

Great Ormond Street Hospital for Children NHS Foundation Trust

Inspection report

Great Ormond Street 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

Good ●

Are services safe?

Good ●

Are services effective?

Outstanding ★

Are services caring?

Outstanding ★

Are services responsive?

Good ●

Are services well-led?

Requires improvement ●

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

Summary of findings

Background to the trust

Great Ormond Street Hospital for Children NHS Foundation Trust was established in 1852 in the London Borough of Camden and was the first hospital providing in-patient beds specifically for children in England. Great Ormond Street Hospital for Children NHS Foundation Trust is one of four dedicated children's hospital trusts in the UK. The trust achieved foundation trust status on 1 March 2012.

The trust operates from a single site in central London. The hospital has approximately 482 beds, and is registered with CQC for caring for children (0 - 18yrs year olds). Great Ormond Street Hospital and the UCL Institute of Child Health form the UK's only academic biomedical research centre specialising in paediatrics.

The trust is the largest paediatric centre in the UK for intensive care, cardiac surgery, neurosurgery, cancer services, nephrology and renal transplants. There are 63 different clinical specialties at GOSH. Children are also treated from overseas in the international and private patients' wing (IPP). Great Ormond Street Hospital received 252,389 outpatient visits and 43,778 inpatient visits in 2016/17. The trust mostly cares for children that are referred from other hospitals throughout the UK and overseas. More than half of their patients come from outside of London.

Overall summary

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

What this trust does

The trust runs services at Great Ormond Street Hospital site (GOSH). It provides surgery, medical care, critical care, end of life care, outpatients services, and children and young people's services. The hospital has 482 beds including 47 open intensive care beds and eight beds used by the clinical research facility.

It is the only specialist biomedical research centre for paediatrics, the largest centre in the UK for children with heart or brain problems, and the largest centre in Europe for children with cancer. The hospital is the only specialist children's hospital in the UK that does not have an accident and emergency department and only accepts specialist referrals from other hospitals and community services. In the trust 45% of patients are from London and over 55% are from outside of London, including 7% from overseas. The population of children served by the hospital is characterised by those with multiple disabilities and/or health problems and rare and congenital conditions (present at birth). The hospital receives over 260,000 patient visits a year (inpatient/day-case admissions or outpatient attendances), and carries out approximately 18,800 surgeries each year.

The Mittal children's medical centre which includes the Premier Inn clinical building was officially opened on 17 January 2018. The centre has 240 beds, spans two connecting wings, including the new Premier Inn clinical building. The centre has brand new, modern wards with ensuite bedrooms where parents can stay with their child overnight.

The trust leads the North Thames Genomic Medicine Centre, one of 13 regional centres which is responsible for coordinating recruitment of more than 100 patients a month. The project aims to help doctors better understand, and ultimately treat, rare and inherited diseases and various cancers.

GOSH is one of only two centres in the world developing the thymus tissue treatment. The thymus gland produces several hormones, closely associated with the immune system and serves a vital role in the training and development of T-lymphocytes (T cells) which is an important type of white blood cell. The thymus tissue treatment involves removal of thymus tissue as a standard from children undergoing cardiac surgery for congenital heart defects in order to allow the surgeons to perform the heart procedure.

Summary of findings

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

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

We last inspected Great Ormond Street Hospital for Children NHS Foundation Trust in April 2015. All core services were inspected (medical care, neonatal services, transitional services, surgery, critical care, services for children and young people) this included child and adolescent mental health services, end of life care and outpatients.

All core services were rated as good or outstanding with the exception of Surgery and Outpatients Departments (OPD) which were rated as requires improvement (RI).

Between 9 and 11 January 2018 we inspected two core services at Great Ormond Street Hospital for Children NHS Foundation Trust. These were outpatients department and surgery.

We decided to inspect OPD and surgery as during the previous inspection we rated those services as requires improvement (RI). The trust informed us that they had made necessary changes to both services to rectify issues raised within the report published in January 2016. There had been sufficient time for the trust to act upon the findings and we decided that re-inspecting would allow us to assess changes implemented by the trust.

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

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

What we found

Overall trust

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

- We rated effective and caring as outstanding, well-led as requires improvement, safe and responsive as good.
- We rated two of the trust's eight core services as outstanding, five as good and one as requires improvement. In rating the trust, we considered the previous ratings of the six services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

Summary of findings

Are services safe?

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

- There were systems in place to manage patient safety incidents well. Staff knew how to report incidents and we saw evidence of incidents investigation and learning.
- The trust controlled infection risk well and provided staff with the use of Personal protective equipment.
- The trust had clearly defined systems and processes to keep patients safe and safeguard them from abuse. Staff had access to the clinical site practitioners and safeguarding lead nurses who provided dedicated safeguarding support and additional training.
- The trust planned for emergencies and we noted that staff understood their roles if an emergency should occur.
- During the previous CQC inspection, we noted that the equipment used to transport patient records between departments was frequently not fit for purpose. During this inspection we saw that these had been replaced with patient record trollies on wheels which had a key pad system and were easy to move from area to area.
- During the previous inspection, we were told that a significant number of referrals from other NHS trusts and embassies did not include adequate medical or clinical information. During this inspection, staff told us they had since adapted a robust approach to this which had resulted in significantly improved quality of referral information.

However:

- Medicines were not appropriately managed and prescription pads were not stored appropriately and were left out on staff desks.
- The trust did not always meet their target for completion of mandatory training.

Are services effective?

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

- The trust provided care and treatment based on national professional standard, national guidelines and evidence based practice to achieve the best patient outcomes.
- Staff we spoke to understood their roles and responsibility to adhere to the Mental Health Act 1983 and the Mental Capacity Act 2005.
- We saw evidence of very good multidisciplinary working between departments in the hospital and other hospitals and external agencies such as GPs and community teams to provide holistic care.
- The trust ensured staff were competent and supported for their roles.

Are services caring?

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

- Staff showed compassion and respect to patients and their loved ones.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients and their relatives told us staff showed empathy and were sensitive to their needs when breaking bad news and offered reassurance when needed.
- Staff provided emotional support to patients to minimise their distress.

Summary of findings

- The trust recently developed a pilot project where a learning disability link nurse did a home visit to a patient who persistently refused to come to their appointments. The nurse used communication aids to prepare the patient for their next appointment and ensured they were on duty to welcome them into the department.

Are services responsive?

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

- The trust planned and provided services in a way that met the needs of the patients from the local area, country and abroad.
- The trust took account of patient's individual needs when planning and delivering care.
- The trust provided an extensive translation and interpreting service in recognition of the wide range of languages spoken by their patients and families.
- Staff used a hospital passport system to help them understand and communicate with young people where they presented with complex communication needs.
- Carers who travelled by car to the hospital were given a parking voucher for use in the area surrounding the hospital, the length of which depended on the nature of their visit. In addition, where the patient had a number of appointments over the course of more than one day, they were offered hotel accommodation close to the hospital.
- During the previous CQC inspection in May 2015, we recorded concerns over the reliability of referral to treatment (RTT) data reporting of which was suspended after our inspection. Various measures were put in place since then to address the problem and the trust returned to reporting in January 2017 in agreement with commissioners. Dedicated specialists in data collection, analysis and validation worked with clinical colleagues to ensure data was accurate and high quality. A demand and capacity model for all specialty services was in place and senior teams used this to improve waiting times.

