete equipment. Staff reported frequent equipment failures and only 61% of equipment was up to date with planned preventative maintenance. This did not meet recommended standards. The trust later sent us a capital replacement programme for 2019-20.
- Although evidence-based care was built into some of the protocols used, the unit's own policies and guidelines were in a variety of different formats, many had not been through the trust approval process and were not all up to date. The trust was aware of this and a review process had been started but was not complete at the time of the inspection.
- The absence of electronic records limited data analysis.
- There was little written information for patients and their families, and no follow up clinics. This had not improved since the previous inspection.

Is the service safe?

Good   

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

- There were enough consultants to meet national standards for cover during working hours and, on average, enough to meet the standard out of hours. The trust had increased the establishment of allied health professionals and was phasing the opening of HDU beds to enable them to maintain an acceptable ratio of staff to patients.
- The service provided mandatory training in key skills to all staff and most nursing staff had completed it.
- The service generally followed good practice when prescribing, giving, recording and storing medicines. There had been a reduction in medicines incidents since the previous inspection. There was adequate pharmacy cover for the unit.

Critical care

- The service controlled infection risk well and all areas were visibly clean. Staff followed approved protocols to prevent the spread of infection. They had successfully reduced formerly elevated infection levels for which they had been comparative outliers
- The service managed patient safety incidents effectively. Staff had a good understanding of what constituted an incident in ICU and reported them appropriately. Managers investigated incidents and staff could tell us of lessons learned.
- Staff completed and updated risk assessments for each patient. Records of risks were full and clear and staff shared information about changes in risk at handovers.

However:

- The service used a substantial number of bank nurses to enable the unit to meet national standards. The bank staff employed were long term staff with specialist training and qualifications. There were 53 band 6 vacancies and 68% of these were covered by senior long term bank staff.
- Some junior staff told us they were sometimes allocated to critically ill patients in single rooms with inadequate support. The trust told us after the inspection that in recognition of this senior nurses and runners were checking side rooms more frequently and feedback had been positive from staff in side rooms.
- Some equipment was not regularly maintained and some was out of date and spares were unobtainable. There was no capital replacement programme. After the inspection the trust provided a rolling replacement programme for 2019-20 which had been presented to the asset management group.
- Medical staff compliance with mandatory training, including safeguarding, was below trust target which was already low. Overall the mandatory training compliance of medical staff was reported as 76%.

Is the service effective?

Good   

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

- Patients were cared for by appropriately qualified clinical staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- Staff assessed and monitored patients regularly to see if they were in pain. All patients had an individualised analgesic plan appropriate to their clinical condition, in accordance with the Core Standards for Pain Management Services in the UK.
- Staff gave patients enough food and drink to meet their needs and improve their health. All patients unable to take food or drink orally were given enteral or parenteral nutritional support from the day of admission.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared their results with those of similar services to learn from them. The service participated in national audits, which meant its services could be benchmarked against other trusts. Patient outcomes were about the national average.
- The service made sure staff were competent for their roles. Staff had access to specialist training and development, including simulation training and senior staff appraised staff performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other professionals such as physiotherapists, dietitians and occupational therapists all contributed to patient care.

Critical care

- There was consultant level cover on site or on call, at all times, although at weekends the consultant to patient ratio was less favourable than recommended. Staff also reported a shortage of anaesthetists. Most services were available seven days a week and out of hours.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent and documented this.

However:

- The service had not updated all its guidelines so the most up to date information was not always readily accessible to staff. Guidelines were in a variety of different formats; many had not been through the trust approval process and were not all up to date. The trust was aware of this and a review process had been started but was not complete at the time of the inspection.
- There was little written information for patients and relatives to support them in maintaining and improving their health.
- The absence of an electronic system for patient records limited the scope for data analysis and audit.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. All the observations of care we made were positive. Staff were welcoming and showed kind and compassionate care. They were courteous and professional towards patients and their friends and families. Patients told us they were extremely happy with their care and with the support from nurses and doctors.
- Staff involved patients and those close to them in decisions about their care and treatment. The critical care team kept patients and relatives informed about the treatment plans. They told us that staff communicated well with them to ensure they understood care, treatment and condition.
- Staff provided emotional support to patients to minimise their distress. Patients and relatives felt supported by the team. They told us that doctors and nurses had listened to their worries and understood the anxiety patients and their families experienced in critical care

Is the service responsive?

