

# University College London Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

University College London Hospitals (UCLH) is a large NHS Foundation Trust situated in central London. The trust provides a range of acute and specialist services across 11 CQC-registered locations. The trust balances the provision of specialist services with acute services for the local populations of Camden, Islington, Westminster, Barnet, Enfield and Haringey. The trust has over 1,000 inpatient beds and employs over 8,800 staff. In 2017/18 the trust saw over 1 million patients with over 137,500 patients visiting the emergency department and 6,700 babies born.

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

## Overall summary

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

## What this trust does

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

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 24 July and 13 September 2018, we inspected 11 services across three of the trust's locations as part of our continual checks on the safety and quality of healthcare services.

At University College Hospital and Elizabeth Garrett Anderson Wing, we inspected urgent and emergency care, medical care, outpatients, maternity and gynaecology services. During our previous inspection of this hospital we had rated all services as good other than urgent and emergency and medical care services, which were rated requires improvement. We re-inspected these services to check that the trust had taken action to address areas that required improvement.

At The National Hospital for Neurology and Neurosurgery (NHNN) we inspected surgery, medical care, outpatients and critical care services. This was because we had not previously inspected these services under our new methodology.

At the Sir William Gower Centre we inspected medical care and outpatients services. This was because we had not previously inspected these services under our new methodology.

# Summary of findings

We also inspected the well-led key question for the trust overall. We summarise what we found in the section below headed 'Is this organisation well-led?'

## What we found

### Overall trust

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

- We rated effective, caring and responsive as good, and safe as requires improvement.
- We rated well-led for the trust overall as good.
- We rated 10 of the 11 services inspected as good. In rating the trust, we also took into account the current ratings of the services not inspected this time.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. There were systematic and established systems in place for reporting, investigating and sharing learning from incidents and near-misses.
- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment. Audits and quality outcomes were conducted at departmental level to monitor the effectiveness of care and treatment.
- Different groups of staff worked together as a team to benefit patients. Medical staff, nurses, midwives and allied health professionals supported each other and worked collaboratively to deliver effective, patient-centred care.
- Patients and their families were treated and cared for with compassion, patience and respect. Feedback from patients about their experience of care was consistently positive.
- Services were planned and provided in a way that met and supported the needs of local people, including those with complex or additional needs. The trust worked closely with the commissioners, clinical networks, patients and other stakeholders to plan the delivery of care and treatment.
- There was a positive and friendly culture. Staff told us that they were proud to work for the trust and were well supported by their colleagues.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Leaders were knowledgeable about service performance, priorities, as well as challenges and risks.
- There was a strong culture of improvement, research and innovation. There was a commitment to improving services by learning both when things went well and when they went wrong. Safe innovation and team success was celebrated.

However:

- The trust failed to reach key national performance targets for example the 62-day cancer and four-hour ED targets, where performance also fell below the England average.
- BME staff were not well represented in senior positions in the trust. Board members recognised that they had work to do to improve diversity representation across the trust at a senior level.
- The trust did not have a fully collaborative approach with its NHS mental health partner trust to ensure the best patient pathways for patients living with mental health conditions.

# Summary of findings

- Mandatory training in key skills for medical staff fell below the trust's target for compliance.
- We observed a number of lapses in good infection prevention and control measures including some staff not following trust procedures and the cleanliness of the environment and equipment in some areas presented an infection control risk.
- Whilst we saw many examples of good practice in relation to medicines management, the trust's policies for safe storage and management of medicines were not always followed consistently.

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

## 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 it as requires improvement because:

- Mandatory training in key skills for medical staff fell below the trust's target for compliance.
- We observed a number of lapses in good infection prevention and control measures including some staff not following trust procedures and the cleanliness of the environment and equipment in some areas presented an infection control risk.
- Whilst we saw many examples of good practice in relation to medicines management, the trust's policies for safe storage and management of medicines were not always followed consistently.
- There were not always enough appropriately qualified staff to meet national professional standards.

However:

- The hospital had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events. There was an open culture of reporting, and learning was shared with staff to make improvements.
- The trust had made several improvements to the emergency department to provide a better and safer patient experience including improving consultant cover and how effectively the department managed sepsis.
- Staff understood how to protect patients from abuse and there were effective systems in place to protect people from harm.

## Are services effective?

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

- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment. There was an effective process and system in place to ensure guidelines and policies were updated and reflected national guidance and improvement in practice. Audits and quality outcomes were conducted at departmental level to monitor the effectiveness of care and treatment.
- Different groups of staff worked together as a team to benefit patients. Medical staff, nurses, midwives and allied health professionals supported each other and worked collaboratively to deliver effective, patient-centred care. We observed good team working amongst staff of all levels.
- The service made sure staff were competent for their roles. Staff were encouraged to undertake continuous professional development, so the trust was ensured staff were competent for their roles and were able to provide an effective service.

# Summary of findings

## 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 it as good because:

- Patients and their families were treated and cared for with compassion, patience and respect. Feedback from patients about their experience of care was consistently positive.
- Feedback from patients confirmed that staff treated them with respect and with kindness and our observations of interactions between staff and patients and relatives showed staff were sensitive and respectful.
- Most patients we spoke with said they felt involved in their care and had the opportunity to ask questions. We observed staff listening to patients and discussing aspects of their care.

## Are services responsive?

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

- Services were planned and provided in a way that met and supported the needs of local people, including those with complex or additional needs. The trust worked closely with the commissioners, clinical networks, patients and other stakeholders to plan the delivery of care and treatment.
- The service took account of patients' individual needs. Staff used flags on the electronic patient wards boards to indicate if a patient was at risk of falling, was living with dementia, had a risk of developing pressure ulcers or needed assistance at meal times. This helped improve care by making sure patients got the attention and support they needed.

However:

- Patients sometimes experienced delays in accessing care and treatment and were not always able to contact the trust to discuss or rearrange outpatient appointments.
- The trust failed to reach key national performance targets for example the 62-day cancer and four-hour ED targets, where performance also fell below the England average.

## Are services well-led?

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

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. Leaders at every level were visible and approachable and demonstrated a clear understanding of the trust's issues, challenges and priorities.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw multiple examples of where research was being used to improve care and treatment for patients.
- The leadership team had a clear vision and strategy and there were action plans in place to achieve this.
- Staff told us that they were proud to work for the hospital and were well supported by their colleagues. The trust's exemplar ward accreditation programme focused on improving patient experience, safety and quality and efficiency and was led by frontline staff.
- There was a positive and friendly culture. We observed good team working amongst staff.

# Summary of findings

However:

- BME staff were not well represented in senior positions in the trust. Board members recognised that they had work to do to improve diversity representation across the trust at a senior level.
- The trust did not have a fully collaborative approach with its NHS mental health partner trust to ensure the best patient pathways for patients living with mental health conditions.

## 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.

The overall trust rating for caring was good. We have deviated from our normal rating criteria and reduced the judgment from outstanding because we used our professional judgement to reach a fair and balanced rating, taking into account the relative size of services inspected. Although we rated the Sir William Gower Centre as outstanding for caring, this was based on our inspection of the 26-bedded inpatient unit only. The other two locations inspected had a total of 939 beds and were both rated good for caring.

The overall trust rating for responsive was good. We have deviated from our normal rating criteria and improved the judgment from requires improvement because we used our professional judgement to reach a fair and balanced rating, taking into account the relative size of services inspected. Although we rated University College Hospital & Elizabeth Garrett Anderson Wing as requires improvement for responsive, overall only two of the 11 core services inspected across the trust, were rated as requires improvement for the responsive domain.

## Outstanding practice

We found outstanding practice in a number of areas including, maternity and gynaecology services, at The National hospital for Neurology and Neurosurgery and the Sir William Gower Centre.

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

## Areas for improvement

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

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

## Action we have taken

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

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

## What happens next

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

# Summary of findings

## Outstanding practice

- In the maternity service, we saw examples of outstanding practice including the online skype clinics, fetal surgery for spina bifida and an integrated 'one stop' service providing an efficient diagnosis and treatment facility.
- In gynaecology services, we saw a number of examples of outstanding practice including access to a 'one stop' clinic which offered same day diagnosis and treatment, and specialist services for women at high-risk of developing ovarian cancer.
- At the National Hospital for Neurology and Neurosurgery numerous research projects were taking place and a high proportion of patients were involved in clinical trials. We were told of many examples of research impacting on patient care and treatment we saw several examples of outstanding practice including:
  - The hospital had hosted the 5th Annual Deep Brain Stimulation (DBS) Nurse specialist conference in March 2018 attracting an international audience. Care pathways had been reviewed and battery changes for patients using DBS stimulators were now done as day cases rather than overnight admissions.
  - The development of a new non-invasive method of using a targeted pulsed magnetic field, to map aspects of brain function while the patient is awake. The mapping improved the accuracy of subsequent brain surgery and reduced theatre time. This tool was also being used as a treatment for depression by stimulating areas of the brain that were underactive.
  - The hospital had an award to study the use of neuroimaging to facilitate the effect of deep brain stimulation to improve motor symptoms of Parkinson's disease.
  - The trust ran a mechanical thrombectomy service: a treatment for stroke that removes the clot blocking the artery within the brain, restoring blood flow and minimising brain tissue damage.
  - The hospital's Huntington's disease service provided a world leading research programme as well as clinical services including investigations and diagnosis, predictive and prenatal counselling, testing, symptom management, psychosocial support, information and advice service to patients and their families.
  - The neuro-physiology department had created and implemented a bespoke electronic record and management system for the department. The system also allowed the capture of patient arrival time and notified their doctor by text message; the system then recorded the time taken for the doctor to receive the patient.
  - Nursing and allied health professional staff were supported and encouraged to develop and to take on more advanced roles and as such the hospital recently created the role of consultant physiotherapist specialising in neuromuscular disease.
- The Sir William Gower Centre was at the forefront of epilepsy research and had a large programme of research including genetics. Clinicians were research-active and had contributed to developing epilepsy care and treatment for over 20 years, with a significant publication list and international research presence. This was coordinated with other specialist organisations and meant patients benefited from treatment based on the most up-to-date knowledge available. Standards of care and treatment had improved as a result of this approach, such as in antimicrobial use and the development of a quality of life scale to identify patients at risk of depression. Research activity had led to a better understanding of the use of surgery to enable patients to become seizure-free and the development of a ketogenic diet to control seizures in patients living with intractable epilepsy.



# Summary of findings

## Areas for improvement

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

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

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

#### Trust wide

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

#### Medical care at University College Hospital

- The trust must ensure people using services within the endoscopy unit are treated with dignity and respect. If any form of surveillance is used for any purpose, providers must ensure this is in the best interests of people using the service. Regulation 10(1)(2)(a)

#### Critical care at The National Hospital for Neurology and Neurosurgery

- The trust must ensure that there are sufficient numbers of suitably qualified and experienced medical staff within the intensive therapy unit (ITU), in line with national standards. Regulation 18(1).

#### Medical care at Sir William Gower Centre

- The trust must ensure that all staff have child safeguarding training that is relevant and at a suitable level for their role. Regulation 13(2).

### Following the inspection, the trust told us they had taken action to address these issues including:

- Working with the mental health trust and local commissioners to ensure that patients were assessed by the mental health team following best practice guidance.
- Reviewing and updating policies with respect to restraint and rapid tranquilisation to follow best practice guidance.
- Switching off the monitoring screens within the endoscopy unit.
- Ensuring staff at the Sir William Gower Centre have the appropriate level of safeguarding training.

### Actions the trust **SHOULD** take to improve:

#### University College Hospital and Elizabeth Garrett Anderson Wing

#### Urgent and Emergency care



# Summary of findings

- The trust should ensure that the signs above the transitional assessment facility rooms which restrict patients' liberty are removed without delay.
- The trust should ensure that patients have their mental health needs assessed alongside their physical health needs.
- The trust should improve the quality and consistency of patient documentation.
- The trust should take to action to address the backlog of GP discharge summaries.
- The trust should improve upon the Department of Health's standard of 95% for time to treatment and decision to admit, transfer or discharge.
- The trust should review risks in the paediatric emergency department.

## Medical care

- The trust should ensure resuscitation equipment is only accessible to authorised persons.
- The trust should ensure staff follow the correct procedures for disposal of medicines.
- The trust should ensure that emergency medicines are secure and tamper evident seals are used as per guideline.
- The trust should ensure that all staff adhere to infection prevention and control measures, including the appropriate use of personal protective equipment, and ensuring that all areas are clean and dust free.
- The trust should ensure that all staff have relevant safeguarding training.
- The trust should ensure that staff adhere to information governance guidelines all the time and computer screens with confidential patient information are not left unattended.
- The trust should ensure they review all legal and practical issues before considering the use of the monitoring screens within the endoscopy unit.
- The trust should ensure that fluid charts are completed in full for all relevant patients.
- The trust should ensure that business continuity plan is shared with all relevant staff.
- The trust should ensure that actions from risk assessments are implemented and monitored.

## Outpatients

- The trust should ensure they meet the operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral.
- The trust should continue to take action to address the high did not attend rate within the department.
- The trust should ensure patient paper records are locked away securely for safety and privacy and data protection.
- The trust should ensure the GP and patient discharge letters are sent out on time to reduce and avoid any backlog.
- The trust should ensure the telephone call centre is accessible to patients trying to make or change an appointment.
- The trust should ensure there is safe and adequate seating for all patients attending the fracture clinic.
- The trust should monitor the effectiveness of the care and treatment being provided to patients and use the findings to improve them.
- The trust should ensure there is a private area at reception for patients to be able to speak to the receptionist on arrival, if required.

## Maternity

# Summary of findings

- The trust should review the cleaning provision of the service to ensure the environment and equipment are clean to prevent the risk of infection.
- The trust should ensure that medicines are managed appropriately and medicine storage temperatures are monitored and recorded in line with trust requirements.
- The trust should improve staff awareness of the escalation and management processes for when medication fridge temperatures fall outside the range stated in the trust policy for the safe storage of medicines.
- The trust should ensure appropriate management of clinical equipment and emergency equipment.
- The trust should ensure that audits on mental health are undertaken and that learning is shared across the service.
- The trust should improve the lifts signage and ensure it provides clear information for visitors on how to access the maternity wards.
- The trust should review the current bereavement room provision for bereaved women in the service.
- The trust should take action to address the low staff morale in the service.
- The trust should review and put in place robust arrangements to support the right of staff to exercise a conscientious objection to participate in termination of pregnancy. These arrangements should be assessed for their effectiveness, monitored and kept under review to ensure a safe service is always available to patients who need it.
- The trust should update its guidance for women requesting termination of pregnancy for fetal abnormality to enable staff to correctly apply current processes.
- The trust should review the termination of pregnancy audit programme to enable changes in practice in response to the audits.

## **Gynaecology**

- The trust should ensure compliance with mandatory training meets the required targets.
- The trust should review its participation in external audits and benchmarking against other services.
- The trust should ensure they meet the operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral.

## **The National Hospital for Neurology and Neurosurgery**

### **Medical care**

- The trust should ensure mandatory training, including safeguarding training, for medical staff meets the trust target of 90%.
- The trust should ensure the storage of control drugs complies with their medicines storage policy or The Misuse of Drugs (Safe Custody) Regulations 1973.
- The trust should ensure fluid balance management is recorded consistently.
- The trust should ensure patients are offered pain relief when they need it.

### **Surgery**

- The trust should ensure that the processes for identifying and monitoring risk carry through to action to mitigate the risks as far as possible.

# Summary of findings

- The trust should ensure that the storage of controlled drugs complies with the Misuse of Drugs (Safe Custody) Regulations (1973).
- The trust should encourage better hand hygiene compliance including reviewing their measurement of this to ensure it captured practice more effectively.
- The trust should ensure mandatory training, including safeguarding training, for medical staff meets the trust target of 90%.

## Critical Care

- The trust should ensure allied staffing levels, in particular pharmacy and therapy staff are in line with national standards.
- The trust should review record keeping to ensure reassessments are completed where required.
- The trust should review equipment checks to ensure they are properly checked against standards.
- The trust should review storage facilities for medicines.
- The trust should ensure it has a process in place to continually review nursing qualifications to ensure the unit meets recommended guidelines for post registration qualifications.
- The trust should ensure mandatory training, including safeguarding training, for medical staff meets the trust target of 90%.

## Outpatients

- The service should ensure that all resuscitation equipment is checked on a regular basis.
- The service should ensure that instructions given to patients are clear and that correspondence regarding their appointments is received by the patient and their GP in a timely manner.
- The service should ensure that reception staff behave in a polite and courteous manner to all patients and visitors.
- The service should ensure that there are minimal delays to clinics and patients are seen on time.

## Sir William Gower Centre

### Outpatients

- The trust should ensure infection control procedures are fit for purpose and result in a clean and hygienic environment.
- The trust should ensure access to chemicals is restricted through secure storage.
- The trust should ensure access to secure clinical areas is restricted.
- The trust should ensure there are adequate means of staff and patients calling for help using call bells that are accessible.
- The trust should ensure patients and visitors have access to the complaints procedure.
- The trust should ensure signage on the premises reflect the names of clinics and services.
- The trust should ensure there is a system in place to identify and document risks specific to this site.
- The trust should ensure all staff have access to a structured, well-defined system of supervisions and appraisals.