Are services well-led?

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

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. However, there had been frequent executive leadership changes which affected staff morale. Since the previous CQC inspection in 2015 most of the executive and non-executive directors had changed. The trust had an interim medical director for approximately 12 months with a further temporary change made at the end of 2017. There was an interim chief and deputy chief nurse in post and the chief finance officer was leaving their post in February 2018.
- Staff told us they felt divisional structures were overly complicated. Staff felt it did not allow for clear lines of accountability and for cross divisional learning. Staff we spoke with on the wards were not clear who their divisional leaders were. The percentage of staff reporting good communication between senior management and staff was much worse than the national average in the NHS staff survey. Trust leaders did not appear to be aware of the wide concerns raised with the inspection team by nursing staff about leadership and morale.
- Nurses felt they lacked leadership and they did not feel retention of nursing staff had been addressed by trust's leaders. Staff were not aware of the trust's approach to future workforce decisions and how they mitigated the long-term risks associated with workforce planning.
- The trust had not fully demonstrated their commitment to support the freedom to speak up. They did not fully comply with recommendations set in freedom to speak up guidance issued by the National Guardian's Office. No trust guardian had been appointed.

Summary of findings

- Some staff we spoke to were unable to describe learning implemented in relation to serious incidents. There was limited evidence of shared understanding of key learning issues throughout the trust. For example, surgeons we spoke with were unaware of the never event which took place in another surgical speciality. Learning from incidents, never events and clinical reviews were not shared widely.
- The trust missed opportunities for engagement with some of the local stakeholders. The trust does not demonstrate open and positive relationships with key stakeholders. It was not sharing information promptly and was often defensive when challenged on performance and safety.
- The trust missed opportunities for engagement with some of the local stakeholders. The trust does not demonstrate open and positive relationships with key stakeholders. It was not sharing information promptly and was often defensive when challenged on performance and safety.

However:

- Research was well established within the hospital and there were robust policies and processes to promote innovation and safeguard patients taking part in trials and receiving innovative treatment. Staff were encouraged and supported to undertake research projects.
- Risk registers and the board assurance framework were reviewed regularly by the executive management team and board committees. They were reflective of risks facing the organisation and clearly listed all control measures set out to manage risks and what means of assurance were in place. Documents were informed by divisional risks registers and highlighted both strategic and operational risks. The risk management framework allowed staff to effectively escalate risks and their concerns.
- All staff were proud to work at Great Ormond Street Hospital. The trust scored above the England average for recommending the trust as a place to receive care from October 2016 to September 2016.
- Following the suspension of reporting its referral to treatment (RTT) waiting times, the trust completed a significant amount of work relating to the RTT access standards. The additional work has led to the improvement of the quality of the data, with staff re-trained to correctly manage RTT data.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in surgery and outpatients.

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

Areas for improvement

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

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

Summary of findings

Action we have taken

We issued one requirement notice to the trust. Our action refers to breaches of Regulation 17 which relates to good governance requirements, related to one service: Surgery

For more information on action we have taken, see the sections on 'areas for improvement' and 'regulatory actions'.

What happens next

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

Outstanding practice

In Outpatients:

- Staff told us the wide ranging and innovative measures introduced to improve the experience of patients with a learning difficulty enhanced their practice.
- The hospital was known to treat patients with the rarest of diseases and conditions from around the world. This enabled staff to develop skills and expertise in areas previously untreatable. Clinicians told us they shared this expertise with colleagues around the world for the advancement of medicine.
- Planning for transitional care from paediatric to adult care began when the child was 12 and followed trust policy which included regular contact and training as appropriate with the adult service to which the child would move.

In Surgery:

- The clinical site practitioner (CSP) team provided a multidisciplinary and highly responsive service to all specialties and disciplines. This team undertook specialty training in safeguarding and child protection and meant all ward teams had access to senior support for deteriorating patients at any time. The CSPs had developed a system of peer review within the team to develop standards of best practice and learn from the most complex care cases.
- The Woodpecker ward team had established a teaching and education system that engaged each staff group. This involved a group planning a topic of the month and delivering a training session to their colleagues, including the multidisciplinary team. In January 2018 the nominated team had chosen Makaton as their topic and were preparing to deliver a teaching and learning session.
- Fox ward had been recognised with a 'GOSH Gold' award by the trust for the team's work in improving mandatory training and supervision. This reflected significant work across the hospital by the practice education team to engage staff with training and improved development opportunities.
- The hospital had an extensive range of non-clinical, holistic services in place to help patients' recovery and to improve their experience whilst an inpatient. A team of volunteers worked across all clinical specialties seven days a week. This team provided relief for parents, such as looking after or playing with children while they had a coffee break. Transition specialists provided a wide range of activities with patients of all ages, including teenagers. The hospital also hosted regular social events for young people, such as a teenager café on a Wednesday and an in-hospital school was available.
- A clinical nurse specialist had been recognised for their work in emergency paediatric tracheostomy support by the National Tracheostomy Safety Project. They provided specialised, one-to-one care and treatment support to babies and children with a tracheostomy and had sourced information for parents in Greek and Arabic as well as providing a podcast for deaf mothers.

Summary of findings

- Surgical clinical teams were research active and as of January 2018, 37 research projects were active. Research projects represented multiple surgical areas including cardiothoracic surgery and neurosurgery and represented an international clinical practice profile that clinical teams used to drive improvement and innovation. Clinicians led research projects that aimed to understand the experience of patients in addition to clinical treatment and outcomes. For example, one project explored the decision-making process of young people who were due to have orthognathic surgery and another project considered the mental health and emotional needs of children with ophthalmological needs.
- There was a culture of reflection, assessment and audit amongst teams and services who led projects to improve patient care. For example, before relaunching a new nutrition pathway the dietetics team completed an audit of patient documentation. As part of a quality of documentation week, the clinical audit lead had engaged with staff across the trust to secure 88 pledges for quality improvement. The ear, nose and throat team had a significant track record of reviewing service experiences with patients and their parents. Examples such as these were evident across the hospital.
- The tracheal team had established the service as leading-edge in innovation and the provision of evidence-based, research-led surgical development. This included a quality of life assessment for physical and psychosocial factors post-procedure, which was the first of its kind internationally. The team worked with national and international multidisciplinary partners to measure patient clinical outcomes and share learning at international meetings.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements.

In Surgery:

- The trust must establish safe systems of working for access to medical records and patient medical histories. This must result in surgeons and other clinicians always having access to past medical notes prior to a planned procedure.

Action the trust **SHOULD** take to improve

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

In Outpatients:

- Improve staff hand hygiene and adherence to bare below the elbows.
- Consider the use of disposable tourniquets.
- Ensure procedure rooms are clutter free and not used to store staff clothing.
- Ensure there is consistent fridge temperature monitoring and actions taken where temperatures are regularly outside of the recommended range.
- Ensure patient identifiable information is kept confidential and secured at all times.

