

# Imperial College Healthcare NHS Trust

## Inspection report

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7th November  
28/02/2018

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
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

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds
- No dedicated End of Life Care beds

## Overall summary

**Our rating of this service stayed the same since our last inspection. We rated it as requires improvement.**

## What this trust does

In 2017, the trust provided a broad range of services across three acute hospitals, two specialist hospitals and seven renal centres. The trust is registered for the following registered activities;

- Treatment of disease, disorder or injury
- Surgical procedures

# Summary of findings

- Diagnostic and screening procedures
- Maternity and midwifery
- Termination of pregnancy
- Family planning
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Management of supply of blood and blood derived products

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 7 November and 9 November, we inspected two of the nine core services provided by the trust. We inspected Urgent and emergency services at St Mary's Hospital and Charing Cross Hospital, and Surgery at St Mary's Hospital Charing Cross Hospital and Hammersmith Hospital.

We carried out further unannounced visits to the two core services on the 20 November and 23 November.

We inspected Urgent and emergency care because we rated the service as requires improvement at one location during our last inspection in December 2014

We inspected Surgical services because we rated the service as requires improvement during our last inspection in December 2014.

We did not inspect Outpatients, diagnostics as this service was inspected in November 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Maternity as this service was inspected in May 2017 and we had no new concerns about the safety and quality of the service.

We did not inspect Medicine as this service was inspected in May 2017 and we had no new concerns about the safety and quality of the service.

We did not inspect Critical care, End of life care and services for Children and young people because the information we reviewed about the services indicated no change in the safety and quality of these services.

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?'

# Summary of findings

## What we found

### Overall trust

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

- We rated safe and responsive as requires improvement and effective and caring as good.
- We rated well-led for the trust overall as requires improvement.
- The ratings for each of the key questions remained the same.
- The ratings for each of the trust's acute locations remained the same.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

### St Mary's Hospital

- Our rating of St Mary's Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.
- The hospital improved its rating of well-led since the last inspection, but the ratings for each of the other key questions remained the same.
- We inspected Urgent and emergency care during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe, effective, caring, responsive and well-led required improvement. The rating for well-led improved but the ratings for each of the other key questions remained the same.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement and effective, caring and well-led were good. The rating for well-led improved but the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and caring and well-led were good. The ratings for each of the key questions remained the same.
- We inspected the Maternity service in October 2017 because we had concerns about the quality of the service. Our rating of the service went down. We rated it as requires improvement because safe, responsive and well-led required improvement, and effective and caring were good. The ratings for safe, responsive and well-led went down and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. We did not rate effective. The rating for responsive improved and the rating for well-led significantly improved. The ratings for each of the other key questions remained the same.

### Charing Cross Hospital

- Our rating of Charing Cross Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.
- The hospital improved its rating of effective since the last inspection, but the ratings for each of the other key questions remained the same.

# Summary of findings

- We inspected Urgent and emergency care during this inspection to check if improvements had been made. Our rating of the service went down. We rated it as requires improvement because safe, effective, responsive and well-led required improvement, and caring was good. The rating for safe, responsive and well-led went down, and the ratings for each of the other key questions remained the same.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good. The rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service improved. We rated it as good because safe and responsive required improvement; well-led was good, and caring and effective were outstanding. The ratings for effective, caring and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service improved. We rated it as requires improvement because safe, responsive and well-led were required improvement, and caring was good. The ratings for responsive and well-led improved; the rating for safe went down. We did not rate effective.

## Hammersmith Hospital

- Our rating of Hammersmith Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.
- The ratings for each of the key questions remained the same since our last inspection.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service improved. We rated it as good because effective, caring, responsive and well-led were good, and safe required improvement. The rating for responsive and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good, the rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. The ratings for responsive improved and the rating for well-led significantly improved; the rating for safe went down. We did not rate effective.

## Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated safe as requires improvement because:

- The trust did not always assess risks to the safety of patients in a timely way to support them to stay safe. For example, in the ED, the trust was not meeting national standards for median time from arrival to initial assessment or treatment.
- The trust did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There were high vacancy rates in some service areas.

# Summary of findings

- The trust provided mandatory training in key skills to all staff, but rates of completion were below the trust's target.
- Medicines were not consistently prescribed, given, recorded and stored well.
- In some areas, the premises and equipment were unsuitable. For example, seven theatres at St Mary's hospital were in a poor state of repair and presented significant infection control risks to patients. Infection control and environmental control strategies in these areas were insufficient to address the risks.
- The trust was taking action to improve the management of patient safety incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service planned for emergencies and staff understood their roles if one should happen.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

## Are services effective?

Our rating of effective improved. We took into account the current ratings of services not inspected this time. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health.

However:

- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits.

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated caring as good because:

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

# Summary of findings

However:

- In Urgent and emergency services we found capacity issues and space limitations impacted on the ability of staff to provide care in a way that maintained the privacy and dignity of patients. Sensitive conversations were easily overheard when patients were nursed on trolleys in the corridor. We witnessed that no screens or barriers were used when examination was taking place on these patients. Cubicles within the majors department at St Mary's Hospital were too small to allow direct transfer hoist transfers, or trolley to bed transfers using patient transfer slides, so patients had to be moved out to the corridor space in order to do this

## Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated responsive as requires improvement because:

- Services were not consistently planned and provided in a way that met the needs of local people.
- People could not be assured of being able to access services in a timely way. Arrangements to assess, admit, treat and discharge patients did not meet national standards.
- The trust consistently did not meet national targets for waiting times.

However:

- The trust took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Ratings tables

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

### Outstanding practice

We found examples of outstanding practice in the surgical service and the urgent and emergency care service.

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

### Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right.

We also found a number of things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

### Action we have taken

We issued a requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

# Summary of findings

Our action related to breaches of legal requirements in Urgent and emergency services and Surgery services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure 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 Well-led:

- The trust's role as a leader in the adoption of digital technologies to improve patient care was recognised in March 2017 when, in partnership with a neighbouring NHS Foundation Trust, the trust was selected by NHS England to be one of 16 global digital exemplars in acute care. As a global digital exemplar, the trust receives funding and support to drive forward the use of digital technology and create products and approaches that can be used by other organisations.

### In Urgent and emergency care:

#### St Mary's Hospital

- The major trauma centre within the department achieved good outcomes in the Trauma Audit & Research Network (TARN) audit. The trauma department was part of the 'Redthread' youth violence intervention programme, which ensured seven-day support from a youth worker embedded in the hospital. Any practitioner could refer a child or young person brought into department where there was a suspicion of violence, assault and/or exploitation as their index admission reason. As a major trauma centre for patients with gunshots or stab wounds, the hospital had developed a new patient pathway based on military medical techniques. Staff were undergoing teaching, scenarios and desktop exercises designed to help them deal with major trauma and incidents more effectively.
- A dedicated full-time play specialist worked in the ED to support children whilst receiving treatment. Volunteers were well placed in the paediatric ED waiting area helping to supervise and play with the children whilst they waited to be seen.

### In Surgery:

- The division planned to implement a lead matron for mental health to ensure patients with rehabilitation needs following trauma were fully supported.
- A surgery team had been awarded a British Medical Journal prize in recognition of an innovative 'prepare for surgery' project that aimed to reduce the length of hospital stays. The programme aimed to improve multidisciplinary input from psychology, nutrition and exercise prior to surgery.
- The surgery division was research active and was awarded significant research funding each year that staff used to drive forward innovative practice. This included a recent breath test trial for oesophageal cancer diagnosis.

#### St Mary's Hospital

- The WLIP was based on the trust's recognition that a key need for the future was sustainability of services.
- The QI team worked with the Royal Academy of Arts to support staff that had innovative ideas for improvement and development to be able to design and implement these in a dedicated environment.

# Summary of findings

- Staff who worked in link roles spoke positively of their work, which included continually improving services and training. For example, a healthcare assistant in Charles Pannett ward was part of a link team for improving nursing handovers. This team had submitted a new handover briefing sheet to the senior ward team for consideration.
- The Trust's PREPARE for surgery programme was designed to improve patients' condition undergoing surgery. It looked at different factors to focus on before and after a procedure, including physical activity, diet, psychological wellbeing and medication management. The PREPARE for surgery team had been named Patient Partnership and Surgical Team of the Year at the British Medical Journal (BMJ) Awards 2017.

## Charing Cross Hospital

- The Northwest London RAPID (Rapid Access Prostate Imaging and Diagnosis) pathway for prostate cancer streamlined prostate cancer diagnostics. Multiple visits to obtain a diagnosis were reduced to one in which all diagnostic imaging and biopsies were carried out on the same day. This evidence-based service offered one-stop magnet resonance-imaging and diagnostic biopsy pathway for prostate cancer and resulted in significantly fewer men requiring biopsy.

## Hammersmith Hospital

- The chest pain pathway provided rapid access via the heart attack centre to cardiac catheterisation including trans aortic valve replacement (TAVI), a relatively new technique pioneered at the Hammersmith. The pathway also provided patients with access to cardiac surgery. Cardiac services were being consolidated on the Hammersmith site to provide a specialist cardiac service. New roles such as advanced nurse practitioners had been developed to support implementation of the pathway to provide specialist skills.
- The hepato-biliary service provided a specialised tertiary service for procedures such as 'Whipples' surgery for pancreatic cancer. Nurses on the hepato-biliary ward had developed specialist knowledge and skills to care for patients with complex symptoms.

## Areas for improvement

Actions 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 the quality of services.

### Action the trust **MUST** take to improve:

#### In Urgent and emergency care:

##### St Mary's Hospital

- The trust must ensure that they are monitoring performance effectively against agreed standards.
- The trust must ensure that all portable equipment is regularly serviced and labelled to indicate the next review date.

##### Charing Cross Hospital

- The trust must ensure that control drugs cupboard key is kept securely and access is appropriately restricted.
- The trust must ensure that there are effective checking systems for airway trolleys and emergency medicines stored in the resuscitation bays.
- The trust must ensure that IV fluids are stored appropriately.
- The trust must ensure that all portable equipment is regularly serviced and labelled to indicate the next review date.