## Medical care

# Summary of findings

- The trust should ensure medicines are stored safely within the appropriate temperature limits.
- The trust should ensure mandatory training compliance targets are achieved for medical staff.

## Is this organisation well-led?

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

We rated well-led at the trust as good because:

- We found the leadership, governance and culture within the trust, were used to drive, and improve, the delivery of high-quality person-centred care across the organisation.
- The trust had a well-established, highly-experienced and capable leadership team with the skills, abilities, and commitment to provide high-quality services. The trust board was stable with very low turnover and no interim posts. Leadership structures were well-embedded and leaders demonstrated a deep understanding of issues, challenges and priorities in their service, and beyond.
- Executive and non-executive board members (NEDs) collaborated to ensure the delivery of the trust's strategy. The executive directors encouraged openness and integrity, invited challenge and held each other to account. NEDs were high calibre, showed a willingness to engage with issues and hold the executive to account.
- The trust's newly refreshed strategy, and supporting objectives, were stretching, challenging and innovative, while remaining achievable, with a clear plan to provide high-quality care and financial stability.
- The trust had involved staff, patients, members and local system partners, in the development of its strategy to ensure it reflected the vision and values of the trust and aligned with plans in the wider health economy.
- We found a strong organisational culture of collaboration, team-working and support and a common focus on improving the quality and sustainability of care and people's experiences. Staff were proud of the trust as a place to work and spoke highly of the culture and of the leadership team.
- Board members were highly visible to frontline staff and were valued and respected by their colleagues. They consistently engaged with frontline staff and there were a range of forums where staff could interact with board members. The CEO was praised for his visibility and direct involvement in delivery of front-line clinical services within the A&E and outpatient services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The trust was committed to improving services by identifying and sharing learning and promoting training, research and innovation. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care and a strong record of sharing work locally, nationally and internationally.
- The trust was a world leader in clinical research and had a strong focus on improving outcomes for patients. Recent examples included the development of the UK's first clinical trials of drugs to prevent Alzheimer's disease before symptoms emerge; development of a revolutionary drug that targets the known cause of Huntington's disease, and clinical trials of therapies which enable the patient's own immune system to fight cancer.

# Summary of findings

- The trust demonstrated a commitment to system-wide collaboration and leadership and was a key participant in the local sustainability and transformation plans (STP). Local population needs were clearly embedded in the trust's strategy and there was a process of identifying local patient needs. For example, the trust had specific facilities to support homeless patients. The trust engaged well with the local health economy and some executives led key areas of the STP.
- The trust was a leader nationally and regionally in a number of key clinical areas. For example; as a system leader in the regional cancer network and national cancer vanguard. The trust provided world class specialisms in women's health, cancer, infection, neurology, gastroenterology, and oral disease to regional and national patients.
- Management information and reporting was reliable and consistent. Data quality was assured internally and externally through the data quality team and a range of cross-checks and audits were in place to ensure information was accurate and verified. Information was consistent and able to be broken down to a level of granularity to allow effective challenge from the board.
- The quality of the trust's financial information was good and it was well-embedded, ensuring staff across the organisation understand the financial context that the trust was operating in.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The trust's governance structure had effective systems and processes in place to support the delivery of its strategy. The board assurance framework (BAF) was used effectively to identify risks and performance issues. The objectives were SMART and the corporate risks were reflected in the BAF.

However:

- Mandatory training compliance rates for medical staff fell below the trust target.
- The trust failed to reach key national performance targets for example the 62-day cancer and four-hour ED targets, where performance also fell below the England average.
- BME staff were not well represented in senior positions in the trust. Board members recognised that they had work to do to improve diversity representation across the trust at a senior level.
- The trust did not have a fully collaborative approach with its NHS mental health partner trust to ensure the best patient pathways for patients living with mental health conditions

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RRV/Reports](http://www.cqc.org.uk/provider/RRV/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 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
University College Hospital & Elizabeth Garrett Anderson Wing	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Requires improvement ↓ Dec 2018
The National Hospital for Neurology and Neurosurgery	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Sir William Gower Centre	Requires improvement Dec 2018	Good Dec 2018	Outstanding Dec 2018	Outstanding Dec 2018	Good Dec 2018	Good Dec 2018
Royal National Throat Nose & Ear Hospital	N/A	N/A	N/A	N/A	N/A	N/A
University College Hospital at Westmoreland Street	N/A	N/A	N/A	N/A	N/A	N/A
Hospital For Tropical Disease	N/A	N/A	N/A	N/A	N/A	N/A
National Hospital for Neurology and Neurosurgery at Cleveland Street	N/A	N/A	N/A	N/A	N/A	N/A
Clinical Research Facility	N/A	N/A	N/A	N/A	N/A	N/A
The Eastman Dental Hospital	N/A	N/A	N/A	N/A	N/A	N/A
The Royal London Hospital for Integrated Medicine	N/A	N/A	N/A	N/A	N/A	N/A
Evergreen Ward	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 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 University College Hospital & Elizabeth Garrett Anderson Wing

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018
Medical care (including older people's care)	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Gynaecology	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients	Good Dec 2018	N/A	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018
Diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Requires improvement ↓ Dec 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 The National Hospital for Neurology and Neurosurgery

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Surgery	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Critical care	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Outpatients	Good Dec 2018	N/A	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 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 Sir William Gower Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Dec 2018	Good Dec 2018	Outstanding Dec 2018	Outstanding Dec 2018	Good Dec 2018	Outstanding Dec 2018
Outpatients	Requires improvement Dec 2018	N/A	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Requires improvement Dec 2018	Good Dec 2018	Outstanding Dec 2018	Outstanding Dec 2018	Good Dec 2018	Good Dec 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.

# Sir William Gower Centre

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Gerrards Cross  
Buckinghamshire  
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Tel: 08451555000  
[www.uclh.nhs.uk](http://www.uclh.nhs.uk)

## Key facts and figures

The Sir William Gower Centre is a specialised assessment and treatment centre for people with epilepsy and non-epileptic attack disorder. It is part of the University College Hospitals London NHS Foundation Trust (UCLH), but is located outside of London, in Buckinghamshire. The centre is part of The National Hospital for Neurology and Neurosurgery (NHNN) division but is separately registered as a location with CQC.

The centre is run in partnership with a charity. The centre had an inpatient ward with 26 beds and a separate outpatients service.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 24 July and 13 August 2018.

During our inspection, we spoke with 20 members of staff, including nurses, doctors, health care assistants, and administrators. We also spoke with nine patients and/or their carers, and looked at 10 care records.

## Summary of services at Sir William Gower Centre

**Good** 

This was the first time we have rated this location.

We rated it as good because:

- We rated caring and responsive as outstanding, effective and well led as good and safe as requires improvement.
- We rated medical care as outstanding and outpatient services as good overall.
- Staff cared for patients with compassion. Feedback from patients and their carers confirmed that staff treated them well and with kindness. We were consistently told by patients that staff were very caring and went above and beyond the call of duty.
- All patients, relatives and carers we spoke with described their experiences as positive and said they were always included in care planning. Patients told us that their privacy and dignity was respected, especially during physical or intimate care or when they were most vulnerable when they had a seizure.

# Summary of findings

- The service provided care and treatment that was tailored to meet people's individual needs. The preadmission nursing assessment included detailed questions on the patient's individual communication requirements and behavioural preferences. Staff we spoke with demonstrated a patient-centred approach to making adjustments to support patients' admission and a good understanding of caring for patients with a learning disability.
- Mandatory training compliance for nursing staff was above the trust target of 90% for all modules.
- Processes for establishing and addressing clinical risk and safeguarding needs were clearly embedded. There were robust processes to assess patient risk. Patients were triaged by a consultant and pre-assessed by nursing staff prior to admission, and then had through nursing and medical assessments upon admission.
- Systems were in place for recording, investigating and learning from incidents that occurred across the trust.
- Staff we spoke with demonstrated a strong understanding of safeguarding procedures and knew how to raise concerns. They said they felt they could contact the trust safeguarding team when they needed to and were well supported by them.
- There was effective multidisciplinary team working. Relevant professionals were involved in the assessment, planning and delivery of patient care.
- Care and treatment were evidence-based and staff represented the specialty and trust on international expert panels and committees. This enabled them to plan care with the latest available understanding of epilepsy and its treatment.
- Staff demonstrated a passion and commitment to the development of the service. There was a strong focus on research activity to help drive improvement in patient outcomes. Staff were involved in the development of innovative practice including research to eliminate epileptic seizures through improved surgical planning and reduce seizures through innovative diet control.
- There was a clear leadership structure and staff told us they felt well supported by their line managers. There was a strong positive culture and good morale amongst staff at the unit. Staff were proud of the care they provided and had a patient-centred approach.

However:

- Infection control and environmental standards in the outpatients department were inconsistent and did not reflect good practice. The environment was not in a good state of repair, clean and free from infection risks. There was a need for improvement in daily monitoring of cleanliness of these areas.
- The service occasionally admitted children aged 16 and 17 but no staff had level three safeguarding training. However, staff demonstrated a good understanding of safeguarding procedures.
- In outpatients, the pharmacy staff told us there was no coherent medicines management system in place and they had limited access to safety and governance processes, which they said reduced safety. On the inpatient unit, there was no temperature monitoring for the storage of non-refrigerated medications. This meant that medication could be exposed to temperatures above the recommended maximum.
- There were some gaps in the systems in place for staff or patients to call for emergency help and non-clinical staff did not have basic first aid or basic life support training. This presented a risk as outpatients may not always have a second clinical member of staff on shift.
- There were inconsistencies in the standards of patient record completion in relation to the legibility of writing and staff signatures.

# Medical care (including older people's care)

**Outstanding** 

## Key facts and figures

The Sir William Gower Centre is a specialised assessment and treatment centre for people with epilepsy and non-epileptic attack disorder. It is part of the University College Hospitals London NHS Foundation Trust and is located in Chalfont St Peters.

The three main types of admission at the unit are video telemetry electroencephalogram (EEG), medication changes, and pre- surgery assessment. There are 26 inpatient beds. The majority of admissions are elective. The service has capacity to admit patients urgently, with two beds reserved for such cases.

The ward is part of The National Hospital for Neurology and Neurosurgery (NHNN). Patients come to the unit from all over the UK.

The medical care service at University College London Hospitals NHS Foundation Trust has 593 beds located across 29 wards:

- Sir William Gower Centre: 26 beds are located in one ward.

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

The trust had 87,395 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 14,641 (16.8%), 6,494 (7.4%) were elective, and the remaining 66,260 (75.8%) were day case.

Admissions for the top three medical specialties were:

- Clinical Haematology: 24,753 admissions
- Medical Oncology: 17,781 admissions
- Gastroenterology: 13,194 admissions

*(Source: Hospital Episode Statistics)*

There were 997 inpatient admissions to the Sir William Gower Centre from April 2017 to March 2018.

During our inspection of the Sir William Gower Centre (SWGC), we spoke with 14 members of staff, including nurses, doctors, health care assistants, and administrators. We also spoke with nine patients and/or their carers, considered the environment and looked at 10 care records.

## Summary of this service

This site has not been inspected under our new methodology so there is no previous rating.

We rated it as outstanding because:

- Mandatory training compliance for nursing staff was above the trust target of 90% for all modules.
- Staff we spoke with demonstrated a strong understanding of safeguarding procedures and knew how to raise concerns. They said they felt they could contact the trust safeguarding team when they needed to and were well supported by them.

# Medical care (including older people's care)

- There were robust processes to assess patient risk. Patients were triaged by a consultant and pre-assessed by nursing staff prior to admission, and then had through nursing and medical assessments upon admission. Where patients were at risk of seizure-related injury, necessary precautions were taken such as helmets and padded bed rails.
- There was strong multidisciplinary team (MDT) working. The service held weekly MDT meetings which included the clinical lead, consultants, SHOs, the ward sister, pharmacist, and a ward nurse.
- Medical and nursing staff worked well together. Staff said they interacted regularly as it was a small single site. They met at formal meetings on Tuesdays every week, and on Fridays in ward rounds. The SHOs interacted daily with ward staff, and the ward sister usually had daily contact with the clinical lead.
- The service provided care and treatment that was tailored to people's individual needs. The preadmission nursing assessment included detailed questions on the patient's individual requirements and preferences. These included behavioural preferences, communication, mood, mobility, personal care requirements, and seizure-related details.
- There was a clear leadership structure and staff told us they felt well supported by their line managers. There was a strong positive culture and good morale amongst staff at the unit. Staff were proud of the care they provided and had a patient-centred approach.

However:

- The service occasionally admitted children aged 16 and 17 but no staff had level three safeguarding training. However, staff demonstrated a good understanding of safeguarding procedures.

## Is the service safe?

**Good** ●

We rated it as good because:

- Mandatory training compliance for nursing staff was above the trust target of 90% for all modules.
- Staff we spoke with demonstrated a strong understanding of safeguarding procedures and knew how to raise concerns. They said they felt they could contact the trust safeguarding team when they needed to and were well supported by them.
- There were systems to ensure standards of cleanliness and hygiene were maintained. The infection prevention and control link nurse completed a monthly hand hygiene and infection control monitoring audit. The ward scored an average of 90% from April to June 2018.
- There were robust processes to assess patient risk. Patients were triaged by a consultant and pre-assessed by nursing staff prior to admission, and then had thorough nursing and medical assessments upon admission. Where patients were at risk of seizure-related injury, necessary precautions were taken such as helmets for patients and padded bed rails.
- There was a culture of incident reporting. Staff said they felt confident in reporting incidents. Trends were identified and learning from incidents was shared with staff.

However:

- The service occasionally admitted children aged 16 and 17 but no staff had level three safeguarding training. This was not in line with The Intercollegiate Document for safeguarding children and young people guidance. However, staff demonstrated the appropriate knowledge to provide safe care for these patients and recognise any potential safeguarding issues.

# Medical care (including older people's care)

- The service did not audit patient records. This meant there was no system to identify potential issues. However, the records we reviewed during the inspection were of a good standard.
- There was no temperature monitoring for the storage of non-refrigerated medications. This meant that medication could be exposed to temperatures above the recommended maximum.

## Is the service effective?

**Good** ●

We rated it as good because:

- Patient care was delivered in line with trust policies and pathways based on national guidance.
- Consultants at the unit had produced papers and case studies relating to patient outcomes. A recent audit had been conducted in epilepsy patients who underwent post-operative neuropsychology following their epilepsy surgery. The results of the audit, which included data on the tolerability of the assessment from the patient's perspective in addition to standardised psychometric tests, would inform the development of a new follow-up component that the trust said would be rolled out to all epilepsy patients by the end of the year as part of their routine follow-up when the new guidelines came into force.
- There was strong multidisciplinary team (MDT) working. The service held weekly MDT meetings which included the clinical lead, consultants, SHOs, the ward sister, pharmacist, and a ward nurse.
- Medical and nursing staff worked well together. Staff said they interacted regularly as it was a small single site. They met at formal meetings on Tuesdays every week, and on Fridays in ward rounds. The SHOs interacted daily with ward staff, and the ward sister usually had daily contact with the clinical lead.
- Staff liaised with other organisations to ensure joined up care for patients, as many were coming from different parts of the country.

However:

- The service did not have an occupational therapist at the time of our inspection. There was also no physiotherapist or speech and language therapist. However, patients could be referred to external services or elsewhere within the trust and an occupational therapist was due to start in September 2018.
- The service did not routinely collect patient outcomes such as the QOLIE-31-P, a survey of health-related quality of life for adults with epilepsy. However, the clinical lead told us they were planning to incorporate this into a tool that would also include other metrics such as depression scores and side effects of drugs.
- The trust did not provide formal epilepsy training for nursing staff. However, we found staff to be competent in their roles.

## Is the service caring?

**Outstanding** ☆

We rated it as outstanding because:



# Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients and their carers confirmed that staff treated them well and with kindness. We were consistently told by patients that staff were very caring and went above and beyond the call of duty. The results of the NHS Friends and Family Test from May 2017 to April 2018 showed that 93% of respondents would recommend the service.
- Patients told us that their privacy and dignity was respected, especially during physical or intimate care or when they were most vulnerable when they had a seizure. Staff told us they used screens and maintained patient dignity when patients had seizures in common areas on the unit; patients and their family confirmed this with multiple examples, saying that the patient's privacy and dignity was always valued.
- Staff involved patients and those close to them in decisions about their care and treatment and ensured that they understood. The service allowed relatives and carers of patients with complex needs to stay overnight and planned to meet individual's needs.
- Staff provided emotional support to patients to minimise their distress. Patients and their relatives told us that all staff were approachable and they could talk to them about their fears, anxieties and topics on which they needed further information.

## Is the service responsive?

**Outstanding** 

We rated it as outstanding because:

- The service provided care and treatment that was tailored to people's individual needs. The preadmission nursing assessment included detailed questions on the patient's individual requirements and preferences. These included behavioural preferences, communication, mood, mobility, personal care requirements, and seizure-related details.
- Staff we spoke with demonstrated a patient-centred approach to making adjustments to support patients' admission. One described the "social story" they were creating for a patient, which included photos and a description of the unit and the room the patient would stay in.
- There were four learning disability nurses at the unit, plus the ward sister who was also a trained learning disability nurse. Staff we spoke with demonstrated a good understanding of caring for patients with a learning disability.
- The service had neuropsychologists and neuropsychiatrists who provided assessment and care for patients in terms of mental health.

