

**MEETING**

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**DATE AND TIME**

**THURSDAY 11TH JULY, 2019**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

**TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)**

Chairman: Councillor Alison Cornelius  
Vice Chairman: Councillor Linda Freedman

**Councillors**

Cllr Golnar Bokaei                      Cllr Anne Hutton  
Geof Cooke                              Cllr Alison Moore  
Saira Don                                 Cllr Barry Rawlings                      Cllr Lisa Rutter

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**You are requested to attend the above meeting for which an agenda is attached.**

**Andrew Charlwood – Head of Governance**

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## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the previous meeting	5 - 16
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer None.	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee To follow.	
8.	Royal Free London NHS Foundation Trust <ul style="list-style-type: none"> <li>• CQC Report</li> <li>• Quality Account 2018-19</li> </ul>	17 - 110
9.	Suicide Prevention in Barnet <ul style="list-style-type: none"> <li>• Draft Action Plan 2019-20</li> <li>• Report</li> </ul>	111 - 122
10.	Urgent Care Developments and Cricklewood Walk In Service	123 - 150
11.	Barnet Hospital - Meals for Patients	151 - 236
12.	Health Overview and Scrutiny Forward Work Programme	237 - 240
13.	Any Other Items that the Chairman Decides are Urgent	

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# Decisions of the Health Overview and Scrutiny Committee

15 May 2019

Members Present:-

AGENDA ITEM 1

Cllr Alison Cornelius – Chairman  
Cllr Val Duschinsky – Vice Chairman

Cllr Linda Freedman  
Cllr Saira Don  
Cllr Paul Edwards  
Cllr Geof Cooke  
Cllr Alison Moore  
Cllr Golnar Bokaie  
Cllr Anne Hutton

## 1. MINUTES (Agenda Item 1):

The Minutes were approved, subject to the following amendment:

A Member requested that the word 'universal' be added in front of the phrase 'free school meals' at the bottom of page 9 of the Minutes, for clarity.

Matters arising from the Minutes:

- The 'One You' website has been launched (link below):  
<https://www.barnet.gov.uk/health-and-wellbeing/adults-health/one-you>
- A Member referred to the discussion at the previous meeting concerning healthy eating messages and specific communities which had been agreed it would be helpful to target. The Director of Public Health would feed this back in relation to trying to include them in promoting the Diabetes Awareness event to be held at Brent Cross on 11 June. Cllr Hutton offered to supply links to community groups.
- Cllr Edwards reported that he and Cllr Tim Roberts had had a positive and constructive meeting with Dr Shaw to discuss the CPZ around Barnet Hospital. Barnet Hospital was keen to participate in the CPZ review and consider purchasing spaces for staff if the opportunity arose.
- A Member enquired about the availability of data around suicide as discussed at the previous meeting. The Chairman noted that Dr Jeff Lake would be attending the next meeting on 11 July to provide an update on suicide prevention. Members with specific queries for Dr Lake could email the Chairman in advance of the meeting.

## 2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

## 3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

None.

**4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):**

None.

**5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):**

None.

**6. MEMBERS' ITEMS (IF ANY) (Agenda Item 6):**

None.

**7. ADDENDUM (Agenda Item 6a):**

A document entitled 'Chief Executive Statement on the Royal Free London NHS Foundation Trust Quality Account' was noted.

**8. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):**

The Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee (JHOSC) held on 18 January 2019 and 15 March 2019 were noted.

The Chairman reported that the next JHOSC meeting would be held on 21 June at Hendon Town Hall.

**9. DEPARTMENT OF HEALTH: QUALITY ACCOUNTS - A GUIDE FOR OVERVIEW AND SCRUTINY COMMITTEES (Agenda Item 8):**

The Guide was noted.

**10. 2017/18 QUALITY ACCOUNTS MID YEAR REVIEWS (Agenda Item 9):**

**Resolved** that the Committee noted the three reviews.

**11. NHS TRUST QUALITY ACCOUNTS 2018/19 (Agenda Item 10):**

**ROYAL FREE LONDON NHS FOUNDATION TRUST QUALITY ACCOUNT**

The Chairman invited the following to the table:

- Dr Chris Streater - Chief Medical Officer and Deputy Chief Executive, Royal Free London NHS Foundation Trust

The Chairman asked Dr Streater for an update following the Care Quality Commission (CQC) report on the Trust (Barnet, Chase Farm and the Royal Free Hospitals) published on 10 May 2019. She also requested that he attend the next HOSC meeting on 11 July to provide a full update on the actions being taken to address the two areas which were rated 'Requires Improvement' in the CQC report.

Dr Streater reported that the Trust's overall rating had fallen to 'Requires Improvement' since the previous CQC assessment in 2016, with failings found in the areas of 'Are Services Safe?' and 'Are Services

Responsive?'. The CQC had found 89 areas to be 'Good' and 19 'Requires Improvement'. In addition, 21 areas were noted as areas of outstanding practice compared with 11 areas in 2016.

The CQC report stated that the following areas needed improvement:

- Some of the areas that the Trust had been advised as needing improvement in 2016 had still not been put right.
- The Trust had not met its own targets for mandatory training.
- Staff did not consistently follow best practice when managing medicines.
- There was an insufficient number of staff with the required skills and qualifications in some services. However, there were no unfilled shifts and Wards were staffed at required levels. There were currently problems with recruitment and retention as in many other NHS organisations.
- The majority of staff feeding back through the Staff Survey were indicating that the Organisation's culture had improved. The behaviour of senior staff appeared to have improved. However, in particular at the Royal Free site, there were problems with the work culture in the operating theatres with particular concerns being raised around senior staff.
- A&E waiting times – targets not met. Regularly attendance was around 400 people daily at Barnet Hospital and this was a large number for a district hospital. There had also been delays in the 18-week referral to treatment pathway and the 62-day treatment target for cancer. This had been one of the reasons for the lower rating in 'Are Services Responsive?'

The CQC report made the following positive comments:

- Staff treat patients with dignity, kindness and respect.
- Staff teamwork was good.
- The Trust conducted a large amount of clinical research which has helped to reduce variation in care, improve waiting times and reduce neonatal admissions.
- Staff were being trained in Quality Indicator methodology and this was being applied. The Trust aimed to train 20% of its staff in this.
- 'Are Services Well-led' received a 'Good' rating.
- The Trust was a sector leader in areas such as its urology prostate cancer pathway, technology in dermatology and reducing admissions to its neonatal units.
- 40 'Speaking Up Champions' had been trained and further training was underway to help tackle bullying. The Trust's work on educating staff on behaviour was ongoing.

Dr Streather reported that no enforcement action was recommended but the Trust Board would meet the following week to discuss an action plan to cover the 19 issues which required improvement. He also commented that the Trust had a low healthcare-associated infection and mortality rate which was 15% lower than the national average.

The Chairman enquired why the CQC report was not mentioned in the Chief Executive Statement. Dr Streather said that he felt sure this could be referred to in the Statement before the Quality Account was published.

**The Committee scrutinised the Draft Royal Free London NHS Foundation Trust Quality Account 2018-19 and wished to put on record the following comments:**

- The Committee congratulated the Trust on reaching its landmark 2000<sup>th</sup> liver transplant.
- The Committee was pleased to see interventions to improve patients' experience, such as the introduction of 'silent saws' for removal of plaster casts. This was particularly helpful for children, people with learning disabilities and older people with dementia.
- The Committee praised the Trust for continuing to make improvements to care for dementia patients, one of which was the decoration of the 8 West Ward with a seaside theme. The

Committee was pleased to see that the Trust had focused on such workable interventions as well as clinical ones. This was one example of significant improvements that had been made in the management of dementia care.

- The Trust was commended for a reduction in the cases of C.diff to well below the threshold.
- The Committee praised the Trust for its innovation in many areas and for becoming a world leader in many specialist treatments.
- The Trust was congratulated by the Committee for making improvements to the consistency and quality of information it provided for patients, resulting in it achieving Information Standard Certification before the Scheme closed.
- The Committee was pleased to see that the Trust's progress around its digital transformation and development of clinical pathways was going well.
- The Committee commended the Trust on the extensive work done around quality improvement and the rolling out of the Quality Improvement (QI) methodology across many specialities, with Clinical Practice Groups established as the hubs for this work.
- The Committee was pleased to see that the Trust had prioritised 'Learning from Deaths' for the past year and would continue to prioritise this in the coming year.
- The Committee noted and valued the Trust's priorities for improvement including:
  - trying to build capacity in the workforce
  - working to reduce unwarranted clinical variation
  - improving its involvement with patients and carers
  - improving safer surgery
  - learning from deaths
- The Committee was pleased with the amount of clinical research carried out by the Trust. It was noted that Barnet Hospital had recruited the first European patient to take part in an international study exploring a potential treatment for wet age-related macular degeneration.
- The Committee was pleased that a focus on sepsis was noted as one of the CQUIN Scheme priorities.
- The Trust was commended for its Haemophilia Treatment Centre and thought the new treatments for haemophilia were exciting and benefiting patients.
- The Committee was pleased with the trial at Chase Farm Hospital of an innovative respiratory monitoring device to help detect patient deterioration.

**However:**

- The Committee commented that as the Quality Account was a document intended for use by the public, it should be clearly set out and easy to navigate: this was not felt to be the case. The draft report had no page numbers, the language was vague in places and it was suggested that SMART be used as a methodology (Specific, Measurable, Agreed upon, Realistic and Time-based). The overall presentation should be reviewed to make the report easier to assimilate and scrutinise. The audit data was unclear, for example the section on cancer (section 2.2) could not be deciphered at all by the layperson. Many figures were missing from the audit data and it was not clear how figures above 100% were possible. This did not give confidence to the Committee that other aspects were being recorded accurately.
- The Committee was disappointed that there was much data missing from the Commissioning for Quality and Innovation (CQUIN) Scheme Priorities section.
- The Committee noted that the target of zero 'Never Events' by the end of March 2019 had not been achieved. Instead there had been an increase to nine. The Committee noticed an effort from the Trust to reduce 'Never Events' but progress had not been made at the pace required to protect patients' safety.
- The Committee reported that it was frustrating that data was missing from the report. The data on the number of deaths reviewed contained in the report related to April, May and June 2018 and more up-to-date data was needed. The mid-year data had previously been made available so

it was inexcusable that the final figures were not available. There was no data therefore in relation to the Priority 'Learning from Deaths'.

- The Committee noted some of the 'Actions Taken During 2017/18' were self-evident and should be routine, such as reviewing safeguarding processes and reviewing the medical rota.
- The Committee was disappointed with some of the Trust's national performance targets. Its compliance for Referral to Treatment was below the national average - the latest compliance in January 2019 was 73.9% against a target of 92%. The Cancer 62-day target had also not been met although it was hoped that improvements would be achieved in the future since the Trust set up the Cancer Clinical Practice Group. Accident and Emergency targets had been at 87.4% for several months, below the 95% target, though it was acknowledged that the Trust received a huge volume of patients and was investigating how it might tackle this.
- The report does not mention the Walk-In Centres at Cricklewood and Finchley Memorial Hospital. It is believed that Finchley Memorial Hospital and Edgware Community Hospital are also run by the Trust.
- Some of the Quality Priorities, such as 'further enhance and support dementia', were vague and not measurable so it was not clear how the Trust would know whether its strategies were successful.
- The report detailed the Trust's completed actions but it would be helpful if it also included the actions outstanding and a firm timescale for dealing with them.
- The Committee noted that many of the Quality Account priorities for 2018/19 were not achieved.
- The following had previously been noted in 2017/18 Q3 and Q4 Reports and there was no update in the 2018-19 Quality Account so these do not appear to have been followed up on:
  - Deprivation of Liberty Safeguards (DoLs) were not in place.
  - Oral care was not well documented in nursing notes and oral care plan not triggered on admission. In addition under 'patient care' it was noted that staff were slow to act on poor oral intake. There has been no further update on this.
  - Correct storage of medicine was not always adhered to ie not stored at the correct temperatures and not returned to locked cupboards.

**In addition Members also asked Dr Streather about the following and he agreed to respond after the meeting:**

1. Some of the appendices are missing from the report – please provide this data?
2. Section 3, point 2 of the report Improving Patient Experience mentions 'organisation development' – what is the time frame for this piece of work?
3. Completed actions from 2016 are in the report but it would be helpful to see a list of the actions outstanding. Could these be included in the Quality Account?

The Chairman thanked Dr Streather for attending the meeting and providing helpful and open responses.

**RESOLVED that the Committee would forward their comments for inclusion in the final Quality Account by 17 May.**

#### **NORTH LONDON HOSPICE QUALITY ACCOUNT 2018/19**

The Chairman invited the following to the table:

Fran Deane - Director of Clinical Services, North London Hospice  
Miranda Fairhurst - Assistant Director, North London Hospice

**The Committee scrutinised the draft North London Hospice Quality Account 2018-19 and wished to put on record the following comments:**

- The Committee commended the Hospice for producing an accessible report that was easy to navigate.
- The Committee congratulated the Hospice on the increase in the completion of the falls paperwork since the last falls review and noted that 100% of reviews had been completed.
- The Committee was delighted that nursing staff have been recruited to the Community Teams via the Sustainability and Transformation Plan and that the Hospice also welcomed nursing and social work students and offered placements for undergraduate and post graduate doctors.
- Infection prevention and control was excellent with no cases of C.diff again during the year.
- The Committee was pleased to hear about the implementation of the 'Productive Ward' on the Inpatient Unit to improve ways of working leading to "Releasing Time to Care", enabling staff to spend more time with patients.
- The Committee noted that the number of new pressure ulcers had fallen from 78 to 63. This was partly attributed to the purchase of new mattresses in Spring 2018.
- The Committee noted that there had been an improvement to acceptable standards following the audit of both waste management and hand hygiene.
- The Committee was pleased that successful measures had been taken to address the problem of closed bed days down from 78 in 2017/18 to only 12.
- The reporting of 'near misses' had increased which indicated better awareness and surveillance. All 'near misses' had been 'low harm' or 'no harm'.
- The Committee complimented the Hospice on its training, educational and other initiatives to improve care for patients and allow staff to spend more time on direct patient care. These included:
  - Training 96 'Compassionate Neighbours'
  - Setting up Journal Clubs to share information on various topics
  - Introducing the One Page Patient Profile called 'Things to Know About Me' and a Dementia Chest to help staff care particularly for dementia patients
  - Implementing the use of magnets to identify patients needs and care risks at a glance
  - Running two Palliative Care courses for healthcare professionals
  - Inaugurating a Falls Group for community patients which will run four times a year to increase patient awareness about falls, why they happen and how to manage them
  - Training 25 volunteers for Bereavement support
- The service user experience was positive with 237 written compliments received.
- The Committee was pleased to see that the 'Catching the Light' photography group had continued with much success.
- The Committee congratulated the Hospice on having approximately 950 volunteers.
- The Committee commented that non-medical prescribing was a positive step and was pleased to learn that patients would continue to be supported to die at home if that was their preference.

**However:**

- The Committee was concerned that the 'Infection, Prevention and Control Audits' had revealed areas of non-compliance including the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labelling of sharps bins, but was reassured by the remedial action taken.
- Although there had been an improvement in the completion of bedrail risk assessments from the previous year, not all had been completed weekly in accordance with policy. The Committee noted that the Hospice had amended the policy to include risk assessments only being undertaken when a patient's condition changes.
- The Committee was disappointed that the target of a minimum 80% occupancy had not been met due to a shortage of Inpatient Unit nurses and doctors. However, a rota of doctor availability was being set up.
- The Committee noted that 12 complaints had been received, with 11 upheld and one partly upheld. There had also been 23 'concerns' raised by Users mainly relating to clinical care.
- The number of patient falls was of concern as it had risen from 53 to 62, despite the introduction of patient alarms and the purchase of low beds.
- Medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The Committee was informed that the Hospice is now separating out non patient-related medication incidents from those directly affecting patients.
- The staffing issues were noted, including bullying, though this did not appear to be outside average figures.