# Summary of findings

## **In Surgery:**

### **St Mary's Hospital**

- The trust must address the low levels of completion of mandatory training amongst medical staff.
- The trust must address areas of non-compliance with AfPP guidance in relation to the disposal and management of hazardous and clinical waste.
- The trust must address the poor state of repair of theatres one to seven with urgent consideration of rust and damage to fixtures.
- The trust must implement processes to ensure that both daily and periodic cleaning meets trust standards, including effective monitoring and checklists.
- The trust must implement appropriate deep cleaning schedules for theatres.

### **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 Well-led:**

- The trust should ensure it continually improves the quality of its services and safeguards high standards of care.
- The trust should improve systems for board oversight of risk to ensure identified risks are eliminated or reduced.
- The trust should ensure progress is made with the patient and public involvement (PPI) strategy to promote engagement.
- The trust should review and improve their performance for people with characteristics protected by the Equality Act 2010.

## **In Urgent and emergency care:**

### **St Mary's Hospital**

- The trust should ensure that all staff are up to date with their mandatory training.
- The trust should continue to audit hand hygiene and work to improve this.
- The trust should continue to work towards improving flow and capacity within the ED to improve time to initial assessment and treatment.
- The trust should ensure that appropriate risk assessments are completed in the clinical decisions unit (CDU).
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The trust should consider whether numbers of registered mental health nurses (RMNs) in ED are sufficient to keep vulnerable patients safe.
- The trust should ensure that the paediatric ED meets the London Quality Standards for paediatric consultant cover.
- The trust should consider how to improve IT systems across the department to enable easier sharing of information.
- The trust should ensure that all patients have their allergy status documented on all medication records.
- The trust should ensure that all patients receive timely pain relief and that this is documented in their records.

# Summary of findings

- The trust should further investigate why the trust's unplanned re-attendance rate to ED within seven days was generally worse than both the national standard and the England average, and work to improve this.
- The trust should ensure that all staff receive an annual appraisal.
- The trust should provide training to all staff on treating patients with mental health conditions.
- The trust should ensure that all capacity assessments are fully documented.
- The trust should ensure that capacity issues and space limitations do not affect the privacy and dignity of patients.
- The trust should continue to consider how to improve low response rates in the NHS friends and family test (FFT) in the adult ED.
- The trust should consider how to inform patients of anticipated delays to treatment.
- The trust should improve the signage leading to the ED from the ground floor.
- The trust should continue to work towards improving the environment and capacity issues identified within the department.
- The trust should continue to work towards improving their performance in relation to arrival to receiving treatment, four hour performance, total time in ED and patients leaving without being seen.
- The trust should ensure patient information leaflets are available in the adult ED department.
- The trust should ensure that they are proactive in their risk assessments and that the risk register reflects all the risks within the department.

## **Charing Cross Hospital**

- The trust should ensure that staff are compliant with hand hygiene practice and 'bare below the elbow' policy.
- The trust should ensure that paper records are stored securely.
- The trust should ensure that all staff are up to date with their mandatory training.
- The trust should continue to work towards improving flow and capacity within the ED to improve time to initial assessment and treatment.
- The trust should ensure that appropriate fall risk assessments are completed in the ED.
- The trust should ensure that the ED meets the RCEM Standard for 16 hours consultant cover.
- The trust should ensure that all staff in ED receives an annual appraisal.
- The trust should ensure that IV fluids are stored appropriately.
- The trust should ensure that second exit for secure room is not blocked and staff are aware of how to use that door.
- The trust should ensure that capacity issues and space limitations do not affect the privacy and dignity of patients.
- The trust should continue to work towards improving the environment and capacity issues identified within the department.
- The trust should continue to work towards improving their performance in relation to arrival to receiving treatment, four hour performance, total time in ED and patients leaving without being seen.
- The trust should ensure patient information leaflets and PALS leaflet are available in the ED.

# Summary of findings

- The trust should ensure that they are proactive in their risk assessments and that the risk register reflects all the risks within the department.
- The trust should ensure there are effective systems for staff to escalated problems in a timely manner to the directorate level leaders.

## **In Surgery:**

### **St Mary's Hospital**

- The trust should continue to work towards sustained and consistent improvement in the use of the World Health Organisation safer surgery checklists.
- The trust should consider implementing dedicated competency training for staff in the pre-operative unit.
- The trust should review access and flow pathways to reduce the risk of patients spending extended periods in theatre recovery.

### **Charing Cross Hospital**

- The trust should ensure that staff has received up-to-date training in all safety systems.
- The trust should continue to address high vacancy rates for nursing staff on the wards.
- The trust should ensure that all equipment is appropriately secured or in date for safety testing.
- The trust should address inconsistent performance for all five steps of the World Health Organisation safer surgery checklist.
- The trust should take measures to improve performance for the crude proportion of high-risk cases with a consultant surgeon and anaesthetist present in the theatre as published in the 2016 National Emergency Laparotomy Audit.
- The service should ensure that patients waiting for surgery are better informed about their schedule.
- The trust should continue to address long waiting times for elective surgery admissions. The hospital did not meet national targets for any surgery waiting lists and continued to experience significant numbers of 18 week and 52 week breaches in referral to treatment times.
- The trust should investigate and improve average length of stay for patients in urology and ENT, which was higher than national average.
- The trust should investigate and improve a higher expected risk of readmission for elective admissions when compared to the England average.
- The trust should aim to decrease the number of patients whose operation is cancelled and are not treated within 28 days.
- The trust should investigate and take measures to address staff survey results that showed that less than half of respondents agreed that poor behaviour and performance was addressed effectively, also only slightly more than half thought senior leaders were visible and approachable.

### **Hammersmith Hospital**

- The trust should ensure that Mandatory training compliance rates for staff improve.
- The trust should address inconsistent performance for all five steps of the World Health Organisation safer surgery checklist.

# Summary of findings

- The trust should ensure there is adequate preparation and provision for emergency surgical cases at Hammersmith Hospital.

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

- We found limited improvement of ratings of the trust's services. The rating of St Mary's Hospital, Charing Cross Hospital, Hammersmith Hospital and the trust overall required improved, which remained the same as at the last inspection.
- Although the trust had structures, systems and processes in place to support the delivery of its strategy, including sub-board committees, divisional committees and team meetings this had not resulted in achieving significant improvement in the services provided to patients.
- The trust had taken action to improve systems to identify learning from incidents and make improvements however, this was not yet fully embedded and there was limited evidence of sustained improvement.
- Although trust wanted to support a positive culture that supported and valued staff, there were limited staff networks in place promoting the diversity of staff. A Lesbian, Gay, Bi-sexual and Trans (LGBT) staff network was being established at the time of our inspection. There were no staff groups to support BME, religion, disability networks. There was variable evidence about how staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression.
- The trust has made limited progress with its patient and public involvement (PPI) strategy to engage with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The strategy is not fully embedded or implanted; the executive acknowledge there is not a fully shared view across the whole trust of the relative value and risks.

However:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. The trust board members were a group of individuals with a wide range of experience, knowledge and skills, who had joined the board at a variety of dates from 2012 to 2017. They comprised seven non-executive directors, including the chairperson and four executives: chief executive, medical director, director of nursing (in post since 2008) and chief financial officer (in post since August 2015). The trust also had managers at all levels with the right skills and abilities to run the service.
- The trust collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The trust had a vision, strategy for the future and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust had a clinical audit programme incorporating expected national and local clinical audit studies. The trust was committed to research and innovation.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
St Mary's Hospital	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018
Charing Cross Hospital	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Hammersmith Hospital	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Queen Charlotte's and Chelsea Hospital	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014
Western Eye Hospital	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018

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

## Ratings for St Mary's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement ↓ Oct 2017
Services for children and young people	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good ↔ May 2017	N/A	Good ↔ May 2017	Requires improvement ↑ May 2017	Good ↑↑ May 2017	Good ↑↑ May 2017
<b>Overall*</b>	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018

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

## Ratings for Charing Cross Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Feb 2018	Requires improvement Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Outstanding ↑ Oct 2017	Outstanding ↑ Oct 2017	Requires improvement ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Requires improvement Dec 2014	N/A	Good Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Requires improvement ↓ May 2017	N/A	Good ↔ May 2017	Requires improvement ↑ May 2017	Requires improvement ↑ May 2017	Requires improvement ↑ May 2017
<b>Overall*</b>	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018

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

## Ratings for Hammersmith Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Critical care	Requires improvement Dec 2014	N/A	Good Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014
Services for children and young people	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014
End of life care	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good ↔ May 2017	N/A	Good ↔ May 2017	Requires improvement ↑ May 2017	Good ↑↑ May 2017	Good ↑↑ May 2017
<b>Overall*</b>	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018

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

## Ratings for Queen Charlotte's and Chelsea Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Neonatal services	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014
<b>Overall*</b>	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Requires improvement Dec 2014

\*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.

# Hammersmith Hospital

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W12 0AE  
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[www.imperial.nhs.uk](http://www.imperial.nhs.uk)

## Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds
- No dedicated End of Life Care beds

# Summary of findings

## Summary of services at Hammersmith Hospitals

### Requires improvement → ←

Our rating of Hammersmith Hospital stayed the same. We rated it as requires improvement because safe, responsive and well-led require improvement and effective and caring were good.

- The ratings for each of the key questions remained the same since our last inspection.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service improved. We rated it as good because effective, caring, responsive and well-led were good, and safe required improvement. The rating for responsive and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good, the rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. The ratings for responsive improved and the rating for well-led significantly improved; the rating for safe went down. We did not rate effective.

# Surgery

Good  

## Key facts and figures

There are eight operating theatres used by all the surgical specialties based at Hammersmith hospital. The main surgical specialities are cardiac surgery, thoracic and hepato-biliary. Renal transplant also takes place on the site but was not included in this inspection. There are nine recovery beds where patients are monitored post-operatively before returning to the ward. There are five catheter labs adjacent to the heart attack centre. The catheter labs were open from 8am until 6pm Monday to Friday. One catheter lab was closed for upgrading. Additional lists were provided on Saturday mornings to reduce waiting times. There were nine recovery beds in the catheter lab for patients following the completion of their procedure.

