

North West London Hospitals NHS Trust

Quality Report

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

Ratings

Overall rating for this trust	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Requires improvement	
Are services at this trust caring?	Requires improvement	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Requires improvement	

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out this comprehensive inspection because North West London Hospitals NHS Trust had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system.

North West London Hospitals NHS Trust is located in the London Boroughs of Brent and Harrow, and cares for more than half a million people living across the two boroughs, as well as patients from all over the country and internationally. The North West London Hospitals NHS Trust manages three main sites registered with the Care Quality Commission: Northwick Park Hospital and St Mark's Hospitals in Harrow, and Central Middlesex Hospital in Park Royal. St Mark's Hospital is an internationally-renowned centre for specialist care for bowel diseases. The trust has a sustainable clinical strategy with Ealing Hospital that improves patient pathways, underpinned by combined ICT and estate strategies, and a vision to establish Northwick Park Hospital as the major acute hospital of choice for outer North West London.

Our key findings were as follows:

- Some areas had shortages of nursing and/or medical staff, which impacted on the care being given.
- Escalation procedures were not always followed or effective.
- Maternity services continue to require improvements to ensure a cohesive, safe, effective service for women.
- There were concerns about the competency and supervision of middle grade doctors.
- Appraisal rates for staff were, in some areas, poor.
- Auditing in the critical care area was poor and was not in line with national programmes.
- Equipment and the environment, particularly in paediatric services, required improvements in order to maintain the safety of children and young people.
- Policies, procedures and protocols were not always up to date and reflective of best practice guidance.

- There was inequity in discharge arrangements.
- Most areas were clean, and at the Central Middlesex Hospital patients were complimentary about the food they received.
- Infection control practices and rates of infection were good.

We saw several areas of outstanding practice including:

- The stroke unit was providing a 'gold standard service' with seven-day working. It had been the recipient of the prize for the 2013 Clinical Leadership Team at the British Medical Journal awards.
- The STARRS service had strong ownership by geriatricians and the multi-disciplinary team. The team was aware of the needs of frail elderly patients who attend A&E. It was introduced by the trust and its partners to mitigate one of the pressures on the A&E service and the hospital's beds.

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

Importantly, the trust must:

- Ensure that there are appropriate numbers of staff to meet the needs of patients in the A&E department, surgical areas and critical care (Northwick Park Hospital and St Mark's Hospital).
- Ensure that there are systems in place to assess and monitor the quality of the service provided in A&E, critical care, surgery and maternity, to ensure that services are safe and benchmarked against national standards (Northwick Park Hospital).
- Ensure that the environment is safe and suitable in paediatric services (Northwick Park Hospital).
- Ensure that equipment is available, safe and suitable within the paediatric service (Northwick Park Hospital).

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to North West London Hospitals

North West London Hospitals NHS Trust manages Northwick Park Hospital and St Mark's Hospital in Harrow, and Central Middlesex Hospital in Park Royal. The trust employs more than 4,300 doctors, nurses, therapists, scientists and other health professionals, as well as administrative and support staff, making them one of the largest employers locally.

Northwick Park Hospital has 658 beds and runs a hyper acute stroke unit. The hospital is very busy but overall, all sites operate at below the national average bed occupancy rate, at 82.5%. Central Middlesex Hospital has 180 beds and, in general, the pressure on the beds is lower, as surgery and admissions are, to a large extent, planned. St Mark's Hospital has 64 beds and provides specialist gastro-intestinal surgery to patients, including those from abroad.

The trust has a sustainability plan, which involves merging with Ealing Hospital NHS Trust, to ensure that all hospitals are sustainable. The trust serves a population of 500,000 people across Brent and Harrow, but also sees patients from across the country and internationally through St Mark's Hospital's specialist services. In terms of deprivation, Brent is ranked 35th and Harrow 194th out of 326 local authorities. This provides a complex mix of deprivation for the trust.

We inspected North West London Hospitals NHS Trust as it was selected as a level 1 high risk trust from our CQC Intelligent Monitoring tool. Tier 1 indicators are the key metrics that CQC uses to help decide where and what to inspect. These Tier 1 indicators have been selected on the basis of statistical robustness, ability to identify poorly performing trusts, and their ability (as a group) to cover multiple dimensions of quality.

Our inspection team

Our inspection team was led by:

Chair: Alastair Henderson, Chief Executive, Academy of Medical Royal Colleges

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included eight CQC inspectors and a variety of specialists: an interim chief operating officer, consultant

gastroenterologist, consultant physician, A&E consultant, clinical director of obstetrics and gynaecology, consultant anaesthetist, consultant paediatrician, a junior doctor, a matron, a critical care senior nurse manager, governance manager, health visitor, a student nurse, a pharmacist and three Experts by Experience.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held and asked other organisations to share what they

knew about the hospital. These included the clinical commissioning group (CCG), NHS Trust Development Authority, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the royal colleges and the local Healthwatch.