**In addition Members asked Fran Deane about the following:**

1. Why there had been an increase in the number of falls? She responded that this depended on the cohort of patients at the time with some keen to be more independent.
2. Why the benchmarking data was not available for falls and medicines incidents to know how the NLH compare to other hospices? This information would be added to the table and forwarded to the Committee as soon as it was provided by Hospice UK.
3. Whether Homeless Action in Barnet was a stakeholder? She would check this and respond after the meeting. She was asked about the referral process for homeless people and responded that referrals are accepted and the NLH was working with providers so they understand how to refer.
4. How electronic patient record was working? Egton Medical Information Systems (EMIS) would be introduced this year as it interacts with GP records. It was also introducing 'Coordinate My Care' which helped to improve communication with Primary Care and the London Ambulance Service.
5. What is the timescale for the Carer Strategy? Currently the NLH was consulting carers to find out what they required.
6. What is the funding for the NLH as it appeared that Haringey provided more funding than Barnet? This was not the case as there were different funding models. She would provide further information after the meeting.

The Chairman thanked Ms Fairhurst and Ms Deane for attending.

**RESOLVED that the Committee would forward their comments for inclusion in the final Quality Account by 28 May.**

## **CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST QUALITY ACCOUNT 2018-19**

The Chairman invited the following to the table:

Kate Wilkins - Assistant Lead for Quality, Central London Community Healthcare NHS Trust

**The Committee scrutinised the draft Central London Community Healthcare NHS Trust Account 2018-19 and wished to put on record the following comments:**

- The Committee congratulated the Trust on its achievements against its Commissioning for Quality and Innovation (CQUIN) goals for Barnet and on winning 'Organisation of the year' at the HSI Patient Safety Congress 2018.
- The findings of the last CQC inspection were positive and the Committee was pleased to see that ratings for Community End of Life Care had improved from 'Requires Improvement' to 'Good' since the previous inspection. The Committee complimented the Trust on receiving a rating of 'Outstanding' for the 'Well-Led' domain in the Community Health Services for Adults' core service which was previously rated 'Good'.
- The Committee complimented the Trust on producing a Quality Account which was accessible and easy to scrutinise.
- The Committee was pleased to note the Trust's ambitious goals.
- The Committee was pleased that there had been an increase in 'harm-free care' with a significant reduction in the number of falls: 99.3% of patients had not experienced a fall during the reporting period.
- Although the Trust had not met its target for Pressure Ulcers, the Committee was pleased to see the actions that had been taken to improve this.
- The Committee noted that 0% of patient deaths 'were judged to be more likely than not to have been due to problems in the care provided'.
- The Committee noted the Trust's goals and achievements in relation to its workforce including:
  - achieving an increased take-up of the staff 'flu vaccine, achieving one of Barnet's CQUINS.
  - recognising outstanding individuals at its own internal Staff Awards Ceremony.

**. However:**

- Although the Committee noted that recruitment and retention of staff was currently a nationwide and particularly London-wide issue, it was concerned that the Trust's staffing levels could impede its ambitious expansion plans. High standards could be difficult to maintain given staff shortages and there might be a danger that acute hospital attendances would increase due to vacancies in CLCH.



- The Committee noted that the Trust had received a CQC rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children and Young People, which was due mainly to higher-than-recommended caseloads within the Health Visiting Service.
- The Trust had only 'partially achieved' or 'not achieved' its quality priorities on staffing: Campaign Five – Here, Happy, Heard and Healthy. The Committee would await the mid-year update to see whether progress had been made.
- The Committee expressed concern about the possible adverse impact that moving some senior staff to expand its services into Hertfordshire might have on the leadership of Barnet services.
- The Committee noted the amber KPI regarding staff appraisals but was reassured that significant work had been undertaken to improve the appraisal rate.
- The Committee was disappointed that the Trust had failed to achieve three targets under the 'Preventing Harm' section of its Quality Campaign:
  1. Eight falls were recorded in bedded units with harm (moderate or above) against a target of zero
  2. 133 pressure ulcers category 3 & 4 were recorded against a target of 96 (although the Committee were informed that the number in Barnet had reduced)
  3. Five CLCH acquired pressure ulcers category 3 & 4 were recorded in bedded units against a target of zero.

**In addition Members asked Kate Wilkins about the following:**

1. Why were the Walk In Centres not included in the Quality Account? The Director of Public Health would ask the CCG about this following the meeting as this was not within the remit of HOSC to scrutinise as part of the CLCH Quality Account.
2. The Trust's Staffing Strategy? This information would be forwarded after the meeting.
3. CLCH's expansion plans into Hertfordshire and whether this might have a negative impact on Barnet particularly in terms of staffing? She informed the Committee that Kathy Walker who is currently the Divisional Director would cover the Hertfordshire area and a new appointment had been made for Barnet, Dennis Enright, who knew the area well.
4. Recruitment issues regarding Health Visitors and District Nurses and whether this might impact on CLCH being able to prevent an increase in admissions to A&E? She would take this back and respond after the meeting.
5. The numerous 'partially achieved' results in the Quality Account? These were conservative assessments as some areas were more nebulous and therefore more difficult to assess.
6. Omitted information in the local and national audit section? The Committee would be sent this as soon as it became available which should be before the end of May.

The Chairman thanked Ms Wilkins for attending the meeting and for her helpful responses.

**RESOLVED that the Committee would forward their comments for inclusion in the final Quality Account by 31 May.**

**HEALTHWATCH BARNET**

The Chairman invited the following to the table:

- Rory Cooper, Manager, Healthwatch Barnet
- Claire Thorstensen- Woll – Research and Policy Officer, Healthwatch Barnet

**Mr Cooper read out Healthwatch Barnet’s comments on the Royal Free London NHS Foundation Trust’s Quality Account:**

**INTRODUCTION**

- In reviewing the Quality Accounts, we look at the documents from a patient/carer point of view, and consider what would be important for them to know. We also review the feedback we have received from residents through the year, to see how the QA links with their actual experience of the service.

**ROYAL FREE HOSPITAL QUALITY ACCOUNT**

**General**

- We welcome the user-friendly lay-out, the use of visual images and case-studies.
- We are pleased to see the range of developments for patients, from the achievements with liver transplants to a Patient Group for Inflammatory Bowel Disease.

**Review of priorities for achievement for 2018-19**

- We welcome the Trust’s commitment to continuing to aim to reach the ‘Information Standards’ and we have noticed improvements to the website, with improved visuals and categorization of information. However, we were very concerned about the lack of patient information during the changes to the criteria and process for hospital transport in summer 2018. Changes were made, but patients were informed at short notice and the website was not updated at the time.
- We note that there was little detail on what was achieved for patient and carer involvement and are pleased to see that this will be a priority for 2019-20, with a suite of tools that include cultural considerations.
- Through the Quality Account, we welcome the information and transparency given about serious incidents, never events and learning from deaths, and emergency re-admission. We understand that BCCG has worked closely with RFL on these areas. However, we have had feedback from relatives about the lack of information and support when they have tried to find out more about the patients’ experiences or death, slow or no responses from the PALS team or other staff. These areas (and the overall complaints handling) cannot be improved unless RFL engages in a structured and empathic way with patients and their carers. This must be from the culture of senior management to ward and support staff.

**Proposed priorities for 2019-20**

- We welcome all the proposed priorities. We note the continued focus on patient involvement, however specific targets and measurements need to be set for this.
- We know that patients in principle support digital pathways and have received positive reports where this has worked well. We have also escalated individual patient cases where there seemed to be system difficulties for patients being referred or booking appointments in some clinics, such as gastroenterology and cardiology. It’s important that patients and carers are fully informed of changes and support is provided so that patients receive timely care.

**During 2019 Healthwatch Barnet will aim to**

- Undertake Enter and View visits to Royal Free Hospital sites, potentially covering pain management; patients and carers understanding of their diagnosis, medication and changes to medication; quality of care and responsiveness of staff. We will liaise with BCCG and RFL on this.
- We note the variable performance on cancer treatment. We are currently in initial discussions with BCCG to do some patient engagement on awareness and attendance of cancer screenings and potentially with inpatients and outpatients on the quality of the service.

**Mr Cooper read out Healthwatch Barnet's comments on the North London Hospice:**

Priorities for Improvement 2018-19 (p5 onwards)

- We have been pleased to see NLH focus on addressing inequalities and their work with different cultural forums, on learning disabilities, and on homeless people. Their commitment is commendable. We would like to see how this engagement is making changes for these communities, to help improve the accessibility and reach of NLH's services.

Priorities for Improvement 2019-20 (p10 onwards)

- These are important and welcome priorities and we are pleased to see the range of services and actions that have been identified, from developing a 'Carers Strategy' to 'Productive Ward'.

General (p18 onwards)

- We are pleased to see that NLH works to develop good practice and improvements through the year across many areas, from a Kinship Support Co-ordinator, to the partnership working on the 'Outcome Star' to resources for children and young people.

The Governance Officer would forward Healthwatch Barnet's full response to CLCH's Quality Account as soon as it was available.

**Action: Governance Officer**

**RESOLVED** that the Committee noted Healthwatch Barnet's Comments on the Royal Free London NHS Foundation Trust and the North London Hospice's Quality Accounts.

**12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):**

The tabled Work Programme was noted.

A Member asked if the Cricklewood Walk in Centre could be added to the July 2019 meeting if the consultation had been completed.

**13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):**

The meeting finished at 10.00 pm

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# Royal Free London NHS Foundation Trust

## Inspection report

Royal Free Hospital  
Pond Street  
London  
NW3 2QG  
Tel: 02077940500  
www.royalfree.nhs.uk

Date of inspection visit: 11 December 2018 to 10 January 2019  
Date of publication: 10/05/2019

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	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

The Royal Free London is one of the UK's biggest trusts, and became a Foundation Trust in 2012. It employs over 10,000 staff to deliver care and treatment to more than 1.6 million patients each year across its three main hospitals. The trust supports delivery of approximately 8,000 babies a year and has over 200,000 A&E attendances a year.

The trust has 1,770 beds across three sites: Barnet Hospital (440 beds), Chase Farm Hospital (74 beds) and the Royal Free Hospital (830 beds), and in total over 30 locations where services are provided by the trust (11 locations registered with CQC).

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

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

# Summary of findings

## What this trust does

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

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 11 December 2018 and 10 January 2019, we inspected 12 services across three of the trust's locations as part of our continual checks on the safety and quality of healthcare services.

At The Royal Free Hospital we inspected urgent and emergency care, medical care, surgery, maternity and critical care services.

At Barnet General Hospital we inspected urgent and emergency care, medical care, surgery and critical care services.

At Chase Farm Hospital we inspected urgent and emergency care, medical care and surgery services.

During our previous inspection of this hospital we had rated all services as good.

## What we found

### Overall trust

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

- We rated effective and caring as good and safe and responsive as requires improvement.
- We rated well-led for the trust overall as good.
- We rated six of the 12 services inspected this time as requires improvement. In rating the trust, we also took into account the current ratings of the services not inspected this time.
- Some of the issues identified during the previous inspection, which impacted on the safety and responsiveness of services, had not been yet been addressed by the trust.
- Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.
- Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.
- Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

# Summary of findings

- We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.
- People did not always have prompt access to services when they needed it.
- Best practice guidelines for the care and treatment of patients with additional support needs were not always consistently followed.
- Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.
- Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.

However:

- The service managed patient safety incidents well.
- The hospital generally controlled infection risk well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.
- Staff treated patients with kindness, dignity and respect.
- Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.
- The trust was committed to improving services by learning, promoting training, research and innovation.

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/RAL/reports](http://www.cqc.org.uk/provider/RAL/reports).

## Are services safe?

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

- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.**
- **We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.** Evidence of completed actions in response to serious incidents, was not always robust. There were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- **Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.** Documentation indicated patients did not always receive the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage. Medicines were not always stored securely and managed appropriately.
- **Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** In some areas, turnover and vacancy rates were high amongst nursing staff and services were reliant on temporary staff to fill shifts.

However:



# Summary of findings

- **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 hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.

## Are services effective?

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 delivered care and treatment in line with national guidance. Audits and quality outcomes were conducted at departmental level to monitor the effectiveness of care and treatment.
- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- The trust-wide clinical pathway group (CPG) model aimed to standardise clinical pathways by using evidenced-based practice to remove unwarranted variation in patient care in order to deliver better outcomes for patients.

## Are services caring?

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

## Are services responsive?

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

- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. Long waits in A&E and out of hours discharges, demonstrated issues with access and flow across many areas of the trust.
- **Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed.** Systems and processes to support patients with additional needs were not always in place or used effectively.

However:

# Summary of findings

- **The needs and preferences of different people, including the local population, were taken into account when designing and delivering services.** At the newly re-developed Chase Farm Hospital, the design of the new barn theatres, the introduction of the new EPR system and the new electronic nurse calling system were just some of the ways technology and new developments were being implemented to improve patient safety, drive efficiency and improve patient experience.

## Are services well-led?

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

- **Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.** Senior staff were visible, approachable and supportive. Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive.
- **The trust was committed to improving services by learning, promoting training, research and innovation.** Staff were positive about the support they received to challenge existing practice and try out new ideas.
- The trust board was a dedicated, highly-experienced and capable leadership team with the skills, abilities, and knowledge to provide high-quality services. Leadership structures were well-embedded and leaders demonstrated a deep understanding of issues, challenges and priorities in their service and beyond.
- We found a strong organisational pride and culture of collaboration, team-working and support with a focus on improving the quality and sustainability of care and people's experiences. Staff were proud to work for the trust and spoke highly of the leadership team.

## 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, in surgical and medical care services at The Royal Free Hospital, in medical care, critical care and urgent and emergency services at Barnet General Hospital and also within the services we inspected at Chase Farm Hospital.

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

## Areas for improvement

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

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

## Action we have taken

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

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action. 22

# Summary of findings

## What happens next

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

## Outstanding practice

### In medical care services at The Royal Free Hospital:

- The trust dementia lead had worked with the volunteer-led radio station to implement daily 'sundown' sessions for patients as part of dementia action week in 2018. This was an evidence-based project to address the clinical phenomenon of 'sundowning', which refers to increased confusion patients with dementia or delirium typically experience in late afternoon. The dementia lead produced an informative booklet to help staff understand the benefits of the radio programmes, which broadcasted music and news bulletins relating to a specific point in time. Ward staff matched this with the date of birth of their patients and use the show to help the patient relax and orientate themselves.
- The dementia implementation group led a substantial body of work to improve care and services for patients and their relatives. This included a large-scale training exercise in partnership with a theatre group in which actors took on roles as people living with dementia in a simulated clinical environment to provide staff with an immersive training experience.
- The learning disability team had developed targeted training for ward staff based on a combination of the content of the national care certificate and their understanding of the needs of the local population. The team had arranged for a local theatre group to visit the hospital and deliver role-play training in empathy for extended staff groups, including porters.
- The high-level isolation unit (HLIU) reflected the successful outcome of a specialised, multi-professional project to establish a unit and highly skilled team to meet the needs of patients with life-threatening and rare infections. HLIU was one of only two such units in England and the matron and their team had established robust standard and emergency operating procedures, including a six-hour activation time from the first point of escalation.
- Skill sharing and professional development opportunities had been developed between nurses on ward 11W and the outpatient Ian Charleston Day Centre. This helped to build clinical skills and contributed to understanding of HIV progression, which helped to reduce stigma. The opportunities included spending time with community nurses to help staff build a whole-picture view of the HIV treatment pathway.
- In response to feedback from family members, staff on ward 12S had designed and launched a care plan specifically for carers. The team recognised patients on the ward were often admitted for substantial periods of time, which their carers often spent with them. The care plan helped staff to get to know carers, understand their needs and develop strategies to support them during the patient's admission.