There were 2360 spells of surgical treatment between June 2016 and May 2017. The vast majority of admissions are for surgery, which is planned. Approximately 15% of surgical admissions were emergencies.

The catheter labs carried out approximately 25 procedures per day

## Summary of this service

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

- Managers monitored staffing levels and patients' needs daily.
- Staff knew what incidents to report and how to report them. Staff told us they knew about serious incidents and never events which occurred on site but were not always aware of incidents on other sites in the trust.
- A critical care outreach team responded to emergencies five days a week. There were plans to extend this to a seven day service
- Risk assessments were completed for patients on the surgical wards for falls, dehydration and pressure ulcers
- Surgical site infection rates were monitored. The monitoring showed the infection rate was consistently below the England average.
- Surgical services at Hammersmith Hospital held mortality and morbidity meetings to review adverse outcomes.
- Readmission rates for hepato-biliary surgery were lower than the England average. Cardiac and cardio-thoracic readmission rates were higher than the England average.
- Patients physical needs were assessed, and their care and treatment was delivered in line with evidence-based guidance.
- There was participation in local and national audits. Findings were used to improve care and treatment and patients' outcomes.
- Nursing staff used national early warning scores (NEWS) to assess and monitor a patient's condition and identify if they deteriorated. Staff provided care in line with the National Institute of Health and Care Excellence (NICE) Guideline (CG50) for deteriorating patients.
- Staff were qualified and had the skills required to carry out their roles effectively. Staff's training needs were identified and training was provided. Staff were supported to maintain and develop their professional skills and experience.

# Surgery

- Hepatobiliary and pancreatic surgery patients at Hammersmith Hospital had a lower expected risk of readmission for elective admissions when compared to the England average.
- There was good access to a specialist multi-disciplinary pain management team.
- Patients' needs were reviewed weekly by a multidisciplinary team to plan the care provided.
- The average length of stay for Hepatobiliary and pancreatic surgery elective patients at Hammersmith Hospital was 4.5 days lower than the England average of 5.8 days.
- The average length of stay for Cardiac Surgery elective patients at Hammersmith Hospital was 8.9 days, similar compared to the England average of 8.7 days.
- The average length of stay for Cardiac Surgery for non-elective patients at Hammersmith Hospital was 10.7 days, which is lower than the England average of 12.0 days.
- The cardiac preoperative assessment process was still being developed. High risk patients were assessed face to face two to three weeks prior to admission. Lower risk patients were assessed over the telephone.
- The Friends and Family Test response rate for Surgery at Imperial College Healthcare NHS Trust was 35%, which was better than the England average of 29% between August 2016 and July 2017. Hammersmith Hospital had the highest response rate of any site in the trust.
- Patients told us staff had involved relatives in discussions about their care and the support they would need after the procedure was completed.
- Patients who had difficulty travelling to the hospital were admitted the evening before to ensure they were ready for surgery the next day.
- Staff recognised how anxious and worried patients were and offered reassurance. Patients told us staff had been reassuring and recognised they were in pain and offered pain relief.
- Patients with complex needs were highlighted on the trust's clinical information system, which meant staff could consider any adjustments to their care, which might be required.
- Care of the elderly medical staff assessed older patients, with dementia, undergoing a cardiac procedure.
- Relatives were able to stay to support patients with special needs. Patients admitted via the heart attack centre were prioritised by the cardiac lab team in the morning. Patients with diabetes or other co-morbidities were prioritised.
- Palliative patients were identified at the weekly multidisciplinary meeting. The palliative care team supported patients to make informed choices about their care.
- Local leaders focused on quality and performance and developed plans for transforming the care provided on the Hammersmith site.
- Clinical leaders provided clear, strategic goals and demonstrated commitment to achieving service improvement. Local leaders were visible, approachable and supportive to staff.
- There was a strong governance framework to support the delivery of the strategy and good quality of care.
- There was a programme of clinical and internal audit used to monitor performance and safety which identified where improvements could be made.
- Processes for risk identification, recording and managing risks, issues and mitigating action were well managed. Recorded risks correlated with the risks highlighted by staff.
- There was a positive culture which had resulted in improved recruitment and retention.

# Surgery

- Staff understood the plan for developing services and described how they were motivated to play a role in developing the service.
- Staff spoke positively about their managers in all the surgical specialities.

However:

- We were not assured there was a clear pathway for identifying patients at risk of sepsis.
- Although compliance with World Health Organisation safer surgery checklists had improved since the last inspection, audits showed inconsistent performance for all five steps.
- The service was using the five steps to safer surgery surgical checklist but had not developed more detailed local safety protocols – local safety standards for invasive procedures (LocSSIPs.)
- Controlled drugs brought into the hospital on admission were not always checked until the patient was being discharged which meant there was a risk that any missing medicines were only identified at the end of their stay.
- All patients at Hammersmith Hospital had a slightly higher expected risk of readmission for elective admissions when compared to the England average.
- Mandatory training rates did not meet the trust’s target of 90% but they were higher at the Hammersmith than Charing Cross and St Marys.
- Medical and dental staff did not achieve the trust target of 90% for any of the mandatory training modules
- The surgical debrief was not documented.
- One patient told us they were not impressed with the catering service. They said staff were embarrassed offering food they knew was culturally unacceptable. Following our inspection the trust provided further evidence, which showed they provided menus that met patients’ different cultural needs.
- Referral to treatment time for cardiothoracic surgery had improved but 78.8% of patients were referred for cardiothoracic treatment within 18 weeks compared to the England average of 84.4%.
- The operating department did not have a theatre reserved for emergencies

## Is the service safe?

**Requires improvement** ● → ←

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

- We were not assured there was a clear pathway for identifying patients at risk of sepsis.
- Although compliance with World Health Organisation safer surgery checklists had improved since the last inspection, audits showed inconsistent performance for all five steps.
- The service was using the five steps to safer surgery surgical checklist but had not developed more detailed local safety protocols – local safety standards for invasive procedures (LocSSIPs.)
- Controlled drugs brought into the hospital on admission were not always checked until the patient was being discharged which meant there was a risk that any missing medicines were only identified at the end of their stay.
- All patients at Hammersmith Hospital had a slightly higher expected risk of readmission for elective admissions when compared to the England average.

# Surgery

- Mandatory training rates did not meet the trust's target of 90% but they were higher at the Hammersmith than Charing Cross and St Marys.
- Medical and dental staff did not achieve the trust target of 90% for any of the mandatory training modules
- The surgical debrief was not documented.

However:

- Nursing staff used national early warning scores (NEWS) to assess and monitor a patient's condition and identify if they deteriorated. Staff provided care in line with the National Institute of Health and Care Excellence (NICE) Guideline (CG50) for deteriorating patients.
- Staff knew what incidents to report and how to report them. Staff told us they knew about serious incidents and never events that occurred on site but were not always aware of incidents on other sites in the trust.
- Risk assessments were completed for patients on the surgical wards for falls, dehydration and pressure ulcers
- Surgical site infection rates were monitored. The monitoring showed the infection rate was consistently below the England average.

## Is the service effective?

Good   

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

- Patients' physical needs were assessed, and their care and treatment was delivered in line with evidence-based guidance.
- There was participation in local and national audits. Findings were used to improve care, treatment, and patients' outcomes.
- Staff were qualified and had the skills required to carry out their roles effectively. Staff's training needs were identified and training was provided. Staff were supported to maintain and develop their professional skills and experience.
- Hepatobiliary and pancreatic surgery patients at Hammersmith Hospital had a lower expected risk of readmission for elective admissions when compared to the England average.
- There was good access to a specialist multi-disciplinary pain management team.
- Patients' needs were reviewed weekly by a multidisciplinary team to plan the care provided.
- The average length of stay for Hepatobiliary and pancreatic surgery elective patients at Hammersmith Hospital was 4.5 days lower than the England average of 5.8 days.
- Readmission rates for hepato-biliary surgery were lower than the England average.
- The average length of stay for Cardiac Surgery elective patients at Hammersmith Hospital was 8.9 days, similar compared to the England average of 8.7 days.
- The average length of stay for Cardiac Surgery for non-elective patients at Hammersmith Hospital was 10.7 days, which is lower than the England average of 12.0 days.
- The cardiac preoperative assessment process was still being developed. High-risk patients were assessed face to face two to three weeks prior to admission. Lower risk patients were assessed over the telephone.

# Surgery

However:

- Cardiac Surgery patients at Hammersmith Hospital had a much higher expected risk of readmission for elective admissions when compared to the England average.
- Thoracic Surgery patients at Hammersmith Hospital had a higher expected risk of readmission for elective admissions when compared to the England average.
- The average length of stay for thoracic surgery elective patients at Hammersmith Hospital was 6.4 days; this was than the England average of 5.4 days.

## Is the service caring?

Good   

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

- The Friends and Family Test response rate for Surgery at Imperial College Healthcare NHS Trust was 35%, which was better than the England average of 29% between August 2016 and July 2017. Hammersmith Hospital had the highest response rate of any site in the trust.
- Patients told us staff had involved relatives in discussions about their care and the support they would need after the procedure was completed.
- Patients who had difficulty travelling to the hospital were admitted the evening before to ensure they were ready for surgery the next day.
- Staff recognised how anxious and worried patients were and offered reassurance. Patients told us staff had been reassuring and recognised they were in pain and offered pain relief.

However:

- One patient told us they were not impressed with the catering service. They said staff were embarrassed offering food they knew was culturally unacceptable.

## Is the service responsive?

Good  

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

- Referral to treatment times had improved for cardiothoracic surgery ranging from 84.62% to 91.45% for an incomplete pathway, over a 9 month period from April 2017, which was better than the national average.
- Patients with complex needs were highlighted on the trust's clinical information system, which meant staff could consider any adjustments to their care, which might be required.
- Care of the elderly medical staff assessed older patients, with dementia, undergoing a cardiac procedure.
- Relatives were able to stay to support patients with special needs. Patients admitted via the heart attack centre were prioritised by the cardiac lab team in the morning. Patients with diabetes or other co-morbidities were prioritised.
- Palliative patients were identified at the weekly multidisciplinary meeting. The palliative care team supported patients to make informed choices about their care.

