

Royal Brompton and Harefield NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

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

Royal Brompton and Harefield NHS Foundation Trust is the only specialist heart and lung unit in the country that treats both children and adults. The trust is home to Europe's largest centre for the treatment and management of cystic fibrosis. The trust is one of the largest and most experienced centres in the world for heart and lung transplants. The hospital is a major centre for the treatment of: lung cancer, chest cancer and oesophageal cancers.

The trust has a total of 428 inpatient beds, 57 day case beds and 23 inpatient wards, as well as approximately 289 outpatient clinics per week, across two main hospital sites and one outpatient and diagnostic site. The trust employs approximately 3688 staff.

In 2017/18, The Royal Brompton and Harefield saw 38277 patients – more than previous year.

As a specialist trust, Royal Brompton and Harefield takes referrals from all over the country and does not have a local population in the traditional sense, as such.

The trust has three locations registered with the CQC:

- Royal Brompton Hospital - London
- Harefield Hospital – Middlesex
- Royal Brompton and Harefield Specialist care – London.

The Royal Brompton Hospital is situated in Chelsea. The specialties provided at this location are; surgery, intensive care, respiratory, cardiology, paediatric with paediatric intensive care unit.

The Harefield Hospital is situated in North London in Middlesex. The specialties provided at this location are; cardiac and thoracic surgery, cardiology, day care unit, adult intensive care and the transplant unit.

The Specialist care at Wimpole Street offer consultations with Royal Brompton & Harefield Hospital's cardiologists and respiratory specialists. Further services include the extension of Inherited Cardiac Conditions Clinic, Heart Screening Clinic and Advanced Diagnostic Imaging. Notably, the service offers Cardiac PET Imaging with Rubidium – an advanced diagnostic tool which is available in a limited number of centers across the UK and London. Diagnostic tests also include MRI, CT, lung function, chest x-ray and monitoring services.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good  

What this trust does

In 2017/18 the trust provided a specialist heart and lung services in both its acute locations and outpatient and diagnostic services.

The trust provides the following services:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Maternity and midwifery service
- Surgical procedures

Summary of findings

- Treatment of disease, disorder or injury

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 16 October and 18 October 2018, we inspected four of the seven core services provided by the trust. We inspected Critical care and Children and young people services at Royal Brompton Hospital and Surgery at Royal Brompton Hospital and Harefield Hospital.

At Royal Brompton Hospital we inspected Critical care and Surgical services because we rated the service as requires improvement during our last inspection in June 2016.

At Royal Brompton Hospital we inspected Children and young people service because concerns about the safety and quality of the service were shared with us since the last inspection.

At Harefield Hospital we inspected Surgical services because we rated the service as requires improvement in safe during our last inspection in June 2016.

We did not inspect Medicine, End of life care, Outpatients, Diagnostic and Maternity services because the information we reviewed about the services indicated no change in the safety and quality of these services.

Any references to 'the last inspection' in this report relate to our inspection of Royal Brompton and Harefield NHS Foundation Trust, undertaken in June 2016 and published in January 2017.

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

What we found

Overall trust

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

- We rated safe, effective, caring and responsive as good.
- We rated well-led for the trust overall as good.
- We rated three of the four core services inspected as good and one service as outstanding. In rating the trust, we also took into account the current ratings of the services not inspected this time.

Summary of findings

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/RT3/reports

Are services safe?

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

- **The service had suitable premises and equipment and looked after them well.**
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- **The hospital had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.** Ward managers matched staffing levels to patient need and could increase staffing when care demands rose. All staff understood their responsibilities to safeguard patients from abuse and neglect, and had appropriate training and support.
- **Staff kept appropriate records of patients' care and treatment.** Records were clear, up-to-date and available to all staff providing care.
- **The service prescribed, gave, recorded and stored medicines well.** Patients received the right medication at the right dose at the right time.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However,

- The rate of mandatory training in key skills to all staff was low. The trust target was set at a comparatively low 70% or 80% depending on the mandatory training module and the compliance rates for mandatory training for some staff groups were below these trust targets.
- Although staff had training on safeguarding children and adults, the trust target was set at a comparatively low 75%. The compliance rates for mandatory training for some staff groups were below trust targets.
- We observed lapses in strict adherence to infection control procedures within critical care. Although the trust controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There was no standardised procedure at Harefield hospital to ensure medicines and equipment used for organ retrieval were checked and re stocked. Although staff told us this was a task completed at the beginning of every shift there was no assurance and no way of knowing if the bag had been tampered with.

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:

- **The trust provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.

Summary of findings

- **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 trust made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **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.
- **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.

However,

- Although the service made sure staff were competent for their roles. Managers did not always effectively appraise staff's work performance.

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:

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. We found a good example of this in critical care unit, where they had since last inspection introduced an animal therapy policy to enable dogs to be safely allowed on the unit for patients who wished to have them visit.
- **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.**

Are services responsive?

Our rating of responsive improved. We took into account the current ratings of services not inspected this time. 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 and arrangements to admit, treat and discharge patients 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.**

Are services well-led?

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

Summary of findings

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

- **The trust had a vision for what it wanted to achieve although a formal strategy had not been produced.** The trust intended to develop the strategy with involvement from staff, patients, and key groups representing the local community.
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **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 went well and when they went wrong, promoting training, research and innovation.**

However,

- The trust did not consistently follow its own process to make the robust assessments required by the fit and proper persons requirement for directors (FPPR).
- The trust did not have a Board Assurance Framework document that brought together in one place all the relevant information required so that board members had oversight of the effectiveness of how key strategic risks are being managed or mitigated, and of the key controls and processes that are relied on to manage risks.
- Although we saw improvements resulting from action the trust has taken to address bullying and harassment since the last inspection, there was still work to do to promote a positive culture that supported and valued staff. There were limited support networks for protected characteristic groups; for example, LGBTQ, BME, staff with disabilities.

Ratings tables

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

Outstanding practice

We found outstanding practice in a number of areas including, critical care and children and young people services and Royal Brompton Hospital and in surgery at Harefield Hospital. For more information, see the Outstanding practice section of this report.

Areas for improvement

We found two breaches of legal requirements that the trust must put right. We 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.

Summary of findings

Action we have taken

We issued requirement notices to the trust. Our action related to following two breaches:

- Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors, legal requirements at a trust-wide level and
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.

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

What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following areas of outstanding practice:

Royal Brompton Hospital

Critical Care

- The trust had developed its own accredited intensive care course to offer the qualification in critical care nursing to its' nurses. This enabled the unit to have 63% nurses with the qualification which exceeded the GPICS guidance of a minimum of 50%. The trust had funded the course to continue to provide the training.
- The service demonstrated excellent multidisciplinary working practices which enabled collaboration in improvement projects and enhanced patient care.
- The unit had since introduced an animal therapy policy to enable dogs to be safely allowed on the unit for patients who wished to have them visit.