However:

- There was a long waiting list for video telemetry EEG. However, the service was addressing this by introducing 'long day' EEG monitoring over an 8-hour period for patients who were suitable (this tended to be those who had more frequent seizures).

## Is the service well-led?

**Good** 

We rated it as good because:

- There was a clear leadership structure and staff told us they felt well supported by their line managers.

# Medical care (including older people's care)

- There was a strong positive culture and good morale amongst staff at the unit. Staff were proud of the care they provided and had a patient-centred approach.
- Staff we spoke with of all levels told us there was good team-working at the unit.
- Staff said they felt part of the wider trust and that there was a shared ethos. They knew the trust values.
- There was a clear governance system and processes were in place to manage risk.
- There was a drive for improvement and innovation. There was a large programme of ongoing research involving consultants and patients at the SWCG.
- The unit was one of nine wards across the trust to achieve Exemplar ward accreditation in 2017-2018. Of the 71 metrics reviewed, the unit achieved a rating of 'Outstanding' for over half (36). Outstanding performance was noted within the standards of evidence-based care, staff skills and culture of continuous quality improvement.

However:

- Staff told us they felt that patient and visitor aggression was a risk and there had been incidents reported, however, this was not on the risk register. This meant that leaders did not always understand or acknowledge the risks that staff faced.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The Sir William Gower Centre (SWGC) is a site operated by a charitable specialist epilepsy service with clinical services provided by University College Hospitals NHS Foundation Trust (UCH). The service is known by various names, including the Gower's Unit and the National Epilepsy Centre, Chalfont. Outpatient services at SWGC are consultant-led with on-going reviews and Vagus nerve stimulation therapy (VNS) provided by epilepsy nurse specialists.

SWGC had 2600 outpatient attendances in 2017/18 across 10-13 clinics per week. The main services provided are for epilepsy, general neurology and psychology activity. The service is actively expanding and the divisional team from the National Hospital for Neurology and Neurosurgery have recruited another consultant neurologist as a linked post with another NHS trust to expand capacity. Consultants work cross-site within the trust and can establish new clinics based on patient need and demand.

The specialist epilepsy service provider is responsible for the operation of the site, including facilities and non-clinical staffing, all of whom have an honorary contract with UCH to provide care. UCH clinical and divisional staff work closely with this provider, including through joint governance processes. Patients receive appointment letters branded with both UCH and the other provider's information.

## Summary of this service

This site has not been inspected under our new methodology so there is no previous rating.

We rated it as good because:

- Care and treatment were evidence-based and staff represented the specialty and trust on international expert panels and committees. This enabled them to plan care with the latest available understanding of epilepsy and its treatment.
- Standards of mandatory training and continuing professional development were embedded, met trust standards and reflected a culture of learning amongst all staff.
- There was a demonstrable focus on research activity to improve patient outcomes, which was reflected in the development in specialist treatment and permanent presence of a research team.
- Processes for establishing and addressing clinical risk and safeguarding needs were clearly embedded.
- Systems were in place for recording, investigating and learning from incidents that occurred across the trust.
- Care and treatment was coordinated in a multidisciplinary, multi-organisational environment that demonstrably met individual needs.
- All patients and relatives we spoke with described their experiences as positive and said they were always included in care planning.
- Staff were demonstrably passionate and committed to the development of the service and the trust placed significant focus on the site in the vision and strategy.
- The service provided significant additional capacity to the trust's larger locations and offered shorter waiting times and a calmer environment for patients.

# Outpatients

However:

- Infection control and environmental standards were inconsistent and did not reflect good practice.
- There was a lack of daily senior oversight in some areas that led to substandard infection control and out of date resources such as in relation to health promotion and directional signage.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- The environment was not in a good state of repair, clean and free from infection risks. There was a need for improvement in daily monitoring of these areas.
- There were some gaps in the systems in place for staff or patients to call for emergency help and non-clinical staff did not have basic first aid or basic life support training. This presented a risk as outpatients may not always have a second clinical member of staff on shift.
- Pharmacy staff told us there was not a coherent medicines management system in place and they had limited access to safety and governance processes, which they said reduced safety.
- Clinical areas were not continuously secured with monitored access to medicines, medical equipment and patient records.
- There were inconsistencies in the standards of patient record completion in relation to the legibility of writing and staff signatures.

However:

- Staffing levels were planned to meet patient needs and the nature of the service meant the service was always fully staffed.
- The quality and safety team provided staff with a continually updated online resource for learning from incidents.
- Epilepsy specialist nurses were fully compliant with all mandatory training requirements set by the trust and staff working under honorary contracts had access to all training.
- Clinical systems and care pathways effectively managed patient safety and risks in relation to treatment.

## Is the service effective?

We do not rate the effective domain. We found that:

- The outpatient team delivered care and treatment that reflected the latest national and international guidance, standards and best practice. The service was demonstrably focused on research and audit as tools to identify and deliver the latest evidence-based understanding of epilepsy care.
- Staff reflected a multi-organisational team to coordinate care for patients with complex needs and who lived significant distances from the location.
- A multidisciplinary team provided care, including a psychologist and psychiatrist. The trust was expanding multidisciplinary services with the recruitment of an occupational therapist.

# Outpatients

- Staff effectively managed needs in relation to pain relief and nutrition and hydration.
- Staff with different specialist knowledge worked well together to provide care to patients with complex needs, including through consistent liaison with GPs and community providers.
- The division encouraged professional and clinical development and all staff spoke highly of educational opportunities.

However:

- There was limited evidence of consistent, individualised health promotion and some printed information in the department was significantly out of date.
- Not all staff had consistent or structured appraisals and supervisions.
- There was limited evidence of the consistent application of mental capacity standards and assessments and there were gaps in the knowledge of some staff.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff were demonstrably committed to working in partnership with patients. They empowered patients to have a voice and to realise their potential.
- A dedicated counselling service was available in the division and staff proactively offered patients a referral to this to help them cope with their treatment.
- During all our observations staff treated patients and their relatives with kindness, compassion and respect.
- Patients told us staff went “the extra mile” and care exceeded their expectations. One patient said their consultant had, “...made me feel like a human being”, and another noted, “Excellent, great, reassuring.”
- Staff included patients, their carers and relatives in decisions about their care and treatment planning and took the time to explore options and answer questions.
- Narrative feedback documented for consultants showed us patients felt positively about care, communication and treatment.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service provided additional capacity to the trust’s larger facilities and offered significantly reduced waiting times for patients.
- The trust worked closely with a specialist epilepsy service provider to meet the needs of patients locally and nationally with complex conditions.

# Outpatients

- On-site services ensured the service was responsive, including radiology and a laboratory. This meant patients had access to rapid screening and diagnostic services, which reduced the need for them to attend multiple sites.
- Staff adapted monitoring and diagnostic services that reduced the need for patients to spend significant time in the centre. This included issuing clinical monitoring devices for patients to take home.
- Services were arranged and coordinate between the trust and another service provider. This system was well established and delivered to meet individual needs.
- The service had not received any formal complaints at any time since it opened and staff used learning from complaints in other trust services to develop care.
- There was limited audit data available in relation to referral to treatment times (RTTs) specific to this site. However, for outpatients and neurology the trust performed consistently better than national performance in the percentage of patients seen within the 18 week standard.

However:

- There was no printed information available for patients on the complaints process or on access to the Patient Advice and Liaison Service (PALS).
- Signage on the site was out of date and in need of a structured review.

## Is the service well-led?

**Good** 

We rated it as good because:

- Staff valued the innovative practice they developed as part of a research-active team and specialist centre. This included leading-edge research to eliminate epileptic seizures through improved surgical planning and reduce seizures through innovative diet control.
- Governance and quality assurance systems were in place that ensured staff were kept up to date with divisional communications, including where these were issued from another location.
- Established systems were in place to ensure staff employed by the trust and those who provided services under honorary contracts communicated frequently and shared challenges and problem-solving opportunities.
- The division demonstrated the role of the centre in the vision and strategy and the importance of it in developing epilepsy and neurology care.
- Staff described the service as a positive place to work and it was evident trust staff and honorary staff had established good working relationships.
- All staff spoke positively of engagement with the trust and individuals working under honorary contracts said they felt respected and listened to.

However:

- There was no risk register for this location and links with other risk monitoring systems were tenuous. However all of the staff we spoke with, including the senior divisional team, demonstrated understanding of the risks to the service.
- Although staff spoke positively of leadership, there was a lack of daily senior oversight that had resulted in unresolved infection control and security risks.

# Outpatients

## Outstanding practice

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

## Areas for improvement

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



# The National Hospital for Neurology and Neurosurgery

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## Key facts and figures

The National Hospital for Neurology and Neurosurgery (NHNN), Queen Square, is the UK's largest dedicated neurological and neurosurgical hospital. It provides services for the diagnosis, treatment and care of all conditions that affect the brain, spinal cord, peripheral nervous system and muscles. Services include specialist neurosurgery, a brain tumour unit, the Hyper-acute Stroke Unit (HASU), an acute brain injury unit, a pioneering neuro-rehabilitation unit, the UK's first interventional MRI scanner, the largest specialised neurosurgical Intensive Therapy Unit (ITU) and the only neuromedical ITU in the country. It is a major international centre for research and training.

The hospital has 219 inpatient beds, six theatres and two intensive therapy units (ITUs). The hospital also had a large outpatients service, with 171,541 appointments taking place in 2017/18.

The hospital had just completed a substantial refurbishment program to improve the clinical environment and patient experience. The work included refurbishing four theatres and opening two new theatres as well as increasing the number of inpatient beds including additional intensive care beds.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 24 July and 7 August 2018.

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

## Summary of services at The National Hospital for Neurology and Neurosurgery

**Good** 

This was the first time we have rated this location.

We rated the hospital as good because:

- We rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- We rated all services inspected as good.

# Summary of findings

- The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Learning from incidents was discussed in departmental and governance meetings and action was taken to follow up on the results of investigations. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff understood how to protect patients from abuse and there were effective systems in place to protect people from harm. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of national and local audits to improve patient care. Patient outcomes were better than the national average. The hospital was involved in the development of national professional guidelines.
- There was effective multidisciplinary team working. Relevant professionals were involved in the assessment, planning and delivery of patient care. New admissions were discussed at the multidisciplinary admissions meeting for the hospital which was supported by medical, nursing occupational therapy and physiotherapy staff, social care and continuing health care representatives.
- Staff had opportunities for further development. Staff could apply for additional training if it was relevant to their role. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Feedback from patients confirmed that staff generally treated them with respect and with kindness and our observations of interactions between staff and patients and relatives showed staff were sensitive and respectful. Most patients we spoke with said they felt involved in their care and had the opportunity to ask questions.
- Services were developed to meet the needs of patients. The service was undergoing a redevelopment programme to expand the service and improve patient experience.
- The service took account of patients' individual needs. Staff used flags on the electronic patient wards boards to indicate if a patient was at risk of falling, was living with dementia, had a risk of developing pressure ulcers or needed assistance at meal times. This helped improve care by making sure patients got the attention and support they needed.
- Staff felt valued, were supported in their role and had access to opportunities for learning and development.
- The leadership team had a clear vision and strategy and there were action plans in place to achieve this. Staff were committed to delivering the vision of being a leading hospital for neurological disorders and were aware of how their role contributed to the broader vision and strategy of the hospital.
- The hospital was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service provided multiple examples of their leading role in world leading research projects.
- The trust's exemplar ward accreditation programme focused on improving patient experience, safety and quality and efficiency and was led by frontline staff.
- The service had extensive engagement with patients via focus groups held by hospital specialities and events hosted by charities and other organisations. This engagement was used to drive improvement and innovation in the hospital services.

However:

# Summary of findings

- Medical staffing in critical care was not in line with professional standards. Pharmacy and therapy staffing levels were also below the recommended guidelines.
- There were high nursing vacancies at the time of inspection. The vacancy rate was 18.4%, much higher than the trust target of 6.5%. However, there were recruitment plans in place and new staff were expected to start later in 2018.
- There were two different charts in place for identification and escalation of deteriorating patients, albeit for different purposes, which some staff reported as confusing.
- Mandatory training in key skills for medical staff, including safeguarding training, fell below the trust's target for compliance.
- Whilst we saw many examples of good practice in relation to medicines management, the trust's policies for safe storage and management of medicines were not always followed consistently.
- Although the service generally controlled infection risk well, we observed staff did not always comply with hand hygiene protocols.
- Resuscitation equipment was not always checked on a regular basis.
- Fluid balance management was not consistent. We found in some records there were gaps in recording and the patient's total fluid intake had not been monitored.
- Patients told us about communication issues. Patients were not always informed of clinic delays, instructions from staff were at times unclear and letters to themselves or GPs were not always received.
- Reception staff across some of the areas we visited did not always appear welcoming to patients and at times ignored patients or reacted in a discourteous manner. However, we also saw other examples of where staff treated patients with respect and kindness.
- Patients discharged from the intensive therapy units did not have access to a specific ITU follow up clinic contrary to best practice.

# Medical care (including older people's care)

Good 

## Key facts and figures

The inpatient medical services at The National Hospital for Neurology and Neurosurgery (NHNN) included neurology, neuro-rehabilitation, neuro psychiatry, stroke and telemetry medicine.

The National Hospital for Neurology and Neurosurgery (NHNN) had 5,882 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 184 (3.1%), 2,516 (42.8%) were elective, and the remaining 3,182 (54.1%) were day case. This number does not include local patients initially admitted to the Hyperacute Stroke Unit at UCH who have their ongoing stroke care at NHNN Stroke Unit.

There were also 119 young people aged between 16 and 18 years who were either treated as inpatients or attended the outpatients department.

Admissions for the top three medical specialties were:

- Neurology: 5,195 admissions
- Rehabilitation Service: 362 admissions
- Endocrinology: 187 admissions (patients under the neurometabolic service)

*(Source: Hospital Episode Statistics)*

The NHNN had 113 medical inpatient beds located across wards and units and 40 chairs in the day care unit.

During the inspection we visited the following wards and services: David Ferrier, Day care unit, Hughlings Jacksons, John Young, Neuromuscular Complex Care Centre (NMCCC), Neuro Rehabilitation Unit, Nuffield Ward, and the Telemetry Unit. The Maida Vale ward was not open at the time of the inspection.

During this inspection we spoke with 63 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the leadership team. We spoke with 24 patients, 5 relatives and 2 volunteers. We reviewed nine patient records and 15 medication administration records. We attended two multi-disciplinary team meetings and a junior doctors' forum. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

This was the first time we have rated this service.

We rated it as good because:

- There was a clear leadership structure. The National Hospital for Neurology and Neurosurgery came under the specialist hospitals board. At a local level neurology, neuromuscular complex care centre, neuro-psychiatry, therapies, stroke, each had their own clinical leads and local governance fora. Ward managers were supported by matrons who worked across wards and worked across site.
- Across the wards, performance was monitored. The trust exemplar ward accreditation programme focused on patient experience, safety and quality and efficiency and was led by matrons who undertook the quality rounds monthly of their wards and reported their finding which identified areas for improvement across the wards.

# Medical care (including older people's care)

- Staff were committed to delivering the vision of being a leading hospital for neurological disorders. Staff were aware how they contributed to the broader vision and strategy which included assisting in research, providing good care on the wards and in the day care unit treating high number of patients.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.
- Policies, procedures and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellence (NICE) guidelines. Staff worked closely with national leads and were involved in the development of NICE guidelines. Policies, procedures and guidelines were available to all staff via the trust intranet system and staff demonstrated they knew how to access them.
- Patients had access to dietician and speech and language therapy (SALT) services. SALT worked closely with nursing and medical staff in assessing and supporting patients with eating, drinking and swallowing needs. Patients needing an urgent assessment were assessed within 24 hours.
- The National Hospital for Neurology and Neurosurgery had a lower than expected risk of readmission for non-elective admissions between February 2017 and January 2018 when compared to the England average.
- There was effective multidisciplinary team working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care. New admissions were discussed at the multidisciplinary admissions meeting for the hospital which was supported by medical, nursing occupational therapy and physiotherapy staff, social care and continuing health care representatives.
- Staff had opportunities for further development. Staff could apply for additional training if it was relevant to their role. Practice development educators for supported nursing staff for their revalidation and new nurses in the preceptorship programme.
- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. All of the patients we spoke with were very positive about the staff who provided their care and treatment. They told us the nurses were kind, caring and listened to their concerns.
- Young people with neuro muscular conditions transitioning from children's to adult's service were able to be supported by family members overnight. The needs of families were accommodated; arrangements were made to so that treatments were undertaken at the same time to prevent multiple hospital visits.
- Most patients we spoke with said they felt involved in their care. On the neuro rehabilitation unit patients and their relatives were involved in setting their short and long term goals. On the Hughlings Jackson ward staff assisting patients writing out the questions they wanted to ask so they could be part of the consultant ward round.
- Chaplaincy services were able to support patients who needed them. The chapel at The National Hospital for Neurology and Neurosurgery a chapel was open 24/7. A chaplain was available for advice and direct pastoral support via on call 24/7.
- From April 2017 to March 2018, 87.7% of individuals at The National Hospital for Neurology and Neurosurgery did not move wards during their admission, and 13% moved once or more. This meant the trust was focussed on getting patients a bed on a ward for their speciality.
- Staff used flags on the electronic patient wards boards; to indicate if a patient was at risk of falling, was living with dementia, had a risk of developing pressure ulcers or needed assistance at meal times. This helped improve care by making sure patients got the attention and support they needed.