Summary of findings

In Surgery:

- The trust should improve opportunities for engagement and communication between the executive team and clinical teams.
- The trust should ensure the transfer processes for patients moving from or to IPP inpatient wards continue to improve to ensure transfers are always led by a medical fellow.

Is this organisation well-led?

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

Our assessment of well-led at the trust-wide level included trust board and executive-level leadership and governance, the effectiveness of non-executive directors, the overall organisational vision and strategy, organisation-wide governance and management, and organisational culture and engagement (with patients, staff, stakeholders and so on).

We took account of what we found in all the core service inspections. We explored the flow of information, assurance, and governance from 'ward to board and board to ward', and how trust-wide strategies and leadership were reflected in services. We considered cross-trust systems and processes alongside local and service-level leadership, systems and processes.

We rated well-led at the trust as requires improvement because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. However, there had been frequent executive leadership changes which affected staff morale. Since the previous CQC inspection in 2015 most of the executive and non-executive directors had changed. The trust had an interim medical director for approximately 12 months with a further temporary change made at the end of 2017. There was an interim chief and deputy chief nurse in post and the chief finance officer was leaving their post in February 2018.
- Nurses felt they lacked leadership and they did not feel retention of nursing staff had been addressed by trust's leaders. Staff were not aware of the trust's approach to future workforce decisions and how they mitigated the long-term risks associated with workforce planning.
- The trust had not fully demonstrated their commitment to support the freedom to speak up. They did not fully comply with recommendations set in freedom to speak up guidance issued by the National Guardian's Office. No trust guardian had been appointed.
- Staff told us they felt divisional structures were overly complicated. Staff felt it did not allow for clear lines of accountability and for cross divisional learning. Staff we spoke with on the wards were not clear who their divisional leaders were. The percentage of staff reporting good communication between senior management and staff was much worse than the national average in the NHS staff survey. Trust leaders did not appear to be aware of the wide concerns raised with the inspection team by nursing staff about leadership and morale.

Summary of findings

- Some staff we spoke to were unable to describe learning implemented in relation to serious incidents. There was limited evidence of shared understanding of key learning issues throughout the trust. For example, surgeons we spoke with were unaware of the never event which took place in another surgical speciality. Learning from incidents, never events and clinical reviews were not shared widely.
- The trust missed opportunities for engagement with some of the local stakeholders. The trust does not demonstrate open and positive relationships with key stakeholders. It was not sharing information promptly and was often defensive when challenged on performance and safety.
- The trust did not proactively engage and lead on paediatric care and treatment locally. Senior leaders stated the sustainability and transformation plans model (STP) did not directly correlate with the trust's tertiary services model which extended both across London but also throughout England. The chief executive told us the trust maintained an "observer role" on the STP. It was not clear how they were planning to become a system leader in the UK and international children's alliance as described in the trust strategy as there was no evidence of clear objectives, or measures of success and deliverables set out in the strategy.
- Staff did not always feel engaged or that they had a say in decisions taken by senior leaders of the organisation. Staff said that major decisions were made by the board and then communicated to them to implement. There was no clear strategy for staff engagement and organisational development.
- Pharmacy services did not report any key performance indicators directly to the board meaning there was a limited accountability or oversight of this service.
- The trust did not provide assurances that all incidents were being properly recorded in a central database of patient safety incident reports and shared with external partners. The trust did not resolve an issue with uploading information into the central system which was brought to their attention as early as August 2017.
- Staff felt learning from high profile cases had not always been implemented or sufficiently considered by the trust leaders. High profile cases often impacted on day to day service oversight and the trust's leaders did not always fully plan for additional operational pressures nor implement prevention mechanisms to minimise this impact.
- The trust was in a process of addressing findings from an independent review of their governance framework which took place in 2016. They were still to complete work required to facilitate improvements in relationships between trust's board and members' council, as well as ensure inclusivity and address potential concerns of the members council. Evidence from the well-led inspection indicated that there had not been a dynamic pace of change in the past and additional support from the board is required to achieve this.

However:

- Research was well established within the hospital and there were robust policies and processes to promote innovation and safeguard patients taking part in trials and receiving innovative treatment. Staff were encouraged and supported to undertake research projects.
- Clinical audits were shared across specialities and had positive impact on quality. There was a central clinical audit plan where work was prioritised to provide assurance and to review implementation of learning and identify areas for improvement.
- Risk registers and the board assurance framework were reviewed regularly by the executive management team and board committees. They were reflective of risks facing the organisation and clearly listed all control measures set out to manage risks and what means of assurance were in place. Documents were informed by divisional risks registers and highlighted both strategic and operational risks. The risk management framework allowed staff to effectively escalate risks and their concerns.

Summary of findings

- All staff were proud to work at Great Ormond Street Hospital. The trust scored above the England average for recommending the trust as a place to receive care from October 2016 to September 2016.
- The trust's financial performance had been consistently strong with cash and revenue plans being delivered broadly in line with plans in 2015/16, 2016/17 and 2017/18 year to date.
- The trust had established appropriate processes to support delivery of elective care including the establishment of governance structures to support delivery of the RTT standards as well as improved patient flow across the elective care pathway. This was a significant improvement on the previous inspection.
- There were effective systems to identify and learn from unanticipated deaths, serious incidents and complaints.
- The board reviewed performance reports that included data about the services. The information provided was reliable and sufficiently detailed to support informed decision making. The trust had developed clear operational performance quality indicators and had effective monitoring systems to allow reporting and support better understanding at divisional and board levels. The trust regularly shared performance data with staff.
- The trust had identified the strategic priorities for pharmacy services. There were systems of accountability for medicines via the trusts drug and therapeutics group.

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
Good →← Jan 2018	Outstanding →← Jan 2018	Outstanding →← Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018

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

Ratings for Great Ormond Street Hospital for Children NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015
Surgery	Requires improvement ↓ Jan 2018	Good ↔ Jan 2018	Good ↓ Jan 2018	Good ↑ Jan 2018	Requires improvement ↔ Jan 2018	Requires improvement ↔ Jan 2018
Critical care	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Neonatal services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Transition services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015
Outpatients	Good ↔ Jan 2018	Not rated	Outstanding ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Overall*	Good ↔ Jan 2018	Outstanding ↔ Jan 2018	Outstanding ↔ Jan 2018	Good ↑ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018

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

Great Ormond Street Hospital

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Key facts and figures

Great Ormond Street Hospital (GOSH) was established in 1852 in the London Borough of Camden and was the first hospital providing in-patient beds specifically for children in England. The hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses.

In partnership with the University College London (UCL) Institute of Child Health, GOSH forms academic biomedical research centre specialising in paediatrics. The hospital is the only specialist Biomedical Research Centre for paediatrics, the largest centre in the UK for children with heart or brain conditions, and the largest centre in Europe for children with cancer. Its status as a Specialist Children's Hospital means that most of the children treated are referred from other hospitals or overseas. GOSH receives 252,389 outpatient visits and 43,778 inpatient visits every year (figures from 2016/17). The hospital has 482 beds including 47 open intensive care beds and eight beds used by the clinical research facility. There are 63 different clinical specialties at GOSH. The hospital has the UK's widest range of specialist health services for children on one site.