Children and Young people

- There was clear evidence of research, innovative and outstanding practice. For example, the Simulated inter Professional Team training (SPRint) had won national awards and the paediatric Extracorporeal Membrane Oxygenation (ECMO) service had positive outcomes. The service had also launched a hypoplastic left heart pathway which included a social element for long stay patients.
- Staff spoke very highly of the culture of the service and the staff survey results were consistently high for workplace satisfaction.
- The service went above and beyond for its patients and patient families. Including the creation of social clubs for patients of all ages.
- The service took a consistently holistic approach to the care and wellbeing of parents and provided basic nursing training skills to patient family members.
- Since our last inspection the service had developed clear pathways for rare diseases, e.g. Kawasaki disease.
- The service used a badge system to allocate members of staff roles in the event of an emergency.

Harefield Hospital

Summary of findings

Surgery

- There was clear and detailed evidence demonstrating improvements made in the use of the World Health Organisation Safer Surgery Checklist. We saw that this was embedded within the culture of the service and managers demonstrated commitment to ensure all staff were part of the process.
- We saw innovative approaches used before, during and after surgery to ensure that surgical site infections rates remained low. Surgical site infection rates continued to be below the national average.
- We saw new ways of working were adopted to keep patients safe. For example, staff were given designated roles at the beginning of each shift to adopt in the event of cardiac arrest and wore badges to ensure their roles was clearly identified.
- Harefield was one of two UK specialist centres to start using a specialised aortic valve in aortic valve replacement surgery last year. This new valve is designed to provide younger patients with an alternative to mechanical valves and does not require life-long anticoagulation. The bovine tissue is specially treated to slow its deterioration over time. The longevity of the resilient valve is intended to reduce the likelihood of patients requiring operations in later years of life and can allow patients to remain / regain their active lifestyles.
- Training in human factors is increasingly embedded in clinical practice across the Harefield site. Several members of the team (from a range of disciplines) recently led a multicentre training symposium in human factors under the auspices of the Society of Cardiothoracic Surgeons.
- The service provided us with evidence that they were taking the following action as part of their ongoing quality improvement projects to address the number of cancelled operations;
- A new theatre scheduling system was introduced in June 2018. The scheduling system worked by using operator times and better predicating the length of time required for each operation. Due to the complexity of work increasing, the service found it difficult to schedule two theatre cases into a day and for this reason the service was also looking as part of ongoing quality improvement work at adjusting the length of the theatre working day and staffing accordingly.
- In the six months before the inspection the trust trialled and introduced day of surgery admission (DOSA) for appropriate thoracic and cardiac surgery patients. The focus of this work had been to admit second and subsequent patients on the theatre operating list via the DOSA unit rather than through a ward bed. The service anticipated that the number of patients admitted in this way would increase over coming months and this would in turn reduce the number of cancellations due to lack of ward beds.
- Due to the nature of transplant services it can be difficult to predict activity. There are times that due to organ availability, there is no option but to proceed with transplant activity resulting in elective activity cancellations. As part of the theatre Darwin quality improvement work, the service was looking at allocating one of the theatres as an emergency theatre. The emergency theatre would also be used to operate on patients that were transferred from other hospitals.
- The surgery services were developing a virtual reality goggle system which would allow patients to become familiar with the hospital surroundings. The service conducted 360-degree filming and was in the process of purchasing virtual goggles for patients to facilitate this technology. The aim of this was to allow patients to gain an insight preoperatively into what will happen to them when they are admitted to hospital for their surgery. This will be particularly useful for patients that are anxious and those with learning disabilities. The ambition was to reduce the effects of postoperative delirium.

Summary of findings

- The discharge team had introduced a photo discharge protocol which included taking an array of colour pictures of the surgical site and attaching this to a detailed step by step instruction for the patient. The patient was then given verbal instruction in addition to the written guide in how to take care of their surgical site. This process had significantly reduced surgical site infection rates since its introduction in 2014.

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 the quality of services.

Action the trust **MUST** take to improve

- The trust must ensure that Fit and Proper Person checks are fully completed.
- The trust must ensure that all the relevant information is brought together in one place in a Board Assurance Framework document so that board members have oversight of the effectiveness of how key strategic risks are being managed or mitigated, and of the key controls and processes that are relied on to manage risks.

Action the trust **SHOULD** take to improve

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

Trust wide

- The trust should review their 70% compliance target for mandatory training.
- The trust should review their serious incident investigation templates to include a safeguarding trigger question or an executive summary.
- The trust should review systems and process to ensure staff with protected characteristics have networks to support them.
- The organisation should continue to prioritise action to reduce the levels of bullying and harassment reported in the trust.
- The trust should make sure the Freedom To Speak Up Guardian has the necessary resources to carry out the role effectively.

Royal Brompton Hospital

Surgery

- The service should take measures that all staff have completed mandatory training including safeguarding training.
- The service should provide sepsis training for staff.
- The service should ensure temperatures in drug storage rooms are within recommended limits.
- The service should take measures that all staff have appraisals according to trust policy and address negative staff survey results regarding appraisals.
- The service should continue to address long waiting times for elective cardiothoracic surgery admissions and reduce numbers of 18-week breaches in referral to treatment times.

Summary of findings

- The trust should aim to decrease the number of patients whose operation is cancelled.
- The service should investigate the average length of stay for patients, which was higher than national average.
- The trust should continue to monitor and improve culture issues within theatres and address related staff survey results.
- The service should investigate and take measures to address staff survey results about the extent the organisation valued staff's work.

Critical Care

- The service should review the storage of enteral feeding products to avoid unauthorised access.
- The service should improve the mandatory training uptake for health care assistants.
- The service should improve the safeguarding training uptake for staff.
- The service should continue to improve staff adherence to safe infection control practices.
- The service should continue to improve the consultant staffing situation on AICU and HDU.
- The service should consider highlighting the provision of hot beverages to visitors to the unit out of hours and weekends.
- The service should consider producing a documented strategy.

Children and Young people

- The service should ensure that their mandatory training rates meet the trust target.
- The service should ensure that it performs better in its WHO surgical checklist.
- The service should ensure that all medical staff have up to date safeguarding training.
- The service should ensure that they mitigate the risk of errors on their prescribing systems.
- The service should ensure that the strategy is dated with objectives being monitored.
- The service should ensure that all staff receive an appraisal each year.
- The service should ensure that all staff are provided with protected time to continue their professional development.