### In surgery services at The Royal Free Hospital:

- Evidence provided by the trust and discussion with staff showed there was continuous learning, improvement and innovation amongst staff.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.
- We saw a number of examples of staff participating in international, national, regional and local research projects and recognised accreditation schemes in order to ensure patient care was evidence based.

# Summary of findings

## **In urgent and emergency services at Barnet General Hospital:**

- The A&E had a clear focus on staff members' mental health and acknowledgement of the impact of stressful events on staff wellbeing. Staff were encouraged in the practice of mindfulness to reduce stress and build resilience.
- The A&E had introduced a 'care in a chair' initiative to decrease the time ambulances spent handing over patients to A&E. This had resulted in an improvement in the numbers of patients being handed over in 15 minutes from 43.35% in March 2018 to 72.5% in November 2018.

## **In critical care services at Barnet General Hospital:**

- The use of the critical care electronic patient records system to monitor and improve the quality and safety of care and treatment, through in-built care pathways, protocols, check lists and alerts for staff. The system could be interrogated for audit purposes.

## **In medical care services at Barnet General Hospital:**

- On the concourse on the third floor a pop up café with tables and chairs brought together patients from care of the elderly wards. Staff brought patients from wards, in their beds and wheel chairs as well as patients who could mobilise for a social afternoon with music tea and cake which was ran by hospital volunteers and staff. During inspection in the afternoon, we observed the café was supported by local school children who came to sing Christmas carols.

## **In urgent and emergency services at Chase Farm Hospital:**

- We found that the overall result of the triage and referral audit showed 11.5% of patients were redirected or referred to other services, which meant 89% of patients were solely managed and discharged by the service.

## **In surgical services at Chase Farm Hospital:**

- We saw numerous examples of innovation within the surgical service at Chase Farm Hospital. The design of the new barn theatres, the introduction of the new EPR system and the new electronic nurse calling system were just some of the ways technology and new developments were being implemented to improve patient safety, drive efficiency and improve patient experience.
- A small room had been set aside to be used as a dedicated wellbeing space for staff, with a team of trained volunteers on hand and available to provide emotional support. Known as the 'SISOS' room (serious incident SOS room) the initiative had been introduced to provide support to staff following a serious incident and provided a quiet environment for staff to sit and reflect.
- The trust-wide clinical pathway group (CPG) work aimed to standardise clinical pathways using evidenced based practice. With the introduction of the EPR system the CPG pathways for pre-operative assessment and elective hip and knee procedures had been digitalised at Chase Farm Hospital. This ensured effective MDT input as all staff had access to the relevant information. The development and implementation of this standardised approach was being used to drive improvements in patient outcomes.

## **In medical care services at Chase Farm Hospital:**

- Each patient undergoing a procedure in endoscopy was allocated an individual pod with en-suite bathroom facilities which they used before the procedure and to recover afterwards. This ensured patients had sufficient privacy throughout the course of their endoscopy procedure.

# Summary of findings

- There was a proactive approach to delivering care in a way that met the needs of people who had complex needs. Patients admitted to Capetown ward had access to a well-maintained dementia garden with water features and sitting areas. Patients also had access to a therapy garden located within Capetown ward. These helped to aid patient recovery.
- Inpatients on Capetown ward participated in several activity groups which aided their rehabilitation, these included exercise group, gardening group, and social activity groups (including cooking and baking).
- Staff arranged hospital transport to pick up patients attending the older persons assessment unit. Patients could access same day or next day appointment.

## Areas for improvement

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

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

#### Trust wide

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

#### Medical care services at The Royal Free Hospital

- The trust must review escalation processes in the Private Patients Unit for calling the RMO assistance to ensure the RMO is available to attend to patients when required. (Regulation 12)

#### Critical care services at The Royal Free Hospital

- The trust must reinforce the use of an up to date risk register that includes all risks and comprehensive mitigations. (Regulation 17)
- The trust must ensure that equipment has regular preventative maintenance and there is a replacement programme for out of date equipment. (Regulation 12)

#### Maternity services at The Royal Free Hospital

- The trust must ensure staff follow the trust medication policy and procedures in the safe storage of medicines and safe disposal of expired medicines. (Regulation 12(2)(g)).
- The trust must ensure medical staff complete consent forms appropriately. All forms must be signed and dated and the role of the doctor must be clearly specified. (Regulation 11).

#### Critical care services at Barnet General Hospital

- The trust must ensure all medicines are stored safely and securely, and at the correct temperature. Intravenous fluids are never stored in mixed boxes. There is regular checking and timely replacement of out of date medicines, including transfer and anaphylaxis kits. (Regulation 12(2)(g))

# Summary of findings

- The trust must ensure there is a sustainable plan and action is taken to improve the quality of service in relation to delayed discharges, and patient experience staying in an inappropriate environment and discharge transfers out of hours (Regulation 17(2)(a))
- The trust must ensure all risks are accurately assessed and regularly monitored with timely mitigating actions taken to address issues, including the safe and secure storage of medicines and intravenous fluids (Regulation 17(2)(b)).

## **Urgent and emergency services at Chase Farm Hospital**

- The trust must ensure that staff follows the trust's record management policies concerning safe storage and security of patient and staff records (Regulation 17).
- The trust must act to ensure staff follow-up with patients that leave the Urgent Care Centre before being seen, particularly with vulnerable children and adults (Regulation 13).

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

### **The Royal Free Hospital**

#### **Urgent and emergency services**

- The trust should ensure there are clear lines of medical patient responsibility in the adult assessment unit.
- The trust should ensure that mandatory training rates including safeguarding training, for nursing and medical staff are compliant with the trust standard.
- The trust should ensure that there is consistent record keeping for emergency department patients in the adult assessment unit.
- The trust should ensure there is an action plan to address 2016/17 Royal College of Emergency Medicine (RCEM) moderate and acute severe asthma and consultant sign-off audit results.
- The trust should ensure that appraisal rates for nursing and medical staff are compliant with the trust standard.
- The trust should ensure the needs of all patients who require additional support are met.

#### **Medical care**

- The trust should review the training of security officers and security protocols in the hospital, including patrols and one-to-one patient supervision.
- The trust should ensure staff have the knowledge and skills to de-escalate threatening or aggressive patients, visitors and relatives.
- The trust should ensure staff in the PPU wards fully utilise trust safeguarding policies and referral pathways including for international patients.
- The trust should improve staff access to information on securing mental health support for patients.
- The trust should review the processes in place to support staff with effective conflict management.
- The trust should implement strategies to address the strict hierarchies that staff described, which affect morale, performance and patient safety.
- The trust should ensure ward teams fully comply with the Control of Substances Hazardous to Health (COSHH) Regulations (2002) in reference to safe and secure storage of chemicals.

#### **Surgery**

# Summary of findings

- The trust should ensure the review of Never Events and serious incidents are undertaken by senior clinical staff and robust actions should be documented and monitored.
- The trust should ensure medical and nursing staff have access to mandatory training.
- The trust should ensure they continue to work with other external agencies to put systems in place to reduce the number of never events taking place.
- The trust should review how medicines were stored and accessed in the operating theatres.
- The trust should develop a rolling programme of equipment replacement.
- The trust should ensure work continues to move to a full electronic patient records system.
- The trust should ensure all staff have access to an annual appraisal.
- The trust should continue to work towards a system which allows patients to arrive for their surgery in a timelier manner.
- The trust should ensure patients are cared for in the recovery area for the minimal amount of time. Patients should not be experiencing overnight stays in the recovery for non-clinical reasons.
- The trust should ensure staff do not experience bullying by any other member of staff.

## Critical care

- The trust should embed the collection of feedback from patients and relatives to improve patient experience.
- The trust should review the benefits of an electronic patient in ICU that avoids the pitfalls of the system that was introduced and abandoned previously.
- The trust should consider developing firm plans to realise the vision for the service.
- The trust should monitor medical staffing levels during the expansion of the unit to ensure they meet FICM standards.
- The trust should seek to reduce the reliance on bank staff to cover band 6 vacancies.

## Barnet General Hospital

### Urgent and emergency services

- The trust should ensure all staff have up to date mandatory training and ensure the trust's 85% target is met.
- The trust should ensure all staff have up to date adults and children's safeguarding training at all levels and ensure the trust's 85% target is met.
- The trust should ensure there is sufficient seating and space in the A&E waiting areas for patients and visitors.
- The trust should ensure staff understand how and when to assess whether a patient with mental health needs has the capacity to make decisions about their physical care and treatment.
- The trust should ensure waiting times from referral to treatment and decisions to admit patients are in accordance with best practice recommendations.

### Medical care

- The trust should ensure that risks identified on the risk register are being dealt with in a timely way.
- The trust should ensure mandatory training for staff meets the trust target of 85%.
- The trust should ensure appropriate checks are undertaken on patients wearing mittens.



# Summary of findings

- The trust should ensure they review processes for the management of medicines used in emergencies and the systems for the monitoring of temperatures of medicines storage areas.
- The trust should ensure hand hygiene compliance meets the trust targets across all the wards.
- The trust should ensure potential trip hazards in corridors are removed across all the wards.
- The trust should ensure there is proper recording of the decisions for restraint and there is clear guidance for staff on when an application for Deprivation of Liberty Safeguards (DoLS) should be made.
- The trust should ensure they focus on getting patients a bed on a ward for their speciality to reduce the number of patient moves at night.
- The trust should ensure they follow best practice and not discharge patients at night. There was a high number of patients being discharged at night which did not reflect best practice.
- The trust should ensure they reduce the average length of stay for medical non-elective patients, to meet the England average.

## **Surgery**

- The trust should ensure all staff complete mandatory training.
- The trust should develop, and staff should adhere to at all times, a clear procedure for order and priority of patients undergoing emergency surgery.
- The trust should address the high turnover rate amongst nursing staff and ensure all of the shifts are covered at all times.
- The trust should fill the vacancies for medical staff to ensure there is sufficient number of doctors available to provide patient's care and treatment.
- The trust should ensure medicines are stored in accordance with published guidance and there is a system to identify where guidance is not adhered to by staff.

## **Critical care**

- The trust should ensure all medical staff complete mandatory training, with compliance monitored.
- The trust should ensure patients are reviewed by a consultant within 12 hours of admission to critical care.
- The trust should ensure staff have clear guidance and take appropriate action when temperature is outside optimal levels for medicine storage in drug fridges and storage rooms.
- The trust should ensure contents, including medicines, in transfer bags are regularly checked and records kept.
- The trust should ensure critical care staff receive sufficient training to enable them to confidently use the new hospital EPR system as needed.
- The trust should ensure there is a thorough review of medical staffing at weekends and allied health care provision for the service, as part of a wider review of adherence to guidelines for provision of intensive care standards.
- The trust should ensure there is a governance process to ensure most up to date, approved, protocols and guidelines are in circulation and use by staff.
- The trust should ensure the data submitted to external bodies is accurate, particularly in relation to delayed discharges and mixed sex breaches.



# Summary of findings

- The trust should ensure patients, staff and wider stakeholders are involved in developing a critical care strategy and turning it into action.

## **Chase Farm Hospital**

### **Urgent and emergency services**

- The trust should address the high vacancy rates, high sickness rates and high turnover rates for nursing staff and healthcare assistants in the service.
- The trust should review the facilities and service provision on signage, leaflets and translation services so they meet the needs of the patients using them.
- The trust should improve the health promotion provision in UCC.
- The trust should review the facilities provided in the urgent care centre so they meet the needs of children and patients with visual and hearing impairments or complex needs.
- The trust should implement a formal teaching programme for medical and nursing staff.
- The trust should provide local appraisals for middle grade doctors within the service.
- The trust should ensure policies and guidelines available in hard copies are regularly reviewed and updated.
- The trust should improve the provision arrangement of children in the service and paediatric outpatient area to ensure there are adequate toys and children are safe while waiting in the paediatric outpatient waiting area especially during out of hours.
- The trust should improve the reception area in the urgent care centre and paediatric outpatients to ensure patient confidentiality.
- The trust should implement a formal process for reception staff to highlight issues in the waiting areas.
- The trust should ensure service provision meet patients individual needs particularly those with complex needs and disabilities.
- The trust should ensure people knew how to make a complaints or compliment about their care and treatment.
- The trust should improve the patient engagement in the service.
- The trust should improve the signage to the entrance to the UCC.
- The trust should improve staff education of incident reporting.

### **Medical care**

- The trust should ensure there are sufficient allied staff to support patient rehabilitation.
- The trust should continually review referral to treatment times to ensure it is in line with national standards.
- The trust should ensure they engage with staff effectively.
- The trust should review processes for risk management to ensure all risks are identified and dealt with appropriately.

### **Surgery**

- The trust should ensure staff complete mandatory training, including safeguarding training.
- The trust should ensure action is taken to prevent avoidable patient safety incidents from reoccurring.

# Summary of findings

- The trust should ensure all five steps of the safer surgery checklist are appropriately completed and documented in line with national guidelines.
- The trust should review processes to provide assurance that medicines are stored at the correct temperatures to remain effective.
- The trust should review security of medicines storage areas.
- The trust should ensure the trust's consent policy is followed and that all stages of the consent process are appropriately documented.

## Is this organisation well-led?

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

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

- We found the leadership, governance and culture within the trust were used to drive and improve the delivery of high-quality patient-centred care across the organisation. This was particularly visible in their patient-centred clinically led Clinical Practice Group (CPG) initiatives.
- The trust board was a dedicated, highly-experienced and capable leadership team with the skills, abilities, and knowledge to provide high-quality services. Leadership structures were well-embedded and leaders demonstrated a deep understanding of issues, challenges and priorities in their service and beyond.
- Executive and non-executive board members (NEDs) and the trust governors collaborated to ensure the delivery of the trust's strategy. The executive directors worked well with the NEDs, showing an openness to share issues, invite challenge and take a wide range of views into account when making decisions.
- The trust was a sector leader. It was prepared to provide support to other NHS organisations in the area and on occasion put wider patient interests before its own. They would 'do the right' thing even when this had a negative financial impact.
- We saw potentially dangerous substances (such as cleaning fluids) being left unattended in public places and on wards. We raised this concern with one of the executive directors who took immediate action to mitigate the risks. By the end of the inspection visit the trust had ordered new trolleys that had a lockable storage box and taken steps to ensure all staff were aware of the risk from substances which should be stored securely under the Control of Substances Hazardous to Health Regulations (2002). This demonstrated that the trust responded appropriately when new risks were identified.
- The trust had involved staff, patients, members and local system partners in the development of its strategy to ensure it reflected the vision and values of the trust and aligned with plans in the wider health economy. However, this activity was not always aligned with STP boundaries.
- We found a strong organisational pride and culture of collaboration, team-working and support with a focus on improving the quality and sustainability of care and people's experiences. Staff were proud to work for the Royal Free and spoke highly of the leadership team.