We held a listening event in Wembley on 20 May 2014, when people shared their views and experiences of the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone.

Summary of findings

We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at North West London Hospitals NHS Trust.

What people who use the trust's services say

CQC's Adult Inpatient Survey 2012 shows that the trust was performing the same as other trusts for nine of the 10 areas of questioning. In the individual results, the trust was performing worse than other trusts for one of the questions around 'Waiting List and Planned Admissions', three of the questions around 'The Hospital and Ward', one question around 'Nurses', one question around 'Operations and Procedures', and one question around 'Leaving Hospital'.

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS friends and family tests for accident & emergency and inpatient admissions. Between November 2012 and February 2014,

the trust scored above the national average for inpatients and A&E patients. However, in the period January to February 2014, the trust's score in A&E dipped to below the national average.

The Cancer Patient Experience Survey is designed to monitor national progress on cancer care; 152 acute hospital NHS trusts took part in the 2012/13 survey, which consisted of a number of questions across 13 different cancer groups. Patients rated the trust as being in the bottom 20% of all trusts nationally for 35 of the 69 questions for which the trust had a sufficient number of survey respondents on which to base findings.

In CQC's maternity survey, the trust scored worse than other trusts for two out of the three areas of questioning. These included labour and birth, and staffing during labour and birth.

Facts and data about this trust

Key facts and figures about the trust

- Northwick Park - 658 Beds
- St Mark's - 64 Beds
- Central Middlesex - 180 Beds
- Inpatient admissions - 107,202 2012/13
- Outpatient attendances - 343,967 2013/14
- A+E attendances - 223,343 2012/13
- Births - 5,609 Oct 12 to Nov 13
- Deaths (and by location)
- Annual turnover
- Surplus (deficit) - £20.5m deficit

Intelligent Monitoring

Safe - Risk: 2; Elevated: 0; Score 2

Effective - Risk: 2; Elevated: 0; Score 2

Caring - Risk: 2; Elevated: 3; Score 8

Responsive - Risk: 0; Elevated: 2; Score 4

Well led - Risk: 2; Elevated: 0; Score 2

Total - Risk: 8; Elevated: 5; Score 18

Individual Elevated Risks

- Maternity Survey 2013 C2 "During your labour, were you able to move around and choose the position that made you most comfortable?" (Score out of 10)

Summary of findings

- Maternity Survey 2013 C12 "Did the staff treating and examining you introduce themselves?" (Score out of 10)
- Maternity Survey 2013 C13 "Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?" (Score out of 10)
- Composite indicator: A&E waiting times more than 4 hours
- Composite indicator: Referral to treatment

Individual Risks

- 'Never event' incidence
- Potential under-reporting of patient safety incidents
- PROMs EQ-5D score: Knee Replacement (PRIMARY)
- Proportion of patients who received all the secondary prevention medications for which they were eligible
- Maternity Survey 2013 C14 "If you raised a concern during labour and birth, did you feel that it was taken seriously?" (Score out of 10)
- Maternity Survey 2013 C18 "Thinking about your care during labour and birth, were you treated with respect and dignity?" (Score out of 10)
- Healthcare Worker Flu vaccination uptake

Safe:

Never events in past year - 4

Serious incidents (STELs) - 126 Between Dec 2012 and Jan 2014

National Reporting and Learning System (NRLS)

- Deaths - 9

- Serious - 17
- Moderate - 190
- Abuse - 30
- **Total - 246**

Effective:

HSMR - No evidence of risk

SHMI - No evidence of risk

Caring:

CQC inpatient survey - **average**

Cancer patient experience survey - **below**

Responsive:

Bed occupancy - 92.9%

Average length of stay - _____

A&E: 4 hour standard - Elevated Risk

Cancelled operations - No evidence of risk

Delayed discharges - No evidence of risk

18 week RTT - Elevated Risk

Cancer wards - No evidence of risk

Well-led:

Staff survey - **average**

Sickness rate 2.9 % - **above**

GMC training survey - **below**

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust requires some improvements to ensure that all patients are safe within its services. The pressures in A&E meant that some patients awaiting admission are 'bedded' down within the A&E department. This reduced the capacity of the department and impacted on the safety of these patients. Equipment was not always thoroughly checked for compliance with electrical safety measures and not entered onto the central equipment register.</p> <p>Lack of staff, both medical and nursing, on some ward areas meant that patients had to wait for their care needs to be met. However, the trust had invested in physiotherapy and occupational therapy support, and patients requiring these services received timely and safe care.</p> <p>We saw that safe and effective arrangements were in place for prescribing, ordering, storing, administering and recording of medicines. We saw medication and intravenous fluids were stored securely in all areas, except in one paediatric outpatient area at Central Middlesex Hospital. We saw that learning from medicines incidents was shared with staff through regular bulletins and learning events.</p>	<p>Requires improvement </p>
<p>Are services at this trust effective?</p> <p>Not all policies, procedures and protocols were based on national guidance and some were out of date. This was particularly in the surgical wards and in the critical care areas. The audit undertaken in the critical care area was poorly complied with, and did not reflect national audit data. This meant that the department could not benchmark itself against others, and therefore was unaware of the effectiveness of its service. We had significant concerns around the competency of some middle grade doctors, with training and supervision being minimal in this staffing group.</p> <p>The trust has protected meal times, and patients in general were complimentary about the food they received. However, there were not always enough staff on duty to ensure that patients were helped to eat their meals before food went cold. Patient outcomes were monitored in most areas, and were in general positive. Most areas had good multidisciplinary working, with the only exception being the maternity unit. Services were available seven days a week, although limited at Central Middlesex Hospital.</p>	<p>Requires improvement </p>

Summary of findings

Are services at this trust caring?

Some areas of the trust required improvements to be made in the care provided to patients. Despite the investment in staffing and processes, patients still rated maternity services as being uncaring at times. Patients reported to us, and through the maternity survey, that they felt that the staff failed to care for them as an individual. This was across both nursing and medical staff. We heard isolated fears of patients in St Mark's Hospital about the shortage of nurses and the impact that this had on care. In most areas staff were seen to provide compassionate care that respected patients' dignity. However, the maternity services and Fredrick Salmon ward in particular have affected the rating for this key question. The trust's results from the NHS Friends and Family test were below the national average.

Patients were involved in most areas in the planning of their care and treatment. 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were discussed with all patients whom this affected. Emotional support was offered by a good chaplaincy service, and through caring and supportive nursing staff.

Requires improvement



Are services at this trust responsive?

The flow through Northwick Park Hospital was challenging, as patients from the A&E department could not always access a bed in the appropriate ward in a timely manner. Discharges were sometimes delayed due to patients not living in the area covered by the Short Term Acute Rehabilitation and Re-enablement Service (STARRS) project, or those awaiting medication to be dispensed. Some areas of the trust were dilatory in response to complaints, and staff did not always recognise the lessons to be learned from these. However, the trust is in line with national benchmarking in respect of delayed discharges, and cancelled operations, but continues to struggle to meet the four-hour A&E target.

Services were delivered to meet the needs of most of the local population in approximately half of the services. However, we found that there was a lack of understanding from staff about the future of the services and their hospitals. This was despite the trust having a communication strategy in place. Care bundles and audits were in place in most areas to ensure that patients received treatment that delivered positive outcomes. However, areas such as St Mark's Hospital and the critical care unit did not have positive clinical audits to effectively measure and benchmark performance.

Requires improvement



Are services at this trust well-led?

The trust's leadership are aware of the issues they face at the three hospitals. There is a good level of confidence in the CEO and most of the senior team. We found that locally, the leadership of the core

Summary of findings

services, in the main, required improvements to be made in respect of the management of departments and wards. There was a lack of clear understanding by staff regarding the strategy and vision of the proposals for the upcoming merger with Ealing Hospital. Staff remained concerned at the impact that this would have on their services. This was evident in all areas, despite the trust having issued a significant amount of literature about the merger, and it remained an unclear picture throughout our inspection.

Risk management strategies and governance processes were not yet embedded, and this in itself poses a risk for the trust. While the trust's senior management team were aware of most of the issues, we found that they were unaware of the issues within critical care, and lacked focus on how slow human resource processes had affected staff members. The lack of an escalation policy in maternity and in A&E impacted on the safety and effective treatment of patients in these areas. The trust was aware of these issues, but they were not resolved at the time of our visit.

Vision and strategy for this trust

- The trust was aware of the issues it faces. However, we found that consistent delays and uncertainty over the merger with Ealing have created a planning blight.
- There seems little real understanding or even belief in the reality of the merger and its implications among the body of staff.

Governance, risk management and quality measurement

- The trust was aware of the risks it faces, and has some systems to monitor these.
- The governance framework was relatively new to the organisation, and this had not properly embedded at the time of our visit.
- The trust was unaware of the issues within the critical care arena. While these did not directly impact upon the care for patients, the support mechanism and monitoring data were not adequate to promote safety and improvement within the service.
- Lack of escalation within the maternity service meant that risks could not be addressed.
- Staff did not always receive timely feedback on incidents reported.