Good   

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

- Most people could access the service when they needed it, although a few patients awaiting surgery had their operations delayed to ensure a critical care bed was available post operatively.
- There had been improvements in the number of patients who had to wait more than four hours for discharge to a hospital bed or who were discharged out of hours when compared to the previous inspection.

Critical care

- The service took account of patients' individual needs. Many patients had complex needs and staff were experienced in managing these needs and had a range of techniques to do this. Staff had access to communication aids and translators when needed, giving patient the opportunity to make decision about their care, and day to day tasks.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- Some of the facilities for patients' relatives were not welcoming, including the entrance to the unit, and rooms for discussions with families and there was limited written information for relatives about general hospital services, ICU performance or about patient experiences such as sedation and delirium.
- There were no follow up clinics for patients after they were discharged, even though many patients spent much longer than average in ICU and the majority were level 3 patients. The lack of written information had been a concern at the previous inspection.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- There was a written plan for one year and for three years, but in speaking with senior staff about strategy we found a range of views about priorities. There was no funded plan to achieve the changes.
- The department did not have effective systems for identifying risks or for planning to eliminate or reduce them. The risk register was not up to date and some risks had been on the register a long time. It did not include all risks staff told us about, or have comprehensive mitigation plans for the risks identified.
- There was limited evidence of engagement with the patients and their families, or the public and local organisations to plan and manage the service.
- The trust did not use an electronic system for much of the data in ICU, and the primary records were paper-based. Staff in ICU did not feel informed about or involved in the trust's strategy to support an IT solution for ICU by 2020, which was part of the hospital-wide digital strategy. The absence of an electronic record in ICU limited scope for data analysis.
- Although some senior staff felt they had a voice in the division and wider trust, other staff did not share that view. The ICU was a small part of one subdivision of the large SAS division, which was dominated by surgery.
- Some junior staff told us not all nurse coordinators were supportive leaders and that leaders in the wider division were not visible to many ICU staff. Bank nurses felt unsupported by the wider trust.

However:

- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service participated in several clinical research studies which provided some evidence base for the unit's work.
- Managers in the ICU had sought to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Critical care

- The department engaged more effectively with its own staff than at the previous inspection. The Joy of Work project had improved staff retention through enabling self-rostering, employing more clinical practice educators and the introduction of a newsletter and a bi weekly coffee catch up to improve information flows. Staff said the matrons and consultants in the unit were visible and approachable.

Maternity

Good 

Key facts and figures

Royal Free London Hospital NHS Foundation Trust provides maternity services at the Royal Free Hospital and Barnet Hospital sites. Integrated maternity care is provided in community hubs alongside community partners and at the freestanding Edgware Birth Centre.

The community midwifery service consists of 14 teams of which two provide continuity of care (CoC) for women with complex social care needs. The maternity service offers a range of specialist services including perinatal mental health, endocrine, haematology and maternal medicine clinics.

The maternity service is part of the cross-site women and children's division responsible to the Barnet Business unit. In addition to the delivery suites both hospital sites offer antenatal clinics, triage, day assessment units and antenatal and postnatal wards. There is a fetal medicine unit at the Royal Free Hospital.

From April 2017 to March 2018 there were 8,405 deliveries at the trust.

This CQC inspection focused on the maternity core service based at the Royal Free Hospital. The inspection covered the acute side of the service and did not include the community service.

The Royal Free Hospital maternity service has an antenatal clinic which is situated on the ground floor of the main hospital building. This is a shared facility with the gynaecology outpatients clinics.

At the Royal Free Hospital, the main maternity services are on the 5th Floor of the main building. The services include an Early Pregnancy Assessment Unit (EPAU) which is shared with the gynaecology core service. Within the EPAU is a triage bay where women in early stages of pregnancy are initially assessed and maternity patients are transferred to the maternity core service.

The Fetal Medicine Unit is situated next to the EPAU. The fetal medicine unit (FMU) provides a service to the Royal Free Hospital (and Barnet Hospital). There is a plan to accommodate all fetal maternal assessment at the Royal Free Hospital in the future. The maternity services on occasion refer cases requiring specialist fetal medicine monitoring from Barnet, Chase Farm and the Royal Free Hospitals to tertiary units such as University College Hospital. The FMU supports women who have complications or abnormalities in their pregnancy.

On the other side of the EPAU is the antenatal and postnatal ward called 5 South comprising eight antenatal beds, 23 postnatal beds and four side rooms that are used for readmission on the ward.