We inspected surgery and outpatients over three unannounced inspection days to enable us to observe routine activity between 9 and 11 January. We returned between 30 January and 1 February to undertake an inspection of the trusts leadership team.

We spoke with members of staff including doctors, nurses, allied health professionals, administrative and other staff. We spoke with members of the divisional leadership teams as well as local service leads and senior managers. We reviewed patient records and spoke with patients, their parents and carers.

Summary of services at Great Ormond Street Hospital

Good   

Our overall rating of services stayed the same. We rated surgery as requires improvement and outpatients as good.

Surgery

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

- Insufficient staffing in some clinical areas had led to delays in treatment and prescribing and the closure of some inpatient beds.

Summary of findings

- There was inconsistent management of risks related to medicines management.
- Clinical governance, risk management and incident investigation systems did not follow a coherent or effective structure in which learning was shared between teams and specialties. Although there was local evidence of improvements in practice as a result of incidents and morbidity and mortality meetings, shared learning was not evident outside of the immediate specialty or service.
- Between August 2016 and September 2017, the trust took an average of 59 calendar days to investigate and close complaints; which was significantly longer than the target of 25 days.
- There was a disconnect between specialty and divisional teams and the senior trust and executive team. A cross-section of 14 clinical staff, including senior clinicians, said the senior team was difficult to communicate and engage with and they did not feel listened to. Although the executive team demonstrated efforts to engage with staff, very few of the individuals we spoke with had been able to participate. The senior team had a track record of high levels of staff turnover, which service-level staff told us meant there was little consistency.
- There was limited evidence risks were regularly scrutinised or reviewed in a timely manner. We found the highest risk to clinical treatment related to the medical records system, which resulted in surgeons and anaesthetists sometimes carrying out treatment without access to the patients' medical history.

However:

- There were established safeguarding procedures appropriate to patient age groups. Although nurse and medical staff teams did not meet the trust's 90% standard, at 75%, for completion of safeguarding children level 3, specialists across the hospital provided dedicated support and training opportunities.
- The trust had significantly improved the use of the World Health Organisation surgical safety checklist in theatres. Quality and safety staff had audited the work to improve this safety tool, which resulted in a demonstrable trajectory of better practice.
- Staff used a range of systems to monitor and care for patients whose condition was deteriorating. This included electronic calculation of early warning scores and automatic escalation to senior clinical staff.
- An electronic monitoring system was in place across all clinical areas which enabled staff to monitor and track their patients throughout their care and treatment pathway.
- Some teams and services, such as ear, nose and throat and clinical site practitioners, had implemented peer reviews or audits to assess their service and improve care for patients with complex needs.
- Staff had access to extensive training and development opportunities and dedicated support from a practice education team. This team worked across the hospital and provided targeted, specialised training to staff. This was alongside simulation training and leadership development opportunities.
- All surgical areas scored consistently well in the NHS Friends and Family Test, with all recommendation scores at 90% or above in 2017.
- We saw an embedded culture of staff involving patients and parents when planning care and treatment. Staff took time to explain options and risks and patiently took time to answer questions.
- Substantial work had been completed in relation to delivery of referral to treatment times (RTT) following a suspension prior to 2016. Dedicated data, clinical and quality teams worked together to improve data quality and reporting.

Summary of findings

- The trust had a target of full compliance with RTT national standards and no 52 weeks breaches by January 2018. Each specialty had a recovery trajectory aimed at achieving this. There was evidence of sustained improvements in the RTT with 29 of 49 recorded specialities achieving the RTT standard in December 2017 and 39 achieving it in January 2018.
- There was evidence of effective, inclusive leadership at service level. Staff in all departments, wards and clinical services spoke positively of the support and leadership they received and said this contributed to a very welcoming culture.

Outpatients

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

- We saw evidence of the use of national clinical guidelines and a culture of evidence based practice in the specialties we observed in outpatients.
- The service made sure staff were competent for their roles. All nurses in the outpatients department had an appraisal within the last year. Staff told us they found it of benefit to take time out and reflect on their work and possible career development.
- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. We saw staff comforting patients and carers and a high level of engagement with children and young people.
- Patients and their relatives felt included in their plan of care. Patients told us nurses and clinicians spoke directly with them rather than just to their parents and carers. They felt included in discussions about their treatment and staff took time to ensure they understood what was discussed.
- The service took account of patients' individual needs. There were link nurses for patients with a learning disability, who staff and patients could contact for advice and support. Reasonable adjustments were made to provide a better patient experience for learning disabled patients.
- The department supported people to be as engaged in their own health and wellbeing as possible. For example, speech and language therapists ran a group once a month for parents of children who recently had a cleft palate repair. Advice and information was shared about speech development, good oral hygiene and diet.
- Staff we spoke with were very positive about the current leadership team and told us their biggest strength was their honesty and visibility. Staff told us there was good teamwork and they felt valued and got recognition for their work.
- There was general consensus amongst managers and staff about what the departments' top risks were. These included increasing demand on services and capacity in clinics, as well as the unplanned for arrival of inpatients from other hospitals to the outpatients department. Staff told us risks were discussed at staff meetings and managers shared information about what was being done to mitigate these risks.
- Leaders developed a business strategy which was designed to increase the efficiency of the department and enhance patient experience. For example, providing extra space for clinics that had become too full.
- The trust returned to reporting referral to treatment times in January 2017 in agreement with commissioners with noticeable improvements to the quality of the data. This showed that the trust's referral to treatment time (RTT) for non-admitted pathways was similar to the England overall performance. Data on RTT for admitted pathways showed that 91% of patients were seen within 18 weeks with the between August and December 2017.

However:

Summary of findings

- We observed inconsistent adherence to infection prevention and control practice and recent hand hygiene results were poor. Hand hygiene audits from January to December 2017 demonstrated that the average compliance rate was 78%, with results varying between 50% and 96%. We observed doctors were not always 'bare below the elbow'.
- We noted there were no single use tourniquets in use which increased the possibility of infection.
- We found inconsistencies in fridge temperature monitoring; we also saw that ambient temperature monitoring was not taking place in areas where medicines were being stored. There was no action plan in place to address this issue.
- Patient identifiable information was left unattended in consulting rooms. This created the risk of private patient information being accessed inappropriately.

Surgery

Requires improvement   

Key facts and figures

Surgery services at Great Ormond Street Hospital are provided within three divisions; JM Barrie, Charles West and International and Private Patients. There are 12 surgical specialties represented within the hospital and provided across 14 operating theatres and a range of surgical inpatient wards, a pre-operative assessment unit and a day case ward. Theatres one to six include a nine-bedded recovery and infectious patient bay. A 24-hour emergency theatre and anaesthetic bay room are always available and the inpatient wards are equipped to provide care for patients who need high dependency care.

The trust had 11,058 surgical admissions from August 2016 to July 2017. Emergency admissions accounted for 668 admissions (6%), 5,032 (46%) were day cases, and the remaining 5,358 (48%) were elective. Across the 13 specialties, 32% of procedures were carried out in urology, 16% in ear, nose and throat and 12% in general surgery. Other proportions ranged from 8% in plastic surgery to fewer than 0.5% (six procedures) in day case anaesthetics.