# Summary of findings

- Safeguarding of adults and children was given sufficient priority by the trust. The safeguarding leaders worked across all trust sites, providing advice and oversight of safeguarding. They were supported by specialist staff on the acute sites. The team were proactive and introduced changes in line with national guidance.
- There was an active BME network in the trust. They met regularly, provided support and held events for staff across the trust. Staff we spoke with commented that the trust leaders were aware of the issues affecting BME staff and were committed to making improvements.
- The trust had a Speak Up Guardian who worked alongside 30 speak up 'champions', who were positive and proactive. The champions consisted of a variety of staff levels from the various sites of the trust. This included satellite sites such as Edgware and Tottenham kidney centres.
- The trust LGBT network had a very positive and proactive culture. Staff spoke highly of the network and felt that it was very well-supported by senior leaders, including the executive team. Members of the network had been part of leading the project on the anti-bullying videos.
- The trust was committed to improving services for patients by identifying and sharing learning and promoting training, research and innovation. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care and a strong record of sharing work locally and nationally.
- The trust had made a significant investment in developing and supporting Quality Improvement projects, many of which were now embedded and contributing to improved patient and staff outcomes.
- The trust is leader in clinical research and had a strong focus on improving outcomes for patients. The trust was able to provide numerous examples of its ongoing research with particular national and international strengths in liver and kidney conditions.
- During December 2017, the trust formally launched its electronic patient records (EPR) system. The EPR went live across 25 of the trusts units and Chase Farm Hospital became paper free. This system was also utilised for diary and clinic management and self-referral appointment bookings. The trust managed this extremely complicated process well.
- The trust leadership team were visible and supportive with the trusts charity which was very active. They were supportive of events such as the volunteer parties, and senior members of staff who came along to speak would often stay on for the rest of the event. The volunteers were also involved in staff awards and the trust gave out volunteer recognition awards as well.
- Complaints, serious incidents and never event investigations were completed to a good standard, however they were frequently beyond required timeframes. There was a clear structure in place for reporting incidents and cascading their outcomes and learning.
- The trust was a leader nationally and regionally in a number of key clinical areas. For example; liver transplants; kidney transplants; breast and plastic surgery; treating myeloma; neuroendocrine tumours; in addition the trust has the only for the treatment of infectious diseases in the UK.
- Information management and reporting was reliable and consistent. Data quality was assured internally and externally through a range of cross-checks and audits to ensure information was accurate and verified.
- The trust had a clear and effective group structure for overseeing performance, quality and risk; board members held the hospital management teams to account at monthly meetings.

However:

# Summary of findings

- There did not appear to be an effective action plan to remedy the underlying deficit. The trust's main focus was on the immediate short term financial position. In addition, trust members were not consistent in their understanding of the trust's plans and progress towards reducing the underlying deficit.
- Mandatory training compliance rates for medical staff fell well below the trust target.
- The trust reported a large number of Never Events which could be partially related to the poor behaviors among a few consultant surgeons in the trust. We found that the surgery and medical care consultant groups across the trust were not well connected or acting as a cohesive group. Although we found Never Events were well investigated, resultant learning actions were not always shown as completed in the documents we reviewed.
- Staff we spoke with and the NHS annual staff survey provided evidence that staff felt subjected to high levels of bullying and harassment. This was openly acknowledged by the leadership team who had plans in place to address the issue.
- We found that the board were not always sighted on detailed delivery issues, for example in a number of board papers we examined, some actions were not shown as complete or had passed their review date.
- From our core service inspections we found that patient pathways and processes outside of the CPGs were not always consistent.

## Use of resources

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

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 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
The Royal Free Hospital	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Barnet General Hospital	Requires improvement ↓ May 2019	Good ↔ Apr 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Chase Farm Hospital	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
<b>Overall trust</b>	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 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 The Royal Free Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Critical care	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic Imaging	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 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 Chase Farm Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Medical care (including older people's care)	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients and Diagnostic Imaging	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 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 Barnet General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients and Diagnostic Imaging	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Maternity and Gynaecology	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↓ May 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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Requires improvement Aug 2016

Overall ratings for mental health services 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.

# Barnet General Hospital

Wellhouse Lane  
Barnet  
Hertfordshire  
EN5 3DJ  
Tel: 02082164000  
www.bcf.nhs.uk

## Key facts and figures

Barnet Hospital is situated in the borough of Barnet which has a population of around 370,000. The hospital has a total of 440 beds. The hospital provides a full range of adult, elderly and children's services across medical and surgical specialties as well as an accident & emergency department.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with over 30 patients and their relatives, and over 130 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 30 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

## Summary of services at Barnet General Hospital

**Requires improvement** ● ↓

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

- We rated safe and responsive at this hospital as requires improvement and we rated effective, caring and well-led as good.
- We rated three of the four services inspected, during this inspection, as requires improvement overall.
- Many of the issues identified during the previous inspection, which impacted on the safety and responsiveness of the service and had not yet been addressed by the hospital's leadership team.
- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.** However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- **Medicines were not always stored in accordance with published guidance.** Although many aspects of medicines were managed safely, storage of medicines, and intravenous fluids, was not always safe or secure. Staff did not always monitor storage temperature accurately to ensure it was not harmful to medicines. In some areas there was a risk, due to lack of security measures, that unauthorised persons might gain access to, or tamper with medicines intended for patients.

# Summary of findings

- **Best practice guidelines for care and treatment of patients with mental health needs were not consistently followed.** Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The trust policy on restraint was out of date and did not follow current best practice guidance.
- **The hospital did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** In some areas, there was a high turnover and vacancy rates amongst nursing staff and not always enough staff to ensure shifts were safe at all times.
- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There were a high number of patient bed moves and discharges at night. Overcrowding in A&E was a regular occurrence due to lack of space and lack of capacity to meet service demand.
- **Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.** Some department level risks had not been identified or adequately addressed. Not all risks identified during our inspection were on the hospital's risk register; therefore we were not assured that senior leaders had appropriate oversight of these issues.

However:

- **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 hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- **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.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers monitored the effectiveness of care and treatment and used findings to improve them.
- **Staff cared for patients with compassion, kindness and respect and provided emotional support to patients to minimise their distress.** Patients and those close to them, were involved in decisions about their care and treatment.
- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The hospital engaged with patients, staff, and local organisations to plan and manage services.
- **The trust was committed to improving services by learning, promoting training, research and innovation.**

# Urgent and emergency services

Requires improvement  

## Key facts and figures

### Details of emergency departments (A&E) and other urgent and emergency care services

- Royal Free Hospital emergency department
- Barnet Hospital emergency department
- Chase Farm urgent care centre

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

The trust has two emergency departments (also known as A&E and the ED), one at Barnet Hospital and another at the Royal Free Hospital. Barnet A&E is a type 1 consultant led department and trauma unit. The urgent care centre at Chase Farm Hospital is open 8am to 10pm every day, staffed by GPs and emergency nurse practitioners. This report relates to the A&E at Barnet Hospital.

*(Source: Routine Provider Information Request (RPIR) – Acute context)*

## Summary of this service

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

- The service provided mandatory training in key skills to all staff. However, we found that not all staff completed this in a timely way.
- We found staff completion rates for some safeguarding training modules were not meeting the trust's 85% target. However, all staff we spoke with were aware of reporting processes.
- Some staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.
- The service was not meeting the needs of local people at all times due to demand pressures on urgent and emergency care services. There was insufficient seating in the A&E patient waiting area to accommodate all patients and visitors.
- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations.

However:

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- 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.
- 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.

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# Urgent and emergency services

- 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.
- The A&E treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers in A&E promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The A&E engaged with patients, staff, and local organisations to plan and manage services.

## Is the service safe?

### Requires improvement

- The emergency department (A&E) provided mandatory training in key skills to all staff. However, we found not all staff had completed this in a timely way. From April to August 2018 the 85% trust target was not met for seven of the 18 mandatory training modules for which qualified nursing staff were eligible. The 85% target was not met for any of the 18 mandatory training modules for which medical staff were eligible.
- We found staff completion rates for some safeguarding training modules were not meeting the trust's 85% target. From April to August 2018 the urgent and emergency care department 85% target was not met for any of the five safeguarding training modules for which medical staff were eligible. The worst compliance rate was level 1 and level 2 adults (46%). The best compliance rate was safeguarding children level 1 (57%). We also found nursing staff children's safeguarding level 3 training (66%) did not meet the trust's 85% target. However, all staff we spoke with were aware of reporting processes.
- The A&E was heavily dependent on bank and agency nurses to ensure staffing levels remained safe. The department had eight nurses on maternity leave and a vacancy rate of 21%. The trust had taken actions to address staffing shortages, but, this was based on the use of bank and agency staff. The trust also had a number of staff recruitment initiatives to try and attract new staff.
- The department was not meeting the Royal College of Emergency Medicine (RCEM) guidelines in regards to the breadth of consultant cover in a 16 or 24 hour period, seven days a week.

However, we also found:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The A&E followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Staff handled and stored medicines in accordance with current regulations. Although we found an entry in the controlled drugs (CD) register that had been crossed out. This was not in accordance with regulations which states that registers should not have entries cancelled or altered.
- The A&E 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. Although we found action plans in response to serious incident investigations were not always detailed and robust.

# Urgent and emergency services

## Is the service effective?

Good   

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

- The emergency department (A&E) 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. Staff supported patients by 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 A&E 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.

However, we also found:

- Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care. Patients that had self-harmed, or were at risk of doing so, did not always have a mental capacity assessment. Emergency department staff recognised this was an area where improvement was required.

## 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. Comments included, "Staff were very kind. Everything I asked they answered. They did extra tests to put my mind at rest." Another comment was, "Staff were very kind and pleasant."
- Staff provided emotional support to patients to minimise their distress. We saw staff providing emotional support to patients and their friends and families.
- Staff involved patients and those close to them in decisions about their care and treatment. The trust's 'seven day services audit' results dated April 2018 found: The overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission was 97% on the weekend and 91% on a weekday.

## Is the service responsive?

Requires improvement  

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

- The emergency department (A&E) was not meeting the needs of local people at all times due to demand pressures on urgent and emergency care services. The trust's 10 year ED strategy, dated October 2016, acknowledged that Barnet

# Urgent and emergency services

Hospital was built for a capacity of 85,000 patients a year; but was seeing 118,000 patients a year. Staff told us the hospital were working with the local clinical commissioning group (CCG) on streaming patients and the potential to redirect patients to other suitable services. Staff told us overcrowding in the waiting room was a regular occurrence due to the size of the waiting room. Although the hospital were planning to reconfigure the A&E to create extra space.

- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There was insufficient seating in the A&E patient waiting area to accommodate all patients and visitors. The department was worse than the England average for measures such as: the percentage of patients waiting more than four hours from the decision to admit (DTA) until being admitted; the percentage of patients that left the trusts urgent and emergency care services before being seen for treatment; and the monthly average total time patients spend in A&E.

However, we also found:

- The A&E took account of patients' individual needs. Staff answered call bells promptly and were attentive to patients' needs. The hospital's learning disability team supported staff in caring for patients with learning disabilities (LD). The needs of people living with dementia were being met.
- The A&E treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good ● → ←

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

- The trust had introduced a localised executive team at Barnet Hospital and staff said this had improved leadership at the hospital. However, staff told us they would like support at trust board level in managing issues with access and flow through the A&E department and in improving capacity on the Barnet Hospital site.
- Managers in A&E promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The A&E engaged with patients, staff, and local organisations to plan and manage services.
- The A&E used a systematic approach to improving the quality of its services and safeguarding standards of care. The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The A&E collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some staff told us the introduction of the new electronic patient record (EPR) system had been a contributory factor to delays in the A&E in the previous month.

However, we also found:

- Both nursing and medical staff told us the A&E had struggled in the month preceding the inspection to meet demands on the service. The department had tried a number of initiatives to cope with demand pressures in this period. Staff told us these had addressed some demand and capacity issues, but that some issues remained.



# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

Barnet Hospital is an acute hospital with 249 inpatient beds providing a range of medical care services. These services include cardiology, respiratory medicine, general medicine, stroke and older person medicine located across 11 wards and the medical day treatment unit and the TREAT (triage and rapid elderly assessment) frailty hub.

Across the trust there were 66,461 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 24,946 (37.5%), 2,647 (4.0%) were elective, and the remaining 38,868 (58.5%) were day case. Admissions for the top three medical specialties were:

- General medicine - 16,323 admissions
- Gastroenterology - 13,648 admissions
- Dermatology - 5,987 admissions

*(Source: Hospital Episode Statistics)*

During the inspection we visited the following wards and services: acute assessment unit (AAU), TREAT, medical short stay unit (MSSU), Mulberry, Palm, Juniper, Larch, Spruce, Rowan wards, the CCU and the discharge lounge.

During this inspection we spoke with 49 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the leadership team. We spoke with nine patients and relatives. We reviewed eight patient records and two medication administration records and attended two multi-disciplinary board meetings and a bed management meeting. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- Whilst the trust had effective systems for identifying risks and planning to reduce them, the trust could not evidence that risks were always being dealt with in a timely way.
- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 85%.
- Although staff understood how to protect patients from abuse, compliance for safeguarding training for medical staff was below the trust target of 85%. However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- Although the service generally controlled infection risk well, hand hygiene compliance was variable across the wards. Action plans had been put in place when compliance was low.
- The service had suitable premises and equipment and looked after them well, but we observed potential trip hazards on the care of the elderly wards. However, there had not been any identifiable increase in falls on the wards.
- Whilst many aspects of medicines were managed safely, some medicines were not stored in tamper evident boxes and staff did not always monitor ambient temperatures in medicine storage areas.



# Medical care (including older people's care)

- The trust was not following the Department of Health guidance 'Positive and Proactive Care' (2014) and did not demonstrate that the use of mechanical restraint was exceptional, that other options had been attempted, or that it was reviewed rigorously (including by an independent clinician and that the board were sighted on it). The trust policy on restraint was out of date and did not follow current best practice guidance. For two patients there were no records that provided assurance that staff had undertaken the necessary checks when mittens were worn by patients.
- People could access the service when they needed it, but there were a high number of patient bed moves and discharges at night which did not reflect best practice. The average length of stay for medical non-elective patients was higher than the England average.

However:

- Managers at all levels in medicine and urgent care division had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision to for what it wanted to achieve which was to 'deliver world class expertise and local and friendly hospital care to represent the NHS at its best' and had plans to turn it into action.
- Managers across the medicine and urgent care division 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 improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training, research and innovation.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the team and the wider service. When things went wrong, staff apologised.
- 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.
- 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. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- 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.
- Patients had access to medical consultants who provided cover seven days a week across the medical wards.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- 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.

# Medical care (including older people's care)

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

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 85%.
- Staff understood how to protect patients from abuse, but compliance for safeguarding training for medical staff was below the trust target of 85%. However, staff we spoke with were aware of their responsibility to protect vulnerable children and adults.
- Although the service generally controlled infection risk well, hand hygiene compliance was variable across the wards. Action plans had been put in place when compliance was low.
- The service had suitable premises and equipment and looked after them well, but we observed potential trip hazards on the care of the elderly wards. However, there had not been any identifiable increase in falls on the wards.
- Whilst risk assessments were generally complete, and most mitigation of risk was carried out in accordance with the care plan, for two patients there were no records that provided assurance that staff had undertaken the necessary checks when mittens were worn.
- Whilst many aspects of medicines were managed safely, some medicines were not stored in tamper evident boxes and staff did not always monitor ambient temperatures in medicine storage areas.

However:

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the team and the wider service. When things went wrong, staff apologised.

## 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.
- 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. They compared local results with those of other services to learn from them.

# Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- 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. Patients had access to medical consultants who provided cover seven days a week across the medical wards.