The Royal Free Hospital delivery suite is situated by the main maternity reception area opposite the six lifts. The delivery suite has a consultant led labour ward with a two bed triage unit, five high risk intrapartum delivery rooms, a three bed close observation maternal assessment (CLOMA) bay which is a High Dependency Unit (HDU) and post operation recovery unit. Within the labour ward there are two operating theatres.

Next to the labour ward is the midwife-led birth-centre, The Heath Birth Centre, with three delivery rooms, one of which is a pool room. All the rooms have en suite facilities.

During our inspection we visited all the maternity wards and units. We spoke with 16 patients and three relatives, and 47 staff, including consultant obstetricians and divisional directors, clinical leads and matrons, consultant midwives, specialist midwives and educators, senior midwives, midwives and healthcare assistants, a hospital pharmacist, trainees and other support workers.

Maternity

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated the maternity service as good because:

- The staff were found to exemplify well the trust's values of being visibly reassuring, clearly communicating, being actively respectful and being positively welcoming.
- The Friends and Family Test showed that women were in general very satisfied with the care and treatment provided.
- The service offered women with uncomplicated pregnancies a number of birthing options. There was the midwife-led Heath Birth Centre, the consultant-led labour ward or care in the community setting.
- The medical and midwifery staffing levels and skill mix were adequate and were adjusted to reflect the acuity of the patients. Women in labour received one-to-one care.
- If a serious incident occurred, it was dealt with in accordance with the trust's procedure.
- The medical and midwifery staff had received up to date training.
- Staff were alerted to mothers and babies needing medical intervention by the use of early warning tools.
- Staff had received training in safeguarding, and were able to recognise abuse and take rapid action.
- The clinical care was generally equal or better than the England average on most metrics.
- The service had a consultant on call out of hours.
- The department had recently introduced an electronic patient record system. In some cases there may have been delays during the transition, but measures had been taken to ensure patient safety.
- The service followed national guidance, and actively participated in NHS England initiatives to improve care, and sought to demonstrate resulting improvements in care. The service examined patient outcomes and responded fully to any issues found.
- The rate of emergency caesareans was in line with the England average.
- The performance of the service was monitored by bringing together a number of critical indicators on a monthly basis in the maternity dashboard spreadsheet, and highlighting any surprising figures. The results for the last three months were displayed on a notice board.
- Women in labour and in the postnatal stage received effective pain relief.
- Infant mortality in the department was lower than average.
- The service was strong in providing assistance for women with complex psycho-social needs, and had a specially trained team to deal with their needs.
- The service emphasised continuity of care, with the same midwife assisting where possible the low-risk patients in the antenatal, delivery and postnatal stages.
- The department was strong in helping mothers who chose to breast feed and had achieved the United Nations Children's Fund (UNICEF) Baby Friendly Stage Three.
- The service had many collaborative projects with other hospitals in the North London region

Maternity

However:

- The management of medicines required some improvements. The service needed to ensure refrigerators used for medicines were maintained at the correct temperature. Resuscitation trolleys needed to be tagged following the daily checks. There needed to be more attention given to the expiry dates of medicines, and out of date medicines needed to be disposed of promptly. All entry and cancellation of controlled drugs in the controlled drug register should be in accordance with the trust medicine policy and procedures.
- The consent forms were not always filled in and completed correctly.

Is the service safe?

Requires improvement



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

- The trust had not always ensured staff follow the trust medication policy and procedures in the safe storage of medicines and safe disposal of expired medicines. (Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Regulation 12(2)(g).
- There was evidence to suggest that staff had not always carried out appropriate checks on the stock medicines for expiry date. In 5 South we found a sealed pack of IV lorazepam (5 vials of 4mg/ml) that had expired in May 2017 in a drug fridge. The medicine had not been discarded promptly and efficiently. However, we noted the matron had responded appropriately when the issue was pointed out to them. They immediately contacted the hospital pharmacy and safely disposed of the medication.
- 5 South had no drug disposal containers and there was no designated storage cabinet for drugs awaiting disposal.
- We found dispensed drugs in the drug trolley that belonged to three patients who had been discharged.
- Staff had not followed the correct procedures when making entries and cancellations in the controlled drug register. In the labour ward, when we checked the controlled drug (CD) register we saw an entry made on 3 December 2018 for Fentanyl infusion which had been scribbled out. Whilst the matron recognised the error and provided correct information on what should have been done, there was no evidence that this had been addressed.
- In 5 South, when we checked the controlled drug (CD) register, we saw an entry made for a Pethidine injection (100mg/2ml) had been scribbled out and was illegible. Staff had not followed the correct procedure in cancelling a written error in a CD register. There was no documentation to suggest this matter had been addressed.
- The temperature of the drug refrigerators in both labour ward and 5 South was too high. In the labour ward the temperature was over 14°C. In 5 South, the temperature was over 8°C. The safe temperature range is between 2°C and 8°C. This meant the medicines could be suboptimal and therefore patient treatment could be affected. The trust confirmed later on that the issue appeared to be that staff were not familiar with how to read and reset the fridge thermometer. However, this meant there was no assurance that medicines had been stored in the correct temperature range. Therefore patients were at risk of being given suboptimal medicines.
- Staff kept detailed records of patients' care and treatment. However, patients' consent forms were not always filled in and completed correctly. We found two consent forms that had not been completed appropriately. All consent forms must be signed and dated and the role of the doctor must be clearly specified. (Health and Social Care Act 2008 Regulated activities) Regulations 2014, Regulation 11).