Harefield Hospital

Surgery

- The service should ensure mandatory training including resuscitation training is adequately recorded and meets trust targets for all staff
- The service should ensure processes are in place to ensure equipment and medicines used for organ retrieval are checked daily and ready for use.
- The service should ensure the model for consultant cover is sustainable and meets the needs of the service.
- The service should ensure that patient information is available in other languages and in formats suitable for patients with sensory disabilities.

Summary of findings

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:

Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform their role. Leaders understood the challenges and priorities in their service. Managers were committed to retain staff and invested in clinical education to develop their team. All staff were provided with training and support to fulfil the obligations of their roles. The trust did not always follow its own process to make the robust assessments required by the fit and proper persons requirement for directors (FPPR).

The trust had a vision for what it wanted to achieve and all staff applied the trust values in their everyday work. There was yet no clear timeline for the longer-term strategy. The trust was in the process of developing a longer-term strategy with system partners. There was limited consultation with staff, patients and members of the public. A new short-term strategy document (covering a two-year period) was due to be released by the end March 2019 to replace the current 2014 - 2019 strategy document.

Most staff reported feeling supported, respected, valued and felt proud to work for the trust and their team. The trust recognised staff success by staff awards and through feedback. The trust has taken action to address bullying and harassment since the last inspection and we saw improvements. However, during this inspection period, some staff continued to raise concerns about low staff morale arising from a culture of bullying and harassment. There were limited support networks for protected characteristic groups; for example, LGBTQ, BME, staff with disabilities. We had some concerns that the Freedom To Speak Up Guardian did not have the support or resource required to carry out the role effectively.

The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures. Non-executive and executive directors were clear about their areas of responsibility. The trust's Board Assurance Framework (BAF) worked principally through a set of board sub-committee reporting to the board rather than having a document that collated relevant information on the risks to the board's strategic objectives. The absence of a BAF meant board members had limited oversight of the effectiveness of how key strategic risks were being managed or mitigated, and of the key controls and processes that were relied on to manage risks.

The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems. Staff had access to the risk register either at a team or division level and could effectively escalate concerns as needed. There were plans in place for emergencies and other unexpected or expected events. For example, adverse weather, a flu outbreak or a disruption to business continuity.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust was aware of its performance through the use of KPIs and other metrics. The trust had taken action to address data quality issues particularly in relation to Referral to Treatment times (RTT), patient tracking lists (PTLs) and the HR and Learning system where data had been found to be unreliable.

Summary of findings

Overall, the trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Communication systems such as the intranet and newsletters were in place to ensure staff, patients and carers had access to up to date information about the work of the trust and the services they used. However, there were limited opportunities for patients and carers to meet with members of the trust's leadership team and governors to give feedback.

The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The trust was actively participating in clinical research studies. A culture of clinical innovation and learning was evident in interviews with board members and operational staff. Staff were encouraged to make suggestions for improvement evidenced in the trust's Darwin scheme - a quality improvement and internal efficiency programme with a clear focus on clinical and operational efficiency ahead of financial savings.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Brompton Hospital	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Harefield Hospital	Good ↔ Feb 2019					
Overall trust	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019

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

Ratings for Royal Brompton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Surgery	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2020	Good ↑ Feb 2019	Good ↑ Feb 2019
Critical care	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Services for children and young people	Good →← Feb 2019	Good →← Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↓ Feb 2019	Good →← Feb 2019
End of life care	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients and diagnostic imaging	Good Jan 2017	Not rated	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

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

Ratings for Harefield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Good ↑ Feb 2019	Outstanding →← Feb 2019	Outstanding →← Feb 2019	Good →← Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑ Feb 2020
Critical care	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients and diagnostic imaging	Good Jan 2017	Not rated	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019

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

Harefield Hospital

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Key facts and figures

Harefield Hospital in Hillingdon, North West London has more than 1,300 staff, five operating theatres and four catheter laboratories. Harefield Hospital has 168 beds, including beds for cardiac and thoracic surgery, cardiology, day-case unit, adult intensive care, the transplant unit.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and took place between 16 and 18 October 2018. We inspected surgery core service at this location.

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

We spoke with 15 medical staff, over 30 nursing staff including managers, and over 10 other members of the multi-disciplinary team including perfusionists, physiotherapists and nurse practitioners.

Summary of services at Harefield Hospital

Good   

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

We rated safe, effective, caring, responsive and well-led as good.

Our rating for surgical services improved to outstanding. We rated safe and responsive good and effective, caring and well-led as outstanding.

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The hospital controlled infection risk well** and used innovative approaches to reduce the rate of surgical site infections. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Key performance information reflected this.
- **The hospital managed patient safety incidents well.** Services were committed to an open safety culture where all safety issues raised by staff and patients were highly valued. Staff recognised incidents and near misses and reported them appropriately.

Summary of findings

- **The hospital continued to provide care and treatment that was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies.** There continued to be a truly holistic approach to assessing, planning and delivering care and treatment to people who use the service.
- **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 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. We saw that staff were supported to maintain and further develop their professional skills and experience. We saw that practice educators were available in each ward and department to support staff.
- **Staff of different kinds continued to work together as a team to benefit patients.** Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver joined-up care to people who used services. For example, we saw the surgical service were split into care groups which were structures to involve MDT working. All relevant staff, were regularly involved in assessing, planning and delivering patients care and treatment. Staff worked well together to understand the range and complexity of people's needs. There was a holistic approach to planning patients discharge, transfer or transition to other services which was started at the earliest possible stage.
- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.**
- **Staff continued to involve patients and those close to them in decisions about their care and treatment.**
- **The trust planned and provided services , amenities and care in a way that met the needs of all people using the service locally and nationally including patients and their families.**
- **The service took account of patients' individual needs in a holistic manner including mental, emotional and social care needs.**
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**

However,

- **The hospital provided mandatory training in key skills to all staff.** Compliance for nursing staff within surgical service was generally good and met the trust target, however, medical staff completion was below the trust target and there was a low completion rate of basic life support training.
- There was no standardised procedure within surgical services to ensure medicines and equipment used for organ retrieval were checked and re stocked within surgical service. Although staff told us this was a task completed at the beginning of every shift there was no assurance and no way of knowing if the bag had been tampered with.

Written patient information was not available in other languages and formats suitable for patients with sensory disabilities such as blindness

Surgery

Outstanding  

Key facts and figures

The trust reports that it is the largest provider of cardiothoracic surgery in the UK; a national referral centre for cardiac and thoracic surgery, and the only specialist cardiothoracic trust to provide treatment for all age groups.

The trust has four distinct subspecialist surgery services: Thoracic surgery - both hospital sites; adult cardiac surgery - both hospital sites; adult heart and lung transplantation – Harefield Hospital.