However:

- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, compliance safeguarding training for medical staff was below the trust target of 85%.
- The trust was not following the Department of Health guidance 'Positive and Proactive Care' (2014) and did not demonstrate that the use of mechanical restraint was exceptional, that other options had been attempted, or that it was reviewed rigorously. The trust policy on restraint was out of date and did not follow current best practice guidance.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff 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?

**Requires improvement** ● ↓

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

- People could access the service when they needed it, but there were a high number of patient moves at night. This was not best practice and meant the trust was not focussed on getting patients a bed on a ward for their speciality.
- There was a high number of patients being discharged at night which did not reflect best practice.
- The average length of stay for medical non-elective patients was higher than the England average.

However:

- The trust planned and provided services in a way that met 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.

## Is the service well-led?

**Good** ● → ←

# Medical care (including older people's care)

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

- Managers at all levels in medicine and urgent care division had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision to for what it wanted to achieve which was to 'deliver world class expertise and local and friendly hospital care to represent the NHS at its best' and had plans to turn it into action.
- Managers across the medicine and urgent care division 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 improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training, research and innovation.

However:

- Whilst the trust had effective systems for identifying risks and planning to reduce them, the trust could not evidence that risks were always being dealt with in a timely way.

# Surgery

Good   

## Key facts and figures

The trust has three main sites for surgery; Royal Free Hospital (RFH), Barnet General Hospital (BGH) and Chase Farm Hospital (CFH).

Surgery and associated services at BGH include four surgical wards, Beech, Cedar, Damson, and Willow and a surgical assessment unit. The hospital currently provides emergency, trauma and elective surgery. There are five main theatres and 2 theatres in the labour ward. The hospital provides a variety of surgical services including colorectal, general, ear nose and throat (ENT), gynaecology, trauma and orthopaedic, and oral and maxillofacial (OMF) paediatrics. Endoscopy also has a daily emergency list.

The trust had 49,311 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 10,751 (21.8%), 30,275 (61.4%) were day case, and the remaining 8,285 (16.8%) were elective.

The service at Barnet General Hospital performed 5105 emergency and 2534 non-emergency surgical procedures from November 2017 to October 2018.

The service was previously inspected in February 2016 when it was rated as 'good' overall. At the time all domains were rated good.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. We looked at 14 sets of patient's records. We spoke with 42 members of staff including doctors, nurses, managers, support staff, administrative staff and ambulance crews. We also spoke with nine patients and five relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

## Summary of this service

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

- Patients were treated and cared for with compassion, respect, and dignity. Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- There were enough nursing staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- Records were clear, up-to-date, and easily available to all staff providing care.

# Surgery

- Staff recognised incidents and reported them appropriately. There were processes ensure complaints were dealt with effectively. 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 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.
- There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- 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.
- Patient and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients were giving appropriate information and encouraged to make decisions about their care and treatment.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met. Managers across the department 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 department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However, we also found:

- Although the service provided mandatory training in key skills they did not make sure everyone completed it. The 85% target was met for none of the 18 mandatory training modules for which medical staff were eligible.
- Although staff completed and updated most of the risk assessments for patients, they had not always followed a clear procedure to prioritise patients for surgery.
- There was a high turnover rate amongst nursing staff and not all of the shifts were covered at all times. The service had vacancies for medical staff.
- Medicines were not always stored in accordance with published guidance.

## Is the service safe?

**Requires improvement** ● ↓

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

# Surgery

- Although the service provided mandatory training in key skills they did not make sure everyone completed it. The 85% target was met for none of the 18 mandatory training modules for which medical staff were eligible. Mandatory training completion rate was approximately at 51% for medical staff. It varied between 29% for Resuscitation Level 2 and 62% for Infection Control Level 1 training.
- Although staff completed and updated most of the risk assessments for patients, they had not always followed a clear procedure to prioritise patients for surgery. We were not assured that MRSA screening was undertaken as the service did not carried out MRSA screening audits.
- There was a high turnover rate amongst nursing staff (25%) and not all the shifts were covered at all times (23%). The vacancy rate for Barnet General Hospital surgery department was 11.9% amongst its nursing staff. The service had also vacancies for medical staff. The trust reported a vacancy rate of 8.3% for Barnet General Hospital surgery department.
- The medicines were not always stored in accordance with published guidance. Staff did not monitor storage temperature accurately to ensure it was not harmful to medicines. They did not know how to reset thermometers and were unable to verify if the correct storage temperature was maintained. In some areas there was a risk, due to lack of security measures, that an unauthorised person might gain access to, or tamper with medicines intended for patients.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff undertook suitable checks to ensure safe surgery and prevent any potential fatal errors.
- At the time of the inspection there were enough staff on duty to meet the needs of the patients. Staff had 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, administering, and recording medicines. Patients received the right medicines at the right dose at the right time.
- Staff recognised incidents and reported them appropriately. The service managed patient safety incidents well. 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.

## Is the service effective?

Good   

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

# Surgery

- 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. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using 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. Managers appraised most of the 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.
- There was always suitable provision of services to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- 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.

## Is the service caring?

Good ● → ←

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

- Patients were treated and cared for with compassion, respect, and dignity.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them.
- Patient and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients were giving appropriate information and encouraged to make 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 service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The department undertook a systematic review of patients with extended lengths of stay (over seven days – also known as 'stranded patients') with a view to facilitate prompt discharge and address any potential problems preventing discharge.
- The average length of stay for all non-elective patients at Barnet General Hospital was 4.4 days, which is lower when compared to the England average of 4.9 days.



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- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was better than the England average. Six out of eight specialties were above the England average for RTT rates for admitted pathways within surgery. The percentage of cancelled operations at the trust had been similar to the England average
- The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met.
- There were processes in place to ensure complaints were dealt with effectively.

However we also found:

- From July 2017 to June 2018 the average length of stay for all elective patients at Barnet General Hospital was 6.1 days, which was higher when compared to the England average of 3.9 days. Senior managers told us this was due to the complexity of procedures undertaken at the hospital.
- The department did not monitor 'did not attend' rates for planned surgical procedures. The site undertook primarily emergency work and the majority of elective work took place on Chase Farm site.
- There was no system to feedback to the wards when patients would be going to theatre. This meant that patients could be kept 'nil by mouth' for unnecessarily extended periods.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it 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 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 department 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 department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

# Critical care

Requires improvement  

## Key facts and figures

At Barnet Hospital critical care services are delivered across two wards, Intensive Care Unit (ICU) North and ICU South, which operate as one unit. The critical care unit has 23 beds with 10 beds (including two side rooms) on ICU North and 13 beds (including three side rooms) on ICU South.

The unit is staffed for nine Level 3 patients and 14 Level 2 patients, but this can flex if needed. Level 3 care is for patients requiring advanced or basic respiratory support together with support for at least two organ systems. Level 2 care is for patients requiring single organ support.

A Patient at Risk Response Team (PARRT) supports the ICU as well as the rest of the hospital.

There were 986 admissions to the service over the year 2017-2018; most were emergency admissions from the emergency department or unplanned surgery.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited the service over three days, from 11 December 2018 to 13 December 2018. On 12 December the lead inspector was joined by specialist advisors: a pharmacist, a senior nurse and a doctor with experience in critical care. On 13 December the lead inspector was joined by a CQC analyst.

We spoke with 36 staff (nurses, doctors, consultants, allied healthcare professionals, and administration) and seven relatives and patients. We reviewed the electronic record system and individual records of six patients. We also held discussions with unit and divisional managers and reviewed information submitted before, during and following the inspection visit.

## Summary of this service

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

- Issues found at last inspection in February 2016 continued to impact on the responsiveness of the service and had not been addressed by the hospital leadership.
- Service delivery was impacted by the high number of patients staying on the unit longer than necessary, and the environment could not be flexed to accommodate them appropriately with the result that patients were regularly cared for in mixed sex accommodation in an environment that could be disturbing and frightening.
- It was more difficult for staff to meet individual needs when patients were awake and on the unit longer than they needed.
- Higher than acceptable, numbers of patients were transferred to a ward, or recovery unit, out of hours. High numbers of patients than usual were discharged home before a ward bed became available.
- There was no agreed plan to address the issues of delayed discharges and resultant impact on patients. This was highlighted at our last inspection and had not progressed.
- There was not yet a critical care strategy for the future and no involvement from patients, staff and wider stakeholders to develop this and turn it into action.

# Critical care

- The governance around the management of protocols was not clear. There were no unit wide meetings or forums for assessing and monitoring the quality and safety of services, including risks arising from not fully adhering to professional guidance and standards.
- Some identified risks had not been adequately addressed. Storage of some medicines and intravenous fluids was not always safe or secure, and the risks had not been adequately assessed and mitigated.
- There was not always sufficient allied health professional staff to meet recommended standards. The pharmacist cover on the unit did not yet meet the standard for critical care. Therapist provision did not meet the guidelines for provision of intensive care standards.

However:

- We found the effectiveness of the service was good. The service leaders promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- There were embedded systems, processes and practices to keep people safe. Infection risks were well controlled, and there was sufficient suitable equipment which staff were trained to use
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had enough nursing staff to keep patients safe and provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used findings to improve them.
- The service made sure staff were competent for their roles. Staff of different kinds worked well 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. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment that was being provided.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving critical care by learning from when things went well and when they went wrong, promoting training and innovation.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills and most nursing staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

# Critical care

- The service had suitably safe premises and equipment and looked after them well. Staff were trained to use equipment.
- The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time.
- Staff kept detailed records of patients' care and treatment on a flexible, bespoke electronic system.
- Staff completed and updated risk assessments for each patient. There were systems to identify and manage deteriorating patients, staff asked for support when necessary.
- The service generally had enough medical and nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- 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.
- The service used safety monitoring results to improve the service. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The pharmacist cover on the unit did not yet meet the standard for critical care, and the storage of medicines and intravenous fluids was not always safe or secure.
- Medical staff compliance with mandatory training was below trust target.
- Consultant rotas for weekend afternoons did not meet the recommended guidelines for consultant to patient ratio.
- Not all patients were reviewed by a consultant within 12 hours of admission, 20% were reviewed outside of 12 hours.

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

# Critical care

- There was consultant cover on -call at all times and most services were available seven days a week and out of hours
- Patients were signposted to organisations that could support them and help them to manage their own health and wellbeing. The team made appropriate referrals to specialist health professionals when needed.
- 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.

However:

- The number of therapists did not meet the guidelines for provision of intensive care standards.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- Service delivery was impacted by the high number of patients staying on the unit longer than necessary, and the environment could not be flexed to accommodate them appropriately with the result that patients were regularly cared for in mixed sex accommodation.
- Patients remaining on the ICU when ready for discharge to a ward experienced an environment that could be disturbing and frightening to patients who were fully conscious.
- Many patients were transferred to a ward out of hours, and some were discharged home before a bed on a ward became available. The service was an outlier for delayed discharge by comparison with other units.

However:

- There were recent improvements to facilities for relatives.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

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

57

# Critical care

- The service leads had not yet developed a strategy and plan for critical care. A hospital wide needs assessment had begun but there was not yet a critical care strategy for the future. There was no involvement from patients, staff and wider stakeholders to develop this and turn it into action. External engagement was at a very early stage.
- There was still no agreed plan to address the issues of delayed discharges and resultant impact on patients. This was also highlighted at our last inspection and had not progressed.
- Although there was a clear governance structure in the wider division, there were no unit wide meetings or forums for assessing and monitoring the quality and safety of the ICU, including risks arising from not fully adhering to professional guidance and standards. The governance around the management of protocols was not clear.
- There was not a systematic process to identify, assess and reduce all department level risks. Some department level risks had not been identified or adequately addressed. There was no unit level risk register and we did not see any identification or assessment of any additional current or potential risks.

However:

- Service leaders had the right skills and abilities to run a service providing high-quality sustainable care. The critical care leadership team was still developing; both the clinical director and operations manager also covered anaesthetics and theatres. There was a critical care matron and consultant lead for the unit.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had started to engage with patients, staff and relatives to plan and manage appropriate services. It was recognised that more collaboration with local and partner organisations was needed to plan and manage services in the future.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving critical care by learning from when things went well and when they went wrong, promoting training and innovation, and systematically creating an environment in which excellence in clinical care would flourish.

# Chase Farm Hospital

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<WWW.XXXXXXXXXXXXX>

## Key facts and figures

Chase Farm Hospital is situated in the borough of Enfield which has a population of around 321,000. The hospital has a total of 74 beds. The hospital provides a range of adult, elderly and children's services across medical and surgical specialties as well as an urgent care centre providing GP and nurse practitioner led treatment for urgent, but non-life threatening, illnesses and injuries.

Shortly before this current inspection the hospital had re-located into a new purpose-built hospital building.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with 30 patients and their relatives, and over 75 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 30 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

## Summary of services at Chase Farm Hospital

Good   

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

- We rated effective, caring, responsive and well-led at this hospital as good and safe as requires improvement.
- We rated all services inspected at this hospital as good overall.
- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- **Staff treated patients with kindness, dignity and respect.** Patients were involved as partners in their care and were supported by staff to make decisions about their treatment. Feedback from patients confirmed that staff treated them well and with kindness.
- **There was a strong culture of openness, transparency and teamwork within the organisation.** Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.

# Summary of findings

- **The needs and preferences of different people, including the local population, were taken into account when designing and delivering services.** There was a proactive approach to delivering care in a way that met the needs of older people and people living with dementia.
- **The hospital 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.
- **The service had suitable premises and equipment and looked after them well.** Staff kept themselves, equipment and the premises clean. They used effective control measures to prevent the spread of infection.
- **The trust had implemented a number of innovative services and developed these to meet patient needs.** The trust was committed to improving services by learning, promoting training and innovation.

However:

- **The trust needed to take action to ensure that patients were protected from the risk of avoidable harm.** We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring. For example evidence of completed actions in response to serious incidents, was not always robust.
- **Opportunities to share key safety information relating to patient risk were sometimes missed.** For example, there was no system in place for staff to escalate to the safeguarding team and risk assesses patients that left the Urgent Care Centre before being assessed.
- **Staff told us they reported incidents infrequently and therefore opportunities to learn from near-misses were lost.** We were not assured that there was a robust culture of incident reporting.
- Although records were clear, up-to-date and easily available to all staff providing care, in the Urgent Care Centre, **patient records were not always stored securely and appropriately.**
- **Although the trust provided mandatory training in key skills to all staff, not all staff had completed it.** Many staff told us they did not get time to complete training and had to do it in their own time.
- **Although the staff generally followed best practice when prescribing, giving and recording medicines, we found some medicines were not stored in line with trust policy.**
- **Patients sometimes experienced delays in accessing care and treatment.** Waiting times from referral to treatment was not in line with national standards for the endoscopy unit. Theatre lists often started late meaning patients sometimes had to wait a long time on the day of their surgical procedure. The service did not have oversight of the number of patients who left the Urgent Care Centre before being seen, including vulnerable children and adults.



# Urgent and emergency services

Good   

## Key facts and figures

The urgent care service provides services to approximately 40,000 patient visits from Enfield, Barnet, Potters Bar and surrounding areas.

Chase Farm Urgent Care Centre (UCC) was opened in December 2013 and commissioned by the Enfield and Barnet Clinical Commissioning Group (CCG) to provide GP and nurse practitioner led treatment for urgent, but non-life threatening, illnesses and injuries.

The UCC at Chase Farm Hospital is staffed by GPs, a radiographer and nursing staff and open 8am to 10pm every day and outside the UCC's operating hours patients were usually redirected by the 111 services to the nearest Emergency Department at Barnet Hospital or North Middlesex University Hospital. The trust also has two emergency departments (also known as A&E and the ED), one at Barnet Hospital and another at the Royal Free Hospital. Barnet ED is a type 1 consultant led department and trauma unit.