# Medical care (including older people's care)

- Patients were able to access the internet via the hospital Wi-Fi, which meant they are able to communicate with friends and relatives via their mobile phones or tablets.
- Volunteers spent their time talking to patients, and helping with at lunch, tea and coffee. A volunteer told us they had received training on topics such as privacy, dignity, confidentiality, hygiene, and safeguarding.
- The National Hospital for Neurology and Neurosurgery took an average of 27 days to investigate and close complaints which was better than the trust. Between June 2017 and June 2018 there were 10 complaints about medical care.
- On the wards we saw evidence of good practice in relation to hand hygiene.

However:

- Serious incidents and near misses and key learning from completed serious incidents and internal reports from across the trust were discussed monthly at the patient safety committee meeting. However, not all the staff we spoke with told us that they were made aware of incidents from across the hospital.
- From April 2017 to March 2018, there were 103 moves at night at The National Hospital for Neurology and Neurosurgery. This was not responsive to patient needs and meant patients had their sleep disrupted.
- Mandatory training in key skills for medical staff, including safeguarding training, fell below the trust's target for compliance.
- On one ward, controlled drugs were being stored in a wooden lockable cabinet. This does not comply with their medicines storage policy or safe custody regulations 1973. However, controlled drugs were recorded and handled appropriately with two nurses signing when controlled drugs were being administered.
- Fluid balance management was not consistent. We checked nine records and found most were complete, three had not been completed appropriately, there were gaps in recording and had not been totalled to reflect the patients' intake or output of fluids.
- Patients being offered pain relief and the assessing patient's pain was variable across the wards. The trust's own internal data identified that between January 2018 to June 2018 patients reporting that hospital staff did everything they could to help control their pain was between 50% and 100% and patients having their pain assessed was between 58% and 100%.
- Mental Capacity Act 2005 level 3 for nursing staff was below the trust target of 90%. The completion rate was 77.8%.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- Mandatory training in key skills for medical staff was below the trust target in all mandatory training modules.
- Safeguarding adults level 2 and safeguarding children level one and two for medical staff was below the trust target of 90%.
- On one ward controlled drugs were being stored in a wooden lockable cabinet. This did not comply with their medicines storage policy or safe custody regulations 1973. However, controlled drugs were recorded and handled appropriately with two nurses signing when controlled drugs were being administered.

# Medical care (including older people's care)

- Serious incidents and near misses and key learning from completed serious incidents and internal reds from across the trust were discussed monthly at the patient safety committee meeting. However, not all the staff we spoke with told us that they were made aware of incidents from across the hospital.

However:

- People were assessed using the National Early Warning System (NEWS). Chart recorded the necessary observations such as pulse, temperature and respirations. Staff were knowledgeable in responding to any changes in the observations which necessitated the need to escalate the patient to be seen by medical staff.
- Care notes assessments for VTE, pressure areas, nutrition, pain, manual handling, falls and waterlow had been completed using national risk assessment tools. Nursing notes were written up using the acronym SOAPIER (Subjective, Objective, Assessment, Plan, Intervention, Evaluation, Intervention) which prompted nursing staff to write up their notes under each heading.
- On the wards we saw evidence of good practice in relation to hand hygiene.

## Is the service effective?

**Good** 

We rated it as good because:

- Policies, procedures and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellence (NICE) guidelines. Staff worked closely with national leads and were involved in the development of NICE guidelines. Policies, procedures and guidelines were available to all staff via the trust intranet system and staff demonstrated they knew how to access them.
- Patients had access to dietician and speech and language therapy (SALT) services. SALT worked closely with nursing and medical staff in assessing and supporting patients with eating, drinking and swallowing needs. Patients needing an urgent assessment were assessed within 24 hours.
- The National Hospital for Neurology and Neurosurgery had a lower than expected risk of readmission for non-elective admissions between February 2017 and January 2018 when compared to the England average.
- There was effective multidisciplinary team working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care. New admissions were discussed at the multidisciplinary admissions meeting for the hospital which was supported by medical, nursing occupational therapy and physiotherapy staff, social care and continuing health care representatives.
- Staff had opportunities for further development. Staff could apply for additional training if it was relevant to their role. Practice development educators for supported nursing staff for their revalidation and new nurses in the preceptorship programme.

However:

- Fluid balance management was not consistent. We checked nine records and found most were complete, three had not been completed appropriately, there were gaps in recording and had not been totalled to reflect the patients intake or output of fluids.



# Medical care (including older people's care)

- Patients being offered pain relief and the assessing of patients' pain was variable across the wards. The trust's own internal data identified that between January 2018 to June 2018 patients reporting that hospital staff did everything they could to help control their pain was between 50% and 100% and patients having their pain assessed was between 58% and 100%.
- Mental Capacity Act 2005 level 3 for nursing staff was below the trust target of 90%. The completion rate was 77.8%.

## Is the service caring?

**Good** ●

We rated it as good because:

- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. All of the patients we spoke with were very positive about the staff who provided their care and treatment. They told us the nurses were kind, caring and listened to their concerns.
- Young people with neuro muscular conditions transitioning from children's to adult's service were able to be supported by family members overnight. The needs of families were accommodated; arrangements were made to so that treatments were undertaken at the same time to prevent multiple hospital visits.
- Most patients we spoke with said they felt involved in their care. On the neuro rehabilitation unit patients and their relatives were involved in setting their short and long term goals. On the Hughlings Jackson ward staff assisting patients writing out the questions they wanted to ask so they could be part of the consultant ward round.
- Chaplaincy services were able to support patients who needed them. The chapel at The National Hospital for Neurology and Neurosurgery a chapel was open 24/7. A chaplain was available for advice and direct pastoral support via on call 24/7.

## Is the service responsive?

**Good** ●

We rated it as good because:

- Between April 2017 and March 2018, 87.7% of individuals at The National Hospital for Neurology and Neurosurgery did not move wards during their admission, and 13% moved once or more. This meant the trust was focussed on getting patients a bed on a ward for their speciality.
- Staff used flags on the electronic patient wards boards to indicate if a patient was at risk of falling, was living with dementia, had a risk of developing pressure ulcers or needed assistance at meal times. This helped improve care by making sure patients got the attention and support they needed.
- Patients were able to access the internet via the hospital Wi-Fi which meant they are able communicate with friends and relatives via their mobile phones or tablets.
- Volunteers spent their time talking to patients, and helping with at lunch, tea and coffee. A volunteer told us they had received training on topics such as privacy, dignity, confidentiality, hygiene, and safeguarding.
- The National Hospital for Neurology and Neurosurgery took an average of 27 days to investigate and close complains which was better than the trust average.

# Medical care (including older people's care)

However:

- Between April 2017 and March 2018, there were 103 moves at night at The National Hospital for Neurology and Neurosurgery. This was not responsive to patient needs and meant patients had their sleep disrupted.

## Is the service well-led?

**Good** ●

We rated it as good because:

- There was a clear leadership structure. The National Hospital for Neurology and Neurosurgery came under the specialist hospitals board. At a local level neurology, neuromuscular complex care centre, neuro-psychiatry, therapies, stroke, each had their own clinical leads and local governance. Ward managers were supported by matrons who worked across wards and worked across site.
- Across the wards performance was monitored. The trust exemplar ward accreditation programme focused on patient experience, safety and quality and efficiency and was led by matrons who undertook the quality rounds monthly of their wards and reported their finding which identified areas for improvement across the wards.
- Staff were committed to delivering the vision of being a leading hospital for neurological disorders. Staff were aware how they contributed to the broader vision and strategy which included assisting in research, providing good care on the wards and in the day care unit treating high number of patients.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.
- The service had extensive engagement with patients via focus groups held by hospital specialities and events hosted by charities and other organisations. The engagement was used to drive improvement and innovation in the hospital services. The service also provided ample opportunity for engagement between frontline staff and senior managers.

## Areas for improvement

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

Good 

## Key facts and figures

University College London Hospitals NHS Foundation Trust (UCLH) is an NHS foundation trust based in central London. The National Hospital for Neurology and Neurosurgery (NHNN) is part of the queen square division, the largest division of UCLH. The NHNN accounted for about 10% of the trust's surgical activity (4,050 neurosurgery cases). In the year to June 2018, 72% of the hospital's neurosurgery was elective and 16% was emergency, a further 6.5% of patients were non-emergency inpatient transfers from other hospitals. Only 5% of procedures were day cases.

The NHNN, the Royal London Hospital for Integrated Medicine (RLHIM) and the UCL Institute of Neurology (IoN), work in close association with partners at the Institute of Child Health and neurology services at Great Ormond Street Hospital (GOSH). NHNN is the UK's largest dedicated neurological and neurosurgical hospital and is a major international centre for research and training. It provides services for the diagnosis, treatment and care of all conditions that affect the brain, spinal cord, peripheral nervous system and muscles. The hospital is the largest centre in the UK for adult epilepsy surgical practice, deep brain stimulation and brain tumour.

The hospital has 276 beds of which almost 100 are for patients having neurosurgery. The Victor Horsley Department of Neurosurgery at NHNN provides a comprehensive elective and emergency neurosurgical service for people living in the catchment area of the trust (30%), and in its capacity as a regional neurosciences centre (30%), it serves a large area of North, Central and West London and its associated hospitals. In addition, there are large numbers of national and international tertiary and quaternary referrals for specialist neurosurgical disorders including epilepsy, Parkinson's disease and other movement disorders. The trust estimated its catchment numbers for neurosurgery at 5.7m patients.

The department provides a comprehensive neurosurgical service covering the full range of neurosurgical pathologies, including all cranial and simple spinal conditions including stereotactic radiosurgery (SRS), a form of radiation therapy that focuses high-power energy on a small area of the brain including both Intensity-modulated radiation therapy (IMRT) and Gamma knife, as part of the trend towards less invasive treatments for brain and spinal problems. The most common surgical procedures (53%) relate to disorders of the nervous system and a further 25% is spinal procedures of which a third is complex spinal surgery (the insertion of metalwork to stabilize and fuse parts of the spine).

There are 20 consultant neurosurgeons. There were 4,238 surgical admissions from March 2017 to February 2018. Most surgical procedures (60.9%) are elective (planned). Emergency admissions accounted for 628 (14.8%) of surgical procedures. 24.2% of surgical cases were day cases.

*(Source: Hospital Episode Statistics)*

There are six theatres, two of which opened in July 2017 and an iMRI operating suite and two angiography suites. The 10 surgery sub specialities are: Functional neurosurgery, epilepsy surgery, gamma knife, general neurosurgery, hydrocephalus, neuro-oncology, neurovascular, pituitary, skull base and a complex spinal service.

Four surgical wards and a surgical ITU support the neurosurgery service. The wards are:

Victor Horsley Ward – 27 beds

Lady Ann Allerton Ward – 14 beds (complex spinal)

Bernard Sunley Ward – 28 beds (spinal and deep brain stimulation)

# Surgery

Molly Lane Fox Ward - 26 bed (brain tumour and pituitary tumours)

Nuffield ward – private mainly surgical ward where NHS patients are sometimes accommodated

Albany ward - surgical reception, with 17 chairs and trolleys.

New beds have been created this year and will open on the wards in a phased way to align with growth in surgical capacity. Two new theatres had opened in July 2018 but are not yet operating at a level to require all the planned bed capacity.

*(Source: Trust additional data request - DR001 NHNN beds breakdown)*

The trust provide neurosurgical services to the local area, to the greater London area and nationally, including contracts for patients from the Channel Islands and Malta.

The hospital had not previously been inspected by CQC under its current methodology.

We inspected the main theatre areas, the surgical wards and pre assessment clinic. We observed a theatre briefing, attended a medical handover, and MDT and other meetings.

We spoke with eight patients and received comments cards from eight others and observed care and treatment. We reviewed 16 care records and spoke with 58 staff members of different grades and specialities including nurses, doctors, ward managers, theatre manager, senior managers, administrative staff, domestic staff and porters

## Summary of this service

This was the first time we have rated this service.

We rated it as good because:

- The hospital had just completed a substantial refurbishment programme to improve the clinical environment and patient experience. The work included refurbishing four theatres and opening two new theatres as well as increasing the number of beds for neurosurgical patients including intensive care beds.
- The neurosurgery service provided care and treatment based on national guidance and evidence of effectiveness. They assessed staff compliance with guidance and identified areas for improvement. Action was taken to address any non-compliance that had not been agreed as best practice.
- The audit plan was robust and prioritised topics according to national guidance, response to serious incidents, other similar investigations and litigation which represented a systematic approach to improvement.
- The hospital had a vision for what it wanted to achieve and workable plans to turn it into action.
- The senior managers showed broad awareness of the main risks within their service and had action plans to address them.
- There was a systematic programme to monitor quality and stimulate improvement in safety and effectiveness by learning from relevant data through comparative dashboards and the Exemplar Ward Programme which supported clinical teams to implement standard processes and reduce unwarranted variations for patients.
- Doctors, nurses and other healthcare professionals generally worked together as an integrated team to benefit patients.

# Surgery

- Staff understood how to protect patients from abuse. A proportion of the patients attending the hospital were living in vulnerable circumstances because of neurological impairments and staff had a working knowledge of the mental capacity act and, deprivation of liberty safeguards.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately and was committed to learning from when things went well and when they went wrong.
- Feedback from patients confirmed that staff generally treated them with respect and with kindness and our observations of interactions between staff and patients and relatives showed staff were sensitive and respectful.
- The service promoted research and innovation for example a non-invasive procedure to map motor areas of the brain, such as language, prior to surgery which had reduced the accuracy and length of some procedures, and the use of deep brain stimulation to improve some symptoms of Parkinson's disease.

However:

- Although the service generally controlled infection risk well, staff compliance with hand hygiene needed to improve.
- Mandatory training in key skills for medical staff, including safeguarding training, fell below the trust's target for compliance.
- There were different parameters for escalation in the NEWS charts and a recently introduced observation chart to support recognition of cauda equina symptoms in complex spine patients. Whilst the charts served different purposes some staff reported this as confusing.
- Patient records were spread across several different locations including three electronic systems, as well as the main paper based records. An electronic health record system was to be introduced in March 2019 to rationalise this.
- There had been limited clinical outcomes benchmarking, but the trust used benchmarking to peers across a range of performance metrics including length of stay to drive service improvements.
- The service collected and managed information adequately to support all its activities but some systems such as the surgical admissions process were cumbersome.
- There were nursing vacancies at the time of inspection. The vacancy rate was 18.4%, much higher than the trust target of 6.5%. There was a recruitment plan and new starters were expected in the autumn.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- There was a high level of vacancies among nurses and nursing assistants and although there were systems to review staffing levels daily and move staff to shortage areas, all surgical wards were at least one member of staff short during the inspection. Overall the vacancy rate was 18.4%. Shifts were covered where possible with bank or agency staff, but there were some unfilled shifts (3.2%).
- Although the service controlled some aspects of infection risk well, not all staff followed the trust's infection control guidance to keep patients safe from the spread of infection. We observed a number of medical and nursing staff entering and leaving clinical areas without washing their hands or using hand gel.
- Mandatory training in key skills for medical staff, including safeguarding training, fell below the trust's target for compliance.

# Surgery

- On two wards controlled drugs were stored in wooden cabinets which did not meet the requirements of the Misuse of Drugs (Safe Custody) Regulations (1973) Schedule 2 which states that cabinets must be made of metal.
- Invasive lines were not recorded by staff in theatre at the time of insertion by the responsible person, but instead recorded by staff in recovery.
- There were different parameters for escalation in the NEWS charts and a recently introduced observation chart to support recognition of cauda equina symptoms in complex spine patients. Whilst the charts served different purposes some staff reported this as confusing.
- Although VTE assessments were conducted on admission, all records reviewed showed patients were overdue for reassessments.
- Not every consultant undertook daily ward rounds because some were part-time in the trust. However, there was always a team available to cover. Because patients on wards had different consultants there was no fixed time for ward rounds. Consultants were also not always present at handovers.

However:

- All the theatres and some wards had been refurbished and two new theatres had been opened in summer 2018. All surgical areas including wards were visibly clean and infection rates were low.
- The hospital managed patient safety incidents well. Staff recognised and reported incidents and investigated these. We saw evidence of learning from adverse incidents.
- The service prescribed, gave and recorded medicines well.
- There had been no hospital-acquired grade 3 or 4 pressure ulcers in 2017-18 or the previous year.
- We saw good surgical safety check practice which had been amended after a serious incident, and appeared well embedded.
- An effective falls protocol had led to a reduction in falls and there had been no recent falls with harm in neurosurgical wards.
- Records were securely stored in lockable trolleys and staff were aware of the importance of confidentiality.