The surgical department has six operating theatres at Royal Brompton Hospital with 54 surgical beds. At Harefield there are five operating theatres and 45 surgical beds. All cardiothoracic transplantation work is undertaken at Harefield Hospital, supported by a dedicated 34-bed transplant unit and specialist diagnostic services.

The transplant programme is the UK's largest and most experienced centre for heart and lung transplants. The unit works with the Heart Science Centre, which is at the forefront of research into heart disease and transplantation. Patients are admitted for transplant assessment, routine check-ups and unplanned admissions in the event of post-transplant complications (such as infection or organ rejection) with a dedicated transplant follow-up clinic.

Surgical procedures include: Mitral valve repair and replacement, aortic valve procedures, international leadership in airway resections and complex reconstructions, interventional endoscopic treatment of airway obstruction, minimally invasive ("keyhole") heart surgery, beating heart ("off-pump") heart surgery, complex surgery for arrhythmia, surgical intervention to treat heart failure, including pioneering work in fitting left ventricular assist devices (LVADs) or "artificial hearts".

Approximately 2500 cardiac and thoracic operations are performed at Harefield Hospital each year, as well as over 100 cardiothoracic transplants and ventricular assist device transplantations.

Main operations carried out at Harefield hospital include Mitral valve repair and replacement, including simple procedures and complex repairs, aortic valve procedures, minimally invasive heart surgery, beating heart surgery, surgery for arrhythmias, cardiothoracic transplantation (heart/lung/ heart and lung) and a wide range of thoracic surgical procedures.

During the 12 months period October 2017 to September 2018 there were a total of 2217 admissions to Harefield Hospital under the three specialities covered by the CQC surgery core service.

The surgical service consisted of 45 surgical beds:

- 15 surgical beds on Maple Ward (10 cardiothoracic surgery and 5 transplant beds).
- 25 cardiothoracic surgery beds on Cedar Ward.
- 20 beds on Juniper (Private) (10 surgery 10 medical)

During the inspection visit, the inspection team visited the theatre suites; Maple ward, Cedar ward, Juniper ward, Rowan ward and Fir tree ward.

Summary of this service

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

- We rated effective, caring and well-led as outstanding, and safe and responsive as good.

Surgery

- The service demonstrated clear improvements which ensured patients were protected from avoidable harm. Since our last inspection the service had improved its use of the World Health Organisation Safer Surgery Checklist and ensured this was embedded in practice with a focus on all team members being present. We saw the service had improved the recording of National Early Warning Scores and ensured there was clear escalation processes.
- We saw innovative ways used before, during and after surgery, to protect patients from surgical site infections. Surgical site infection rate remained below the national average.
- The service continued to seek opportunities to participate in benchmarking and peer review. Accurate and up-to-date information about effectiveness was shared internally and externally and this information was used to improve services for patients.
- Patients continued to have comprehensive assessments of their needs, which included consideration of clinical needs (including pain relief), mental health, physical health and wellbeing and nutrition and hydration needs. The expected outcomes and discharge times were identified early on and care and treatment was regularly reviewed and updated.
- Staff continued to involve patients and those close to them in decisions about their care and treatment. We saw and were told that patients and their families were respected and valued as individuals and were empowered to be partners in their care, practically and emotionally.
- Staff went above and beyond to care for patients who had to stay in hospital long term. Staff tried to make the hospital a home away from home and provided patients with independence and activities where possible.
- The service planned and provided services, amenities and care in a way that met the needs of all people using the service locally and nationally including patients and their families. The service took account of patients' individual needs in a holistic manner including mental, emotional and social care needs.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care and promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service engaged well and effectively with patients, staff, the public and local organisations to plan and manage appropriate services. The service was focussed on using views gathered from engagement to drive improvement efforts.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had been recognised for innovative practices which had proven results in positively impacting safety, care and outcomes.

Is the service safe?

Good  

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

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.

Surgery

- **The service controlled infection risk well** and used innovative approaches to reduce the rate of surgical site infections. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Key performance information reflected this.
- Premises were old and therefore there was ongoing refurbishment work to ensure it remained fit for purpose. There was suitable equipment which was maintained and looked after well.
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** We saw improvements in the use of the World Health Organisation Surgical Safety checklist and improved staff engagement in the process. We saw that the recording of patient observations had improved and given substantial focus.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** We saw plans in place to recruit for an increased nursing staff establishment and we saw evidence of ongoing recruitment and retention initiatives.
- **The service had enough medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.** However, the management of this needed to be reviewed to ensure medical staff cover was sustainable.
- **Staff kept detailed records of patients' care and treatment.** However, staff told us it was not always easy to locate information due to the different systems in place. Medical records were clear, up-to-date and generally followed GMC standards for documentation.
- **The service prescribed, gave, recorded and stored medicines well.** We saw an effective online prescribing system in use. Patients received the right medication at the right dose at the right time and there were clear safety mechanisms and processes in place to support this.
- **The service managed patient safety incidents well.** Services were committed to an open safety culture where all safety issues raised by staff and patients were highly valued. Staff recognised incidents and near misses and reported them appropriately. Senior nurses and managers investigated incidents and shared lessons learned widely. Staff told us and we saw examples of learning from incidents which had occurred at ward level, hospital level and trust wide. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** There were comprehensive systems to keep people safe, which took account of current best practice. Staff collected ongoing safety information and shared it with staff, patients and visitors. We saw information on safety collected at ward level which had led to improvements. We saw that the whole team was engaged in reviewing and improving the use and effectiveness of the World Health Organisation checklist and saw results demonstrating ongoing improvements. We saw that innovation was encouraged and in use to achieve sustained improvements in safety and continual reductions in harm.

However:

- **The service provided mandatory training in key skills to all staff.** Compliance for nursing staff was generally good and met the trust target, however, medical staff completion was below the trust target and there was a low completion rate of basic life support training.
- There was no standardised procedure to ensure medicines and equipment used for organ retrieval were checked and re stocked. Although staff told us this was a task completed at the beginning of every shift there was no assurance and no way of knowing if the bag had been tampered with.
-

Surgery

Is the service effective?

Outstanding   

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

- **The service continued to provide care and treatment that was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies.** There continued to be a truly holistic approach to assessing, planning and delivering care and treatment to people who use the service. The service demonstrated the safe use of innovative and pioneering approaches to care for patients. New evidence based techniques were used to support the delivery of high quality care both internally and externally including the development of new guidelines and assessment processes.
- **Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.** The service made adjustments for patients' religious, cultural and other preferences.
- **Staff continued to assess and monitor patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. Additional clinics were set for groups of patients known to suffer from post-operative pain.
- **Managers monitored the effectiveness of care and treatment and all staff were actively engaged in activities to monitor and improve outcomes.** Outcomes for people who used the service were generally better or in line with the England average or predicted outcomes for the service. Where improvements could be made the service had recognised these and had plans in place. Opportunities to participate in benchmarking and peer review were proactively pursued. Accurate and up-to-date information about effectiveness was shared internally and externally.
- **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. We saw that staff were supported to maintain and further develop their professional skills and experience. We saw that practice educators were available in each ward and department to support staff.
- **Staff of different kinds continued to work together as a team to benefit patients.** Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver joined-up care to people who used services. For example, we saw the surgical service were split into care groups which were structures to involve MDT working. All relevant staff, were regularly involved in assessing, planning and delivering patients care and treatment. Staff worked well together to understand the range and complexity of people's needs. There was a holistic approach to planning patients discharge, transfer or transition to other services which was started at the earliest possible stage.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- **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.