Since the last inspection the UCC have moved to its new hospital building in September 2018 and was located next to the paediatric outpatients and older person assessment unit.

The service was located on the ground floor and has 11 rooms, dedicated x-ray facilities with hot reporting and provides GP-led and nursing led care for adults and children. The UCC also had a dedicated consultation room in the paediatric outpatient department which was next to the service from 9am to 5pm and during out of hours they had access to all their clinical rooms. In the last 12 months before the inspection the UCC saw 33,876 patients of which 29% were children. The UCC's capacity was 150 attendances per day. The UCC saw an average 110 attendances per day. We last carried out an announced comprehensive inspection of the urgent care service in February 2016. The service was rated good for safe, effective, caring and responsive and well-led. The service was judged to be good overall.

Our inspection of the urgent care service was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. Before visiting, we reviewed a range of information we held about the hospital. During our inspection, we visited all clinical areas in the service including the x-ray. We spoke with 12 patients and their relatives and 22 members of staff, including nurses, GPs, senior managers, student nurses, paramedic, domestic staff, receptionist and support staff. We observed care and treatment and reviewed 14 medical care records and prescription charts. We also reviewed the service performance data. We observed a multidisciplinary meeting and four patients' procedures and consultation. We also carried out focus groups for clinical and non-clinical staff during inspection.

## Summary of this service

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

- The service had suitable premises and equipment and looked after them well.
- The majority of staff had received up-to-date mandatory training. The overall compliance for all nursing and medical staff was 94% which was better than the trust target (85%).
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies.

# Urgent and emergency services

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- There was effective internal multidisciplinary team working within the service and across other discipline. Doctors, nursing staff, receptionist, radiographer and other healthcare professionals supported each other to provide good care.
- The service made sure staff were competent for their roles. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff cared for patients with compassion, respect, dignity and kindness. However, patients' confidentiality was not managed appropriately due to the service environment. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust and service 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, we also found areas for improvement:

- There was no system in place for staff to escalate to the safeguarding team and risk assesses patients that left the service before been assessed after booking in.
- Records were not always stored securely and appropriately.
- There was no formal regular teaching for medical and nursing staff in the service.
- Reasonable adjustment had not been made to the service so that people with visual or hearing impairment could access the service on an equal basis as others.
- We received mixed response mixed response from staff on the access to the translation services.
- There were no leaflets or posters on health promotion or condition in the service or displayed on the television. The service did not display information on how patients could provide feedback and make complaints.
- Paediatric patients waiting in the paediatric patients did not have urgent care centre staff oversight during and out of hours.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service did not have oversight of the number of patients who left the service before been seen, including vulnerable children and adults.
- There was no system in place for staff to escalate to the safeguarding team and risk assess patients that left the service before being seen after booking in.

# Urgent and emergency services

- There were high vacancy, turnover, and sickness rates in the service compared to the other trust sites and the service had plans in place to address this. Shifts were often overstaffed against the planned numbers and this was managed through reliance on bank and agency staff.
- Although the service managed patient safety incidents well, staff did not always report safety incidents and had limited knowledge of incidents themes reported.
- Staff kept detailed records of patients' care and treatment; however records were not always stored securely and appropriately.
- The UCC had an arrangement with the paediatric outpatients to share their waiting area for children waiting to be seen in the service. However there was no CCTV and designated staff during out of hours in the paediatric outpatient area which meant that there was no oversight of these patients.

However, we also found areas of good practice:

- The majority of staff had received up-to-date mandatory training. The overall compliance for all nursing and medical staff was 94% which was better than the trust target (85%).
- 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 service controlled infection risk well. There were systems and processes to control and prevent the spread of infection. The department was visibly clean, tidy and free of any odours and standards of cleanliness were maintained throughout the department.
- The service had suitable premises and equipment and looked after them well.
- There was an effective system in place to assess, respond to and manage risks to patients. Staff could recognise and respond to signs of deterioration and emergencies.
- The service had 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.
- We were assured effective governance arrangements were in place to ensure safe storage and administering of medicines, fridge temperatures were checked daily, and that out-of-date medicines were replaced, when indicated.

## Is the service effective?

Good   

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

- The urgent care centre had systems in place to ensure policies, protocols and clinical pathways were reviewed regularly and reflected national guidance, best practice and legislations.
- The April 2018 audit showed that 89% of patient that accessed the service were solely managed and discharged without further input, referrals or redirected to other service which was outstanding for the level of service delivered in UCC.
- The service used current evidence-based guidance and quality standards to plan the delivery of care and treatment to patients.
- The nutrition and hydration needs of patients was considered during their time in the service, taking their cultural, dietary and religious need in consideration, to ensure they were not at risk of malnutrition.

# Urgent and emergency services

- Patients' pain was assessed and managed as appropriately by staff on arrival at the department, including those with difficulties communicating.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service supported staff to maintain their professional skills and experience. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Medical staff received face to face informal educational support from the clinic lead.
- There was effective internal multidisciplinary team working within the service and across other discipline. Doctors, nursing staff, receptionist, radiographer 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.

However:

- There was no formal regular teaching for medical and nursing staff in the service.
- People were not always supported and empowered to managing their own health. During inspection there were no displayed health promotion leaflets and posters in the service.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion, respect, dignity and kindness. However, patients' confidentiality was not managed appropriately due to the service environment. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them 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.

However:

- The UCC reception and paediatric outpatient reception were separated using a folding screen. We saw that there was a risk of patients' conversations being heard on both sides.

## Is the service responsive?

Good  → ←

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

- The urgent care service was planned and delivered service in a way that met the diverse needs of the local and surrounding population. Patient's needs and preferences were considered and acted on to ensure services were delivered to meet those needs.

# Urgent and emergency services

- Care and treatment was coordinated with other services and providers, to ensure the needs of patient and their families were met.
- Patients had access to timely treatment after arrival in the urgent care service, even when the department was receiving a higher number of attendances than expected.
- The UCC consistently met the four-hour target for the period of December 2017 to November 2018, which was 99.9% and better the national average of 95%.
- There were processes in place to ensure complaints were dealt with effectively.

However:

- Although the needs and preferences of patients were considered when delivering and coordinating services including those with complex needs and vulnerable circumstances, services did not always meet the needs of people with visual and hearing impairment. Reasonable adjustments had not been made to the service so that people with visual or hearing impairment can access the service on an equal basis as others.
- The children's waiting area in UCC had inadequate play facilities and was not separated from the adults waiting area. We received mixed response from staff on the access to the translation services.
- Staff had limited understanding on the complaints trends received in the service and there was no displayed or accessible information on how to make a complaint, comment cards or how to give feedback about the service.

## Is the service well-led?

Good   

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

- The urgent care service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The service had a clear management structure with defining lines of responsibility and accountability.
- The trust and service 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.
- There were effective systems of governance that looked at quality and performance. Staff understood their roles around governance and there were structures for reposting and sharing information from the department to the division and board and down again.
- The service had clear risk processes and systems in place for managing performance and identifying and mitigating risks.
- 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 with staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Urgent and emergency services

- There was a culture and focus of continuous learning, innovation and improvement in the service to improve patient outcome. Staff we spoke to told us their managers encouraged and supported them to contribute ideas towards quality improvement in the department.

However:

- Although the service acted on staff and people's views and experiences to shape and improve the services and their experience, improvement was needed on patient's engagement and gathering patients' feedback to shape the service and inform them of improvement made.
- Staff were not encouraged to always report safety incidents by their managers.
- The senior managers also had mixed views on health promotions, written leaflets and meeting the needs of people with visual and hearing impairment.

# Medical care (including older people's care)

Good   

## Key facts and figures

Chase Farm Hospital is part of the Royal Free London NHS Foundation Trust group. The trust completed a new Chase Farm Hospital building in July 2018.

Medical care services at Chase Farm Hospital consisted of Capetown ward, an older persons assessment unit (OPAU) and an endoscopy unit.

Two of the units including the OPAU and the endoscopy unit are located within the new building. Capetown ward is located within the old hospital building

Capetown ward is a 24-bedded rehabilitation ward with eight beds allocated for stroke rehabilitation and 16 beds for general rehabilitation. There were 36 beds on the ward during our previous inspection, however, the number of beds have decreased over time. There are ongoing arrangements to transfer the ward to Barnet, Enfield and Haringey Mental Health trust by April 2019.

There were 471 admissions to Capetown ward between December 2017 and November 2018. All admissions to Capetown ward were elective. During the same period, 25,562 patients attended the endoscopy unit and 1632 patients attended the OPAU.

The OPAU is an admission avoidance unit for patients who cannot wait for routine outpatient appointments. The service receives referrals from GPs, community matrons, urgent care centres and nursing homes amongst others. The service is funded by the local clinical commissioning group and accepts patients from the local authority and environs. The OPAU opens from 9am to 7pm, Monday to Friday.

The endoscopy unit is accredited by the Joint Advisory Group (JAG) on gastrointestinal endoscopy. The unit offers elective endoscopy including colonoscopy, flexible sigmoidoscopy, gastroscopy, feeding tube insertion/change, bronchoscopy, dilatation and stents.

The endoscopy unit opens from 7.30am to 8pm Monday to Friday. Sessions run from 8am to 11.30am, 12 noon to 3.30pm and 4pm to 7pm. At the time of our inspection, the unit was carrying out extra sessions at weekends to reduce waiting lists.

We visited Capetown ward, the endoscopy unit and OPAU during our announced inspection from 11 to 13 December 2018. We spoke with 19 members of staff including doctors, nurses, allied health professionals, administrative staff and domestic staff. We spoke with eight patients and five relatives. We reviewed 14 patient records and five prescription charts. We made observations of the environment, staff interactions and checked various items of equipment.

## Summary of this service

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

- Staff kept records of patients' care and treatment. Staff completed comprehensive risk assessments and followed escalation protocols for deteriorating patients.
- There were effective systems in place to protect people from harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.

# Medical care (including older people's care)

- Medicines were stored and administered safely.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of local audits to improve patient care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff were aware of their responsibilities under the mental capacity act and we saw appropriate records in patient's notes.
- There was effective multidisciplinary working, including liaison with community teams, to facilitate timely discharge planning.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients. There was a proactive approach to delivering care in a way that met the needs of older people and people living with dementia.
- The leadership team had a clear vision and strategy and there were action plans in place to achieve this.
- The trust had implemented a number of innovative services and developed these to meet patient needs. The trust was committed to improving services by learning, promoting training and innovation.

However:

- There was insufficient occupational therapy cover to support patients with cognitive issues.
- Waiting times from referral to treatment was not in line with national standards for the endoscopy unit.
- Staff within the endoscopy unit felt they were not always involved in the decision-making process by the executive team.
- Not all risks identified during our inspection were on the risk register.

## Is the service safe?

**Good** ● ↑

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

- Several areas of concerns raised in our previous inspection had been addressed. Infection control practice and record management had improved. Staff completed and updated risk assessments for each patient.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.



# Medical care (including older people's care)

- The service followed best practice when prescribing, giving, recording and storing medicines.
- 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.

## 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.
- 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. Managers appraised staff's work performance.
- 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 how and when to assess whether a patient had the capacity to make decisions about their care.
- The service had implemented several programmes to support national priorities and improve the health of the local population.

However:

- There was insufficient occupational therapy cover to support patients with cognitive issues. Therapy cover was limited to week days only.

## 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 staff treated them well and with kindness.
- 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 ● → ←

# Medical care (including older people's care)

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 was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs.
- The service took account of patients' individual needs. People's individual needs and preferences were central to the delivery of tailored services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Waiting times from referral to treatment was not in line with national standards for the endoscopy unit. At the time of our inspection, waiting times were six weeks for cancer cases instead of two and 16 weeks for routine cases instead of six.

## Is the service well-led?

**Good** ● → ←

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

- Managers had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision for what it wanted to achieve and plans to turn it into action.
- Managers 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 improve the quality of its services and care.
- The trust was committed to improving services by learning, promoting training and innovation.

However:

- Staff within the endoscopy unit felt they were not always involved in the decision-making process by the executive team.
- Not all risks identified during our inspection were on the risk register. For example, insufficient therapy staffing on Capetown ward was not identified as a risk on the risk register

# Surgery

Good   

## Key facts and figures

At our previous inspection, in 2016, we rated surgical services at Chase Farm Hospital as good.

Shortly before this current inspection the service had re-located into a new purpose-built hospital building. Whereas previously there were two surgical wards, Canterbury (18 beds) and Wellington (39 beds), there was now one new surgical ward with 50 beds. The surgical ward had 42 single en-suite rooms and two four-bed single-sex bays for short-stay patients. There were eight operating theatres and a separate day surgery unit on the second floor. At the time of the inspection, the surgical service was not yet operating at full capacity. The trust told us that although the new surgical ward had 50 beds only 40 were workforce-commissioned and that one of the eight theatres was not yet workforce-commissioned.

Between November 2017 and October 2018, 9,019 surgical procedures had taken place at Chase Farm Hospital. The largest number of procedures by speciality were orthopaedics (2,654), gynaecology (1,245), maxillo-facial surgery (1,061), general surgery (952), ENT (912) and urology (865). Almost all of these were elective (planned) procedures. Patients requiring emergency surgery were seen at other hospitals within the trust.

We spoke with 35 staff including doctors, nurses and allied health professionals and with four patients. We visited the ward, theatres, recovery, day surgery unit and pre-assessment areas.

## Summary of this service

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

- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes. Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- Staff treated patients with kindness, dignity and respect. Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.
- The needs and preferences of different people, including the local population, were taken into account when designing and delivering services. 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.

However:

- The trust needed to take action to ensure that patients were protected from the risk of avoidable harm. We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.

# Surgery

## Is the service safe?

**Requires improvement** ● ↓

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

- We were not assured that there was an effective process in place to prevent avoidable patient safety incidents from reoccurring. Evidence of completed actions in response to serious incidents, was not robust. Staff told us they reported incidents infrequently and therefore opportunities to learn from near-misses were lost. We were not assured that there was a robust culture of incident reporting.
- Safety checks in theatres were not fully compliant with national guidelines. The brief and de-brief steps of the safer surgery checklist were not consistently structured or recorded, in-line with national safety standards for invasive procedures (NatSSIPs). Not all staff were present at the brief. Therefore, the opportunity to share key safety information relating to patient risk was missed.
- Although the service provided mandatory training in key skills to all staff, not all staff had completed it. The trust set a target of 85% for completion of mandatory training. The 85% target was met for 10 of the 17 mandatory training modules for which qualified nursing staff were eligible and six of the 17 mandatory training modules for which medical staff were eligible. Most staff told us they did not get time to complete training and had to do it in their own time.
- Although the service followed best practice when prescribing, giving and recording medicines, we found some medicines were not stored in line with trust policy.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- 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.

## 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 assessed and monitored patients regularly to see if they were in pain. They responded quickly to patients and gave additional pain relief when needed.
- 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.
- 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.

# Surgery

- Patients were supported and encouraged by staff to take ownership of their recovery which helped to improve patient outcomes.

However:

- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, they did not consistently follow the trust policy to ensure the consent process was appropriately documented.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff 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.
- The service took account of patients' individual 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 treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Theatre lists often started late meaning patients sometimes had to wait a long time on the day of their procedure. The service had not carried out any audit of patient waiting times to assess the impact of this issue and identify areas for improvement.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it 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.