## Is the service effective?

**Good** ●

We rated it as good because:

- Patients received care and treatment in line with evidence-based principles and national guidelines. Managers checked to make sure staff followed guidance.
- The service managed patients' pain effectively and nurses offered and provided pain relief regularly with support from the hospital pain team as necessary.
- There was good MDT working in most areas. Staff in different disciplines worked together as a team to benefit patients.
- There were clinical nurse specialists in many different areas to give advice to patients and also to staff.
- The service was moving to seven-day working and had recently completed a seven-day service audit.

# Surgery

- The neurosurgery audit plan was sound and prioritised topics according to national guidance, response to serious incidents, other similar investigations and litigation, and we saw evidence of learning from audit.
- Consent was well managed for patients having surgical procedures, although processes appeared less rigorous for patients attending the hospital as day patients for CT guided injections.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Nursing and medical staff we observed and spoke with had the skills, knowledge and experience to deliver effective care and treatment to patients attending the hospital for neurosurgery.
- Appraisal rates for nursing and medical staff were generally high.

However:

- Some nursing staff and other staff working in theatres considered development opportunities were limited.
- The neurosurgical service did not contribute to some national and international databases to compare results with other services and learn from them. For example, consultants did not contribute to Spinal Outcome Registries such as Tango. However, data coordinators have been recruited to address this. Consultant teams maintained a variety of outcomes databases and published their findings.
- We saw little general health promotion information on the national priorities in the hospital.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff generally treated them with respect and with kindness, and our observations of interactions between staff and patients and relatives showed staff to be sensitive and helpful.
- We saw staff recognise and respond to pain, discomfort, and emotional distress in a timely and appropriate way.
- Patients we spoke with considered they were involved in their care. We saw staff explaining what they were proposing and responding well to people's questions and concerns.
- Response rates to the Friends and Family test were below the national average but responses were generally favourable.

However:

- Relatives found it difficult to obtain information from consultants after their family member had surgery because the timing of ward rounds varied from day to day.

## Is the service responsive?

**Good** ●

We rated it as good because:

# Surgery

- Neurosurgical wards were responsive to the needs of patients. Key care needs such as risk of falls, pressure sore risks or assistance at mealtimes were flagged to nurses so that they could ensure patients were supported with these needs.
- The trust planned and provided services in a way that met the needs of local people.
- Information was available for patients in a range of accessible formats. The trust offered face to face and telephone interpreting for spoken languages, translation services (including braille) and British Sign Language interpreters under external contract.
- Between June 2017 and May 2018, the trust's referral to treatment rate was better than the England average for neurosurgery at 78%, compared to 70% nationally. There was a clear plan to meet improve the proportion of elective surgery patients undergoing treatment within 18 weeks of referral, by August 2019.
- Patients awaiting surgery were given time to consider fully the benefits and risks of surgery.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- Theatre utilisation was under 82% which was below the trust's minimum target. It was worse than national average of theatre utilisation time of 90%. We noted theatre usage was a national challenge in neurosurgery.
- Flow though the surgical reception was in need of improvement. We saw that some patients were not expected by staff, and some had letters asking them to attend but not specifying the procedure. All patients arrived in the morning, even when their procedure was not scheduled until later in the day.
- Inpatient stays were longer than the England average for some neurosurgical procedures, although staff were actively working on reducing this.
- Some signage within the hospital buildings was confusing.

## Is the service well-led?

**Good** 

We rated it as good because:

- There was a clear leadership and governance structure. The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Senior managers were visible and known to staff. Staff in different specialities spoke positively about the senior management team, for example describing them as, "Approachable" and, "Proactive in driving change".
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Actions had been put in place to improve staff engagement following the 2017 NHS staff survey. We found staff to be very committed.
- The senior managers showed broad awareness of the main risks within their service and had action plans to address them
- The use of the Exemplar ward and model hospital was contributing to raising standards.



# Surgery

- There was a systematic programme of clinical and internal audit to monitor quality and stimulate improvement in safety and effectiveness by learning from relevant data.
- The service was committed to research and innovation.

However:

- Not all ward level staff understood the vision for the service.
- Some risks we identified were not on the risk register and there was limited awareness of service risks at ward level.
- There had been considerable change taking place over the past few years: a major refurbishment programme, changes in processes and procedures, and the imminent introduction of a major IT change all of which carried some uncertainty for staff.
- The manual process for placing patients on the waiting list and inviting them for surgery was cumbersome and time consuming. Although staff had analysed the process and identified a need for change, the changes had yet to be implemented.
- The fact that patient records were spread across different platforms including three electronic systems, as well as the main paper based records was inefficient. An electronic health record system was to be introduced in March 2019 to rationalise this.

## Outstanding practice

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

## Areas for improvement

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

# Critical care

Good 

## Key facts and figures

The National Hospital for Neurology and Neurosurgery (NHNN) is part of the specialist hospitals board of the University College London Hospitals NHS Foundation Trust (UCLH).

The critical care department at National Hospital for Neurology and Neurosurgery consists of the Medical Intensive Therapy Unit (MITU) and the Surgical Intensive Therapy Unit (SITU). There is a High Dependency Unit (HDU) attached to the SITU. A critical care redevelopment programme was underway during our inspection. This means the service is set to expand following completion of the programme.

The service provides Level 2 care for patients requiring single organ support and Level 3 care for patients requiring advanced or basic respiratory support together with support of at least two organ systems. At the time of our inspection, there were 17 critical care beds consisting of 12 SITU/HDU beds and five MITU beds. All beds can flex between Level 2 and Level 3 if required.

The MITU has five critical care beds consisting of two side rooms, one of which had an isolation lobby, and three beds in an open bay area. There is an additional bed for plasma exchange treatments which is not continuously occupied as it is used for sessional treatment for patients based on other wards. The MITU also has a waiting area, seminar room, equipment store room and staff room. Although completed, four beds remain closed to patients pending staff recruitment in line with critical care standards. The trust planned to open these beds in line with their demand projections in 2019. Senior staff informed us that these four beds would be used as a Neurology HDU. Once completed, the SITU would consist of nine critical care beds and 10 HDU beds.

We visited the MITU and SITU during our announced inspection on 6 and 7 August 2018. We spoke to 39 staff including doctors and nurses across various grades, health care assistants and allied staff. We reviewed nine patient records and medication charts, and spoke to seven patients and relatives. We made observations of the environment, staff interactions and checked various items of equipment.

## Summary of this service

This was the first time we have rated this service.

We rated it as good because:

- There were effective systems in place to protect people from harm. Learning from incidents was discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of national and local audits to improve patient care. Patient outcomes were better than the national average.
- Staff were aware of their responsibilities under the mental capacity act and we saw appropriate records were in place in patient's notes.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients. The service was undergoing a redevelopment programme to expand the service and improve patient experience.

# Critical care

- There was good local leadership on the ITU. Staff felt valued, were supported in their role and had opportunities for learning and development. Staff were positive about working in the ITU.
- The leadership team had a clear vision and strategy and there were action plans in place to achieve this. There was a robust governance structure, both within critical care and within the directorate.

However:

- Medical staffing was not in line with professional standards. Pharmacy and therapy staffing levels were not in line with recommended guidelines.
- Patients discharged from the intensive therapy units did not have access to a specific ITU follow up clinic contrary to best practice.

## Is the service safe?

**Requires improvement** 

We rated it as requires improvement because:

- Out of hours, consultant cover was not in line with professional standards; consultants were responsible for delivering other services while covering the unit, which was contrary to national guidelines.
- Out of hours, resident doctor cover was not in line with professional standards.
- Consultant work patterns on MITU did not provide continuity of care.
- Although VTE assessments were conducted on admission, all records reviewed showed patients were overdue for reassessments.
- Although medicines were generally managed safely, the recent move of MITU meant staff often had to go to a different floor for medicines as stock levels were being corrected.
- A recent audit indicated the service was not meeting the standard for consultants to review patients within 12 hours of admission.
- Mandatory training in key skills for medical staff fell below the trust's target for compliance.

However:

- There were systems in place to protect patients from harm and a good incident reporting culture. There were effective arrangements for safeguarding vulnerable adults and children. Learnings from incident investigations were disseminated to staff.
- Nurse staffing levels were in line with recommended guidelines.
- The critical care outreach team reviewed all deteriorating patients and the team worked closely with critical care to facilitate admissions to the unit.
- We observed staff generally complied with infection prevention and control guidelines.

## Is the service effective?

**Good** 

# Critical care

We rated it as good because:

- Policies and procedures were developed in line with national guidance and best practice. Guidelines were easily accessible on the trust intranet page and staff were able to demonstrate ease of access.
- Patients were cared for by appropriately qualified nursing staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- The service participated in national audits, which meant its services could be benchmarked against other trusts. There was a program of local audits to monitor and improve patient care. Patient outcomes were mostly above the national average.
- Staff managed pain relief effectively and patient nutrition and hydration needs were closely monitored.
- Staff at all levels had a good understanding of the need for consent and systems were in place to ensure compliance with the deprivation of liberty safeguards.
- There was effective multidisciplinary working between teams based in the trust and with other organisations and networks.

However:

- The percentage of nursing staff with post registration qualification was below the recommended guidelines on the Medical Intensive Therapy Unit.
- Pharmacy and therapy staff to patient ratios were below recommended guidelines.

## Is the service caring?

**Good** ●

We rated it as good because:

- Critical care staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from patients.
- Feedback from patients and relatives were positive, and they said they had received, “Very good care” and staff were, “Doing their jobs really well”.
- Observations of care showed staff maintained patients’ privacy and dignity and patients and their families were involved in their care.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services when required. Patients also had access to psychological support.

## Is the service responsive?

**Good** ●

We rated it as good because:

# Critical care

- Services were planned to meet the needs of local people. The unit had been designed so that services could be flexed to meet the needs of patients. A critical care redevelopment program was in place in order to expand the unit and meet the needs of patients.
- Fewer patients were discharged out of hours when compared with the national average. There were fewer delayed discharges when compared to the national average.
- Staff had access to communication aids and translators when needed, giving patient the opportunity to make decision about their care, and day to day tasks.
- A quiet room was available for staff to speak to relatives and relatives had access to a relatives' room.

However:

- Patients discharged from the intensive therapy units did not have access to a specific ITU follow up clinic contrary to best practice.

## Is the service well-led?

**Good** ●

We rated it as good because:

- We saw good local leadership within the unit and staff reflected this in their conversations with us. Staff informed us the leadership was visible and approachable and there was a positive culture on the unit.
- The leadership team had a clear vision and strategy and staff were able to verbalise future plans. There was a robust governance structure, both within critical care and within the directorate.
- The unit was engaged in research and there was a large team of staff dedicated to the research program.
- The management team had oversight of most risks within the services and mitigating plans were in place.
- The unit was involved in a number of innovative services and a redevelopment program to meet increased demand for the service.

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

Outpatient services at the National Hospital for Neurology and Neurosurgery (NHNN) part of University College London Hospitals (UCLH) Foundation Trust were located across the hospital. Main outpatient clinics were held at the Basil Samuel Outpatient centre, but there were other clinics held in 33 Queen Square, the Royal Hospital for Integrated Medicine (RLHIM) and other parts of the hospital.

We visited the following areas; main outpatients, clinics held at 33 Queen Square, clinics held at RLHIM, therapies outpatients, uroneurology, neuro-ophthalmology, neuro-physiology, neuro-psychology, autonomics, the Huntington's disease service and the multiple sclerosis service.

We talked to 50 members of staff including; doctors, nurses, allied health professionals, technical staff, assistant staff, cleaners, clerical staff, managers and volunteers. We talked to 20 patient and family members attending the hospital during our inspection. We reviewed 15 clinical records.

## Summary of this service

This was the first time we have rated this service.

We rated it as good because:

- 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 controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so; however some compliance with some training failed to meet trust targets.
- The service had 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.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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 ensured patients had access to enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other preferences.
- 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.

# Outpatients

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice.
- The service 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.
- The trust was better than the England average for the referral to treatment times for neurology.
- Cancer wait times for brain tumours which was the demographic seen by the hospital were better than the operational standards for the 31-day and 62-day waits.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service provided multiple examples of leading role in world leading research projects. Areas within outpatient serviced demonstrated innovative practices.
- The service had extensive engagement with patients via focus groups held by hospital specialities and events hosted by charities and other organisations. The engagement was used to drive improvement and innovation in the hospital services. The service also provided ample opportunity for engagement between frontline staff and senior managers.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Nursing and allied health staff were encouraged to take on advanced roles.
- The service had an extensive 20 year vision for what it wanted to achieve. Hospital and departmental goals were set and initiatives undertaken that were in line with trust vision and national policies.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department had managers with the right skills to run the service.
- The service had a sound governance system with processes to monitor performance on a regular basis.
- The service had systems for identifying risks and planning to eliminate them.

However:

- Resuscitation equipment was not always checked on a regular basis.
- Feedback from patients told us about communication issues. Patients were not always informed of clinic delays, instructions from staff were at times unclear and letters to themselves or GPs were not always received.
- Reception staff across all areas we visited, except therapies, were not always welcoming to patients and at times ignored patients or reacted in a discourteous manner

# Outpatients

- We observed excessive waiting times within outpatient clinics and nearly all patients we spoke with complained regarding waiting times.

## Is the service safe?

**Good** 

We rated it as good because:

- 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 controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so; however some compliance with some training failed to meet trust targets.
- The service had 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.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- Resuscitation equipment was not always checked on a regular basis.

## Is the service effective?

We do not rate the effective domain. We found:

- 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 ensured patients had access to enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other preferences.
- 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 always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.



# Outpatients

## Is the service caring?

**Good** ●

We rated it as good because:

- Clinical staff cared for patients with compassion. Feedback from most patients confirmed that clinical staff treated them well, with kindness and with respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Feedback from patients confirmed this.
- Staff provided emotional support to patients to minimise their distress. Patients also had access to counselling and psychological support if required.

However:

- Feedback from patients told us about communication issues. Patients were not always informed of clinic delays, instructions from staff were at times unclear and letters to themselves or GPs were not always received.
- Reception staff across all areas we visited, except therapies, were not always welcoming to patients and at times ignored patients or reacted in a discourteous manner.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice.
- The service 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.
- The trust was better than the England average for the referral to treatment times for neurology.
- Cancer wait times for brain tumours which was the demographic seen by the hospital were better than the operational standards for the 31-day and 62-day waits.

However:

- We observed excessive waiting times within outpatient clinics and nearly all patients we spoke with complained regarding waiting times.

## Is the service well-led?

**Good** ●

# Outpatients

We rated it as good because:

- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service provided multiple examples of leading role in world leading research projects. Areas within outpatient serviced demonstrated innovative practices.
- The service had extensive engagement with patients via focus groups held by hospital specialities and events hosted by charities and other organisations. The engagement was used to drive improvement and innovation in the hospital services. The service also provided ample opportunity for engagement between frontline staff and senior managers.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Nursing and allied health staff were encouraged to take on advanced roles.
- The service had an extensive 20 year vision for what it wanted to achieve. Hospital and departmental goals were set and initiatives undertaken that were in line with trust vision and national polices.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department had managers with the right skills to run the service.
- The service had a sound governance system with processes to monitor performance on a regular basis.
- The service had systems for identifying risks and planning to eliminate them.

## Outstanding practice

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

## Areas for improvement

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

# University College Hospital & Elizabeth Garrett Anderson Wing

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## Key facts and figures

University College Hospital (UCH) is a large teaching hospital, situated in central London which provides a range of acute and specialist services. The hospital includes the Elizabeth Garrett Anderson Wing which provides a range of dedicated services for women and their babies in the areas of gynaecology, maternity and neonatal care. In 2017/18, 6,700 babies were born at the hospital. The hospital also includes the Macmillan Cancer Centre, which provides facilities for the diagnosis and treatment of a wide range of cancer and non-cancer conditions. The hospital has 720 inpatient beds, 12 theatres and one of the largest critical care departments in the NHS. The urgent and emergency care department receives approximately 138,000 visits per year.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 24 and 26 July 2018. We also carried out two unannounced follow-up visits, to the medical care and maternity departments.

During the inspection we spoke with over 100 patients and their relatives, and over 250 members of staff including doctors, nurses, allied health professionals, managers, support staff, administrative staff and ambulance crews. We looked at over 100 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

## Summary of services at University College Hospital & Elizabeth Garrett Anderson Wing

**Requires improvement**  

Our rating of services went down. We rated the hospital as requires improvement because:

- We rated safe and responsive at this hospital as requires improvement and we rated effective, caring, and well-led as good.
- Although the trust had made many improvements to the hospital's emergency department, we found a number of areas that still required improvement. Similar to the previous CQC inspection, we found that patient documentation was not consistently completed and that the department performed poorly against the Department of Health's standard of 95% for time to treatment and decision to admit, transfer or discharge.