During our inspection we visited the main theatres, Ocean theatres and all inpatient wards that provide care to NHS, international and private surgical patients. In addition, we spent time in the pre-surgery assessment unit, the discharge lounge and the anaesthetic pre-operative assessment unit. A CQC pharmacist inspector visited Sky ward, Hedgehog ward, Panther ward and Bumblebee ward.

To come to our ratings we spoke with 39 members of staff across clinical areas and services and management teams. We spoke with 24 patients and/or their parents and looked at 19 patient records. We also reviewed over 80 additional documents.

We last inspected surgical services at Great Ormond Street Hospital in April 2015 and May 2015. At that inspection we rated the service as requires improvement. Applicable to surgery, we told the trust they must:

- Resume World Health Organisation checklist audits in surgery
- Ensure referral to treatment time (RTT) data is robust
- Ensure greater uptake of mandatory training

At this inspection we found significant work had been completed to make demonstrable progress in the implementation of consistent surgical safety checklists and improvements in RTT data. However mandatory training compliance remained variable.

Summary of this service

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

- Short staffing in some clinical areas had led to delays in treatment and prescribing and the closure of some inpatient beds.
- There was inconsistent management of risks in medicines management.

Surgery

- Clinical governance, risk management and incident investigation systems did not follow a coherent or effective structure in which learning was shared between teams and specialties. Although there was local evidence of improvements in practice as a result of incidents and morbidity and mortality meetings, shared learning was not evident outside of the immediate specialty or service.
- Between August 2016 and September 2017, the trust took an average of 59 calendar days to investigate and close complaints; which was significantly longer than the target of 25 days.
- There was a disconnect between specialty and divisional teams and the senior trust and executive team. A cross-section of 14 clinical staff, including senior clinicians, said the senior team was difficult to communicate and engage with and they did not feel listened to. Although the executive team demonstrated efforts to engage with staff, very few of the individuals we spoke with had been able to participate. The senior team had a track record of high levels of staff turnover, which service-level staff told us meant there was little consistency.
- There was limited evidence risks were regularly scrutinised or reviewed in a timely manner. We found the highest risk to clinical treatment related to the medical records system, which resulted in surgeons and anaesthetists sometimes carrying out treatment without access to the patients' medical history.

However:

- There were established safeguarding procedures appropriate to patient age groups. Although nurse and medical staff teams did not meet the trust's 90% standard, at 75%, for completion of safeguarding children level 3, specialists across the hospital provided dedicated support and training opportunities.
- The trust had significantly improved the use of the World Health Organisation surgical safety checklist in theatres. Quality and safety staff had audited the work to improve this safety tool, which resulted in a demonstrable trajectory of better practice.
- Staff used a range of systems to monitor and care for patients whose condition was deteriorating. This included electronic calculation of early warning scores and automatic escalation to senior clinical staff.
- An electronic monitoring system was in place across all clinical areas which enabled staff to monitor and track their patients
- Staff had access to extensive training and development opportunities and dedicated support from a practice education team. This team worked across the hospital and provided targeted, specialised training to staff. This was alongside throughout their care and treatment pathway.
- Some teams and services, such as ear, nose and throat and clinical site practitioners, had implemented peer reviews or audits to assess their service and improve care for patients with complex needs.
- simulation training and leadership development opportunities.
- All surgical areas scored consistently well in the NHS Friends and Family Test, with all recommendation scores at 90% or above in 2017.
- We saw an embedded culture of staff involving patients and parents when planning care and treatment. Staff took time to explain options and risks and patiently took time to answer questions.
- Substantial work had been completed related to the delivery of the referral to treatment times (RTT) following a suspension prior to 2016. Dedicated data, clinical and quality teams worked together to improve data quality and reporting.

Surgery

- The trust had a target of full compliance with RTT national standards and no 52 weeks breaches by January 2018. Each specialty had a recovery trajectory aimed at achieving this. There was evidence of sustained improvements in the RTT with 29 of 49 recorded specialities achieving the RTT standard in December 2017 and 39 achieving it in January 2018.
- There was evidence of effective, inclusive leadership at service level. Staff in all departments, wards and clinical services spoke positively of the support and leadership they received and said this contributed to a very welcoming culture.

Is the service safe?

Requires improvement  

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

- Completion rates of mandatory training varied from 58% to 100% and neither medical nor nursing staff met the trust's 90% completion rate in all subjects. However there was extensive evidence of programmes to improve this by the end of 2018.
- Nursing and medical staff groups met the trust's standards for the completion of safeguarding adults level 1 training but not for safeguarding children level 3 training, in which compliance was 74%.
- Between April 2016 and March 2017, surgical wards reported three cases of hospital-acquired MRSA. Results from the Saving Lives audit in 2017 indicated 88% overall compliance with a wide variance in individual results.
- Persistent short-staffing of nurses on Sky ward and clinical fellows in Bumblebee ward had led to delays in treatment and prescribing.
- Risks relating to medicine management were not always mitigated on each ward. For example, we found inconsistent medicines management on inpatient wards, such as unlocked storage areas and a lack of temperature monitoring. Risk action groups and specialty review meetings reviewed medicines risks on a monthly basis and so it was not evident why this had not resulted in more consistent ward practices.
- Learning from serious incidents and never events was limited to specialist clinical areas and there was very little sharing of learning or outcomes between specialties and services.
- Clinical staff had identified a serious potential risk to patient safety relating to access to medical histories and patient notes. This occurred as the trust moved to an electronic patient record system, which meant staff accessed previous patient records from a range of different sources. There were delays in this interim system, which meant procedures sometimes took place without clinicians having a full picture of the patient's medical history. This risk had remained on the trust risk register for over 12 months and multiple senior clinical staff we spoke with said escalating the risk had not resulted in improved practice or safety mechanisms. After our inspection the trust provided details of a trial project that would improve the scanning and availability of patient notes, which was due to be launched in April 2018 ahead of the full electronic system in April 2019.

However:

- There was a significant improvement in the use of the World Health Organisation surgical safety checklist in theatres. We saw evidence of this from observing practice, speaking with staff and reviewing progress audits the trust had completed.

Surgery

- Clinical site practitioners and safeguarding lead nurses provided clinical teams with dedicated safeguarding support and additional training. This reflected an overall comprehensive approach to safeguarding that included the recognition of radicalisation and multidisciplinary working with social workers, psychologists and the security team.
- Staff demonstrated consistently good standards of infection prevention and control, including when caring for patients who were isolated due to infectious conditions.
- Staff on inpatient wards demonstrated detailed knowledge of emergency procedures relating to fire and evacuation. Some staff had completed scenario-based evacuation simulations and could demonstrate how this applied to the specific needs of their patients.
- The biomedical engineering, facilities and estates teams managed a programme of planned and preventative maintenance for theatres. All maintenance was up to date or planned on schedule.
- Clinical staff used the child early warning scores (CEWS) system to monitor patients whose condition was deteriorating. This was an electronic system that escalated care needs to senior clinicians. In addition staff used an electronic patient monitoring board on each ward and daily safety huddles to provide additional risk monitoring for patients. These systems ensured patients at risk of increasing medical needs received timely and appropriate care.
- Staff vacancy, turnover and sickness rates were all significantly better than trust targets.
- Staff were confident in reporting incidents and we found evidence of improvements in practice as a result of incident investigations.