# Surgery

- 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 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 Royal Free Hospital

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

## Key facts and figures

The Royal Free Hospital is situated in the borough of Camden which has a population of around 230,000. The hospital has a total of 830 beds.

The hospital provides a full range of adult, elderly and children's services across medical and surgical specialties as well as an accident & emergency department.

The Royal Free Hospital is a major tertiary referral centre for medical and surgical specialties and has an active organ transplant programme for liver and kidneys.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018.

During the inspection we spoke with over 60 patients and their relatives, and over 200 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at over 40 sets of patient records and observed a range of meetings including multidisciplinary meetings, safety huddles, ward rounds and patient handovers.

## Summary of services at The Royal Free Hospital

**Requires improvement** ● ↓

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

- We rated safe, responsive and well-led at this hospital as requires improvement and we rated effective and caring as good.
- We rated three of the five services inspected, during this inspection, as requires improvement overall.
- Many of the issues identified during the previous inspection, which impacted on the safety and responsiveness of the service, had not been yet been addressed by the hospital's leadership team.
- **Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.**
- **Staff did not consistently follow best practice when prescribing, giving, recording, storing and disposing of medicines.** Documentation indicated patients did not always receive the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage. Medicines were not always stored securely and managed appropriately.

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# Summary of findings

- **Services did not always have sufficient numbers of staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.** Nurse vacancy rates and turnover rates were significantly higher than trust targets and services relied on temporary staff to fill shifts.
- **Standards of nursing documentation were inconsistent and persistent concerns about the performance of agency nurses had not been addressed.** The impact of short staffing and lack of specialty team cover at weekends was evident in the inconsistencies and errors we found in some patient documentation, including important medicine administration records. There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- **We were not assured that there were effective systems and processes in place to prevent avoidable patient safety incidents from reoccurring.** Although the hospital generally managed patient safety incidents well, evidence of completed actions in response to serious incidents, was not always robust. There were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- **Equipment was not always well looked after or safely maintained.** Not all equipment was up to date with planned preventative maintenance and staff in some services reported frequent equipment failures. This did not meet recommended standards. There were a number of incidents reported relating to the loss or missing surgical instruments after an operation. Whilst instruments were checked at the end of an operation, some instruments would be missing when arriving at the sterile services department.
- **People did not always have prompt access to the service when they needed it.** Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations. There was an increase in the number of patients being cared for overnight in the recovery area in the operating theatres due to a lack of suitable beds. Delays in theatres meant patients sometimes had to wait a long time on the day of their procedure. Long waits in A&E were a regular occurrence due to lack of capacity to meet service demand.
- **Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed.** Staff did not always use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports. Some staff said they regularly struggled to meet the needs of patients with mental health conditions whilst they were waiting for a mental health bed placement. Some staff told us their training was insufficient to meet patient needs.
- **Whilst the trust had effective systems for identifying risks and planning to reduce them, risks were not always being dealt with in a timely way.** Some department level risks had not been identified or adequately addressed. Not all risks identified during our inspection were on the hospital's risk register; therefore we were not assured that senior leaders had appropriate oversight of these issues.
- **Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.**

However:

- **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 hospital generally controlled infection risk well.** Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Staff delivered care and treatment in line with national guidance.



# Summary of findings

- **Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes.** Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- **Staff treated patients with kindness, dignity and respect.** Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- **Most staff felt well supported by managers and told us that they encouraged effective team working across the hospital.** Senior staff were visible, approachable and supportive. Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive.
- **The trust was committed to improving services by learning, promoting training, research and innovation.** Staff were positive about the support they received to challenge existing practice and try out new ideas.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The Royal Free Hospital site provides a 24-hour, seven days a week service. A total of 113,265 patients attended the emergency department between November 2017 to October 2018, of which 90,765 were adults and 22,500 were children.

The department comprised of:

- Rapid assessment and triage (RAT) area with six cubicles.
- Major injuries area with 16 cubicles and one isolation cubicle, as well as two close observation rooms for patients who presented with mental health problems.
- Resuscitation area with six bays including one designated for use with children.
- Paediatric emergency department
- Urgent care centre

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place between 11 and 13 December 2018. We looked at eight sets of adult patient records and four sets of paediatric patient records. We spoke with 33 members of staff including doctors, nurses, managers, support staff, administrative staff and ambulance crews. We also spoke with four patients and eight relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

## Summary of this service

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

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with good practice. The department did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- Best practice guidelines for care and treatment of patients with additional support needs were not consistently followed. Nurses and healthcare assistants told us they did not use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports
- Mandatory training for staff in key skills, including safeguarding, fell below the trust's target for compliance.
- There was low compliance with hand washing before and after patient contact.
- We found that daily checks of the resuscitation trolley in the rapid assessment and triage (RAT) area were not always carried out.
- There was inconsistent record keeping for emergency department patients in the adult assessment unit, which was staffed by general medical nursing staff.
- Staff were unsure about the lines of medical patient responsibility in the adult assessment unit.

# Urgent and emergency services

- The department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) moderate and acute severe asthma and consultant sign-off audits.
- Appraisal rates for nursing and medical staff were not compliant with the trust standard.

However:

- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes. Treatment was planned and delivered in line with current evidence-based guidance and patients were supported by staff to take ownership of their own recovery.
- Staff treated patients with kindness, dignity and respect. Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.
- The introduction of a rapid assessment and treatment area meant there was increased patient streaming provision.
- There were improved facilities for patients with mental health conditions. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was a robust governance structure with clearly defined areas of responsibility for individual members of medical staff. Staff were encouraged to report incidents and learning was widely shared.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although the service provided mandatory training in key skills to all staff, not all staff were compliant with the trust standard of 85%.
- Nursing staff were non-compliant with 14 out of 18 mandatory training modules; non-compliance ranged between 53.9% and 82%. Medical staff were non-compliant with 17 out of 18 mandatory training modules. Non-compliance ranged between 56.6% and 83.8%.
- Nursing staff were non-compliant with three out of five safeguarding training modules. Non-compliance ranged between 61.5% and 78.2%. Medical staff were non-compliant with all five safeguarding training modules. Non-compliance ranged between 62.5% and 75.7%.
- Hand hygiene audits submitted following inspection showed there was inconsistent hand washing before and after patient contact. There was 12.5% compliance with hand washing before patient contact and 75% compliance after patient contact. Compliance with correct hand washing technique varied between 37.5% and 80%.
- We found that daily checks of the resuscitation trolley in the rapid assessment and triage (RAT) area were not always carried out. For example, there were three consecutive days where no checks were evidenced. However, checks of four other adult and one paediatric resuscitation trolley demonstrated that all equipment was present and there were no gaps in daily checks.

# Urgent and emergency services

- There was inconsistent record keeping for emergency department patients in the adult assessment unit, which was staffed by general medical nursing staff. For example, there was no assessment of pressure areas on three out of four records and no venous thromboembolism (VTE) assessment on two out of four.

However, we also found:

- There were improved facilities for patients with mental health conditions. This included two close observation rooms which met the standard for mental health assessment rooms in emergency departments.
- The service had suitable premises and equipment and looked after them well.
- 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.
- 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.

## Is the service effective?

Good   

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

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and any amendments were regularly discussed at team meetings.
- The 2016/17 Severe sepsis and septic shock audit demonstrated that the department was in the upper UK quartile for four standards. These included antibiotics administered within one hour of arrival and blood cultures obtained within one hour of arrival.
- The department had an active audit programme which included national audits requested by the RCEM as well as others based on NICE guidance.
- Emergency department staff took part in a local Commissioning for Quality & Innovation (CQUIN) project and worked closely with mental health providers and other agencies to reduce the number of frequent attenders who would otherwise benefit from mental health and psychosocial interventions.
- Representatives from the emergency department were part of Clinical Practice Groups (CPGs) which used evidence-based principles and current best practice to redesign care pathways, reduce variation and improve care delivery across the trust.
- 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 and to achieve consistency across the trust.
- 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:

- The emergency department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) Moderate and acute severe asthma audit.

# Urgent and emergency services

- The emergency department was in the lower UK quartile for three standards in the 2016/17 Royal College of Emergency Medicine (RCEM) Consultant sign-off audit.
- Appraisal rates for medical and nursing staff were below the 85% trust standard. The appraisal rate at the time of inspection for nursing staff was 74% and 77% for medical staff.
- Compliance rates for medical (70%) and nursing staff (80%) for Mental Capacity Act (MCA) 2005 training was below the trust compliance rate of 85%. However, staff we spoke with understood their duty to act in the patient's best interest and the key principles of the MCA

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff we spoke with showed understanding and a non-judgmental attitude when talking about patients with mental health needs, learning disabilities, autism or dementia.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with good practice.
- The department did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- The trust did not meet the Royal College of Emergency Medicine recommendation that patients should not wait more than one hour from time of arrival to receiving treatment.
- Nurses and healthcare assistants told us they did not use or access specific communication aids for patients with a learning difficulty and were unfamiliar with hospital passports. However, the trust subsequently told us there were available resources including key chains with basic health related signs and symbols, as well as hospital passports on the intranet.

However:

- The trust planned and provided services in a way that met the needs of local people.
- Patients with a learning disability were flagged on the electronic patient record system.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Urgent and emergency services

## Is the service well-led?

Good ● → ←

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

- The leadership team 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.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Nurses told us the recently established focus groups and the resultant breakfast meetings made them feel listened to and valued by managers.
- Many staff described the culture of the emergency department as progressive, with consideration given to patient care, comfort and safety at all times.
- Patients and their relatives were invited to make suggestions on the design of the emergency department, including the paediatric emergency department. This was taken into consideration for the dementia-friendly cubicles in the emergency department as well as the décor and lay out in the paediatric emergency department.
- 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. There was a robust governance structure with clearly defined areas of responsibility for individual members of medical staff.
- 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.

However:

- Many staff told us there was often lack of clarity about medical responsibility of patients in the adult assessment unit.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at the trust provides care and treatment for a number of specialties. There are 281 medical inpatient beds located across 12 wards on the Royal Free Hampstead Hospital site.

A full site breakdown can be found below:

- Barnet Hospital: 249 beds are located within 11 number wards
- Chase Farm: 32 beds are located within one ward

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 66,461 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 24,946 (37.5%), 2,647 (4.0%) were elective, and the remaining 38,868 (58.5%) were day case. Admissions for the top three medical specialties were:

- General medicine - 16,323 admissions
- Gastroenterology - 13,648 admissions
- Dermatology - 5,987 admissions

There is a private patients unit (PPU) at the Royal Free Hospital, which provides inpatient medical, outpatient medical and inpatient surgical care. We included PPU wards and inpatient medical care in our inspection.

We included the endoscopy unit and discharge lounge in our inspection of this core service.

We last inspected medical care in February 2016 and rated the service good overall. This reflected a rating of requires improvement in safe and good in effective, caring, responsive and well led. Following that inspection, we told the trust they must improve compliance with the national 62-day cancer wait times and improve the availability of up to date electronic clinical guidelines and policies. We also told the trust they should implement an electronic patient system that enabled staff to quickly identify those who were vulnerable or at risk of harm.

At this inspection we found the trust had acted to address these areas with some evidence of progress.

To come to our ratings, we inspected every medical inpatient ward and wards that were part of the transplant and surgical services division, where they provided medical care. We spoke with 79 members of staff reflecting a range of different professions, grades, experience and areas of responsibility. We spoke with 13 patients and nine relatives, reviewed 25 medical records and over 120 other pieces of evidence. We carried out an unannounced inspection on a Saturday following our weekday announced inspection.

## Summary of this service

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

- Many of the issues identified during the previous inspection, had not yet been fully addressed by the service.
- The impact of short staffing and lack of specialty team cover at weekends was evident in the inconsistencies and errors we found in patient documentation, including important medicine administration records.

# Medical care (including older people's care)

- Although staff had access to care guidelines and tools, failure to follow these had led to serious incidents. We also observed a lack of agency staff knowledge of them during our inspection. This meant there was no robust overarching system to check compliance with trust policies.
- Processes and systems did not effectively or consistently support staff to deliver care or to excel in their roles. This included a mandatory training system that was not fit for purpose, multiple risks and gaps in the IT system and a significant lack of equity in how staff engagement processes were delivered.
- Healthcare assistants (HCAs) had highly variable support and experiences working in the hospital. While some HCAs reported good local working relationships the majority we spoke with said they felt ignored by the trust with a lack of opportunity and respect. This was corroborated by ward managers.
- The trust had not effectively addressed issues of bullying and harassment and feelings of intimidation caused by a very hierarchical working environment. There were inconsistencies in the progress senior divisional staff said they had made in this area and information a significant number of staff gave us.
- Standards of medicines management overall were good although we did find examples of poor stock management that placed patients at risk and that were not adequately rectified by local teams.
- Governance and leadership systems were not functioning well for specialist teams that provided care to a range of wards, including for clinical practice educators and allied health professionals.
- Standards of nursing documentation were inconsistent and persistent concerns about the performance of agency nurses had not been addressed.

However, we also found areas of good practice:

- Safeguarding processes in NHS wards were clearly embedded. The safeguarding team provided a highly specialised service across all medical care areas and had implemented an action plan to meet the requirements of the 2018 intercollegiate guidance on adult safeguarding.
- The high-level isolation unit (HLIU) reflected the successful outcome of a specialised, multi-professional project to establish a unit and highly skilled team to meet the needs of patients with life-threatening and rare infections. HLIU was one of only two such units in England and the matron and their team had established robust standard and emergency operating procedures, including a six-hour activation time from the first point of escalation.
- Divisional lead nurses had established detailed guidance on staffing levels for each ward using evidence-based assessments from the National Quality Board safe staffing levels. Along with local initiatives to improve recruitment, this helped to stabilise teams.
- Multidisciplinary working was clearly embedded in care delivery and patients were treated by a range of clinical nurse specialists and specialist consultants. Teams had opportunities for shadowing and rotations that enabled them to develop skills and build relationships in other areas.
- Specialist clinical teams and ward teams based staff training and service development on the changing needs of their population group and demonstrated a focus on holistic care to improve outcomes.
- The hospital performed well in 18-week referral to treatment times with five specialties better than national averages.
- Systems were in place to coordinate access, flow and discharge between strategic and clinical teams. This included a schedule of meetings and response actions led by discharge and flow coordinators, operations managers and consultants.
- There was evidence of learning from incidents, complaints, patient feedback and staff engagement although this differed significantly between wards, teams and specialties.



# Medical care (including older people's care)

- Each ward or specialty had developed a vision and strategy in alignment with the overarching trust and divisional objectives and goals. Governance committees maintained oversight and clinical staff were involving in projects and initiatives to drive progress.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff although they did not make sure everyone completed it. Completion of mandatory training was poor and medical staff did not meet the 85% trust standard, with overall completion at 45%. Nurses met the standard in nine of 18 subjects with overall completion at 81%. Low training completion was reflected in safeguarding, in which only 48% of medical staff had the required level of completion.
- Staff did not consistently keep detailed records of patients' care and treatment. Nursing observations were not completed consistently on some wards. During our weekend unannounced inspection, there were gaps of several hours in records in some cases. The trust had recently introduced a new national system to identify patient deterioration, called NEWS2 (National Early Warning Scores). We found significant variances in standards of completion.
- Although the service managed patient safety incidents well and staff recognised incidents and reported them appropriately, themes of incidents indicated gaps in safety assurance. Whilst root cause analyses were comprehensive and backed by governance committees, there were gaps in the outcomes divisional teams thought they had achieved and the information understood or used by staff delivering care.
- The service did not consistently follow best practice when prescribing, giving, recording and storing medicines. Documentation did not indicate patients always received the right medication at the right dose at the right time. Medicines management was inconsistent and audits repeatedly found areas of unsafe practice in relation to documentation and storage.
- Although there was a system in place to ensure patients cared for as outliers outside of the medical specialty were reviewed, staff felt that safety was compromised in instances where specialist reviews could not be obtained.