# Summary of findings

- Patients with mental health needs often experienced delays within the ED and best practice guidelines for care and treatment of these patients were not consistently followed. At the time of this inspection, there was no parallel assessment of a patient's physical and mental health needs. The trust was in process of reviewing its service level agreement with the third party provider of the psychiatric liaison service and was working with the provider to identify and address problems with service delivery.
- Mandatory training compliance rates for medical staff fell below the trust target.
- The trust performed worse than the 85% operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral.
- Midwifery staffing levels were low in relation to the acuity of women. Women did not always receive one-to-one care in established labour. The trust recognised that this had a negative impact on staff morale and patient experience and we saw there were plans in place to address this. Staffing levels were regularly reviewed and staff were redeployed within the maternity unit when needed to keep patients safe.
- We observed a number of lapses in good infection prevention and control measures including some staff not following trust procedures for bare below the elbow, use of personal protective equipment or disposal of infectious material. The cleanliness of the environment and equipment in some areas presented an infection control risk.
- We found that actions from risk assessments were not always implemented. For example, concerns around use of surveillance cameras within the endoscopy unit were not addressed effectively and some of the divisional leaders were not aware of the use of these cameras within the unit. We were concerned that staff process flow was prioritised over patients' privacy and dignity. After this had been pointed out to the trust they withdrew the use of the screen while they reviewed their practice in this area.
- There was a backlog of GP and discharge letters in the IT system and there were delays for non-urgent letters being sent out via the new electronic systems. This was on the trust risk register, and an action plan was in place to resolve the issue.
- Patients found it hard to contact the trust via telephone to discuss their appointment, with many calls going unanswered.
- Emergency equipment was not always stored securely and checked daily. We found two ward areas where resuscitation equipment was not secure and could be accessed by unauthorised persons.
- Whilst we saw many examples of good practice in relation to medicines management, the trust's policies for safe storage and management of medicines were not always followed consistently.

However:

- We rated all services inspected at this hospital as good, other than urgent and emergency services (ED).
- The trust had made several improvements to the emergency department to provide a better and safer patient experience including improving consultant cover and how effectively the department managed sepsis.
- Leadership within the ED and medical care services had improved.
- The hospital had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events. There was an open culture of reporting, and learning was shared with staff to make improvements.
- There were effective arrangements in place to safeguard patients from abuse and mitigate the risk of it happening.

# Summary of findings

- The service made sure staff were competent for their roles. Staff were encouraged to undertake continuous professional development, so the trust was ensured staff were competent for their roles and were able to provide an effective service.
- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment. There was an effective process and system in place to ensure guidelines and policies were updated and reflected national guidance and improvement in practice. Audits and quality outcomes were conducted at departmental level to monitor the effectiveness of care and treatment.
- Different groups of staff worked together as a team to benefit patients. Medical staff, nurses, midwives and allied health professionals supported each other and worked collaboratively to ensure patient centred and effective care.
- Patients and their families were treated and cared for with compassion, patience and respect. Feedback from patients about their experience of care was consistently positive. We observed staff listening to patients and discussing aspects of their care.
- Services were planned and provided in a way that met and supported the needs of local people, including those with complex or additional needs. The trust worked closely with the commissioners, clinical networks, patients and other stakeholders to plan the delivery of care and treatment.
- There was a positive and friendly culture. We observed good team working amongst staff of all levels. Staff told us that they were proud to work for the hospital and were well supported by their colleagues.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Leaders were knowledgeable about service performance, priorities, as well as challenges and risks.
- There was a strong culture of improvement, research and innovation. There was a commitment to improving services by learning both when things went well and when they went wrong. Safe innovation and team success was celebrated.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Urgent and Emergency services at University College Hospital & Elizabeth Garrett Anderson Wing serve the local community 24 hours a day, seven days a week. There were 137,735 attendances between May 2017 and April 2018. Of these, 119,227 (87%) were adults and 18,508 (13%) were children; 27,502 (20%) arrived by ambulance. The emergency department comprised of the following areas:

- An urgent treatment centre (UTC) which acted as a bridge between primary care and the emergency department. Patients allocated to the UTC were potentially manageable in a primary care setting or could be managed according to a number of locally approved pathways.
- A major injuries area for the assessment and treatment of major illness with 18 cubicles.
- Resuscitation area with five resuscitation cubicles, one of which was a dedicated paediatric bay.
- Emergency assessment unit (EAU) for patients who did not require hospital admission but were not well enough to be discharged for up to 24 hours. It had 14 beds, two side rooms and four chairs for those patients assessed as fit to sit.
- Paediatric emergency department (PED) with 24-hour reception cover, eight cubicle spaces and a waiting room where patients up to the age of 18 were seen.

Patients presented to the department either by ambulance through a dedicated ambulance only entrance or by walking into the reception area.

The service was previously inspected in March 2016 and was rated as 'requires improvement' overall. At the time, safe, responsive and well-led domains were rated as 'requires improvement' and good in caring and effective.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 24 and 26 July 2018. We looked at 12 sets of adult patient records and 12 sets of paediatric patient records. We spoke with 45 members of staff including doctors, nurses, managers, support staff, administrative staff and ambulance crews. We also spoke with four patients and five relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

## Summary of this service

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

- The department did not meet the Department of Health's standard of 95% for time to treatment and decision to admit, transfer or discharge.
- Similar to the previous CQC inspection, we found that patient documentation was not consistently completed.
- There was inconsistent documentation of pain scores in both adult and paediatric patient records.
- Nursing and medical staff training compliance rates were below the trust target for both paediatric basic life support and safeguarding children level 3.

# Urgent and emergency services

- At the time of this inspection, there was no parallel assessment of a patient's physical and mental health needs. Patients with mental health needs could leave the emergency department before their mental health assessment.
- There was a backlog of GP discharge summaries not sent out to surgeries.

However:

- Consultant cover improved and now met the Royal College of Emergency Medicine recommendation of at least 16 hours cover seven days a week.
- Incident reporting and shared learning was significantly improved.
- There was an improved culture in the department. Staff told us the more recently established leadership team was very visible and consulted with them about proposed changes and improvements. They said they were proud to work for the hospital and felt well supported by their colleagues. We observed good team working amongst staff of all levels.
- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment.
- We observed staff listening to patients and discussing aspects of their care. We saw several examples of kindness showed to patients.
- Leaders were realistic about the challenges they faced in order to continue to improve the delivery of service and make it more sustainable. There was a three year improvement plan which most staff were aware of and were optimistic would improve the quality of the service.

## Is the service safe?

**Requires improvement** ● → ←

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

- There was inconsistent patient record documentation similar to the findings in the previous CQC inspection. Data submitted by the trust showed compliance in paediatric records varied between 87% and 93% and between 69% and 88% in adult records against a trust standard of 100%.
- There was inconsistent documentation of pain scores in both adult and paediatric patient records.
- Nursing and medical staff training compliance rates were below the trust target for both paediatric basic life support and safeguarding children level 3.
- At the time of this inspection, there was no parallel assessment of a patient's physical and mental health needs. Patients with mental health needs could leave the emergency department before their mental health assessment.
- Whilst staff understood there should be hourly physical observations of a patient who required physical restraint and sedation by injectable medicine (rapid tranquilisation); they did not know that in some circumstances physical observations of patients were recommended to be undertaken every 15 minutes.
- Junior doctors told us their induction specific to the paediatric emergency department was too brief. They did this in one day and then were expected to cover PED, occasionally without more senior ED paediatric decision makers present.
- There was a significant number of discharge summaries not sent out to patient GPs.

# Urgent and emergency services

However:

- Consultant cover was improved and now met the Royal College of Emergency Medicine recommendation of at least 16 hours cover seven days per week.
- There was significant improvement in levels of incident reporting and the emergency department was the highest reported of incidents in the trust.
- Staff demonstrated a good understanding of safeguarding and their responsibility to report any safeguarding concerns.
- There was a robust induction programme in place for nurses.
- Staff complied with local infection control policies and the environment in the emergency was cleaned regularly throughout the day. Hand hygiene compliance was consistently high at between 96% and 100%.

## Is the service effective?

Good ● → ←

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

- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment.
- The department undertook local Commissioning for Quality & Innovation (CQUIN) projects to improve patient experience; for example those patients with a learning disability or hearing and communication needs.
- Policies were kept up to date, regularly updated and based on National Institute for Clinical Excellence and best practice guidelines. They were accessible to staff on the trust intranet.
- Fluids were readily available to patients and relatives.
- There was a clear vision and education strategy for nursing teams.
- Multidisciplinary (MDT) working across the service was embedded in the day to day operation of the department. We observed how doctors and nurse communicated and saw that other specialties came to the department.
- Staff we spoke with had a good working knowledge of the law around consent and consent was documented in patient records.

## Is the service caring?

Good ● → ←

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

- The department scored better than other trusts in the national CQC emergency department survey to the questions about being listened to by doctors and nurses and ability to discuss treatment.
- Medical, nursing and support staff introduced themselves to patients before commencing an examination.
- All members of staff took great care to ensure patient dignity was not compromised including in public waiting areas.
- We heard doctors discussing with patients their preferred plan of care.



# Urgent and emergency services

- We saw several examples of staff being caring and supportive to patients and their relatives

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust did not meet the Department of Health's standard of 95% for time to treatment and decision to admit, transfer or discharge. However, performance between January and May 2018 (85.6%) was similar to the London average (85.8%).
- The trust did not meet the Royal College of Emergency Medicine recommendation that patients should not wait more than one hour from time of arrival to receiving treatment. The most recent validated data for March 2018 showed the trust's median time to treatment was 97 minutes compared with an England median of 64 minutes.
- The median time patients spent in the emergency department was 189 minutes, which was consistently higher than the England average of 160 minutes.

However:

- There was improved provision to meet the needs of the local population, including a dedicated children's emergency department, an x-ray and CT facility and a more developed streaming process at the front of the hospital.
- Patients identified as 'at risk', which included those with a learning difficulty, and those living with dementia were prioritised for treatment. The department had a variety of aids and adaptations with which to enhance staffs' ability to support patients with learning disabilities, visual and communication needs.
- We saw that the department gave comprehensive and swift responses to complaints.

## Is the service well-led?

**Good** ● ↑

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

- Leaders were realistic about the challenges they faced in order to continue to improve the delivery of service and make it more sustainable. They had a vision and a plan to achieve this, most of which was already in progress.
- Six works stream groups met weekly to develop and review progress on the three year emergency access improvement plan.
- There was an improved clinical governance structure in place which continued to address outstanding issues as part of the trust action plan.
- Clinical and nursing staff told us the changed leadership team meant they now felt listened to and included in departmental decision making
- Staff felt valued and described the culture in the emergency department as very positive and with a 'can do' attitude.
- The divisional leadership made themselves available at staff and public engagement events.
- The emergency access improvement board meant there was continuous oversight of development and improvement plans.

# Urgent and emergency services

- There was a system in place to review significant events which impacted on the wider trust within hours of occurring.

However:

- There was limited oversight of the issue of GP discharge summaries which led to a backlog. There was a plan in place to address this which was widely shared with responsible specialties.
- Performance remained below the expected standard.
- The urgent and emergency care department risk register did not reflect all current risks in the paediatric emergency department.

## Areas for improvement

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

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at University College London Hospitals NHS Foundation Trust has 593 beds located across 29 wards:

- University College Hospital & Elizabeth Garrett Anderson Wing: 423 beds are located within 16 wards and units.
- The National Hospital for Neurology and Neurosurgery: 121 beds are located within eight wards and departments.
- Sir William Gower Centre: 26 beds are located in one ward.

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

The trust had 87,395 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 14,641 (16.8%), 6,494 (7.4%) were elective, and the remaining 66,260 (75.8%) were day case.

Admissions for the top three medical specialties were:

- Clinical Haematology: 24,753 admissions
- Medical Oncology: 17,781 admissions
- Gastroenterology: 13,194 admissions

(Source: Hospital Episode Statistics)

### University College Hospital & Elizabeth Garrett Anderson Wing

University College Hospital & Elizabeth Garrett Anderson Wing (including the Macmillan Cancer Centre) had 72,879 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 14,427 (19.8%), 3,303 (4.5%) were elective, and the remaining 55,149 (75.7%) were day case.

Admissions for the top three medical specialties were:

- Clinical Haematology: 24,749 admissions
- Medical Oncology: 17,775 admissions
- Gastroenterology: 13,166 admissions

(Source: Hospital Episode Statistics)

In March 2016 we inspected the medical care service and rated it as requires improvement overall, specifically we rated it requires improvement for safe and well-led and good for effective, caring and responsive. During this inspection we visited 12 wards and departments at the main University College Hospital site; we spoke with over 60 staff and approximately 30 patients. We carried out general observations and we reviewed patient records including prescription charts.

## Summary of this service

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

# Medical care (including older people's care)

- 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.
- Staff were aware of how to monitor and respond to patients' deteriorating condition, including sepsis. 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 provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- There was effective multidisciplinary working among staff. 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 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.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Carers were identified and appropriate support provided by staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. We were informed that visibility of trust leadership team had improved since the last inspection. At this inspection, we found that all staff we spoke with told us that the trust leadership team was visible.

However:

- We observed a number of lapses in good infection prevention and control measures including four staff not bare below the elbow, and some staff not strictly adhering to appropriate use of personal protective equipment.
- We observed not all staff disposed of infectious material correctly.
- We observed two areas of dust in two departments: endoscopy and HASU.
- The service had suitable premises and equipment and looked after them well. However, we found two ward areas where resuscitation equipment was not secure and could be accessed by unauthorised persons.
- Mandatory and safeguarding training compliance rates for medical staff fell below the trust target.
- Though the service had effective systems for identifying risks, planning to eliminate or reduce them, we found that actions from risk assessments were not always implemented. For example, concerns around use of surveillance cameras within the endoscopy unit were not addressed effectively and some of the divisional leaders were not aware of the use of these cameras within the unit. We were concerned that staff process flow was prioritised over patients' privacy and dignity. After this had been pointed out to the trust they withdrew the use of the screen while they reviewed their practice in this area.
- Senior leaders were clear of the business continuity plans for the service; however some charge nurse we spoke with were not aware of those plans.
- We found a mixed picture with regard to the staff of the trust and identification with trust vision and values. In some wards the trust vision and its underpinning values were well embedded amongst staff in the service. In other areas, more emphasis was placed on the vision and values for an individual service which matched with the overall trust vision and values.

# Medical care (including older people's care)

## Is the service safe?

**Requires improvement** ● → ←

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

- We observed a number of lapses in good infection prevention and control measures including four staff not bare below the elbow, and some staff not strictly adhering to appropriate use of personal protective equipment.
- We observed not all staff disposed of infectious material correctly.
- We observed not all areas were clean and dust free.
- The service had suitable premises and equipment and looked after them well. However, we found two ward areas where resuscitation equipment was not secure and could be accessed by unauthorised persons.
- Medicines and equipment for use in emergencies were readily accessible to staff and were checked regularly, however tamper evident seals were not in use to ensure medicines were secure.
- Staff did not dispose of liquid medicines in accordance with the trust's medicines policy.
- Mandatory and safeguarding training compliance rates for medical staff fell below the trust target.
- We observed two occasions when staff left computer screens which displayed confidential patient information unattended.

However:

- The service provided mandatory training in key skills to all staff and monitored uptake of training. In addition, there were specific topics identified for certain staff groups. Training was delivered by e-learning or in a classroom setting.
- The service had 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 sufficient nursing staff on all the wards to keep patients safe. However, there was a shortage of junior doctors on the junior doctor rota for oncology. The shortage was filled by locum staff and was recorded as a risk on the surgery and cancer board risk register.
- 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 appropriate support.
- Staff were aware of what action to take to respond to a patient's condition in case of deterioration, including sepsis. Our review of records and the service audits demonstrated staff used the National Early Warning System (NEWS) appropriately.
- The service prescribed, administered and recorded medicines well. Patients received the right medication at the right dose at the right time. At the previous inspection, we identified many patients received supplementary oxygen which had not been prescribed. During this inspection improvements had been made and processes were in place to ensure oxygen was prescribed appropriately.
- Staff kept suitable records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Medical care (including older people's care)

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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.
- There was effective multidisciplinary working among staff. 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 always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- We found that since the last inspection, the trust had not improved on fluid monitoring and charts were not completed in full in the acute medical unit (AMU) and on the elderly care ward. Senior nursing staff informed us that most patients on the elderly care ward would have fluid balance charts. Staff explained it was difficult to complete all the charts comprehensively, however, staff would be alerted during handover if a patient was subject to fluid restriction and they would ensure that fluid monitoring was recorded in those patient records where appropriate.
- The 2017 National Diabetes Inpatient Audit showed mixed results. The service was in quartile 1 (lowest 25% of hospitals) for patient satisfaction with overall care of their diabetes, average diabetes specialist nursing hours per week per patient, patients reporting timing and choice of meals suitable, staff awareness that patient had diabetes and staff knowledge about diabetes.