# Surgery

However:

- The operating department did not have a theatre reserved for emergencies.

## Is the service well-led?

Good  

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

- Local leaders focused on quality and performance and developed plans for transforming the care provided on the Hammersmith site.
- Clinical leaders provided clear, strategic goals and demonstrated commitment to achieving service improvement. Local leaders were visible, approachable and supportive to staff.
- There was a strong governance framework to support the delivery of the strategy and good quality of care.
- There was a programme of clinical and internal audit used to monitor performance and safety that identified where improvements could be made.
- Processes for risk identification, recording and managing risks, issues and mitigating action were well managed. Recorded risks correlated with the risks highlighted by staff.
- There was a positive culture, which had resulted in improved recruitment and retention.
- Staff understood the plan for developing services and described how they were motivated to play a role in developing the service.
- Staff spoke positively about their managers in all the surgical specialities.

## Outstanding practice

The chest pain pathway provided rapid access via the heart attack centre to cardiac catheterisation including trans-aortic valve replacement (TAVI), a relatively new technique pioneered at the Hammersmith. The pathway also provided patients with access to cardiac surgery. Cardiac services were being consolidated on the Hammersmith site to provide a specialist cardiac service with new roles such as advanced nurse practitioners being developed to support implementation of the pathway and to provide specialist skills.

The hepato-biliary service provided a specialised tertiary service for procedures such as ‘Whipples’ surgery for pancreatic cancer. Nurses on the hepato-biliary ward had developed specialist knowledge and skills to care for patients with complex symptoms.

## Areas for improvement

### Action the trust SHOULD take to improve:

- The trust should ensure that Mandatory training compliance rates for staff improve.
- The trust should address inconsistent performance for all five steps of the World Health Organisation safer surgery checklist.
- The trust should ensure there is adequate preparation and provision for emergency surgical cases at Hammersmith Hospital.

# Charing Cross Hospital

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[www.imperial.nhs.uk](http://www.imperial.nhs.uk)

## Key facts and figures

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The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds

# Summary of findings

- No dedicated End of Life Care beds

## Summary of services at Charing Cross Hospital

**Requires improvement** ● → ←

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

- The hospital improved its rating of effective since the last inspection, but the ratings for each of the other key questions remained the same.
- We inspected Urgent and emergency care during this inspection to check if improvements had been made. Our rating of the service went down. We rated it as requires improvement because safe, effective, responsive and well-led required improvement, and caring was good. The rating for safe, responsive and well-led went down, and the ratings for each of the other key questions remained the same.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and effective, caring and well-led were good. The rating for well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service improved. We rated it as good because safe and responsive required improvement; well-led was good, and caring and effective were outstanding. The ratings for effective, caring and well-led improved and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service improved. We rated it as requires improvement because safe, responsive and well-led were required improvement, and caring was good. The ratings for responsive and well-led improved; the rating for safe went down. We did not rate effective.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The urgent and emergency department (ED) at Charing Cross Hospital is open 24 hours a day, seven days a week. There is a five-bay resuscitation area, 12 cubicles for major's assessment and treatment and an 18-bedded clinical decision unit (CDU) and an ambulatory assessment area (AAU). Charing Cross Hospital (CXH) has a hyper-acute stroke unit (HASU) so stroke patients coming in by ambulance are often brought to the hospital. The department does not generally treat gynaecology or maternity patients or children. A few patients in these groups arrive independently and are stabilised before transfer to more appropriate hospital.

There is a single point of access reception for patients who come in independently which directs patients into A&E or the Urgent Care Centre (UCC).

The UCC is a joint venture led by Imperial College NHS Trust working with the London Central & West Unscheduled Care Collaborative. The UCC is open 24 hours a day, seven days a week and led by GPs with support from emergency nurse practitioners (ENPs).

To come to our rating, we spoke with 52 members of staff, 21 patients and their relatives. We examined 16 sets of medical notes for patients treated in the department, 11 prescription charts and three sets of medical notes of patient with mental health condition. We also reviewed additional evidence submitted to us. We visited the department again unannounced on 20 November 2017.

## Summary of this service

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

- We observed that not all staff adhered to the infection control policy and did not consistently comply with hand hygiene practice and 'bare below the elbows' policy.
- The air-way trolleys were not checked regularly and we found out of date and loose single use items in one air way trolley.
- We were not assured of effective systems in place to check emergency medications and it was unclear how the department could ensure that checks were carried out daily at each shift.
- We found that in the clinical decision unit, CD cupboard keys were not held by a registered nurse and were kept in an open tray by the nursing station, which was against the medicine regulations.
- Junior clinical staff were inconsistent in sepsis six management. We observed two suspected cases of sepsis and in both cases, not all six initial indicators were assessed. None of the staff we spoke with had any specific sepsis training.
- Clinical staff in ED were inconsistent in their practice in recording falls risk assessment.
- We found that paper records were not stored securely in clinical decision unit and major's area.
- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits.
- Staff appraisal rates did not meet the trust target of 95%, falling considerably short of this in some groups of staff.

# Urgent and emergency services

- General observations confirmed staff considered the privacy and dignity of patients. However, during busy period, capacity issues and space limitations affected the ability of staff to provide care which maintained the privacy and dignity of patients. Sensitive conversations were easily overheard when patients were nursed on trolleys in the corridor.
- The department's capacity issue along with its physical layout provided a challenging environment to staff. Five resuscitation bays were frequently used for seven to eight patients.
- The department was not meeting the needs of people with learning disability (LD) and no specific actions were taken by the department to address the needs of people with LD. Staff showed limited understanding of caring and meeting the needs of LD patients.
- The department was not proactive in their risk assessments and not all risks identified by us during the inspection were reflected on the risk register.
- During periods when the service was very busy we found that the leadership did not had the full understanding of the problems faced as staff were too busy looking after patients to inform leadership. We were not assured that the directorate level leaders had the full oversight of the problems faced by staff.

However:

- The urgent and emergency department at Charing Cross Hospital had a stable medical workforce. Between July 2016 and June 2017, the department reported, turnover rate of 0% and only 0.07% sickness rate.
- Staff were aware of the incident reporting procedures and how to raise any concerns, staff said they were encouraged to report incidents and received direct feedback from their line manager, clinical leads and in teaching sessions.
- We were assured that patient were receiving timely pain relief. We reviewed 16 sets of patient's notes, which showed pain relief was offered in all applicable cases and was followed up appropriately.
- We observed good multidisciplinary team working and positive interactions across all staff levels.
- During quieter periods, we observed compassionate care delivered by nurses and doctors. Staff engaged in an open and positive way with patients and their relatives.
- Most patients told us they felt informed about the treatment they would receive and the processes in the department.
- We found the needs of people living with dementia were being met.
- There was clear leadership structure for both medical and nursing staff. Local leadership team was described as visible and proactive by all clinical staff.

## Is the service safe?

**Requires improvement** ● ↓

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

- At our last inspection, the department was not meeting the statutory and mandatory training level for staff. At this inspection, the training levels were still below the trust's minimum standard.
- The department failed to meet the trust target of 90% for all safeguarding modules.
- We observed that not all staff adhered to the infection control policy and did not consistently comply with hand hygiene practice and 'bare below the elbows' policy.

# Urgent and emergency services

- Not all portable equipment we checked had been recently serviced and labelled to indicate the next review date.
- We found several chairs within the main waiting area and in the major's area with rips and exposed foam. One of the cupboards within the medicines storage room had exposed wood, which was not compliant with infection control guidelines.
- We found that in resuscitation area, intravenous (IV) fluids were stocked in open drawers. The drawers were not clean and had visible dirt in them and in one drawer; there were specks of dried blood. We also found specks of blood on top of the paediatric airway trolley.
- The airway trolleys were not checked regularly and we found out of date and loose single use items in one airway trolley.
- The second exit door for the secure room for mental health patient was blocked. Senior staff were unaware that the second exit was not accessible and some senior staff were uncertain about how to operate the second door. When we highlighted our concerns, we were assured that the corridor will be cleared out and the second exit will be made accessible and staff will be informed about operating the second exit door. However, during our unannounced visit in the evening, the corridor was still not in use and was cluttered with portable radiators and a bicycle; there was still a sign on the door not to use the exit.
- We found that in the clinical decision unit, CD cupboard keys were not held by a registered nurse and were kept in an open tray by the nursing station. This meant access was not appropriately restricted.
- We were not assured, if there were effective systems to check emergency medications and it was unclear how the department could ensure that these checks were carried out daily.
- We observed that flow of patients through streaming, was not handled in a timely and methodical way. Over the last year, only 46.1% of patients were streamed within 15 minutes of arrival and the hospital had not met this standard for any single month. The average time from arrival to completion of streaming at the hospital was 23 minutes.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust did not meet the standard for any of the months over the 12-month period between August 2016 and July 2017.
- Between April 2016 and September 2017, within 15 minutes ambulances hand over ranged 35% to 51%. We saw evidence of an ongoing action plan for continued monitoring and observed six handovers during our inspection and all were within 15 minutes.
- Between June 2016 and July 2017, the trust reported nine "black breaches", as detailed in the chart below. Out of nine, eight black breaches were at Charing Cross Hospital. Increase in activity was cited as the reason for the breaches and in most cases the trusts' full capacity protocol was triggered.
- Junior clinical staff were inconsistent in sepsis six management. We observed two suspected cases of sepsis and in both cases, not all six initial indicators were assessed. None of the staff we spoke with had any specific sepsis training.
- Clinical staff in ED were inconsistent in their practice in recording patients falls risk assessment. For example, at one point during our inspection, only one out of three patients within the department at risk of fall had their falls assessment completed.
- There was less than 16 hours of face-to-face consultant cover each day. Senior clinical staff were aware that it did not meet the London Quality Standards and this was on the directorate risk register.

# Urgent and emergency services

- We found that paper records were stored in an open trolley by the nursing station in major's area. In the clinical decision unit, patients' records were also not kept securely to prevent the risk of unauthorised access to patient information. During unannounced inspection, we found a patient prescription was pinned on a notice board in the staff break room, we highlighted this to the senior clinical staff who removed it immediately and agreed that it should not have been there as it contained patient details.