Is the service effective?

Good   

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

- The clinical audit team reviewed updates to national clinical guidance and quality standards on a monthly basis. This included a review of all hospital policies and protocols to identify where updates were needed.
- The hospital participated in national and international benchmarking, including as part of an international network for surgical interventions in patients living with epilepsy.
- A tracheostomy nurse specialist had led a range of improvements to patients who needed tracheostomy care. This included, targeted specialist training for nurses, the implementation of nurse link roles and remote reviews for patients after discharge.
- Staff in the ear, nose and throat specialty recognised a need for better benchmarking of care and treatment and had established clinical groups to drive this forward.
- The clinical site practitioner team had implemented a peer review system as a strategy to discuss complex cases and identify areas for improvement in care.
- Staff used evidence-based tools to monitor nutrition and hydration and ensure patients received appropriate support. Dieticians were available in the hospital and the gastroenterology service had recruited a food allergist as part of a new feeding pathway.
- Staff had reviewed starving times and implemented new care protocols for patients that enabled them to have a drink before surgery.
- A specialist pain control team was available 24-hours a day, seven days a week.

Surgery

- From July 2016 to June 2017, patients at the trust had a lower than expected overall risk of readmission for elective admissions.
- Effective discharge processes were in place in inpatient wards and consultants always provided discharge summaries for patients to take away with them and sent a copy to the patient's GP.
- A dedicated team of practice facilitators and practice educators provided specialist training, simulations, ad-hoc support and facilitated learning across all surgical areas.
- Patients were cared for by coordinated teams of clinicians who worked with therapies and rehabilitation staff and met regularly to review care planning. Multidisciplinary working was clearly embedded in all clinical pathways such as through consultants working cross-specialties and a team of psychologists reviewing patients in all inpatient wards.
- The child and family information group worked with clinical teams to develop health promotion materials and strategies to help patients and their parents during their stay and after discharge.
- An extensive range of non-clinical services and teams worked together to provide holistic care to patients and their relatives. This included a school with teachers who visited wards, a team of volunteers and dedicated play specialists. Staff in each team adapted their service to the age of patients and there was a demonstrable focus on improving facilities and services for adolescents.
- Play specialists had worked with the infection control and nurse teams to ensure they could use recreational resources with young people who were treated in isolation due to infectious risks.

However:

- Between April 2016 and March 2017, 85% of staff within surgery at the trust had received an appraisal compared to a trust target of 90%.
- Staff told us they did not routinely receive training in the Mental Capacity Act (2015) and there was limited understanding of mental capacity in some teams and departments. However after our inspection the trust told us this was included as part of their safeguarding level 1 mandatory training.
- Although multidisciplinary working was clearly embedded in services, this did not extend to the wider trust. This was because there was a lack of learning between services, departments and specialties.

Is the service caring?

Good ● ↓

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

- The results of the NHS Friends and Family Test (FFT) indicated people scored surgery services consistently well for recommendation rates. Several areas had a track record of achieving 100% recommendation rates from respondents.
- The trust had adapted the FFT questionnaire into a child-friendly format so that children could contribute their thoughts.
- During all of our observations, staff spoke to patients, parents and visitors with kindness and respect.
- Staff demonstrated understanding of the principles of privacy and dignity and adapted care to the age and needs of their patients.
- Staff in theatres offered children visits to theatres ahead of planned treatment as a strategy to reduce anxiety.

Surgery

- A chaplaincy and spiritual care team provided emotional support to parents and children of all faiths or no faith.
- There was a culture of involving patients and parents in care planning and decision-making. We saw this demonstrated by staff in all specialties and roles. Parents and patients we spoke with persistently cited this as a positive aspect of their interactions with staff.

Is the service responsive?

Good ● ↑

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

- The hospital benchmarked length of stay times for surgical specialties with three other specialist children's hospitals. Between April 2016 and September 2017, the average length of stay was 6.6 days, which was comparable to or better than similar hospitals.
- Staff used a hospital passport system to help them understand and communicate with young people where they presented with complex communication needs.
- Sensory rooms were available and activities rooms were located on each ward. Age-specific activities and relaxation spaces were provided and play specialists ensured they were 'safe spaces' away from medical procedures and medication administration.
- In 2016, the trust resumed reporting referral to treatment (RTT) times following a suspension to review data quality processes. Dedicated specialists in data collection, analysis and validation worked with clinical colleagues to ensure data was accurate and high quality. A demand and capacity model for all specialty services was in place and senior teams used this to improve waiting times and there was significant evidence of improvement, including 100% compliance with national standards in eight sub-specialties in December 2017 and January 2018.
- Work was ongoing in each specialty to address waiting lists and this involved improving recruitment to administrative roles and involving matrons in planning.
- In the second quarter (Q2) of 2017/2018, the trust cancelled 119 surgeries, 94% of which were treated within 28 days.

However:

- Some clinical specialties, including spinal surgery, were not expected to achieve the trust's RTT targets until 2019/20 due to persistent gaps in staffing and demand higher than capacity.

Between August 2016 and September 2017, there were 31 complaints in surgical specialties. The trust took an average of 59 calendar days to investigate and close complaints; which was not in line with the complaints policy standard of 25 days.

Is the service well-led?

Requires improvement ● ➡ ➡

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

Surgery

- Divisional structures were operating according to an interim model. This meant fewer senior staff provided oversight to increasing areas, including the director of operations who was responsible for five sub-divisions and all 52 specialties and services. We received consistently negative feedback about the functioning of senior executive teams from senior clinical staff.
- Staff told us they did not understand the trust senior teams' roles or purpose and said efforts to engage were often very challenging because they were timed to conflict with their clinical responsibilities.
- Understanding of the trust's vision and strategy was variable amongst staff. Some teams had developed their own local vision to enable staff to work towards a common purpose.
- Some specialties had limited systems in place to ensure risk management and learning was shared amongst the whole team.

However:

- Divisional risk registers were regularly scrutinised, reviewed and updated. This included in relation to significant patient safety risks relating to poor records access control and management.
- All of the staff we spoke with said they were supported at a local level by their immediate supervisors and managers.
- Clinical governance systems at specialty level demonstrated leadership to improved practice and safety.
- Ward managers, senior nurses and doctors were empowered to develop the working culture in their respective areas of work. This led to high levels of job satisfaction, which contributed to highly dedicated patient care.
- Staff said good working relationships enabled them to develop professionally and work effectively with colleagues in a culture that rewarded good work and facilitated positive learning from mistakes.
- A clinical audit manager worked with staff to embed safety culture into theatres in a way clinicians thought was meaningful. This formed part of a quality improvement and engagement exercise to develop safety systems.
- A young people's forum operated for patients from age 11 and provided them with a voice within the trust to ensure their needs were catered for.