Is the service caring?

Outstanding   

Surgery

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

- **Staff continued to involve patients and those close to them in decisions about their care and treatment.** We saw that patients and their families were respected and valued as individuals and were empowered to be partners in their care, practically and emotionally. Staff focussed on planning for patients discharge and involved family and those close to them in teaching and training of medications and devices.
- There was a strong, visible person-centered culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. People's emotional and social needs are highly valued by staff and are embedded in their care and treatment. We saw that staff went above and beyond to create a home from home environment for long stay patients and create spaces where they could enjoy social interactions with visitors and other patients.
- **Staff continued to care for patients with compassion, feedback from patients and their families continued to confirm that staff went above and beyond and that care and treatment exceeded their expectations.**
- **Relationships between people who were using the service, those close to them and staff continued to be strong, caring, respectful and supportive and we saw the service had systems in place to support staff with this.** Patients were supported to maintain and develop relationships with those close to them and maintain their social networks. We saw creativity to ensure this was a reality for patients who had to stay in hospital long term.
- Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds their expectations.

Is the service responsive?

Good   

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

- **The trust planned and provided services , amenities and care in a way that met the needs of all people using the service locally and nationally including patients and their families.**
- **The service took account of patients' individual needs in a holistic manner including mental, emotional and social care needs.**
- **People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.** The service was committed to continual improvements regarding this.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** The service received more compliments and positive comments than complaints from people who used the service.

However:

- Written patient information was not available in other languages and formats suitable for patients with sensory disabilities such as blindness.

Is the service well-led?

Outstanding  

Surgery

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

- **The leadership of the service was seen to be driving continuous improvement and staff across the whole service were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.**
- **The service was committed to improving services by learning when things went well and when they went wrong, promoting training, research and innovation.** The service had been recognised for innovative practices which had proven results in positively impacting safety, care and outcomes.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** Leaders have an inspiring shared purpose, to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies had been imbedded since our last inspection to ensure delivery and to develop the desired culture.
- **The service had a vision for what it wanted to achieve and a broad strategy developed with involvement from staff and key groups.** We found that the service had developed a strategy since the previous inspection.
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The culture was positive with a primary focus on patient care and experience. We found that issues regarding culture from the previous inspection had improved and all staff we spoke with told us there was a culture where all staff members were encouraged to challenge and speak up.
- **The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.** The leadership actively promotes staff empowerment to drive improvement and the culture was one where the benefit of raising concerns is valued.
- The organisation has the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care is accurate, valid, reliable, timely and relevant. **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The service engaged well and effectively with patients, staff, the public and local organisations to plan and manage appropriate services.** The service was focussed on using views gathered from engagement to drive improvement efforts.

Outstanding practice

We found the following areas of outstanding practice

There was clear and detailed evidence demonstrating improvements made in the use of the World Health Organisation Safer Surgery Checklist. We saw that this was embedded within the culture of the service and managers demonstrated commitment to ensure all staff were part of the process.

We saw innovative approaches used before, during and after surgery to ensure that surgical site infections rates remained low. Surgical site infection rates continued to be below the national average.

Surgery

We saw new ways of working were adopted to keep patients safe. For example, staff were given designated roles at the beginning of each shift to adopt in the event of cardiac arrest and wore badges to ensure their roles was clearly identified.

Harefield was one of two UK specialist centres to start using a specialised aortic valve in aortic valve replacement surgery last year. This new valve is designed to provide younger patients with an alternative to mechanical valves and does not require life-long anticoagulation. The bovine tissue is specially treated to slow its deterioration over time. The longevity of the resilient valve is intended to reduce the likelihood of patients requiring operations in later years of life and can allow patients to remain / regain their active lifestyles.

Training in human factors is increasingly embedded in clinical practice across the Harefield site. Several members of the team (from a range of disciplines) recently led a multicentre training symposium in human factors under the auspices of the Society of Cardiothoracic Surgeons.

The service provided us with evidence that they were taking the following action as part of their ongoing quality improvement projects to address the number of cancelled operations;

- A new theatre scheduling system was introduced in June 2018. The scheduling system worked by using operator times and better predicating the length of time required for each operation. Due to the complexity of work increasing, the service found it difficult to schedule two theatre cases into a day and for this reason the service was also looking as part of ongoing quality improvement work at adjusting the length of the theatre working day and staffing accordingly.
- In the six months before the inspection the trust trialled and introduced day of surgery admission (DOSA) for appropriate thoracic and cardiac surgery patients. The focus of this work had been to admit second and subsequent patients on the theatre operating list via the DOSA unit rather than through a ward bed. The service anticipated that the number of patients admitted in this way would increase over coming months and this would in turn reduce the number of cancellations due to lack of ward beds.
- Due to the nature of transplant services it can be difficult to predict activity. There are times that due to organ availability, there is no option but to proceed with transplant activity resulting in elective activity cancellations. As part of the theatre Darwin quality improvement work, the service was looking at allocating one of the theatres as an emergency theatre. The emergency theatre would also be used to operate on patients that were transferred from other hospitals.

The surgery services were developing a virtual reality goggle system which would allow patients to become familiar with the hospital surroundings. The service conducted 360-degree filming and was in the process of purchasing virtual goggles for patients to facilitate this technology. The aim of this was to allow patients to gain an insight preoperatively into what will happen to them when they are admitted to hospital for their surgery. This will be particularly useful for patients that are anxious and those with learning disabilities. The ambition was to reduce the effects of postoperative delirium.

The discharge team had introduced a photo discharge protocol which included taking an array of colour pictures of the surgical site and attaching this to a detailed step by step instruction for the patient. The patient was then given verbal instruction in addition to the written guide in how to take care of their surgical site. This process had significantly reduced surgical site infection rates since its introduction in 2014.

Areas for improvement

We found areas for improvement in this service

Surgery

- The service should ensure mandatory training including resuscitation training is adequately recorded and meets trust targets for all staff
- The service should ensure processes are in place to ensure equipment and medicines used for organ retrieval are checked daily and ready for use.
- The service should ensure the model for consultant cover is sustainable and meets the needs of the service.
- The service should ensure that patient information is available in other languages and in formats suitable for patients with sensory disabilities.