However:

- The urgent and emergency department at Charing Cross Hospital had a stable medical workforce. Between July 2016 and June 2017, the department reported, 0% turnover rate of 0% and only 0.07% sickness rate. In October 2017, the department had an establishment of 29.69 WTE with 30.34 WTE in post, resulting in a vacancy rate of -2.19%. In November 2017, there was an establishment of 29.69 with 28.74 WTE in post, for a vacancy rate of 3.20%.
- Staff were aware of the incident reporting procedures and how to raise any concerns, staff said they were encouraged to report incidents and received direct feedback from their line manager, clinical leads and in teaching sessions. They gave us examples of incidents they had reported.
- All staff were fully aware of the duty of candour and were able to give examples of how they applied this requirement in practice
- Between July 2016 and August 2017, the trust reported no incidents classified as never events for Urgent and Emergency Care.

## Is the service effective?

**Requires improvement** ●

We did not rate effective at our last inspection. We rated effective at this inspection as requires improvement because:

- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits.
- Though staff had access to relevant guidelines including paediatric guidance on the trust intranet. We found that an out-of-date (2010) paediatric resuscitation guideline was on display in the paediatric dedicated resuscitation bay.
- A range of evidence based clinical care pathways were available electronically and used for patients with relevant conditions. These included sepsis, stroke and frailty, amongst others. These pathways included prompts and treatment steps for staff to follow. However, we observed two cases of suspected sepsis and found the care was inconsistent and not in line with the sepsis guideline.
- In the CQC ED Survey 2016, the trust scored 5.2 for the question "Were you able to get suitable food or drinks when you were in the ED? This was worse than other trusts. We observed that comfort rounds were not at regular intervals, staff were doing these rounds on an adhoc basis, with limited equipment to serve food.
- Between August 2016 and July 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than both the national standard of 5% and the England average.
- Staff appraisal rates did not meet the trust target of 95%, falling considerably short of this in some groups of staff.

However:

- We were assured that patients were receiving timely pain relief. We reviewed 16 sets of patient's notes, which showed pain relief was offered in all applicable cases and was followed up appropriately.

# Urgent and emergency services

- There were effective systems in place to address the frequent attenders. Senior staff told us that this was mainly due to patients with complex underlying health problems, like diabetes or mental health issues.
- We observed good MDT working and positive interactions across all staff levels.
- All clinical staff we spoke with demonstrated reasonable understanding and knowledge of the principles of consent and mental capacity, including the care and treatment of patients with a Deprivation of Liberty Safeguards (DoLS) order.

## Is the service caring?

Good   

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

- During quieter periods, we observed compassionate care delivered by nurses and doctors. Staff engaged in an open and positive way with patients and their relatives.
- Most patients told us they felt informed about the treatment they would receive and the processes in the department.
- We observed some staff who told patients the general timeframe for being assessed, admitted or discharged. Some patients told us this helped to alleviate anxiety that patients might have over the time they would spend there. However, this did not happen during busy periods.
- The results of the CQC ED survey 2016 showed that the trust scored similarly to other trusts in relation to most questions about understanding and involvement in care and treatment.
- We observed staff providing reassurance and comfort to patients, during quiet period. Staff took time to understand the needs of the patients to enable them to address their concerns. We observed staff taking a detailed history from a patient to ensure they fully understood their circumstances.
- There was a trust bereavement team and there was a protocol on how to deal with relatives who experienced bereavement. A dedicated quiet room and viewing room was available, which was clean. Staff demonstrated compassion when talking about this area.

However:

- General observations confirmed staff considered the privacy and dignity of patients. However, during busy periods, capacity issues and space limitations affected the ability of staff to provide care which maintained the privacy and dignity of patients. Sensitive conversations were easily overheard when patients were nursed on trolleys in the corridor.
- The results of the CQC ED survey 2016 showed that the trust scored slightly worse than other trusts when patients were asked whether they were treated with dignity and respect.
- During busier periods, we observed that staff interactions with patients were abrupt; staff would rush passed the patients and responded to patients in dismissive manner. Some patients told us that they felt that when the department gets busy staff didn't have time to listen to them.
- The results of the CQC ED survey 2016 showed that the trust scored worse than other trusts when patients were asked if they had sufficient opportunity to talk to a doctor or whether members of staff contradicted one another.
- Call bells were not always within easy reach of patients.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● ↓

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

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. Charing Cross hospital did not meet the standard between April 2016 and October 2017 and 84.9% of patients were admitted, transferred or discharged within four hours of arrival in the ED.
- The department was not meeting the needs of people with learning disability (LD) and no specific actions were taken by the department to address the needs of people with LD. Staff showed limited understanding of caring and meeting the needs of LD patients.
- At the time of the unannounced inspection, we observed that capacity remained an issue, with patients being doubled up and waiting on trolleys in majors area. We also observed that patients and relatives were standing in the waiting area and in the corridors of major's area as there were not enough seats for them to sit.
- The department's capacity issue along with its physical layout provided a challenging environment to staff. Five resuscitation bays were frequently used for seven to eight patients.
- There were no posters or information leaflets available for patients detailing how to access PALS or to make a formal complaint. Some patients we spoke with were not aware of how to make a complaint. There was a general lack of health promotion leaflets within the department.

However:

- We found the needs of people living with dementia were being met.
- The department had a 24/7 clinical decision unit (CDU), which was used to accommodate emergency department patients who were awaiting clinical decisions and required an additional period of observation.
- Over the 12 months from September 2016 to August 2017, zero patients waited more than 12 hours from the decision to admit until being admitted at Charing Cross Hospital.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The department was not proactive in their risk assessments. For example, we asked if risk assessments were carried out for the suitability of the dedicated paediatric bay, storage of emergency medicines, safer environment for patient and staff in the ambulatory emergency care unit (AEC) and non-availability of a resuscitation trolley within the major's areas. Senior staff informed that there had never been any incident related to these and the department had done a risk assessment for these. However, none of staff were clear and able to tell us who conducted those risk assessments.

# Urgent and emergency services

- Not all risks identified by us during the inspection were reflected on the risk register. For example, low compliance with mandatory training, low appraisal rates, lack of sepsis training for staff, lack of an effective checking system for airway trolleys and emergency medicines on resuscitation trolleys and not meeting the London Quality standard for 16-hour consultant cover at Charing Cross site were on the risk register.
- During periods when the service was very busy we found that the leaders did not have the full understanding of the problems faced as staff were too busy looking after patients to inform leadership. We were not assured that the directorate level leaders had full oversight of the problems faced by staff. For example, senior leaders were not aware of the blocked second exit of the secure room and no immediate actions were taken even when this was highlighted at the inspection.

However:

- Local leadership team was described as visible and proactive by all clinical staff.
- There was good team spirit from the top to bottom of the department. Each member of staff felt their contribution was valued, which meant despite capacity pressures, staff morale was high.
- The trust had agreed to a £3.5 million to invest in the redevelopment of the urgent and emergency department. All staff spoke enthusiastically about this improvement project.

## Areas for improvement

### Action the trust **MUST** take to improve

- The trust must ensure that control drugs cupboard key is kept securely and access is appropriately restricted.
- The trust must ensure that there are effective checking systems for airway trolleys and emergency medicines stored in the resuscitation bays.
- The trust must ensure that IV fluids are stored appropriately.
- The trust must ensure that all portable equipment is regularly serviced and labelled to indicate the next review date.

### Action the trust **SHOULD** take to improve

- The trust should ensure that staff are compliant with hand hygiene practice and 'bare below the elbow' policy.
- The trust should ensure that paper records are stored securely.
- The trust should ensure that all staff are up to date with their mandatory training.
- The trust should continue to work towards improving flow and capacity within the ED to improve time to initial assessment and treatment.
- The trust should ensure that appropriate fall risk assessments are completed in the ED.
- The trust should ensure to meet the RCN standard for a minimum of one registered children's nurse at each shift in UCC.
- The trust should ensure that the ED meets the RCEM Standard for 16 hours consultant cover.
- The trust should ensure that all staff in ED receives an annual appraisal.
- The trust should ensure that IV fluids are stored appropriately.
- The trust should ensure that second exit for secure room is not blocked and staff are aware of how to use that door.

# Urgent and emergency services

- The trust should ensure that capacity issues and space limitations do not impact on the privacy and dignity of patients.
- The trust should continue to work towards improving the environment and capacity issues identified within the department.
- The trust should continue to work towards improving their performance in relation to arrival to receiving treatment, four hour performance, total time in ED and patients leaving without being seen.
- The trust should ensure patient information leaflets and PALS leaflet are available in the ED.
- The trust should ensure that they are proactive in their risk assessments and that the risk register reflects all the risks within the department.
- The trust should ensure there are effective systems for staff to escalated problems in a timely manner to the directorate level leaders.

# Surgery

Requires improvement   

## Key facts and figures

Charing Cross Hospital has 10 main operating theatres and four additional theatres at the Riverside surgical day unit. The service provides emergency general surgery, orthopaedics, urology, gender reassignment surgery, neurosurgery, ear nose throat (ENT) surgery, including head and neck cancer removal, oral surgery, plastic and reconstructive surgery, vascular surgery, podiatric surgery and general surgery. There are 120 beds across four surgical wards in the main hospital and the Riverside surgical day unit.

We spoke with 8 patients and relatives, observed care and treatment and looked at seven care records. We also spoke with 30 staff members at different grades, including allied healthcare professionals, nurses, doctors, consultants, ward managers, matrons and members of the senior management team. We received comments from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

## Summary of this service

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

- We were not assured that staff had received up-to-date training in all safety systems.
- There were high vacancy rates for nursing staff on the wards.
- We found that not all equipment was appropriately secured or in date for safety testing.
- Although compliance with World Health Organisation safer surgery checklists had improved since the last inspection, audits showed inconsistent performance for all five steps.
- According to the 2016 National Emergency Laparotomy Audit, the hospital performed worse than the national standard and national average for the crude proportion of high-risk cases with a consultant surgeon and anaesthetist present in the theatre.
- Some patients waiting for surgery did not know when procedures would take place and were left uncertain in waiting areas.
- There were long waiting times for elective surgery admissions and the hospital did not meet national targets for any surgery waiting lists and continued to experience significant numbers of 18 week and 52 week breaches in referral to treatment times.
- The average length of stay for patients in urology and ENT was higher than national average.
- Patients had a higher expected risk of readmission for elective admissions when compared to the England average.
- The number of patients whose operation was cancelled and were not treated within 28 days was higher than national average.
- The staff survey showed that less than half of respondents agreed that poor behaviour and performance was addressed effectively and only slightly more than half thought senior leaders were visible and approachable.

However:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Incidents were investigated as appropriate and learning was shared.

# Surgery

- Staff recognised and responded appropriately to changes in risks to patients.
- Patients' care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice. There was participation in local and national audits. Findings were used to improve care and treatment and patients' outcomes.
- Staff were qualified and had the skills needed to carry out their roles effectively. Learning needs of staff were identified and training was offered. Staff were supported to maintain and develop their professional skills and experience.
- Neurosurgery patients had a much lower expected risk of readmission for elective admissions when compared to the England average. The average length of stay for these patients was lower compared to the England average.
- Patients had a slightly lower expected risk of readmission for non-elective admissions when compared to the England average.
- The NHS Friends and Family Test results showed high levels of satisfaction with some areas achieving 100% recommendation rates from respondents.
- We observed staff demonstrating compassion and kindness when speaking with patients and relatives, maintaining patients' privacy and dignity
- Complaints were dealt with in a timely manner in line with trust regulations.

## Is the service safe?

**Requires improvement** ● → ←

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

- We were not assured that staff had received up-to-date training in all safety systems.
- There were high vacancy rates for nursing staff on the wards.
- We found that not all equipment was appropriately secured or in date for safety testing.
- Although compliance with World Health Organisation safer surgery checklists had improved since the last inspection, audits showed inconsistent performance for all five steps.

However:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Incidents were investigated as appropriate and learning was shared.
- Staff recognised and responded appropriately to changes in risks to patients.

## Is the service effective?

**Good** ● → ←

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

- Patients' care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.

# Surgery

- There was participation in local and national audits. Findings were used to improve care and treatment and patients' outcomes.
- Staff were qualified and had the skills needed to carry out their roles effectively. Learning needs of staff were identified and training was offered. Staff were supported to maintain and develop their professional skills and experience.
- Neurosurgery patients had a much lower expected risk of readmission for elective admissions when compared to the England average.
- Patients had a slightly lower expected risk of readmission for non-elective admissions when compared to the England average.

However:

- Patients had a higher expected risk of readmission for elective admissions when compared to the England average.
- In the 2016 National Emergency Laparotomy Audit the hospital was given an amber rating for the crude proportion of high-risk cases with a consultant surgeon and anaesthetist present in the theatre. This was worse than the national standard and national average.

## Is the service caring?

**Good** ● → ←

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

- The NHS Friends and Family Test results showed high levels of satisfaction with some areas achieving 100% recommendation rates from respondents.
- We observed staff demonstrating compassion and kindness when speaking with patients and relatives.
- Patients' privacy and dignity was maintained throughout their journey.
- Patients had access to spiritual support.

However:

- Patients waiting for surgery did not know when procedure would take place and were left uncertain in waiting areas.

## Is the service responsive?

**Requires improvement** ● → ←

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

- There were long waiting times for elective surgery admissions the hospital did not meet national targets for any surgery waiting lists and continued to experience significant numbers of 18 week and 52 week breaches in referral to treatment times.
- The average length of stay for patients in urology and ENT was higher than national average.
- The number of patients whose operation was cancelled and were not treated within 28 days was higher than national average.

# Surgery

However:

- The average length of stay for elective neurosurgery patients was lower compared to the England average.

## Is the service well-led?

Good  

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

- Local leadership was knowledgeable about quality issues and performance, were aware of the challenges and took actions to address them. They were motivated to achieve improvement. Local leaders in service areas were visible, approachable and supportive to staff.
- There was a good governance framework to support the delivery of the strategy and good quality of care.
- There was a programme of clinical and internal audits, which was used to monitor performance and safety and identify where action should be taken.
- The risk register was well maintained and reviewed regularly.
- There was a positive working culture in the service with good teamwork and staff ready to go the extra mile.

However:

- The staff survey showed that less than half of respondents agreed that poor behaviour and performance was addressed effectively and only slightly more than half thought senior leaders were visible and approachable.

## Outstanding practice

The Northwest London RAPID (Rapid Access Prostate Imaging and Diagnosis) pathway for prostate cancer streamlined prostate cancer diagnostics. Multiple visits to obtain a diagnosis were reduced to one in which all diagnostic imaging and biopsies were carried out on the same day. This evidence-based service offered one-stop magnet resonance-imaging and diagnostic biopsy pathway for prostate cancer and resulted in significantly fewer men requiring biopsy.

The Trust's PREPARE for surgery programme was designed to improve patients' condition undergoing surgery. It looked at different factors to focus on before and after a procedure, including physical activity, diet, psychological wellbeing and medication management. The PREPARE for surgery team had been named Patient Partnership and Surgical Team of the Year at the British Medical Journal (BMJ) Awards 2017.

## Areas for improvement

### Action the trust SHOULD take to improve:

- The trust should ensure that staff has received up-to-date training in all safety systems.
- The trust should continue to address high vacancy rates for nursing staff on the wards.
- The trust should ensure that all equipment is appropriately secured or in date for safety testing.
- The trust should address inconsistent performance for all five steps of the World Health Organisation safer surgery checklist.

# Surgery

- The trust should take measures to improve performance for the crude proportion of high-risk cases with a consultant surgeon and anaesthetist present in the theatre as published in the 2016 National Emergency Laparotomy Audit.
- The service should ensure that patients waiting for surgery are better informed about their schedule.
- The trust should continue to address long waiting times for elective surgery admissions. The hospital did not meet national targets for any surgery waiting lists and continued to experience significant numbers of 18 week and 52 week breaches in referral to treatment times.
- The trust should investigate and improve average length of stay for patients in urology and ENT, which was higher than national average.
- The trust should investigate and improve a higher expected risk of readmission for elective admissions when compared to the England average.
- The trust should aim to decrease the number of patients whose operation is cancelled and are not treated within 28 days.
- The trust should investigate and take measures to address staff survey results that showed that less than half of respondents agreed that poor behaviour and performance was addressed effectively and only slightly more than half thought senior leaders were visible and approachable.

# St Mary's Hospital

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## Key facts and figures

Imperial College Healthcare NHS Trust was formed on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London.

The trust has 12 registered locations and employs almost, 11,000 staff. The registered locations are:

- Queen Charlottes and Chelsea Hospital
- Western Eye Hospital
- Hammersmith Hospitals
- Northwick Park Renal Centre
- Ealing Renal Satellite Unit
- St Charles and Hammersmith Renal Centres
- West Middlesex Renal Centre
- Brent Renal Centre
- Charing Cross Hospital
- St Mary's Hospital
- Hayes Renal Centre
- Watford Renal Centre

The trust has an estimated range of population served is between 1,500,000 and 2,000,000 people.

The trust has a total of 1,412 inpatient beds spread across various locations:

- 733 Medical beds
- 302 Surgical beds
- 70 Children's beds
- 140 Maternity beds
- 136 Critical Care beds

# Summary of findings

- No dedicated End of Life Care beds

## Summary of services at St Mary's Hospital

**Requires improvement** ● → ←

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

- The hospital improved its rating of well-led since the last inspection, but the ratings for each of the other key questions remained the same.
- We inspected Urgent and emergency care during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe, effective, caring, responsive and well-led required improvement. The rating for well-led improved but the ratings for each of the other key questions remained the same.
- We inspected Surgery during this inspection to check if improvements had been made. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement and effective, caring and well-led were good. The rating for well-led improved but the ratings for each of the other key questions remained the same.
- We inspected the Medical care (including older people's care) service in October 2017 because we had concerns about the quality of the service. Our rating of the service stayed the same. We rated it as requires improvement because safe and responsive required improvement, and caring and well-led were good. The ratings for each of the key questions remained the same.
- We inspected the Maternity service in October 2017 because we had concerns about the quality of the service. Our rating of the service went down. We rated it as requires improvement because safe, responsive and well-led required improvement, and effective and caring were good. The ratings for safe, responsive and well-led went down and the ratings for each of the other key questions remained the same.
- We inspected the Outpatients and diagnostic imaging service in May 2017 to check if improvements had been made. Our rating of the service significantly improved. We rated it as good because safe, caring and well-led were good and responsive required improvement. We did not rate effective. The rating for responsive improved and the rating for well-led significantly improved. The ratings for each of the other key questions remained the same.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

We inspected the following services within the emergency department (ED) at St Mary's Hospital:

- The resuscitation area with six bays
- The three-bedded rapid nurse assessment unit (RNAU)
- The majors area with 16 cubicles
- The ambulatory care area
- The paediatric ED with four cubicles
- The 12-bedded clinical decisions unit (CDU)
- The four-bedded paediatric CDU

We inspected the whole service, looking at all five key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Following the inspection, we returned for a further unannounced visit out of hours in the evening.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- Visited the ED, looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with 13 patients who were using the service and six relatives or carers.
- Spoke with fourteen managers and divisional leads across each of the services inspected.
- Spoke with 57 other staff members; including doctors, nurses, healthcare assistants, domestic and catering staff, security staff, play specialists, receptionists, administrative staff and allied health professionals.
- Observed two handovers and a bed capacity meeting.
- Reviewed 57 patient care records.
- Reviewed 18 medication administration records.

## Summary of this service

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

- The trust was not meeting national standards for median time from arrival to initial assessment or treatment, total time in the emergency department (ED), patients leaving the ED without being seen or four-hour performance. The initial triage of self-presenting patients was conducted by the urgent care centre (UCC), which was locally commissioned and provided by a primary care organisation registered with the CQC. The trust told us that they did

# Urgent and emergency services

not have control over this process or access to data relating to this part of the patient pathway, resulting in inaccurate data. However, the trust was unable to produce any data held locally relating to performance against these targets until a time after the inspection. The trust were therefore not able to demonstrate how they assured themselves of performance against these external targets.