Outstanding practice

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

Areas for improvement

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

Outpatients

Good  

Key facts and figures

Great Ormond Street Hospital for Children NHS Foundation Trust is one of four dedicated children's hospital trusts in the UK. The trust operates from a single site in central London and provides outpatient clinics to children funded by the NHS and privately funded patients from overseas and the UK. It is the largest paediatric centre in the UK for intensive care, cardiac surgery, neurosurgery, cancer services, nephrology and renal transplants and has more than 50 different clinical specialties. Great Ormond Street Hospital forms the UK's only academic biomedical research centre specialising in paediatrics in conjunction with another hospital. Outpatient services are provided in various settings throughout the main hospital and across three floors in an adjoining building that is on the main hospital site but managed by another London trust.

There were 255,651 first and follow up outpatient appointments between August 2016 and July 2017 compared with 104,581,336 for the whole of England in the same period. This was an increase of over 20,000 patients seen between July 2013 and June 2014 (233,462) as recorded at the previous CQC inspection in June 2015.

We inspected the service over three unannounced inspection days, 9 to 11 January 2018.

During our inspection, we visited a range of clinical areas including Cheetah, Hippo, Rhino, Manta Ray, Caterpillar, Hare and Zebra. We spoke with staff and patients in a range of clinics; for example cardiology, endocrinology, gastroenterology, rheumatology, ophthalmology, neuro-disability and speech and language therapy. We spoke with 37 members of staff including doctors, nurses, allied health professionals, administrative and other staff. We spoke with the director of operations and clinical director for the ICSU as well as the head of nursing and operational lead for the service. We reviewed four patient records and spoke with 12 children and young people and 18 relatives.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

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

- We saw evidence of the use of national clinical guidelines and a culture of evidence based practice in the specialties we observed in outpatients.
- The service made sure staff were competent for their roles. All nurses in the outpatients department had an appraisal within the last year. Staff told us they found it of benefit to take time out and reflect on their work and possible career development.
- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. We saw staff comforting patients and carers and a high level of engagement with children and young people.

Outpatients

- Patients and their relatives felt included in their plan of care. Patients told us nurses and clinicians spoke directly with them rather than just to their parents and carers. They felt included in discussions about their treatment and staff took time to ensure they understood what was discussed.
- The service took account of patients' individual needs. There were link nurses for patients with a learning disability, who staff and patients could contact for advice and support. Reasonable adjustments were made to provide a better patient experience for learning disabled patients.
- The department supported people to be as engaged in their own health and wellbeing as possible. For example, speech and language therapists ran a group once a month for parents of children who recently had a cleft palate repair. Advice and information was shared about speech development, good oral hygiene and diet.
- Staff we spoke with were very positive about the current leadership team and told us their biggest strength was their honesty and visibility. Staff told us there was good teamwork and they felt valued and got recognition for their work.
- There was general consensus amongst managers and staff about what the department's top risks were. These included increasing demand on services and capacity in clinics, as well as the unplanned for arrival of inpatients from other hospitals to the outpatients department. Staff told us risks were discussed at meetings and managers shared information about what was being done to mitigate these risks.
- Leaders developed a business strategy which was designed to increase the efficiency of the department and enhance patient experience. For example, providing extra space for clinics that had become too full.
- The trust returned to reporting in January 2017 in agreement with commissioners with noticeable improvements to the quality of the data. This showed that the trust's referral to treatment time (RTT) for non-admitted pathways was similar to the England overall performance. Data on RTT for admitted pathways showed that 91% of patients were seen within 18 weeks with the between August and December 2017.

However:

- We observed inconsistent adherence to infection prevention and control practice and recent hand hygiene results were poor. Hand hygiene audits from January to December 2017 demonstrated that the average compliance rate was 78%, with results varying between 50% and 96%. We observed doctors were not always 'bare below the elbow'.
- We noted there were no single use tourniquets in use which increased the possibility of infection.
- We found inconsistencies in fridge temperature monitoring; we also saw that ambient temperature monitoring was not taking place in areas where medicines were being stored. There was no action plan in place to address this issue.
- Patient-identifiable information was left unattended in consulting rooms. This created the risk of confidential patient information being accessed inappropriately.

Is the service safe?

Good   

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

- Nursing staff were 100% compliant with safeguarding children level 3 training and were confident about how to escalate any concerns they had about the safety of the child.
- Medicines were stored securely and resuscitation trolleys in all areas we visited were in line with the Resuscitation Council's recommendations. Trolleys had been checked daily and these checks were recorded. All trolleys were situated in areas without obstruction and could be easily accessed.

Outpatients

- Staff told us they were confident to report any identified risks and log incidents without any fear of blame.
- There were hand washing facilities including hand wash basins and hand gel sanitisers widely available around general areas of the department and within the clinical areas.
- Staff were able to demonstrate in detail how they decontaminated isolation rooms after each use. We observed a morning handover, which identified patients who required isolation.
- There was a robust system in place to ensure toys in play areas were decontaminated after use. We were told that parents were encouraged to bring the child's own toys if they had to go into an isolation room to reduce the possibility of cross-contamination.
- During the last CQC inspection, we noted the equipment used to transport patient records between departments was frequently not fit for purpose. During this inspection we saw that these had been replaced with patient record trollies on wheels which had a key pad system and were easy to move from area to area.
- During the previous inspection, we were told that a significant number of referrals from other NHS trusts and embassies did not include adequate medical or clinical information. During this inspection, staff told us they had since adapted a robust approach to this which had resulted in significantly improved quality of referral information.

However:

- The most recent hand hygiene audit showed there was just 57% compliance. We observed good hand hygiene by all staff when they were examining patients, which was confirmed by parents we spoke with.
- There were times when demand for isolation rooms was between 16 and 35 cases per day for five rooms.
- The trust reported a 25% turnover of nursing staff which was higher than the trust average was 16%.
- Hospital-only outpatient prescription pads were left out on desks in all consulting rooms we visited. This was not in line with the NHS security of prescription forms guidance (updated August 2015).

Is the service effective?

We do not rate this domain.

- We found a culture of evidence-based practice in the specialties we inspected in outpatients. Clinicians told us of an audit which was now accepted National Institute for Health and Care Excellence (NICE) based practice.
- Many clinical services provided outcomes data to national or international registries. These registries monitored incidence of disease, clinical management of conditions and treatment outcomes.
- Data collected on patients with inflammatory bowel disease in May 2017 showed that 73% of registered patients were in remission. This was a significant improvement from 46% when the last data was collected in March 2011.
- The 2016-17 patient-related outcome measurement related to Osteogenesis imperfecta (OI), also known as brittle bone disease, showed that 100% of parents and 75% of young people understood the answers given to their questions. 100% of both parents and young people felt involved in decisions taken which related to their care.
- The speech and language department held monthly groups to support parents of patients who had recently undergone a cleft palate repair. Information was shared about ways in which to improve speech and maintain good nutrition and oral hygiene. Speech therapists told us there was positive feedback from parents about the efficacy of this group.