Royal Brompton Hospital

Sydney Street
Fulham
London
SW3 6NP
Tel: 02073528121
www.rbht.nhs.uk

Key facts and figures

Royal Brompton Hospital in Chelsea, West London has more than 2,200 staff, five dedicated operating theatres, one hybrid theatre and four catheter laboratories. Royal Brompton Hospital has 312 beds, including for surgery, intensive care, respiratory, cardiology, paediatric, paediatric intensive care patients.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and took place between 16 and 18 October 2018.

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

During the inspection we spoke with 100 patients and their relatives, and 100 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at 21 sets of patient records and observed a range of meetings including multidisciplinary meetings, governance meetings, ward rounds and nursing and medical handovers.

Summary of services at Royal Brompton Hospital

Good  

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

- The ratings of safe, responsive and well-led have improved, the ratings of effective and caring have stayed the same.
- Our rating for surgery and critical care services improved to good and the rating for children services stayed the same as good overall.
- The hospital had successfully implemented improvements highlighted during last inspection regarding the use of the safer surgery checklist, cleaning processes within theatres, safeguarding children training in recovery, theatre staffing and management and culture issues within theatres.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **The service had suitable premises and equipment and looked after them well.**
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.

Summary of findings

- **The service prescribed, gave, recorded and stored medicines well.** Patients received the right medication at the right dose at the right time. However, we found that the surgical service did not always follow best practice when storing medicines.
- **Staff kept appropriate records of patients' care and treatment.** Records were clear, up-to-date and available to all staff providing care.
- **The hospital had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.** Ward managers matched staffing levels to patient need and could increase staffing when care demands rose. All staff understood their responsibilities to safeguard patients from abuse and neglect, and had appropriate training and support.
- **The hospital managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** 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.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Except in surgery, 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 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 cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. The unit had since introduced an animal therapy policy to enable dogs to be safely allowed on the unit for patients who wished to have them visit.
- **Staff provided emotional support to patients to minimise their distress.**
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **The trust planned and provided services in a way that met the needs of local people.**
- **People could access the service when they needed it.** Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- **The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.**

Summary of findings

- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** However, staff survey results within surgery showed dissatisfaction in various areas.
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**

However,

- **We observed a few lapses in strict adherence to infection control procedures within critical care.** Although the hospital controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **Although the service provided mandatory training in key skills to all staff.** The trust target was set at a comparatively low 70% or 80% depending on the mandatory training module and the compliance rates for mandatory training for some staff groups were below these trust targets.
- **Although staff had training on safeguarding children and adults,** the trust target was set at a comparatively low 75% and the compliance rates for mandatory training for some staff groups were below trust targets.
- **Managers did not always effectively appraise staff's work performance.**
- There was no ratified strategy for critical care and children and young people services.

Surgery

Good  

Key facts and figures

During the 12-month period October 2017 to September 2018 there were a total of 2195 elective and emergency adult admissions for surgery to Royal Brompton Hospital within the surgery core service. The two subspecialties were cardiac surgery and thoracic surgery.

The surgical department had six operating theatres at Royal Brompton Hospital with 54 surgical beds.

During the inspection we visited all clinical areas, including the three wards where surgical patients were cared for, theatres and recovery. Over the course of the inspection we spoke with 30 members of staff including senior managers, clinical nurse specialist, clinical educator, perfusionists, ODPs, health care assistants, consultants, junior doctors, physiotherapists, pharmacists and other allied health professionals.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We also spoke with 20 patients and their relatives. We observed care and treatment and looked at seven medical records.

Summary of this service

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

- The ratings of safe, responsive and well-led have improved, the ratings of effective and caring have stayed the same.
- The service had successfully implemented improvements highlighted during last inspection regarding the use of the safer surgery checklist, cleaning processes within theatres, safeguarding children training in recovery, theatre staffing and management and culture issues within theatres.
- The service had improved the percentage of cancelled operations where the patient was not treated within 28 days and the average length of stay. However, the average length of stay was higher compared to the England average.
- The service controlled infection risk well. Surgical site infection rates were lower than national benchmark.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment.
- Staff cared for patients with compassion and took account of patients' individual needs.
- The service used a systematic approach to continually improving the quality of care by creating an environment in which excellence in clinical care would flourish.

However:

- Compliance rates for mandatory training were below trust targets.
- The service did not always follow best practice when storing medicines.
- Managers did not always effectively appraise staff's work performance.
- Cancellation rates and referral to treatment times were worse than national average.
- Staff survey results showed dissatisfaction in various areas.

Surgery

Is the service safe?

Good  → ←

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

- The service successfully implemented the safer surgery checklist into daily practice.
- The service controlled infection risk well, cleaning processes within theatres had been improved since last inspection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- Staff understood how to protect patients from abuse. Safeguarding children training compliance in recovery was improved since last inspection. However, trust targets for completion of safeguarding training had not been met for medical staff.
- Staffing levels in theatres had been improved since last inspection. The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service followed best practice when prescribing, giving and recording medicines. However, we found that the service did not always follow best practice when storing medicines.
- Staff kept detailed records of patients' care and treatment.
- The service managed patient safety incidents well.

However:

- The service provided mandatory training in key skills to staff but not everyone had completed it.

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However:

- Managers did not always effectively appraise staff's work performance.

Surgery

Is the service caring?

Good ● ↑

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

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- The percentage of cancelled operations where the patient was treated within 28 days was better than the England average. This had improved since the last inspection.
- The average length of stay had improved since the last inspection. However, it was higher compared to the England average.
- The trust's referral to treatment time for admitted pathways for surgery was better than the England average. However, waiting times from referral to treatment for cardiothoracic surgery were worse compared to the England average.
- The service took account of patients' individual needs.
- The trust planned and provided services in a way to meet the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- The percentage of cancelled operations at the trust was above the England average.

Is the service well-led?

Good ● ↑

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

- Managers had been successful in implementing change and improvements in theatres, promoting a positive culture that supported and valued staff.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

Surgery

- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 went well and when they went wrong, promoting training, research and innovation.

However:

- Staff survey results showed dissatisfaction in various areas.

Areas for improvement

We found following areas of improvement:

- The service should take measures that all staff have completed mandatory training including safeguarding training.
- The service should provide sepsis training for staff.
- The service should ensure temperatures in drug storage rooms are within recommended limits.
- The service should take measures that all staff have appraisals according to trust policy and address negative staff survey results regarding appraisals.
- The service should continue to address long waiting times for elective cardiothoracic surgery admissions and reduce numbers of 18-week breaches in referral to treatment times.
- The trust should aim to decrease the number of patients whose operation is cancelled.
- The service should investigate the average length of stay for patients, which was higher than national average.
- The trust should continue to monitor and improve culture issues within theatres and address related staff survey results.
- The service should investigate and take measures to address staff survey results about the extent the organisation valued staff's work.