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There was a high vacancy rate within the nursing team. High numbers of mental health patients meant that registered mental health nurses (RMNs) often struggled to provide the required enhanced levels of observation needed. The paediatric ED was failing to meet the London Quality Standards for paediatric consultant cover. The department was not meeting mandatory training levels for staff. Staff did not receive any formal training in caring for patients with mental health conditions. Staff appraisal rates did not meet the trust target of 95%, falling considerably short of this in some groups of staff.
- Although record keeping standards had improved since the last inspection with the introduction of the electronic patient record (EPR), risk assessments were not always completed in the clinical decisions unit (CDU) and not all medication records we looked had a documented allergy status. Electronic systems used across the trust did not always 'talk' to one another.
- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits.
- The trust's unplanned re-attendance rate to ED within seven days was generally worse than both the national standard of 5% and the England average. We noted low response rates in the NHS friends and family test (FFT), with the percentage of people who would recommend the ED as a place of treatment falling below the national average.
- Capacity and lack of physical space within the department remained an issue, despite the refurbishment that had taken place. Space limitations affected the ability of staff to provide care, which maintained the privacy and dignity of patients. There was no waiting time information on display during our inspection and no patient information leaflets available in the adult ED department. Signage in the reception area and signs leading to the ED from the ground floor were confusing. Waiting areas were small and overcrowded at busy times. Not all portable equipment we checked had been recently serviced and labelled to indicate the next review date.

However:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. This had improved since our last inspection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. This had improved significantly since the previous inspection.
- The service performed well in the Trauma Audit & Research Network (TARN) audit.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Urgent and emergency services

- The dedicated paediatric ED was designed to meet the needs of children.
- Since our previous inspection, the directorate level leadership, culture and overall governance structure had improved significantly.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Requires improvement** ● → ←

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

- At our last inspection, we identified that the department was not meeting mandatory training levels for staff. At this inspection, we found the same to be the case.
- Between May and October 2017, hand hygiene audit results for clinical staff varied between 47% and 88%. The auditing of hand hygiene had been a focus for the trust since the 2014 inspection but still showed varying levels of compliance. The trust told us this was due to a more stringent form of hand hygiene audit being introduced, which had led to reduced compliance rates.
- Not all portable equipment we checked had been recently serviced and labelled to indicate the next review date.
- The trust's median time from arrival to initial assessment was noticeably worse than the overall England median in between August 2016 and July 2017. The trust assured us this was due to was due to a commissioning issue at St. Mary's Hospital urgent care centre and data quality issues. Time to assessment was worse than average for both patients arriving by ambulance and walk-in patients.
- Between June 2016 and July 2017, the trust reported nine "black breaches". A "black breach" occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- Risk assessments were not always completed in the clinical decisions unit (CDU).
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There was a high vacancy rate within the nursing team. High numbers of mental health patients meant that registered mental health nurses (RMNs) often struggled to provide the required enhanced levels of observation needed. The paediatric ED was failing to meet the London Quality Standards for paediatric consultant cover.
- The IT system could be slow and electronic systems used across the trust did not always 'talk' to one another.
- Four of the 18 medication records we looked at did not have a documented allergy status.

However:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. This had improved since our last inspection.
- Staff kept appropriate records of patients' care and treatment. Issues with the quality of documentation that were found in our last inspection had been resolved.

# Urgent and emergency services

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

**Requires improvement** ●

We did not rate effective in the last inspection. This time, we rated it as requires improvement because:

- Eight of 12 patient records in CDU did not contain a completed nutritional risk assessment.
- We were not fully assured that all patients were receiving timely pain relief.
- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits.
- Between August 2016 and July 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than both the national standard of 5% and the England average. Senior staff also flagged possible issues relating to data quality in relation to these figures.
- Staff appraisal rates did not meet the trust target of 95%, falling considerably short of this in some groups of staff.
- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983, and how this interacted with the Mental Capacity Act 2005. There was variable knowledge regarding how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. This had improved significantly since the previous inspection.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- The service performed well in the Trauma Audit & Research Network (TARN) audit.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

## Is the service caring?

**Requires improvement** ● → ←

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

# Urgent and emergency services

- During the course of inspection, we observed care that did not maintain privacy and dignity of patients attending the adult ED. Capacity issues and space limitations impacted on the ability of staff to provide dignified care. Sensitive conversations were easily overheard when patients were nursed on trolleys in the corridor. We witnessed that no screens or barriers were used when examination was taking place on these patients. Cubicles within the majors department were too small to allow direct transfer hoist transfers, or trolley to bed transfers using patient transfer slides, so patients had to be moved out to the corridor space in order to do this.
- We noted low response rates in the NHS friends and family test (FFT) at the time of our last inspection. This remained an issue in the adult ED, with an overall response rate of 6% between April 2017 to the time of inspection. This was markedly lower than both Charing Cross ED (26%) and the hospital's paediatric ED (17%).

However:

- Staff generally cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff usually provided emotional support to patients to minimise their distress. A dedicated full-time play specialist worked in the ED to support children whilst receiving treatment. Volunteers were also present in the paediatric ED waiting area to supervise and play with the children whilst they waited to be seen.

## Is the service responsive?

**Requires improvement** ● → ←

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

- At the time of our last inspection, we found the signage in the department to be confusing. This was still the case in this inspection, especially in the reception area and signs leading to the ED from the ground floor.
- There was no waiting time information on display during our inspection and staff did not routinely inform patients of anticipated delays to treatment.
- Refurbishment work had taken place across the department since the last inspection, but available space and capacity remained an issue. Waiting areas were not ideal. Patients were often nursed in trolleys in the corridor for extended periods.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. Data provided by the trust following inspection showed that patients arriving to the hospital via ambulance (excluding blue light ambulances) were treated within an average of 77.9 minutes (November 2016 to October 2017).
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the A&E. Between September 2016 and August 2017, an average of 65.6% of patients were admitted, transferred or discharged within four hours from the adult ED.
- There were no patient information leaflets available in the adult ED department.

However:

- The dedicated paediatric ED was designed to meet the needs of children.
- The service had made some adjustments to take account of patients' individual needs.

# Urgent and emergency services

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

## Is the service well-led?

**Requires improvement** ● ↑

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

- When asked to provide data that focused on arrival in the ED to time to assessment or treatment, the trust were unable to produce this information without considerable delay. We were therefore not assured that the trust was monitoring performance effectively against agreed standards.
- Although the trust had improved governance arrangements since our last inspection, not all the risks identified on inspection were not reflected on the risk register. There was not always a proactive approach to identifying and documenting potential risk.

However:

- Since our previous inspection, the directorate level leadership had changed and had become more clinically driven focusing more on what mattered to frontline staff. Leaders were described as visible and approachable.
- The trust had a vision for what it wanted to achieve and created workable plans in relation to this. Plans were developed with involvement from staff, patients, and key groups representing the local community.
- There was an open culture within the department where nursing staff told us that they were encouraged to raise any concerns about safety.

## Outstanding practice

The major trauma centre within the department achieved good outcomes in the Trauma Audit & Research Network (TARN) audit. The trauma department was part of the 'Redthread' youth violence intervention programme, which ensured seven-day support from a youth worker embedded in the hospital. Any practitioner could refer a child or young person brought into department where there was a suspicion of violence, assault and/or exploitation as their index admission reason. As a major trauma centre for patients with gunshots or stab wounds, the hospital had developed a new patient pathway based on military medical techniques. Staff were undergoing teaching, scenarios and desktop exercises designed to help them deal with major trauma and incidents more effectively.

A dedicated full-time play specialist worked in the ED to support children whilst receiving treatment. Volunteers were well placed in the paediatric ED waiting area helping to supervise and play with the children whilst they waited to be seen.

## Areas for improvement

### Action the trust **MUST** take to improve

- The trust must ensure that they are monitoring performance effectively against agreed standards.
- The trust must ensure that all portable equipment is regularly serviced and labelled to indicate the next review date.

### Action the trust **SHOULD** take to improve

- The trust should ensure that all staff are up to date with their mandatory training.

# Urgent and emergency services

- The trust should continue to audit hand hygiene and work to improve this.
- The trust should continue to work towards improving flow and capacity within the ED to improve time to initial assessment and treatment.
- The trust should ensure that appropriate risk assessments are completed in the clinical decisions unit (CDU).
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The trust should consider whether numbers of registered mental health nurses (RMNs) in ED are sufficient to keep vulnerable patients safe.
- The trust should ensure that the paediatric ED meets the London Quality Standards for paediatric consultant cover.
- The trust should consider how to improve IT systems across the department to enable easier sharing of information.
- The trust should ensure that all patients have their allergy status documented on all medication records.
- The trust should ensure that all patients receive timely pain relief and that this is documented in their records.
- The trust should further investigate why the trust's unplanned re-attendance rate to ED within seven days was generally worse than both the national standard and the England average, and work to improve this.
- The trust should ensure that all staff receive an annual appraisal.
- The trust should provide training to all staff on treating patients with mental health conditions.
- The trust should ensure that all capacity assessments are fully documented.
- The trust should ensure that capacity issues and space limitations do not impact on the privacy and dignity of patients.
- The trust should continue to consider how to improve low response rates in the NHS friends and family test (FFT) in the adult ED.
- The trust should consider how to inform patients of anticipated delays to treatment.
- The trust should improve the signage leading to the ED from the ground floor.
- The trust should continue to work towards improving the environment and capacity issues identified within the department.
- The trust should continue to work towards improving their performance in relation to arrival to receiving treatment, four hour performance, total time in ED and patients leaving without being seen.
- The trust should ensure that they are proactive in their risk assessments and that the risk register reflects all the risks within the department.
- The trust should ensure patient information leaflets are available in the adult ED department.

# Surgery

Requires improvement   

## Key facts and figures

Surgery services at St Mary's Hospital are provided within the surgery, cardiovascular and cancer division, which includes nine specialties. The hospital has four surgical inpatient wards, a surgical assessment unit and pre-operative assessment unit. The major trauma centre provides care and treatment for patients that can be referred from eight London hospitals that collectively provide care for over two million patients. The hospital is also a major vascular tertiary centre for complex vascular surgery and a surgical innovation centre provides dedicated specialist care including bariatric surgery, urology and ear, nose and throat treatment.