Summary of findings

Leadership of trust

- The leaders of the organisation were well known to the staff body. However, they were less visible at Central Middlesex Hospital.
- There is a good level of confidence in the Chief Executive, new medical director and Board Chairman.
- Middle managers felt that they were unable to make improvements to the quality of care they provided.
- Some medical and nursing staff felt undervalued by the trust. This was particularly evident at both St Mark's Hospital and Central Middlesex Hospital.

Culture within the trust

- There was little sense of cohesion among the three hospitals that make up the trust. We heard staff refer to "them up there" or "down here"
- Most staff reported that they felt supported by their line managers and senior managers.
- We heard about a couple of grievance/disciplinary cases which had taken over two years to resolve.
- Staff attitudes were good and staff have considerable pride in their hospital and the services provided.
- The presence of St Mark's Hospital gives the trust organisational status and pride.
- There were some examples of bullying behaviour reported to us, which some staff accepted as the norm.

Public and staff engagement

- The trust has published approximately 150 documents relating to the proposed merger. On review of two of these that were available in public areas for staff and patients, only very high level information was provided.
- Staff told us they were sent daily emails and the chief executive's bulletin in order to update them on trust developments. However, some staff reported that they did not read these.
- Various staff groups reported that they had attended open forum meetings with the chief executive, and that the management of the trust were approachable and responsive.
- Staff were aware of the distribution of trust information via a briefing called 'Team Talk' on the intranet, and also the hospital magazine, which was produced quarterly.
- Some more senior staff felt involved in the proposed merger.
- Staff reported that they felt that it was difficult to be heard at trust board level.

Summary of findings

- There was a positive feedback from doctors in training on their experience at the trust. It was regarded a good training placement with high quality supervision and a good range of training experiences. The focus groups we attended stated that the trust was rated positively in comparison to other London teaching placements.

Innovation, improvement and sustainability

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- Various staff groups reported that they had attended open forum meetings with the chief executive, and that the management of the trust were approachable and responsive.
- Staff were aware of the distribution of trust information via a briefing called 'Team Talk' on the intranet, and also the hospital magazine, which was produced quarterly.
- Some more senior staff felt involved in the proposed merger.
- Staff reported that they felt that it was difficult to be heard at trust board level.
- There was a positive feedback from doctors in training on their experience at the trust. It was regarded a good training placement with high quality supervision and a good range of training experiences. The focus groups we attended stated that the trust was rated positively in comparison to other London teaching placements.
- The trust has a sustainability plan, but this is not known among staff, despite approximately 150 communications to the staff. Staff were concerned about their futures within the services they provided.
- As a result of the success of the study undertaken by the specialist palliative care team two Darzi fellows were secured to lead a service development programme to reduce the number of admissions to hospital for patients with long-term conditions, or who were frail in the last years of their life.
- A good example of innovation was the jointly-created integrated care plan for asthma care, developed with GPs. This had been shown to reduce A&E attendance by half, and reduced admissions by one third.

Summary of findings

- The stroke unit was providing a 'gold standard service' with seven-day working. It had been the recipient of the prize for the 2013 Clinical Leadership Team at the British Medical Journal awards.

Overview of ratings

Our ratings for Northwick Park Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Maternity & Family planning	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement
Children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement					

Our ratings for Central Middlesex Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good

Overview of ratings

Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Our ratings for St Mark's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

Our ratings for North West London Hospitals NHS Trust

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

Notes

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

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The stroke unit was providing a 'gold standard service' with seven-day working. It had been the recipient of the prize for the 2013 Clinical Leadership Team at the British Medical Journal awards.
- The STARRS service had strong ownership by geriatricians and the multi-disciplinary team. The team was aware of the needs of frail elderly patients who attend A&E. It was introduced by the trust and its partners to mitigate one of the pressures on the A&E service and the hospital's beds.

Areas for improvement

Action the trust MUST take to improve

- Ensure that there are appropriate numbers of staff to meet the needs of patients in the A&E department, surgical areas and critical care (Northwick Park Hospital and St Mark's Hospital).
- Ensure that there are systems in place to assess and monitor the quality of the service provided in A&E, critical care, surgery and maternity, to ensure that services are safe and benchmarked against national standards (Northwick Park Hospital).
- Ensure that the environment is safe and suitable in paediatric service (Northwick Park Hospital).
- Ensure that equipment is available, safe and suitable within the paediatric service (Northwick Park Hospital).