Critical care

Good  

Key facts and figures

The Royal Brompton Hospital critical care service consisted of an 18 bed adult intensive care unit (AICU) which provided level 3 care (patients requiring intensive support with two or more failing organs) and a 20 bed high dependency unit (HDU) which provided level 2 care (patients requiring detailed observation/ single failing organ).

The AICU is also one of five nationwide commissioned centres to provide ECMO (extracorporeal membrane oxygenation) service. The trust reports that as well as being recognised as leaders in the provision of intensive care to patients with the most severe heart and lung problems, the trust has a large programme of research aimed at elucidating the causes of critical illness, investigating how effective the standard intensive care methods are and how they can improve them.

The critical care and anaesthesia service has several dedicated adult critical care consultants and the trust is one of the few in the country to have a professor of intensive care medicine.

The trust are active members of the North-West London critical care network. The trust works closely with the network to provide specialist services as well as supporting quality initiatives, training and publications.

From October 2017 to September 2018 the AICU received approximately 50 admissions per month of which nine were for the ECMO service. Over the same period the HDU received approximately 300 admissions per month.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before the inspection, we reviewed information that we held about these services and information requested from the trust.

During the inspection we visited the AICU and HDU. We spoke with 10 patients and relatives. We observed how care was provided and reviewed seven medical records

We spoke with approximately 40 staff including grades of nursing staff, junior medical staff and consultants, physiotherapists, pharmacy staff, ward administrators, dietitian, cleaning staff and senior managers.

Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- Following our inspection in 2016, the service had made significant improvements in the leadership and safety of the critical care service. These improvements contributed to the safety of patients.
- There was an experienced leadership team who encouraged a culture of multidisciplinary team work, innovation and striving for excellence in care.
- Effective reporting and governance systems protected patients from harm and ensured a no-blame culture of learning when incidents occurred.
- Patients received effective, evidence-based care and patient outcomes were within the expected range. There was an extensive audit and research programme and an investment in finding new ways to improve patient outcomes.

Critical care

- Appropriately qualified staff cared for patients. There were excellent training and development opportunities for nursing, medical and allied health professional staff. The percentage of nursing staff with the post registration qualification in critical care exceeded the recommended minimum guidelines.
- There was an embedded culture of supporting patients and their families during and after admission to critical care. The service was committed to engaging with patients and their relatives and tailored care to suit individual needs.

However:

- Enteral feeding products were stored in an unsecure area, this posed a contamination risk and potentially compromised patient safety.
- Although the service provided mandatory training in key skills to all staff and there was high uptake for mandatory training for medical and nursing staff in line with the trust target. There was lower uptake in the staff group which included health care assistants.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, we observed a few lapses in strict adherence to infection control procedures.
- Approximately one third of consultant shifts were covered by consultants working additional shifts.
- There was limited provision of hot beverages for visitors to the unit out of hours and the weekend.

Is the service safe?

Good  

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

- At the previous inspection we identified a number of concerns regarding infection prevention and control (IPC) practices which posed a risk to patients and staff. The service had since made improvements to IPC, in particular, consistent achievement with hand hygiene compliance rates.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Critical care

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- Enteral feeding products were stored in an unsecure area. This posed a contamination risk and potentially compromised patient safety.
- Although the service provided mandatory training in key skills to all staff the uptake of mandatory training for health care assistants was lower than the trust target. The uptake was higher for medical and nursing staff. However, the trust target was set at a comparatively low 70% or 80% depending on the mandatory training module.
- Although staff had training on safeguarding children and adults, the trust target was set at a comparatively low 75%. Nursing, medical and dental staff met two out of three safeguarding modules.
- We observed a few lapses in strict adherence to infection control procedures. Although the service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Approximately one third of consultant shifts were covered by consultants working additional shifts.

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.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Staff were provided excellent training and development opportunities. 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 very well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- 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.

Critical 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.

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. The unit had since introduced an animal therapy policy to enable dogs to be safely allowed on the unit for patients who wished to have them visit.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. There were no rooms for relatives to stay overnight on the unit, although the trust did offer nearby accommodation for families if they wished.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- There was limited provision of hot beverages for visitors to the unit out of hours and the weekend.

Is the service well-led?

Good ● ↑

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

- Prior to the previous CQC inspection in 2016 several consultants had collectively left the unit. This had a significant impact on the leadership capacity of the critical care service. At this inspection we saw the service clinical director and senior nursing staff had put great effort into maintaining the service and supporting the team. We observed there was now an established leadership team who had clear priorities for expanding the ECMO service and ensuring sustainability of the service overall.

Critical care

- Managers in the critical care service had the right skills and abilities to run a service providing high-quality sustainable care. Leaders understood the challenges and priorities in their service. Managers were committed to retain staff and invested in clinical education to develop their team. Senior nurses, consultants and healthcare professionals were leads in certain key areas to provide direction and support to staff.
- There was a vision for what leaders wanted to achieve in critical care in line with the overarching vision for the trust. Staff supported the vision and values of the unit to provide an excellent service to patients and carers.
- The service had a positive, inclusive and supportive culture. Staff expressed pride and commitment working for the critical care unit. There was strong collaboration and team-working with the shared purpose of improving quality of care and patient experience.
- The service used a systematic approach to continually improve the quality of its services. It encouraged high standards of care by creating an environment in which excellence in clinical care would flourish. Governance arrangements in the AICU were well structured and engaged with all staff through meetings which were held in an open and inclusive manner.
- The quality improvement agenda was embedded in the way the AICU operated. The unit used information from incidents, complaints, research and audits as learning opportunities to develop the service and make improvements.
- The service risk management systems and processes ensured issues were escalated to the appropriate committees and the board through clear reporting structures. The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with partners such as the critical care network and with patients and relatives. For example, by acting on feedback and redesigning the rooms on the AICU.
- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- Research and innovation was encouraged and supported, both by the service and by the trust.

However:

- There was no documented strategy for the service with clear workable plans.

Outstanding practice

- The trust had developed its own accredited intensive care course to offer the qualification in critical care nursing to its nurses. This enabled the unit to have 63% nurses with the qualification which exceeded the GPICS guidance of a minimum of 50%. The trust had funded the course to continue to provide the training.
- The service demonstrated excellent multidisciplinary working practices which enabled collaboration in improvement projects and enhanced patient care.
- The unit had introduced an animal therapy policy to enable dogs to be safely allowed on the unit for patients who wished to have them visit.