To come to our ratings we spoke with 43 members of staff across clinical areas and management teams. We spoke with 10 patients and relatives and looked at 19 patient records. We also reviewed over 180 additional pieces of evidence.

## Summary of this service

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

- There were significant environmental challenges in main theatres that were not well managed. This included widespread damage to fixtures, fittings and equipment and an ineffective maintenance programme.
- Infection control standards in theatres were inconsistent and as a result, risks to patients and staff were high.
- Adherence to the World Health Organisation safer surgery checklists was variable during our observations and a task group had been set up to address on-going concerns.
- Five specialties participated in the Department of Health 'Getting it right first time' project and used narrative feedback to drive improvements in evidence-based care and treatment.
- Overall compliance with the monthly safer procedures audit was consistently high, with some areas for improvement in individual specialties.
- The trust did not meet the tolerance of 1% of patients waiting more than six weeks for diagnostic assessment in any month between April 2017 and September 2017.
- Patients regularly spent more than 24 hours in theatre recovery due to a lack of capacity elsewhere in the hospital.
- The average length of stay for patients in each specialty was higher than the national average and in some cases significantly higher. However, this was partially reflective of the high levels of complexity the hospital saw and increasing demand on services.
- The hospital continued to experience breaches in referral to treatment times against 18 week and 52 week pathways along with cancellations due to a lack of capacity. However, a multidisciplinary senior team of clinicians and non-clinical specialists were leading a waiting list improvement programme to address a large backlog of patients and improve data management.
- Clinical governance systems did not always identify and address areas of risk to patient care and safety, particularly in relation to theatres.

However:

# Surgery

- We found consistently good standards of record keeping in relation to patient notes and risk assessments.
- Inpatient wards demonstrated sustained improvement through the ward accreditation programme and a number of teams had been awarded a gold standard as a result.
- Care and treatment was benchmarked against the national standards and guidance of the Association for Perioperative Practice, the Association of Anaesthetists of Great Britain and Ireland and the Guidelines for the Provision of Anaesthetic Services. This included an audit programme across all specialties, network, and local peer reviews.
- All staff had access to learning from audits and incidents through dedicated audit days.
- Inpatient ward teams had improved nutrition and hydration through targeted work that was recognised with gold standard ratings by the ward accreditation team.
- A dedicated team of clinical practice educators supported nurses to develop their clinical competencies and leadership skills. The team had developed specific competency frameworks to ensure nurses who provided high dependency care had specialist training.
- Feedback from patients and relatives was consistently good and surgery services regularly achieved 100% recommendation scores in the NHS Friends and Family Test.
- There was an embedded culture of dignity, respect, kindness and compassion in each clinical area and staff demonstrated persistence in achieving this.
- In response to emergencies and major incidents in London, the senior team leading the major trauma service had implemented a number of service developments.
- There was a continual drive to improve community services for patients, including those with high levels of vulnerability such as homelessness. This included community liaison teams, rehabilitation teams and social care specialists.
- Quality improvement was evident in all clinical areas led by staff with appropriate experience. This was benchmarked or carried out in line with established frameworks including the US Institute for Health Care Improvement's model for improvement.

## Is the service safe?

**Requires improvement** ● → ←

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

- Seven theatres were in a poor state of repair and presented significant infection control risks to patients. Infection control and environmental control strategies in these areas were insufficient to address the risks.
- Planned preventative maintenance had not addressed significant challenges with the environment and equipment and 45% of theatre equipment was overdue for servicing.
- Documentation relating to cleaning and decontamination was variable and it was not always possible to identify if clinical areas had been appropriately cleaned.
- We found consistent levels of compliance with the World Health Organisation safer surgery checklists through audits; although our observations of practice indicated, there was room for improvement.
- Mandatory training rates were below the trust's minimum standard.

# Surgery

- None of the wards were fully staffed against their establishment for nursing.

However:

- Staffing levels in all surgery areas met the requirements of the Association for Perioperative Practice.
- Standards of patient records were good overall and a ward accreditation scheme had identified several areas of consistent good practice.
- Risks to patients were well managed by staff that responded to deterioration quickly using established systems. Rapid responses services were embedded for patients with major trauma and significant injury.
- Incidents were investigated appropriately and learning shared across staff teams.

## Is the service effective?

Good  → ←

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

- Significant focus was placed on evidence-based care through a comprehensive audit programme, national and international benchmarking and peer review.
- Senior teams were proactive in identifying areas for improvement in practice through the development of pilot programmes and projects.
- A programme of audit days ensured all clinical staff had access to continual learning.
- Clinical nurse educators and other senior staff ensured clinical teams had access to ongoing development, training and clinical competency supervision.
- Multidisciplinary care was clearly embedded in care plans and was coordinated by specialist teams.
- The directorate performed consistently well in safer surgery audits although specific areas for improvement included the debrief process used by the plastics team.

However:

- Although the trust had a focus on the World Health Organisation standards for safer surgery, there was room for improvement in how these were followed in practice.
- The pre-assessment team did not have link nurses in post for dementia, learning disabilities or infection control.
- The hospital achieved 88% compliance with NHS England D15 standards in relation to trauma care and treatment. Several areas of good practice were noted but there was further room for improvement.
- In the 2016, National Emergency Laparotomy Audit the hospital was given an amber rating for the crude proportion of cases with pre-operative documentation of risk of death, which was worse than the national standard and the national average.

## Is the service caring?

Good  → ←

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

# Surgery

- The results of the NHS Friends and Family Test indicated people scored surgery services consistently well for recommendation rates. Several areas had a track record of achieving 100% recommendation rates from respondents.
- During all of our observations staff, demonstrated skill and patient in adapting their communication to ensure patients and relatives were involved in care planning.
- All of the staff we observed demonstrated compassion and kindness routinely when speaking with patients and relatives.
- Processes were in place to ensure patients and their relatives had emotional support, such as through the use of an emotional mapping template.
- There was evidence in each clinical area that staff were proactive in finding ways to include patients and relatives in care and treatment planning.

However:

- There was limited patient privacy in the pre-assessment unit as private conversations could easily be overheard.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The average length of stay for patients in each specialty was higher than the national average.
- Patients regularly spent extended periods of time in theatre recovery.
- The hospital did not meet national targets for any surgery waiting lists and continued to experience significant numbers of 18 week and 52 week breaches in referral to treatment times.
- We found that there was poor signage in the hospital and patients were not easily able to locate all relevant surgical services.

However:

- Multidisciplinary teams had developed additional services and support frameworks for the most vulnerable patients, including those experiencing homelessness or living with dementia.
- Review processes were in place to ensure patients cared for as outliers on medical wards received attentive and timely care.
- There was significant focus from the senior divisional team on addressing problems with access and flow. A waiting list improvement programme was in place to identify how waiting lists could be reduced and restructure electronic patient systems to ensure timely care and treatment.

## Is the service well-led?

**Good** ● ↑

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

# Surgery

- There was a consistent focus at all levels on driving change and improvements in practice. This included a plan for the centralisation of high dependency beds, which would improve the patient journey.
- All surgical teams demonstrated a positive working culture in which they were empowered to contribute to service development and improvement.
- All of the staff we spoke with described positive and supportive local team working and leadership in their ward or service area.
- We saw evidence of consistent and substantial engagement from staff in all specialties and a wide range of responsibilities.
- The trust engaged with patients through the lay partner and patient representative scheme and we saw people were involved in specific projects.

However:

- Although our overall rating of well led improved, there was a need for more cohesive clinical governance leadership. This was in relation to the management of risk in theatres and the significant deficiencies in infection control and the environment.
- Staff demonstrated variable knowledge of the trust's vision and strategy and said communication was largely carried out by e-mail, which they often did not have time to read.
- Although leadership, governance and risk management frameworks were well structured in the division, there was a lack of evidence of proactive management of the deteriorating condition of theatre estates and facilities.

## Outstanding practice

The WLIP was based on the trust's recognition that a key need for the future was sustainability of services.

The QI team worked with the Royal Academy of Arts to support staff who had innovative ideas for improvement and development to be able to design and implement these in a dedicated environment.

Staff who worked in link roles spoke positively of their work to continually improve services or training. For example a healthcare assistant in Charles Pannett ward was part of a link team for improving nursing handovers. This team had submitted a new handover briefing sheet to the senior ward team for consideration.

The division planned to implement a lead matron for mental health to ensure patients with rehabilitation needs following trauma were fully supported.

A surgery team had been awarded a British Medical Journal prize in recognition of an innovative 'prepare for surgery' project that aimed to reduce the length of hospital stays. The programme aimed to improve multidisciplinary input from psychology, nutrition and exercise prior to surgery.

The surgery division was research active and was awarded significant research funding each year that staff used to drive forward innovative practice. This included a recent breath test trial for oesophageal cancer diagnosis.

## Areas for improvement

### Action the trust MUST take to improve

- The trust must address the low levels of completion of mandatory training amongst medical staff.

# Surgery

- The trust must address areas of non-compliance with AfPP guidance in relation to the disposal and management of hazardous and clinical waste.
- The trust must address the poor state of repair of theatres one to seven with urgent consideration of rust and damage to fixtures.
- The trust must implement processes to ensure both daily and periodic cleaning meets trust policy standards, including through the use of effective monitoring and checklists.
- The trust must implement appropriate deep cleaning schedules for theatres.

## **Action the trust should take to improve**

- The trust should continue to work towards sustained and consistent improvement in the use of the World Health Organisation safer surgery checklists.
- The trust should consider implementing dedicated competency training for staff in the pre-operative unit.
- The trust should review access and flow pathways to reduce the risk of patients spending extended periods of time in theatre recovery.

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](http://www.cqc.org.uk))

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

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Michelle Gibney, CQC Inspection Manager led this inspection, which was overseen by Nicola Wise, CQC Head of Hospital Inspection.

The team included six inspectors, one assistant inspector, one pharmacist specialist inspector and 12 specialist advisers. Specialist advisers are experts in their field who we do not directly employ.

Two NHS Improvement colleagues joined us for the well-led inspection to review financial governance.