Outpatients

- Staff told us how training provided by the trust enhanced their ability to do their job well. For example, we were told how training in conflict resolution recently enabled them to diffuse a situation with a parent and therefore avoided the need to call the police.
- Volunteers were trained to enable them to provide a service to parents and patients who we observed to be helpful and informative.
- Appraisal rates for qualified nursing staff, healthcare assistants and administrative staff were 100% compliant with trust standards.
- We saw evidence of multidisciplinary working between the department and the rest of the hospital as well as with other hospitals and outside agencies such as GPs and community-based healthcare teams.
- Play workers engaged with patients in the waiting areas and a play therapist was frequently asked to provide distraction for distressed children during their appointment.
- The trust had a 'Transition to Adult Care' policy, which we saw was initiated on some patient records we reviewed.
- Staff we spoke with were clear about their responsibility to adhere to legislation and trust policy in relation to consent. We saw how a clinician applied the trust policy with regard to telephone consent which was clearly documented in patient records.

However:

- Trust data showed that turnaround time of discharge summaries within 24 hours varied between 85% and 89% between April and November 2017, which was below the NHS standard of 100%.

Is the service caring?

Outstanding ☆ ➡ ➡

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

- We received only positive comments from patients or their carers about staff throughout this inspection. They told us of the sensitivity demonstrated by staff when breaking bad news. They said they could, and frequently did, ring staff when they needed reassurance.
- Parents told us doctors and nurses made them feel like partners in their child's care. They told us they felt that when their views were sought, this was not just a token exercise and they were really taken into consideration.
- Young people told us how staff asked for their opinions and gave them the opportunity to speak without their parents present. They told us they were treated in a respectful way and made to feel their views were valued and taken into consideration when discussing their treatment plans.
- We observed many occasions when staff showed tremendous understanding and sensitivity towards patients and their carers. They anticipated situations which had the potential to be upsetting and provided distraction to the patient.
- Parents told us how staff were discreet and sensitive when they had to break bad or unexpected news to them. They told us they appreciated the way in which they were taken to a private area away from busy areas to absorb the information shared with them.
- Parent and carers of children with special needs told us how staff adapted their service in order to ensure the best possible experience. This included consistency of staff whom they saw on return visits.

Outpatients

- A pilot project had been developed where a learning disability link nurse did a home visit to a patient who persistently refused to come to their appointments. The nurse used communication aids to prepare the patient for their next appointment and ensured they were on duty to welcome them into the department.
- A professional carer told us they were given comprehensive information by doctors about the patient which they included in the person's residential care plan in order to better support their healthcare needs.
- We saw medical, nursing and administrative staff greet all patients and carers, many by their name and welcome them into clinics. We also saw that staff went to great lengths to ensure that treatment plans and medicine regimes were fully understood by patients and carers before leaving the department.
- The trust proactively sought to improve the service. There were numerous comments boxes throughout the department which encouraged people to leave their feedback on the service.
- A young people's forum operated for patients aged 11 to 25, and provided them with a voice within the trust, and to ensure all patients were catered for, regardless of their age.

Is the service responsive?

Good  

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

- During the previous CQC inspection in May 2015, we recorded concerns over the reliability of referral to treatment (RTT) data. Various measures were put in place since then to address the problem and the trust returned to reporting in January 2017 in agreement with commissioners.
- Measures put in place included a clinical harm review of patients on the waiting list, the re-training of staff in the management of RTT and the RTT guidelines and embedding necessary processes to ensure the organisation was robustly tracking and managing its patients, in line with the standards.
- From January to September 2017, the trust's referral to treatment time (RTT) for non-admitted pathways and admitted pathways was similar to the England overall performance.
- Data submitted to CQC showed improvements to call handling performance and a reduction in the number of abandoned calls.
- Patients and carers told us they found the booking system to be efficient and flexible. They were given a follow-up appointment without having to pursue it and it was simple to arrange appointments which fitted in with their work pattern or their child's school schedule.
- The trust provided an extensive translation and interpreting service in recognition of the wide range of languages spoken by their patients and families.
- There was an extensive support system in place for patients living with a learning difficulty. This included a nurse consultant and link nurses who were available to patients, carers and staff. They worked collaboratively to ensure that reasonable adjustments were made to make the patient's hospital experience as positive as possible.
- There was publicly available information on health related matters including epilepsy, diabetes, autistic spectrum disorder, living with visual impairment and healthy eating.
- Carers who travelled by car to the hospital were given a parking voucher for use in the area surrounding the hospital, the length of which depended on the nature of their visit. In addition, where the patient had a number of appointments over the course of more than one day, they were offered hotel accommodation close to the hospital.

Outpatients

- Certain specialties offered telemedicine to patients who lived far away. This allowed clinicians to make an assessment of their patients over the telecommunications infrastructure and reduced the frequency with which the patient was required to attend the hospital in person.

However:

- Complaints to the outpatient departments took on average 42 calendar days to investigate and close, which exceeded the trust target of 25 calendar days.

Is the service well-led?

Good  

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

- Following the suspension of reporting its referral to treatment (RTT) waiting times, the trust completed a significant amount of work relating to the RTT access standards. The additional work has led to the improvement of the quality of the data, with staff retrained to correctly manage RTT data.
- There were robust governance systems in place for identifying risk and monitoring quality against national standards. Local audits informed actions required to continuously improve service delivery.
- There was consistency in what staff raised as concerns and what were recorded as risks. The senior leadership team identified risks which staff also identified, including unplanned for arrival of inpatients from other hospitals to the outpatients department and capacity in clinics. We saw that risks were reviewed regularly and actions identified to address them.
- Staff were very positive about the local leadership of the outpatients department. They told us they were visible, supportive and had an open door policy.
- The departmental leadership team had a vision for the department and an improvement plan put in place to achieve this.
- Staff told us they felt valued and their views were listened to. They described the department as a good place to work where strong teamwork ensured good service delivery to patients.
- Staff said equality and diversity training, which was mandatory, helped them to offer better support to patients from diverse backgrounds.
- The trust developed an action plan in response to aspects of the 2016 staff survey which scored significantly worse than the rest of the trust.

However:

- Many staff told us they were unfamiliar with those members of the leadership team above departmental sisters and matrons and most did not know the names of board members and told us they would not recognise them.
- We were told that the frequent changes to the organisational structure were confusing and some staff told us they were not made fully aware of the reasons for them.
- The outpatient's staff survey scored worse than the rest of the trust in certain areas. For example, 24% of outpatient staff reported experiencing physical violence from patients, relatives or the public in last 12 months against a trust-wide rate of 7%. In addition, 60% of outpatient staff felt able to contribute towards improvements at work against a trust rate of 76%.

Outpatients

- We found patient-identifiable information on view in offices, including a patient identifiable letter on an unlocked computer screen and clinic lists with patient names on desks in three consulting rooms.

Outstanding practice

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

Areas for improvement

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

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	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	
Treatment of disease, disorder or injury	

Our inspection team

Amanda Stanford, Deputy Chief Inspector and Nicola Wise, CQC Head of Hospital Inspection chaired this inspection. David Harris, CQC Inspection Manager took the lead for both parts of the inspection and was supported by Klaudiusz Zembrzuski, CQC Inspector.

The core service inspection team included nine CQC Inspectors, six specialist professional advisors (SPAs), two experts by experience (Exbyex) and one inspection planner.

The well-led inspection team included three inspectors, four SPAs, one executive reviewer and one inspection planner.

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