## Is the service caring?

Good   

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

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

# Medical care (including older people's care)

- Across medical wards we observed positive interaction between patients and staff. Staff were available to support patients when needed and treated them with kindness, dignity and respect.
- We spoke with 20 patients during the inspection across a number of medical wards who were generally positive about the care they received and the staff they had met.
- Emotional support was available to patients and their families through a number of different groups and services. There was a Macmillan cancer centre on site, where oncology patients and families could receive information and support. Complementary therapies were available for patients in the Macmillan cancer centre or on the wards.
- Emotional support was available to patients, their families and staff from the trust multi-faith chaplaincy service.
- The chaplaincy service offered a range of support such as listening and prayer, bereavement support, blessings for new born babies and marriages. There was a multi-faith room on the ground floor; this was available 24 hours a day, 365 days a year for prayer and quiet reflection.
- Most patients and relatives we spoke with felt they had been involved in their care or their relative's care. We saw that care planning was multidisciplinary and also patient centred and took account of the views of patients

However:

- We found since the last inspection the surveillance cameras in the endoscopy treatment rooms were still in use. Patients were not informed of the presence of cameras in the treatment rooms. We were concerned that staff process flow was prioritised over patients' privacy and dignity. Following the inspection, the trust withdrew the use of the surveillance screens while they reviewed their practice in this area.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- Pathways for care to facilitate patient access and flow were reviewed with a focus on ensuring patients received timely care in the right place and on safe patient discharge from the acute setting through liaison with social and community health services.
- The trust's dementia and delirium strategy 2018 and two year action plan, highlighted the actions the trust had taken and was taking to improve the care of patients with dementia.
- People could access the service when they needed it.
- Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. Carers were identified and appropriate support provided by staff.
- Since the last inspection, the service had improved the access to interpreting services in the endoscopy department to support patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

# Medical care (including older people's care)

- Although the average medical non-elective length of stay for patients was lower than the England average (March 2017 to February 2018), the average medical elective length of stay was higher over the same period, 7.7 days compared to 5.9 days.

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. We were informed that visibility of trust leadership team had improved since the last inspection. At this inspection, we found that all staff we spoke with told us that the trust leadership team was visible.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had clear governance structures and there were clear reporting lines. All staff felt connected with the governance system as information was shared via minutes and key messages were shared in the daily safety huddles, but found it difficult to attend due to clinical commitments. Some junior nursing staff had not attended any governance meeting and informed that charge nurses would share the information.
- We saw evidence of a comprehensive divisional clinical audit programme, which was used to monitor services and compliance against national and local standards. The service used a systematic approach to continually improve the quality of its services.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by promoting training, research and innovation

However:

- Though the service had effective systems for identifying risks, planning to eliminate or reduce them, we found that actions from risk assessments were not always implemented. For example, concerns around use of surveillance cameras within the endoscopy unit were not addressed effectively and some of the divisional leaders were not aware of the use of these cameras within the unit. We were concerned at the lack of governance and risk oversight of cameras which displayed patient procedures on screens in the endoscopy unit recovery area. Following the inspection, the trust withdrew the use of the surveillance screens while they reviewed their practice in this area.
- Senior leaders were clear of the business continuity plans for the service, however some charge nurse we spoke with were not aware of those plans.
- We found a mixed picture with regard to the staff of the trust identification with trust vision and values. In some wards the trust vision and its underpinning values were embedded amongst staff in the service. However, in one area, the majority of staff we spoke with were not aware of how their work contributed to the wider vision of the trust. In another area we spoke to staff regarding the trust's vision and they were unable to answer questions on this.

## Areas for improvement

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



# Maternity

Good 

## Key facts and figures

University College London Hospitals (UCLH) NHS Foundation provides maternity services from the Elizabeth Garret Anderson Wing (EGA) and is part of the trust's Women's Health division. In 2017/18, the trust provided maternity services to approximately 6,500 women in Barnet, Camden, Enfield, Haringey, Islington and surrounding areas. The maternity services (in conjunction with Great Ormond Street Hospital) provide specialist provision for women for prenatal diagnosis such as cardiac anomalies.

The maternity service at UCLH has 75 maternity beds and provides consultant-led and midwife-led care for both high and low risk women. Outpatient maternity services are provided in the hospital and community. Women can also choose to have a home birth supported by the community midwives which accounted for 2% home births within the last 12 months which was slightly lower than the national average of 2.3%. Three community midwifery teams were based across the hospital and local areas, such as GP and children centres that provide antenatal and postnatal care to the local population of around 1,900 women. The teams also provide a homebirth service to local women who choose to have a homebirth.

The trust also offers a wide range of services and specialist care within maternity services which are provided over three floors. This includes a consultant-led labour ward, birth centre, an outpatient antenatal clinic; a fetal medicine unit (FMU); a maternal fetal assessment unit (MFAU); a triage unit; antenatal and postnatal inpatient wards (including transitional care).

The first floor has an integrated antenatal outpatient clinic area consisting of FMU, MFAU, screening, 14 consulting rooms and a number of ultrasound examination rooms staffed with fellowship doctors and ultrasonographers. The second floor has a consultant-led labour ward (delivery suite) with 12 birthing rooms, four bedded close observation area (recovery unit), two theatres and one birthing pool. The third floor has a ten bedded antenatal ward where women who are assessed as high risk and require an induction of labour are admitted. One of the bays on the antenatal ward has two beds that offer more privacy. There is a 46 bedded postnatal ward (including 12 beds for transitional care), which are flexed up and down as necessary and a seven bedded ensuite midwifery led birthing unit with two birthing pools.

The trust also provides termination of pregnancy (abortion) services for patients who have a fetal abnormality diagnosed by the obstetrics team.

The trust has a specialist level 3 neonatal unit for premature babies and babies needing extra medical and nursing care. This unit has 31 special care cots. The trust was the only hospital in the north central London region that provided a level 3 neonatal unit.

The medical termination of pregnancy service was available at any gestation and is provided by the fetal medicine unit and labour ward located in the EGA Wing. From April 2017 to March 2018, 44 medical abortions were performed at the trust.

In 2017, there were 5,430 (82%) deliveries in the consultant-led unit and 1,072 (16%) deliveries in the midwifery led unit.

We last carried out an announced comprehensive inspection of the maternity and gynaecology service in March 2016. The service was rated good for safe, effective, caring and responsive and well-led. The service was judged to be good overall. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings directly with previous ratings.

# Maternity

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited all the maternity service areas including triage, theatre, antenatal and postnatal ward. We also visited the termination of pregnancy service in the fetal medicine unit and labour ward which we have reported in this report. There were no patients undergoing medical termination of pregnancy during our visit. We spoke to 27 women and their relatives, 125 members of staff including the managers and reviewed 52 sets of medical records as part of the inspection. We observed three multidisciplinary meetings, two handovers and four patients' procedures and several outpatient appointments. We also carried out two focus groups for medical staff and medical termination of pregnancy staff during the inspection.

The inspection team consisted of two CQC hospital inspectors, one CQC mental health inspector, one CQC pharmacist inspector and three specialist advisors (obstetrician doctor, matron and midwife).

## Summary of this service

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

- The service had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events. There was an open culture of reporting, and learning was shared with staff to make improvements.
- The service had a comprehensive system in place to investigate perinatal mortality and morbidity cases and ensuring learning was shared, and actions were taken to improve the safety and quality of patient care.
- Staff were up to date with their mandatory, safeguarding and maternity specific training. The overall compliance for all maternity and medical staff was better than trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- All termination of pregnancy documentation was completed in accordance with the Abortion Act.
- There was an effective system in place to assess, respond and manage risks to women who used the service. Staff could recognise and respond to signs of deterioration health and emergencies.
- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment to women. There was an effective process and system in place to ensure guidelines and policies were updated and reflected national guidance and improvement in practice.
- The maternity service monitored patient outcomes continuously through the use of a rolling maternity dashboard and national and local audits, thereby having a clear assurance of quality against identified goals.
- The maternity audit schedule was comprehensive and included local and national audit. The local and national audits were completed and actions were taken to improve care and treatment when indicated. The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit).
- The multidisciplinary team worked together and supported each other to provide good care.
- Women and their families were treated and cared for with compassion, patience and respect. Feedback from patients confirmed that staff treated them well and with kindness. Partners were made to feel welcome and involved in their partner's pregnancy, labour and birth.

# Maternity

- Staff provided emotional support to patients and their relatives to minimise any distress. Women had access to specialist staff such as perinatal mental health team, psychologist, psychiatrist, chaplaincy and a bereavement midwife. Staff also provided support to women who had experienced miscarriage or stillbirth.
- The Friends and Family Test (FFT) is a measure of patient satisfaction. Findings were similar to national average and showed women and their families had a good experience from the antenatal period to the postnatal period in the community.
- The maternity service was planned and provided in a way that met and supported the needs of local people, including those with complex or additional needs. The trust worked closely with the commissioners, clinical networks, women and other stakeholders to plan the delivery of care and treatment for the local population.
- There was access to services through a one stop shop first trimester Down's syndrome screening clinic which offered same day diagnosis and treatment in the fetal medicine unit. This met patient needs by reducing the number of hospital visits as well as possibly leading to cost savings.
- The service introduced an online antenatal class for women and a weekly skype for women over forty years to meet their needs following their feedback. There was plan to extend this service to the birth reflection clinic and fear of birth clinic.
- The service ran a tocophobia (fear of giving birth) clinic for women and developed an anxiety tool to support women.
- There were arrangements in place to support people with complex or additional needs and those who were in vulnerable circumstances such as substance misuse and people with learning disabilities with good access to specialist midwives.
- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff told us the triumvirate and local leaders were visible and approachable.
- The leadership were knowledgeable about quality issues and priorities, understands what the challenges were and took action to address them. We saw that leaders had plans in place to address staffing, low morale and access and flow of the service.
- Staff told us they felt listened to and well supported by managers and colleagues and were confident to raise any concerns they had.
- The maternity service used a systematic approach to continually improve the quality of its services and standards of care. Staff understood their roles and accountabilities and felt the governance processes were now clear.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service was committed to improving services by learning both when things went well and when they went wrong.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was a strong culture for improvement, training, research and innovation. We saw various examples that the service worked collaboratively with other hospitals in the region and carried out various innovation and improvement work to improve maternity care provision for the local population. The leadership promoted continuous improvement and staff were accountable for delivering change. Safe innovation and team success was celebrated.

However:

# Maternity

- Midwifery staffing levels were low in relation to the acuity of women. However, staffing levels were regularly reviewed and staff were redeployed within the maternity unit when needed, to keep patients safe from avoidable harm and to provide the right care and treatment. Women did not always receive one-to-one care in established labour in line with national guidance.
- We were not assured effective governance arrangements were in place to ensure safe storage of medicine, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.
- Emergency equipment was not always stored securely and checked daily. Clinical equipment was not regularly serviced and calibrated, and we saw that out-of-date equipment was not always replaced.
- We had concerns on the cleanliness of the environment and equipment and we were not assured there were effective controls in place to prevent the spread of infection.
- There was low staff morale due to staffing and capacity issues.
- The service was not following best practice on the bereavement bed room provision and facilities. The bereavement rooms were not ensuite and did not have catering facilities.
- There was no signage inside the lifts to inform patients or families which floor the different units, wards and clinic were situated on.
- Women could generally access the right care at the right time but experienced delays in transfer or admission onto the labour ward or delivery suite when there were capacity issues. Access to care was managed by staff to take account of women's needs, including those with urgent needs.
- Staff we spoke with were unclear about the arrangements for the governance of the termination of pregnancy services and there was no formalised audit programme to allow outcomes to be compared with other benchmarks, and enable improvements in practice.
- There was no system to ensure effective oversight and review of staff objection to being involved in termination of pregnancy.

## Is the service safe?

### Requires improvement



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

- Midwifery staffing levels were low in relation to the acuity of women. However, staffing levels were regularly reviewed and staff were redeployed within the maternity unit when needed, to keep patients safe from avoidable harm and to provide the right care and treatment.
- Women did not always receive one-to-one care in established labour in line with national guidance. For the period of July 2017 to June 2018 97% of women received one to one care during active labour.
- We were not assured effective governance arrangements were in place to ensure safe storage of medicine, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.
- Emergency equipment was not always stored securely and checked daily. Clinical equipment was not regularly serviced and calibrated, and we saw that out-of-date equipment was not always replaced.

# Maternity

- We had concerns on the cleanliness of the environment and equipment and we were not assured there were effective controls in place to prevent the spread of infection.

However:

- The service had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events. There was an open culture of reporting, and learning was shared with staff to make improvements.
- The service had a comprehensive system in place to investigate perinatal mortality and morbidity cases and ensuring learning was shared, and actions were taken to improve the safety and quality of patient care.
- Majority of staff had received an up-to-date mandatory training. The overall compliance for all maternity and medical staff was 93% which was better than trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The overall safeguarding training was similar to trust target for medical and midwifery staff.
- Medical and midwifery staff performed better than the trust target on all the maternity specific training such as blood transfusion training, cardiotocography (CTG) interpretation and neonatal resuscitation.

## Is the service effective?

**Good** 

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

- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment to women. There was an effective process and system in place to ensure guidelines and policies were updated and reflected national guidance and improvement in practice.
- The maternity service monitored patient outcomes continuously through the use of a rolling maternity dashboard and national and local audits. Actions were taken to improve care and treatment when indicated on audit results.
- The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit).
- Staff regularly assessed monitored and managed women's pain on an individual basis. The service met all national standards for obstetric regional anaesthesia.
- Out-of-hours services were available to women 24 hours a day, seven days a week. Women could self-refer to the hospital via the emergency department or directly to the maternity unit.
- The service supported staff to maintain their professional skills and experience.
- The service had achieved the United Nations Children's Fund (UNICEF) Baby Friendly full accreditation
- Staff supported women who accessed the maternity services to live healthier lives and manage their own health, care and wellbeing.

# Maternity

## Is the service caring?

**Good** ●

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

- Women and their families were treated and cared for with compassion, patience and respect. Feedback from patients confirmed that staff treated them well and with kindness. Partners were made to feel welcome and involved in their partner's pregnancy, labour and birth.
- We observed staff giving compassionate care to women. Staff protected the dignity and privacy of women in all areas of the service.
- Staff provided emotional support to patients and their relatives to minimise any distress. Women had access to specialist staff such as perinatal mental health team, psychologist, psychiatrist, chaplaincy and a bereavement midwife. Staff also provided support to women who had experienced miscarriage or stillbirth.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The Friends and Family Test (FFT) is a measure of patient satisfaction. Findings were similar to national average and showed women and their families had a good experience from the antenatal period to the postnatal period in the community.

However:

- In the April 2018 FFT feedback we saw that a patient commented that receptionists were not friendly or helpful. In the 2017 CQC maternity survey, the trust scored worse than England average on three out of the 16 questions asked. These were; treated with kindness and understanding, information given and appropriate advice received.

## Is the service responsive?

**Good** ●

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

- The maternity service was planned and provided in a way that met and supported the needs of local people, including those with complex or additional needs. The trust worked closely with the commissioners, clinical networks, women and other stakeholders to plan the delivery of care and treatment for the local population.
- There was access to services through a one stop shop first trimester Down's syndrome screening clinic which offered same day diagnosis and treatment in the fetal medicine unit. This met patient needs by reducing the number of hospital visits as well as possibly leading to cost savings
- The service introduced an online antenatal class for women and a weekly skype for women over forty years to meet their needs following their feedback. There was plan to extend this service to the birth reflection clinic and fear of birth clinic.
- The service ran a tocophobia (fear of giving birth) clinic for women and developed an anxiety tool to support women.

# Maternity

- Antenatal care was easily accessible to pregnant women and was sensitive to the needs of women and the local community.
- The trust developed a passport system to support vulnerable patients and those living with learning disability. There were learning disability champions in the trust who supported women and staff in planning and delivering of care.
- There were arrangements in place to support people with complex or additional needs and those who were in vulnerable circumstances with good access to specialist midwives.
- The service had improved the support and provision for funeral arrangements and memory boxes at no extra cost for bereaved families.
- Partners were able to stay overnight if they wished on the maternity ward.
- There was translation service in place to support women whose first language was not English. Patients had access to telephone or face to face translation.

However:

- There was no signage inside the lifts to inform patients or families which floor the different units, wards and clinic were situated on.
- Women could generally access the right care at the right time but experienced delays in transfer or admission to the labour ward or delivery suite when there were capacity issues. Access to care was managed by staff to take account of women's needs, including those with urgent needs.
- The service was not following best practice on the bereavement bed room provision and facilities. The bereavement rooms were not ensuite and did not have catering facilities.

## Is the service well-led?

**Good** 

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

- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff told us the triumvirate and local leaders were visible and approachable.
- The leadership team was knowledgeable about quality issues and priorities, understands what the challenges were and took action to address them. We saw that leaders had plans in place to address staffing, low morale and access and flow of the service.
- Staff told us they felt listened to and well supported by managers and colleagues and were confident to raise any concerns they had.
- The maternity service used a systematic approach to continually improve the quality of its services and standards of care. Staff understood their roles and accountabilities and felt the governance process were now clear.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service was committed to improving services by learning both when things went well and when they went wrong.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Maternity

- There was divisional vision and strategy in place which were developed with involvement of staff.
- There was a strong culture for improvement, training, research and innovation. We saw various examples that the service worked collaboratively with other hospitals, both locally and nationally, and carried out various innovation and improvement work to improve maternity care provision for the local population. The leadership promoted continuous improvement and staff were accountable for delivering change. Safe innovation and team success was celebrated.
- The service used information and analysis to proactively identify opportunities to drive improvements in care.