However:

Maternity

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The midwifery staffing levels in the various wards and labour ward were adequate with a good skill mix of staff. The matrons carried out a daily assessment of acuity and safe staffing on a shift by shift basis. Staff were redeployed where needed. Agency and bank staff were used if required. Senior midwives were hands-on and supportive.
- The maternity service had an adequate number of consultant obstetricians and junior doctors. The daily handovers by the medical team were thorough and informative, with detailed multidisciplinary discussions of current cases and the actions taken.
- There was a consultant obstetrician on call out of hours.
- Women in established labour received one-to-one care by an experienced midwife.
- The service had suitable premises and equipment and looked after them well. All clinical equipment was regularly serviced and calibrated and checked daily. Out of date equipment was replaced promptly.
- The service controlled infection risk well. The maternity wards were kept clean and all the ward corridors were kept uncluttered for easy access. Staff took immediate action when the monthly cleaning audits did not meet the trust target of 95%.
- The service had established systems in place for reporting, investigating and acting on incidents and serious adverse events. Staff were well trained to use the electronic Datix reporting system. There was an open culture of reporting, and learning was shared with staff to make improvements.
- The majority of staff had received up-to-date mandatory, statutory and clinical training, including cardiotocograph interpretation for midwives. This ensured safe and improved clinical practice.
- The overall compliance with mandatory training for midwives and medical staff was better than the trust target. Maternal resuscitation training was included in the PROMPT drills and skills training, which achieved 91% compliance for midwives and 90% for doctors.
- Staff used the modified early obstetric warning score (MEOWS) tool to observe mothers and the newborn early warning trigger and track (NEWTT) tool for babies at risk of clinical deterioration. Staff had training on when to escalate and to refer appropriately for medical help.
- Staff completed and updated risk assessments for each patient. Staff carried out risk assessments of pregnant women antenatally, including a perinatal mental health assessment and referrals were made when required. The Unity team assisted all vulnerable patients.
- Staff used the World Health Organisation (WHO) checklist for surgical practice and operations. This ensured safety for patients.
- The Maternity Safety Thermometer data (August 2018 to October 2018) indicated four clinical metrics were significantly better than the England average. The number of women experiencing a 3rd or 4th degree perineal trauma over the period reviewed was 0% compared with the England average of 1.65%.
- The new Electronic Patient Record (EPR) system improved availability of information for staff when treating patients. There had been some teething issues but these were being resolved promptly. Staff were trained and able to access the support team on site to resolve problems as they occurred.

Maternity

Is the service effective?

Good 

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The maternity service followed up to date evidence-based guidance and quality standards to provide good care and treatment to women and babies.
- There was an effective system in place to ensure policies and procedures were updated and reflected national guidance. The service participated in NHS England collaborative initiatives and provided evidence of improved patient experience and positive outcomes for mothers and babies.
- Staff assessed and monitored patients regularly to see if they were in pain. Women experienced effective pain relief during labour and postnatally.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service continued to monitor patient outcomes through national and local audits and actions were taken to address issues found.
- The service used a rolling month by month maternity dashboard to raise alerts on safety metrics which exceeded the expected range.
- The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit). The service experienced 10% fewer perinatal infant deaths than the comparator group in the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) National Neonatal Audit.
- The total percentage rate of caesarean births was high and many months triggered an amber alert. This included many elective caesareans. The percentage rate for emergency caesareans had been as expected for 5 months.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The staff appraisal rates exceeded the trust target. As on 13 December 2018, the number of midwives and healthcare assistants that had completed their appraisals was 101 out of 115, a rate of 88%.
- The education team supported staff to maintain their professional skills and experience. The education team reviewed staff training programmes and staff competencies and arranged clinical and mandatory training for staff.
- The service had achieved the United Nations Children's Fund (UNICEF) Baby Friendly Stage Three.