Areas for improvement

- The service should review the storage of enteral feeding products to avoid unauthorised access.
- The service should improve the mandatory training uptake for health care assistants.
- The service should improve the safeguarding training uptake for staff.

Critical care

- The service should continue to improve staff adherence to safe infection control practices.
- The service should continue to improve the consultant staffing situation on AICU and HDU.
- The service should consider highlighting the provision of hot beverages to visitors to the unit out of hours and weekends.
- The service should consider producing a documented strategy.

Services for children and young people

Good   

Key facts and figures

The service operated out of two main clinical areas. Firstly, the paediatric ward which consisted of 29 beds and four paediatric high dependency beds. This was right next to the 16-bedded paediatric intensive care unit which also housed an additional four paediatric high dependency beds.

Between June 2017 and May 2018 there were 4,511 spells of which 46% (2,079) were elective, 47% (2,134) were day case and 7% (298) were emergency.

During the inspection we visited all clinical areas, including the outpatient department, the sleep centre and the paediatric theatre. Over the course of the inspection we spoke with 30 members of staff including senior managers, specialist nurses, advanced nurse practitioners, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, physiotherapists, occupational therapists, play specialists, pharmacists and other allied health professionals.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We also spoke with 12 patients and their relatives, two musical entertainers, two cleaners and four reception staff. We observed care and treatment and looked at seven medical records.

Summary of this service

We rated safe, effective, responsive and well-led as good and caring as outstanding. Our rating of this service stayed the same. We rated it as good because:

- The service made significant efforts to manage expectations around the step down process from PICU to the ward. The service had hired a nurse to lead on this and an advanced nurse practitioner worked to make the process more seamless.
- There was clear evidence of research, innovative and outstanding practice. For example, the Simulated inter Professional Team training (SPRint) had won national awards and the paediatric Extracorporeal Membrane Oxygenation (ECMO) service had positive outcomes.
- Staff spoke very highly of the culture of the service and the staff survey results were consistently high for workplace satisfaction.
- The service went above and beyond for its patients and patient families. Including the creation of social clubs for patients of all ages.
- The service took a consistently holistic approach to the care and wellbeing of parents and provided basic nursing training skills to patient family members.
- The service had good links with local safeguarding agencies and staff very supported by in-house safeguarding team.
- The service had a variety of link nurses and staff felt empowered and encouraged by managers to continue professional development.
- The service used a collaborative multi-disciplinary approach to care planning and even made use of external agencies and stakeholders.

Services for children and young people

- The service made special efforts to provide a home away from home for both patients and their families. They provided school curriculums for the patients and accommodation and food vouchers for family members as necessary.

However:

- We found two separate occasions of missed doses on the system and found that the prescribing IT systems did not communicate well with one another.
- The service had poor audit results for WHO surgical checklist compliance.
- Staff informed us that they had access to good learning opportunities but rarely had time to attend.
- The paediatric strategy was not dated and had no time scales for when it wanted to achieve key objectives.
- Mandatory training rates were below the trust target.
- Safeguarding training rates were below the trust target.
- Not all staff received an appraisal.

Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked exceptionally well with other agencies to do so.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- The service had enough nursing 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 had enough medical 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.
- Staff kept detailed records of patient care and treatment.
- The service managed patient safety incidents very well.
- The service used safety monitoring results well.
- The service planned for emergencies very well and staff understood their roles if ones should happen.

However:

- We found two separate occasions of missed doses on the system and found that the prescribing IT systems did not communicate well with one another.
- Mandatory training rates were below the trust target.
- Safeguarding training rates were below the trust target.

Services for children and young people

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Nursing staff had a variety of practice educators and agency staff also had access to more education.
- Staff of different kinds worked together as a team to benefit patients. We observed a variety of multi-disciplinary meetings which we found to be well staffed and took account of the patient's holistic needs.
- 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 understood the teams and individuals that could assist if they had any queries.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback results were high and staff went the extra mile to ensure that families were treated with compassion. Patients had access to play specialists, music entertainment and social clubs. The service had improved communication with families of patients who were being stepped down between PICU and the ward.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff formed holistic multi-disciplinary meetings to ensure that families and patients had everything they needed to ensure a high quality of care. The service now ensured that it provided patient families with more information and training. The service provided social clubs and pets as therapy for patients.
- Staff provided emotional support to patients to minimise their distress. Staff also ensured that patients and their families had access to additional support and even religious support. Both patients and their families had access to psychology support and psychologists were located on PICU so that they were made aware of any emergencies as soon as possible.

Is the service responsive?

Good ● → ←

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

Services for children and young people

- The trust planned and provided services in a way that met the needs of the local people.
- The service took account of patients' individual needs. They also took account of the needs of the family with accommodation, translation services, parent training in basic intensive care requirements and thorough discharge planning.
- People could access the service when they needed it.
- 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  

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

However:

- The service did not have a ratified, dated strategy.
- Some staff felt as though they did not have enough time to attend training sessions.

Outstanding practice

We found the following areas of outstanding practice:

- There was clear evidence of research, innovative and outstanding practice. For example, the Simulated inter Professional Team training (SPRint) had won national awards and the paediatric Extracorporeal Membrane Oxygenation (ECMO) service had positive outcomes. The service had also launched a hypoplastic left heart pathway which included a social element for long stay patients.

Services for children and young people

- Staff spoke very highly of the culture of the service and the staff survey results were consistently high for workplace satisfaction.
- The service went above and beyond for its patients and patient families. Including the creation of social clubs for patients of all ages.
- The service took a consistently holistic approach to the care and wellbeing of parents and provided basic nursing training skills to patient family members.
- Since our last inspection the service had developed clear pathways for rare diseases, e.g. Kawasaki disease.
- The service used a badge system to allocate members of staff roles in the event of an emergency.

Areas for improvement

We found following areas of improvement:

- The service should ensure that their mandatory training rates meet the trust target.
- The service should ensure that it performs better in its WHO surgical checklist.
- The service should ensure that all medical staff have up to date safeguarding training.
- The service should ensure that they mitigate the risk of errors on their prescribing systems.
- The service should ensure that the strategy is dated with objectives being monitored.
- The service should ensure that all staff receive an appraisal each year.
- The service should ensure that all staff are provided with protected time to continue their professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

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

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Our inspection team

The well-led inspection was led by Michelle Gibney, Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. An executive reviewer, David Rogers, supported our inspection of well-led for the trust overall. On the well led we were also accompanied by a colleague from NHS Improvement who assisted us in assessing how finance was managed by the trust. The team included six further inspectors, an assistant inspector and five specialist advisers.

The core service inspection was led by Michelle Gibney, Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. Seven CQC Inspectors were in attendance and were supported by ten specialist advisers.

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.