However:

- There was low staff morale among midwifery staff due to staffing and capacity issue.
- The guidance for women requesting termination of pregnancy for fetal abnormality did not reflect the current processes staff followed in the event of a woman requesting a termination of pregnancy for fetal abnormality.
- Staff we spoke with were unclear about the arrangements for the governance of the termination of pregnancy services and there was no formalised audit programme to allow outcomes to be compared with other benchmarks, and enable improvements in practice.
- There was no system to ensure effective oversight and review of staff objection to being involved in termination of pregnancy.

## Outstanding practice

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

## Areas for improvement

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



Good 

## Key facts and figures

Gynaecology inpatient and outpatient services for UCLH are provided under the leadership of the Women's Health Division. The trust also provides termination of pregnancy (abortion) services for patients who have a fetal abnormality, diagnosed by the obstetrics team.

Specialist services include:

- Birth injuries
- Colposcopy
- Endometriosis
- Familial cancer
- Gynae-oncology (cancer)
- Paediatric and adolescent gynaecology
- Reproductive medicine
- Urogynaecology

Outpatient gynaecology services are provided in the gynaecology diagnostic and outpatient treatment unit. Outpatient services include an early pregnancy assessment unit, a reproductive medical unit, general gynaecology outpatient clinics, and colposcopy and hysteroscopy. Outpatient gynae-oncology services are provided in the UCLH Macmillan Cancer Centre.

Inpatient gynaecological services are provided from 15 beds on Ward T6 South, a specialist ward dedicated to caring for people with gynaecology needs. From June 2017 to June 2018, there were 1354 elective surgical cases and 1341 gynaecology day cases, utilising an average of 12 elective main theatre lists and four day-case lists per week.

### Termination of pregnancy

The surgical termination of pregnancy service is available up to 14 + 6 weeks of gestation and is provided by the department of general surgery and day surgery. The medical termination of pregnancy service is available at any gestation and is provided by the fetal medicine unit and labour ward, located in the Elizabeth Garrett Anderson Wing. From April 2017 to March 2018, 69 surgical abortions and 44 medical abortions were performed.

Surgical termination of pregnancy is included in this report, and medical termination of pregnancy services are included in the maternity report.

This was the first time we have inspected gynaecology and termination of pregnancy as an additional service at UCLH. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team was overseen by an inspection manager and included two CQC inspectors, a pharmacist inspector, two specialist professional advisors and the CQC national professional adviser for maternity.

During our inspection, we visited Ward T6 South, the gynaecology operating theatre department, day surgery unit, the Macmillan Cancer Centre, the early pregnancy assessment unit, the reproductive medicine unit, and the colposcopy and hysteroscopy service, based within the gynaecology diagnostic and outpatient treatment unit.

# Gynaecology

We also visited the termination of pregnancy service in the fetal medicine unit and labour ward. Our findings on this service are reported in the maternity report. We spoke with 39 members of staff including the gynaecology service leadership team, doctors, nurses, operating department practitioners, allied health professionals, pharmacists, health care support workers and administrators. We also spoke with seven patients, including one patient who had undergone surgical termination of pregnancy. There were no patients undergoing medical termination of pregnancy during our visit.

We reviewed 22 sets of individual patient records, including 12 notes of patients who had undergone termination of pregnancy. We also reviewed 10 medicines administration records and 13 CQC comments cards, where patients using the service told us about their experience of care.

We attended a range of meetings including multi-disciplinary safety huddles, patient handovers, and two staff focus groups. The focus groups were attended by five doctors and nurses working in the gynaecology service, and six doctors and nurses working in the maternity/medical termination of pregnancy service.

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

## Summary of this service

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

- Incident reporting systems were in place and there was a good culture of reporting, investigating and learning from incidents.
- There were effective arrangements in place to safeguard patients from abuse and mitigate the risk of it happening.
- Infection prevention and control processes were carried out in accordance with local and national policy, and infection rates were lower than the national average.
- Staffing levels were planned, implemented and reviewed to keep people safe. Medical cover was available 24 hours a day, seven days a week.
- Emergency equipment was easily located, accessible, and ready for use.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Audits and quality outcomes were conducted at departmental level, to monitor the effectiveness of care and treatment.
- Medical staff, nurses, midwives and other allied health professionals supported each other and worked collaboratively to ensure patient-centred and effective care.
- Emotional support was provided by people with appropriate skills and experience.
- Feedback from patients about their experience of care was consistently positive. Patients were treated with respect and dignity.
- Patients received same day diagnosis and treatment, via walk-in clinics in gynaecology outpatient and gynaecology outpatient services.
- Referrals for treatment and consultations for additional services were arranged in a timely manner.

# Gynaecology

- It was clear to patients how to complain or raise a concern.
- There was a clear statement of vision and values driven by quality and safety, which was understood by staff at all levels.
- The leadership team was knowledgeable about the service's performance, priorities, and the challenges it faced and were taking some action to address them.

However:

- Medical staff did not meet compliance targets for completion of mandatory training.
- There were delays in the overall pathway from referral to treatment for some patients and the overall 62-day cancer waiting time target was only met in 77.2% of cases in 2017/18 against the national target of 85%. The trust informed us this was associated with a high rate of late referrals from other organisations, and that 87.5% of patients referred directly to UCLH were treated within 62 days of GP referral, meeting the national target of 85%.
- Staff we spoke with were unclear about the arrangements for the governance of the termination of pregnancy services and there was no formalised audit programme to allow outcomes to be compared with other benchmarks, and enable improvements in practice.
- There was no system to ensure effective oversight and review of staff objection to being involved in termination of pregnancy.

## Is the service safe?

**Good** 

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

- Incident reporting systems were in place and there was a good culture of reporting and investigating incidents and learning from them.
- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from avoidable harm and abuse.
- Emergency equipment was easily located, accessible, and ready for use. Staff were trained to use it and fulfilled their responsibilities in checking and using it in line with local guidelines.
- Staff were trained and competent to monitor and act upon any deterioration in the patient's condition and used an early warning score to aid the process.
- All documentation was completed in accordance with the Abortion Act.
- There was a business continuity plan in the event of emergencies. Staff understood their individual responsibilities in managing this.

However:

- Medical staff did not meet compliance targets for all 10 mandatory training modules.
- Patient records on Ward T6 South were not always stored securely.

# Gynaecology

- Medicines on Ward T6 South were not always stored in accordance with national and local guidelines.

## Is the service effective?

**Good** ●

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

- Care was planned and delivered in line with current evidence based guidance, standards, best practice and legislation.
- Staff were qualified and had the required skills and competencies to carry out their roles effectively. Managers appraised staff performance and provided developmental support.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff ensured that patients were given adequate pain relief and regularly assessed their needs.
- The effectiveness of care and treatment was monitored and outcomes used towards service improvement.
- Staff from all disciplines worked together as a team to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- There was no formalised audit programme for termination of pregnancy services, to allow outcomes to be compared with other benchmarks, and improvements to be made.
- We saw no evidence of specific training or assessment of competencies in relation to termination of pregnancy.

## Is the service caring?

**Good** ●

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff were observed providing emotional support to patients.
- Patients and their carers were involved in decisions about care and treatment. Information was explained to patients in a way they could understand.
- Staff ensured that patients and their carers were provided with relevant information on how to seek additional support and services if required.

## Is the service responsive?

**Good** ●

# Gynaecology

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

- The service was delivered to meet the needs of different people, including those in vulnerable circumstances.
- Gynaecology outpatient and gynae-oncology outpatient services provided a one-stop model which offered patients same day diagnosis and treatment.
- A daily review ensured operating theatre activity was planned and managed to minimise delays and cancellations for patients requiring surgery.
- Where bed capacity prevented admissions to Ward T6 South, the gynaecology advanced nurse practitioner and clinical nurse specialists would visit gynaecology patients on other wards to ensure they were safely cared for.
- The trust performed better than the England average for referral to treatment time. In 2017-2018, 91% of gynaecology patients were seen within 18 weeks of referral. This was better than the England average of 89%.
- The trust met both the 31-day and two-week cancer waiting time targets in 2017-2018.
- All patients referred for colposcopy, including urgent referrals were seen within two weeks.

However:

- There were delays in the overall pathway from referral to treatment for some patients and the overall 62-day cancer waiting time target was only met in 77.2% of cases in 2017/18 against the national target of 85%. The trust informed us this was associated with a high rate of late referrals from other organisations, and that 87.5% of patients referred directly to UCLH were treated within 62 days of GP referral, meeting the national target of 85%.

## Is the service well-led?

**Good** ●

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

- There was clear clinical leadership at a local level. Wards, clinics and surgical services were well managed. Staff felt well supported by their line manager and were able to raise concerns.
- Within the gynaecology service, there were effective risk management and governance systems in place. The local leadership team was knowledgeable about the service's performance, priorities and the challenges faced. The team was taking action to address the challenges.
- Staff understood and applied the vision and values.
- Staff worked well together at clinical level and felt supported and valued by their clinical leaders. They felt proud to work at the trust and proud of the quality of care provided.
- The trust had put measures in place following negative feedback in the staff survey.
- Staff spoke positively about the culture of the gynaecological service and described an open and progressive culture that enabled change and quality improvement.
- Staff were encouraged to engage in further learning and development. Staff expressed that there were courses available to them to enable them to develop their skills and professional development.

# Gynaecology

- There was a commitment to learning, continuous improvement and innovation through research, including recruitment to national research studies and the establishment of specialist services which were unique to UCLH.

However:

- Staff we spoke with were unclear about the arrangements for the governance of the termination of pregnancy services and there was no formalised audit programme to allow outcomes to be compared with other benchmarks, and enable improvements in practice.
- There was no system to ensure effective oversight and review of staff objection to being involved in termination of pregnancy. Therefore, the service could not be fully assured that there would be enough staff on the team to ensure that the service could always be offered. However, due to the relatively small number of procedures carried out, the trust did not feel this was a risk.
- The guidance for women requesting termination of pregnancy for fetal abnormality did not reflect the current processes staff followed.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

University College London Hospitals NHS Foundation Trust (UCLH) provides outpatient services from nine locations registered with CQC. This report relates only to the University College Hospital and its satellite locations.

University College Hospital (UCH) is situated in the heart of London. It serves the local and national community, as well as a small number of patients from abroad. The hospital has three additional satellite locations from which outpatient services are also provided by the trust. These are The Hatter Institute, The Macmillan Cancer Centre and Mortimer Market Centre. These were all within a short walk of each other and from the main hospital site.

We inspected the outpatients departments (OPD) over a three-day announced period, and visited all four sites. We also visited the central bookings department, telephone contact centre, medical records department, and the patient lounge.

During the course of our inspection, we visited OPD clinics for bariatric patients, endocrinology and diabetes, fracture clinics, the dermatology clinic, neurology, thoracic medicine, orthopaedic clinics, gastroenterology and OPD clinics at the Macmillan Cancer Centre.

Within the OPD, there was a separate pharmacy that was contracted to a third party. We are not reporting on this third party within this report. Patient transport services are also provided by a third party and are not included in this report.

We spoke with 34 patients, six relatives, 10 doctors including consultants, seven Band 5 and 6 nurses, five Band 7 and 8 nurses, two clinical nurse specialists (CNSs), three sisters, three matrons, 12 administrative staff including administrative managers and two volunteers across all three main and satellite locations as described above. We also reviewed four sets of paper patient notes.

## Summary of this service

We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure overall staff compliance rates met the trust target.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment. Where a gap in skill was identified, staff were encouraged to broaden their skill set to ensure continuity of care for all patients.
- The service made sure staff were competent for their roles. Staff were encouraged to undertake continuous professional development, so the trust was ensured staff were competent for their roles and were able to provide an effective service.
- Different groups of staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them with kindness and respect.

# Outpatients

- The trust planned and provided services in a way that met the needs of local people. The trust ran out-of-hours clinics for certain specialities in order to meet patient needs.
- The service took account of patients' individual needs. Volunteers were available within the department, to guide patients to clinics and appointments as required.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The CEO worked within a specialist clinic on a regular basis, and was available to staff of all grades to answer any questions.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust conducted friends and family test (FFT) surveys, participated in the NHS staff survey, as well as including both staff and patients in the development of innovations.

However:

- The trust performed worse than the 85% operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral. Performance was also worse than the England average for all four quarters of 2017-2018.
- The did not attend (DNA) rate for the hospital's outpatient department was worse than the national average.
- The trust did not take part in the national patient choices scheme which enables patients to select the time, date and location of their initial appointment.
- Patients found it difficult to contact the department via telephone to discuss their appointment.
- There was a lack of confidentiality at the checking-in desk for patients.
- The fracture clinic waiting area was overcrowded and had a lack of available seating for patients waiting for their appointments. However, to address this and reduce patient wait times, the fracture clinic was running virtual appointments.
- Signage in the department was not always clear. Patients found it confusing and difficult to locate clinics.
- Patient records were not always stored securely. Paper records were stored in cabinets that were unattended and unlocked.
- There was a backlog of GP discharge letters in the IT system and there were delays for non-urgent letters being sent out via the new electronic system.

## Is the service safe?

**Good** ●

We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure overall staff compliance rates met the trust target.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to contact the trust's safeguarding lead.



# Outpatients

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service planned for emergencies and staff understood their roles if one should happen. Staff checked resuscitation trolleys regularly to ensure they were fully stocked and ready for use. Staff knew what to do if patients became unwell.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.

However:

- Patient records were not always stored securely. Paper records were stored in cabinets that were unattended and unlocked.
- There was a backlog of GP and discharge letters in the IT system and there were delays for non-urgent letters being sent out via the new electronic systems. This was on the trust risk register, and an action plan was in place to resolve the issue

## Is the service effective?

We do not rate the effective domain.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs.
- The service made sure staff were competent for their roles. Staff were encouraged to undertake continuous professional development, so the trust was ensured staff were competent for their roles and were able to provide an effective service.
- Different groups of staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- The service did not actively monitor the effectiveness of care and treatment and use this information to improve the service.

## Is the service caring?

**Good** 

We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them with kindness and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were given the time to ask questions and talk about their care.
- Staff provided emotional support to patients to minimise their distress.

# Outpatients

## Is the service responsive?

**Requires improvement** ●

We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The trust performed worse than the 85% operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral. Performance was also worse than the England average for all four quarters of 2017-2018.
- The did not attend (DNA) rate for the hospital's outpatient department was worse than the national average. Data provided by the trust for April to June 2018 showed that 12% of patients did not attend their appointments. This was worse than the national average of 7.24%. The trust recognised this as an area for improvement and had developed a process to target resources towards patients that were most likely to not attend.
- The trust did not take part in the national patient choices scheme which enables patients to select the time, date and location of their initial appointment.
- Patients found it difficult to contact the department via telephone to discuss their appointment. Staff told us, and we observed, that a large proportion of calls to the trust's call centre went unanswered.
- There was a lack of confidentiality at the checking-in desk for patients. Patients could be overheard when speaking to reception staff. The department did not have a dedicated room that could be used when breaking bad news or holding private conversations.
- The fracture clinic waiting area was overcrowded and had a lack of available seating for patients waiting for their appointments. However, to address this and reduce patient wait times, the fracture clinic was running virtual appointments.
- Signage in the department was not always clear. Patients found it confusing and difficult to locate clinics.

However:

- The trust's referral to treatment time (RTT) for incomplete and admitted pathways were both better than the England average and performed consistently better than the 93% operational standard and similar to the England average for people being seen within two weeks of an urgent GP referral.
- The trust ran out-of-hours clinics for certain specialities in order to meet patient needs.
- The service took account of patients' individual needs. A translation service was available for patients requiring the service. Those needing sign language interpretation were able to access these services through the trust. Staff provided appropriate support to patients living with dementia.
- 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?

**Good** ●

# Outpatients

We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Junior staff were encouraged to develop their skills and continuous professional development was promoted within the service. There were plans in place to ensure continuity of care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Senior leaders visible within in the department. Staff found them approachable and supportive.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them. There were five items on the risk register for OPD that had been identified. These risks were kept up to date and reviewed on a regular basis. They were also discussed at monthly governance meetings; these were attended by all specialities within OPD.
- The service had a vision for what it wanted to achieve and were working on developing plans to turn it into action with involvement from staff, patients, and key groups representing the local community. Staff were very clear about expectations and the vision of the trust.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust were in the process of developing an innovation to look at 'always events' rather than just 'never events'; this was to take a positive approach as to what good care and treatment should always look like, rather than just focusing on the negative and when things go wrong.
- The service monitored waiting times that patients were in the department until they were seen by their clinician, to ensure patients were not waiting over targeted times.

However:

- The service did not actively monitor the effectiveness of care and treatment and use this information to improve the service.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](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  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Nicola Wise, CQC Head of Hospital Inspection and David Harris, CQC Inspection Manager, led this inspection.

The team included 27 inspectors, 30 specialist advisers, and four experts by experience. An executive reviewer, supported our inspection of well-led for the trust overall.

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