Is the service caring?

Good 

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Maternity

- Women and their families gave positive feedback about the service and care provided. They said staff treated them with respect and dignity. Partners felt involved and encouraged to support their partner during labour.
- The Friends and Family Test performance for antenatal, postnatal and birth was similar to the national average (98%) or above from August 2017 to August 2018. The results had been consistently positive throughout the 12 month period. In August 2018 the rate of response recommending the maternity care was 100% for antenatal and birth and 99% for postnatal.
- Staff involved patients and those close to them in decisions about their care and treatment. Women felt involved in decision making regarding their care and treatment. Women who were low risk could have midwife-led care with an option to have a pool birth.
- Staff provided emotional support to patients to minimise their distress. Patients and their relatives felt well supported. The Unity team supported vulnerable women.
- Women had access to specialist staff such as the perinatal mental health team, a psychologist, a psychiatrist and women counsellors.
- There was a specialist midwife for women who were bereaved.

Is the service responsive?

Good 

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

- The trust planned and provided services in a way that met the needs of local people. The Royal Free maternity service served the needs of the local population. It offered women choices and continuity of care.
- People could access the service when they needed it. There was a consultant-led service for high risk women and a midwife-led service for low risk women, which included facilities for pool birth based at the Heath Birth Centre.
- The service had a bereavement specialist midwife who supported women going through bereavement. There was a bereavement room based in the birth centre.
- The Fetal Medicine Unit offered women a screening service for various conditions such as Down's syndrome.
- The service took account of patients' individual needs. The service gave support to women with complex needs, such as learning disability or perinatal mental health problems. There was a specially trained team of midwives who provided a service for vulnerable women with moderate to severe mental health issues, women refugees, asylum seekers, homeless women and women exposed to domestic violence and substance misuse.
- There were women counsellors to support women with fear of childbirth and other emotional problems.
- The maternity service worked closely with the commissioners, clinical networks, women and other stakeholders to plan the delivery of care and treatment for the local population.
- Women whose first language was not English were able to access the translation service through the trust website. Staff arranged interpreters for in-patients.
- There had been some delay initially in seeing antenatal patients in the antenatal clinic. This was due to the transfer of patients' records to the new electronic patient record system (EPR).
- Staff in the antenatal clinic constantly apologised and updated their patients when there was a delay.

Maternity

- Staff knew how to assist women and relatives, should they need to make a formal complaint.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff followed the trust's complaints policy and procedure in investigating a complaint.

Is the service well-led?

Good 

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The maternity service came under the women and children service based at Barnet Hospital. There were two localised teams, one for each hospital, with some senior managers and clinical leads working cross-site. The leadership team for the women and children service comprised the Divisional Director who managed the Clinical Directors for women and children, the Divisional Director of Operations, who managed the operations managers and a Director of Midwifery and Nursing who managed the Heads of Midwifery and the Heads of Nursing.
- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was cross-site working at both the clinical and leadership levels.
- The leadership team was knowledgeable and involved in ensuring staff were well supported and trained to provide quality care to women and babies.
- Staff told us senior managers and local leaders were visible and approachable. Staff felt well supported.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The risk and quality management team understood the challenges and had taken actions to ensure the maternity service complied with national guidance and networked with other trusts to improve and maintain clinical practice.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The maternity service had an open and transparent culture and a strong culture of improvement. There was a divisional vision and strategy in place which had been developed with staff involvement at all levels. Staff were accountable for delivering change.
- There was a dedicated team of staff who had a positive attitude to their work. There were staff volunteers as Speak Up champions.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The senior management team for risk and governance were thorough and involved in ensuring all risk issues raised were taken seriously and resolved quickly. Senior staff understood their roles and accountabilities.
- The service engaged well with patients and relatives, the public and local organisations to plan and manage appropriate services, and collaborated effectively with partner organisations.
- There was a strong culture for improvement, training, research and innovation. We saw examples of collaborative working with other hospitals in the North London region and successful innovation and improvement to improve care pathways to serve the local population. Team success in innovation was celebrated.

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

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Terri Salt, CQC Interim Head of Hospital Inspection, and David Harris, CQC Inspection Manager, led this inspection.

The team included inspectors, specialist advisers, and experts by experience. An executive reviewer, supported our inspection of well-led for the trust overall.

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