However, we also found areas of good practice:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Most wards were fully compliant with national guidance and legislation in relation to infection control and the environment, including in the management of sharps. Ward teams encouraged the use of antibacterial hand gel and good hand hygiene practice for visiting colleagues and relatives.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding training compliance rates for nursing staff was good and met the trust target in all four modules required.
- 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. Processes were in place to ensure patients were assessed and monitored for risk. While we found some areas for improvement in the consistency of documentation, overall standards were good. Staff followed trust and national guidance in the assessment of treatment of sepsis, including use of the Sepsis6 tool.

# Medical care (including older people's care)

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse vacancy rates and turnover rates were significantly higher than trust targets. However, local ward-led recruitment initiatives and projects aimed at improving retention were improving these and some wards had reduced their vacancy rate by 20%.
- The service had enough 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. Vacancy, turnover and sickness rates for doctors were better than the trust target and there was little use of bank or locum staff.
- Medical care had significantly reduced the prescribing of antibiotics.
- The service used safety monitoring results well.

## 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 delivered care and treatment in line with national guidance, including from the National Institute of Health and Care Excellence (NICE) and the Royal College of Physicians (RCP). The private patients unit (PPU) used both NHS and independent healthcare benchmarking tools to establish standards of care and outcomes.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff promoted good standards of nutrition and hydration amongst patients, used established systems to address risk and adapted mealtime services to meet the needs of patients living with dementia.
- 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.
- chronic and acute pain teams were based in the hospital and nurses uses pain assessment tools to ensure they managed pain effectively.
- 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. Care and treatment was evidence-based against national and international best practice guidance. Staff gained audit and benchmarking skills as part of leadership progression pathways to contribute to their service's development.
- The endoscopy unit could not achieve Joint Advisory Group (JAG) accreditation without a new unit. However, staff used the Global Rating Scale (GRS) to assess and monitor the standard of care they delivered in lieu of formal accreditation. The most recent assessment scored the unit highly, with a maximum A grade in 14 out of 19 criteria.
- The hospital performed well in the national Sentinel Stroke National Audit Programme and in the most recent results achieved the maximum A grade, which reflected improvements since the previous audit.
- The service made sure staff were competent for their roles. Clinical practice educators led specialised training programmes across medical services and responded to changing trends in patient needs by introducing new training. Highly specialised simulation training was provided on a rolling basis for the on-call high-level infection unit (HLIU) team.

# Medical care (including older people's care)

- Although the hospital did not meet the national standard of patients with lung cancer seen by a cancer nurse specialist, performance had significantly improved since 2016, from 34% compliance to 84%.
- The tissue viability team had increased training and health promotion across medical care to address issues with pressure ulcers and skin integrity management. An external review in October 2017 found a 1.9% prevalence of hospital-acquired pressure ulcers, which was significantly better than the national average of 3.5%.
- 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.

However, we also found areas for improvement:

- A lack of existing protocols or procedures, or the failure to follow these when they were in place, were significant contributing factors in all five serious incident investigations we reviewed that took place in 2018.
- The hospital did not meet any of the aspirational standards of the 2017 National Audit of Inpatient Falls. Ward teams had implemented projects to address falls risks in their specific areas although this remained a significant risk on the medical and urgent care risk register.
- Standards of care plans were variable and there was not always enough information in them to help staff plan and deliver care. Clinical practice educators were aware of this and were working with nursing staff to implement more consistent standards.
- The endoscopy service did not have a dedicated pre-assessment facility and clinicians relied on the information in a referral and during the consenting process to understand each patient's needs. This meant patients with multiple morbidities were at risk of missed diagnoses and opportunities to provide a good outcome. Clinicians had identified this as a risk and had increased the detail of patient histories to address it.

Less than 50% of doctors had completed up to date mental capacity training and we found inconsistencies in how doctors used do not attempt resuscitation (DNAR) assessments.

## 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.
- Inpatient wards performed consistently well in the NHS Friends and Family Test and from September 2017 to August 2018 medical achieved an overall 89% recommendation rate.
- Staff demonstrated kindness, compassion and empathy and ensured care was adapted to those who were in distress or upset.
- Each ward team displayed thank you cards and notes of gratitude they had received from patients and their relatives. We saw comments that empathically described the kind and personal care staff had delivered.
- Staff provided emotional support to patients to minimise their distress. Healthcare assistants took a lead role in providing patients with emotional support and worked with them one-to-one to allay their fears and anxieties about being in hospital.

# Medical care (including older people's care)

- A range of services and professionals were available in the hospital to provide targeted emotional and psychological welfare support. This included a 24-hour multi-faith chaplaincy and a non-profit cancer support organisation.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff demonstrably valued the contribution of carers and made sure they were welcomed and involved in patient care.
- Specialist teams worked with patients to help them understand their conditions and how to manage their care, including through lifestyle and home adaptations.

However, we also found areas for improvement:

- The endoscopy team were unable to maintain standards of dignity and privacy due to environmental challenges.

## 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. Staff planned and adapted care and treatment to meet the changing needs of patients in their medical specialty and demonstrated a good understanding of the public health and social care needs of their population group.
- The private patients unit (PPU) provided specialty liaison services for international patients and those referred by medics in their embassy. This meant they had rapid access to treatment and support to coordinate care with doctors in their home country.
- Staff in some medical specialties demonstrated understanding of population-based health amongst their patient groups and how this impacted care and treatment needs. The hepatology team had significantly enhanced holistic care to address the needs of a changing demographic of patients.
- The service took account of patients' individual needs.
- The tuberculosis, tissue viability and discharge lounge teams had established specific service development projects to address the medical needs of patients experiencing significant challenges, such as homelessness or difficult home situations.
- The dementia lead had worked with health services for elderly patients (HSEP) teams to significantly improve resources for patients living with dementia. This included day room refurbishment and the implementation of the national John's Campaign to expand services for carers.
- Volunteers provided a range of services to medical inpatients to help make their stay more pleasant. This included working with the chaplaincy and providing bedside trolley services with library books and personal comfort items such as toiletries.
- 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 hospital performed better than the national average in five out of nine specialties for the 18-week referral to treatment time.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found areas for improvement:

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# Medical care (including older people's care)

- The heart attack service was operating significantly under capacity and the senior divisional team identified the cardiac catheter laboratory service as an on-going risk due to aging infrastructure. In 2018 the lab was out of service for 80 cumulative days, which reduced the ability of the service to meet demand.
- Staff said they regularly struggled to meet the needs of patients with mental health conditions whilst they were waiting for a mental health bed placement. Some staff told us their training was insufficient to meet patient need and this led to an increase in incidents, including a vulnerable patient absconding and a suicide attempt.
- Short staffing on wards meant patients did not always receive support with personal care and hygiene.
- Allied health professional therapists were significantly under-resourced to be able to meet the needs of patients who presented with highly complex, long-term needs.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, there was limited evidence this contributed to improved staff wellbeing and experiences. Some staff were very critical of the trust approach to a cohesive workforce and methods to address bullying. For example, the trust had organised an engagement event to improve working relationships between doctors and nurses but no doctors had attended.
- Most staff we spoke with said there was a strict hierarchy in the trust that reduced respect between staff of different grades and meant junior staff were less likely to challenge poor practice.
- The trust did not have consistently effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. All specialties and divisions had clear risk registers with regularly documented updates and evidence of process. However, this did not always lead to meaningful change or risk reduction.
- Healthcare assistants did not always feel their role and contribution was valued or that they were respected as a group. Similarly, clinical practice educators and allied health professionals lacked robust governance or support structures.
- There was limited evidence the trust acted on feedback from staff regarding the extensive challenges with IT systems, despite these impacting on training compliance and access to critical systems.
- Security arrangements to protect staff, patients and visitors were not robust or consistent.
- Arrangements for morbidity and mortality (M&M) governance differed between specialties and there was no independent, external challenge to the findings.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. However, poor information access, control and management was reflected frequently in risks for services.

However, we also found areas of good practice:

# Medical care (including older people's care)

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Most staff spoke positively about their local leadership and line management and said relationships were supportive. Senior nurses in some areas had established scheduled opportunities for staff to meet briefly and discuss their day and any challenges they were facing.
- 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. Trust, divisional and service-level visions and strategy were clearly aligned to achieve common objectives and governance committees maintained oversight. Divisional leaders had established a working group following a reorganisation to focus on their strategy, structure and development.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff in some areas said the trust had acted to change a culture of bullying and harassment through engagement exercises and more consistent opportunities for communication. The trust and divisions provided multiple methods of engagement with staff at all levels of the organisation. This included printed and digital publications, chief executives' briefings and clinical audit awareness events.
- 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. Clinical governance frameworks were functioning and provided senior staff with assurance of service safety, quality and outcomes.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Surgery

Requires improvement  

## Key facts and figures

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team was overseen by an inspection manager and included a CQC inspector, a pharmacist inspector and two specialist professional advisors: one surgical nurse and a consultant surgeon.

We inspected the perioperative care pathway from assessment, admission, operating theatre and recovery. We looked at provision for both inpatient and day care patients. We visited the main theatre and day care theatre departments. We also visited the pre-assessment clinic, and ten inpatient wards where we inspected a range of surgical specialties: 9 north, 9 west, 3 east, 5 east B, 10 east, 7 west, 7 north, 6 east, 5 north A and the private patient unit (PPU).

We spoke with 41 members of staff including the surgery service leadership team, doctors, nurses, operating department practitioners, allied health professionals, pharmacists, health care support workers and administrators. We also spoke with 10 patients.

We reviewed 12 sets of individual patient records and 12 medicines administration records.

We attended a range of meetings including multi-disciplinary safety huddles, patient handovers and board rounds.

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

## Summary of this service

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

- Compliance with mandatory and safeguarding training for medical and nursing staff did not meet the trust target of 85%.
- The trust had reported eight never events for surgery, four of these occurred at the RFH site.
- There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- Medicines were not always stored securely and managed appropriately in the operating theatres.
- Staff appraisal figures remained at 72% which was below the trusts 85% target.
- Patients continued to arrive at 7.30am on the day surgery unit for their operation which resulted in 25% of patients having to wait for their operation until the afternoon.
- Operating theatre utilisation rates (70-80%) remained low. Performance had improved from our previous inspection of 63% but further improvement remained a high priority for the service.
- There was an increase in the number of patients being cared for in recovery overnight. The length of stay ranged from 14 hours to 23 hours.
- Whilst most staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres.



# Surgery

However:

- Staff awareness of incident reporting had improved.
- There was effective multidisciplinary team (MDT) working to support patients' health and wellbeing with good access to services such as pain and tissue viability.
- Staff recognised the importance of providing good standards of patient care regardless of how busy they were. Most of the patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.
- There was a clinical audit programme which informed service development. Surgical pathways were planned and delivered in line with referenced national clinical guidance.
- The trust had carried out an audit in 2018 to review its progress against the seven-day services standards which showed an improvement compared with 2017.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.

## Is the service safe?

**Requires improvement** ● ↓

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

- Not all nursing and medical staff had completed their mandatory training and they did not meet the trust's mandatory training compliance rate target of 85%. Nursing staff achieved the target for eight out of the 18 modules, with medical staff for one of the 18 modules.
- Medical staff safeguarding training compliance rates fell below the trust target.
- At the last inspection we found that between December 2014 and November 2015 the RFH had three never events. At this inspection we found the trust had reported eight never events for surgery, four of these occurred at the RFH site.
- The processes for analysing serious incidents and developing action plans for improvement were not robust.
- The ageing stock of anaesthetic machines had been identified as a risk because replacement parts for faulty equipment might not be available. We were told there was a replacement programme for 2019/20 which included the rolling replacement programme that went to the asset management group.
- There were several incidents reported relating to the loss or missing surgical instruments after an operation. Whilst instruments were checked at the end of an operation, some instruments would be missing when arriving at the sterile services department Senior staff were planning to raise this issue with theatre staff.
- There was a hybrid system of record keeping: part paper, part electronic which led to some delayed or missed information being available to clinicians.
- Medicines were not always stored securely and managed appropriately in the operating theatres. For example, we found some drugs were kept in unlocked cupboards.

However:

- Staff awareness of reporting incidents had improved.



# Surgery

- At our last inspection we saw that there were no wipe boards within theatres to record swabs, needles and instruments used intraoperatively. At this inspection we saw white boards were in operation. Staff told us the white boards were helpful in ensuring checks were consistently carried out.
- Emergency equipment was easily located and ready for use. Staff were trained to use it and fulfilled their responsibilities in checking and using it in line with national and local guidelines.
- Staff were trained and competent to monitor and act upon any deterioration in a patient's condition and used an early warning score to aid the process.
- Procedures to identify and respond to individual risks to patients were understood and carried out by staff.
- All of the patient areas we visited were visibly clean and there was good compliance with infection prevention and control processes.

## Is the service effective?

Good   

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

- Surgical pathways were planned and delivered in line with referenced national clinical guidance. The service engaged in local and national audit programmes which informed service development.
- There was effective multidisciplinary team (MDT) working to support patients' health and wellbeing with good access to services such as pain and tissue viability.
- The trust had carried out an audit in 2018 to review its progress against the seven-day services standards and information provided by the trust showed an improvement compared with 2017.
- Staff had the required knowledge, skills and competencies to carry out their roles effectively. Managers provided developmental support.
- Staff gave patients enough of the right type of food and drink to meet their needs and improve their health.
- Staff ensured that patients were given adequate pain relief and regularly assessed their needs.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

## Is the service caring?

Good   

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

- Patients gave consistently positive feedback about the quality of care they received.
- Staff recognised the importance of providing good standards of patient care regardless of how busy they were. Most of the patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.
- All patients and relatives we spoke with told us all staff, whether permanent or temporary, were compassionate and caring.

# Surgery

- We observed staff provide emotional support before and after surgery. For example, theatre staff reassured patients as they waited for surgery and afterwards in the recovery area.
- All patients we spoke with felt staff involved them and their carers in planning their treatment and care.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Many of the issues identified during the previous inspection, which impacted on the responsiveness of the service and had not been yet been addressed.
- There was an increase in the number of patients being cared for overnight in the recovery area in the operating theatres due to a lack of suitable beds.
- At the last inspection in 2016, we found there was limited staggering of arrival times in the day surgery unit for operations. These meant patients often arrived at 7:30am but did not have their operations until the afternoon. This was still the case at this inspection with 25% of patients (400 out of 1,631) arriving in the day surgery unit in the morning not having their operation until the afternoon.
- Operating theatre utilisation rates (70-80%) remained low. Performance had improved from our previous inspection of 63%. Emergency theatres were running at 84% - 100% during 8am to 8pm but further improvement remained a high priority for the service.

However:

- The trust planned and delivered services to meet the needs and demands of local people. Senior leaders worked with the local clinical commissioning groups to improve patient care and access to services.
- There were systems in place to aid the delivery of care to patients in need of additional support.
- Outcome measures for patients had improved
- The service made adjustments for patients' religious, cultural and other preferences.

## Is the service well-led?

**Good** ● → ←

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

- Staff felt engaged in decision making and communication across the trust had improved.
- There were effective risk management and governance systems in place and risks identified by staff were aligned with what was on the risk register.
- The local leadership team was knowledgeable about the service's performance, priorities and the challenges they faced. Action was taken to address the challenges.
- Staff understood and applied the trust vision and values.
- Staff understood the principles of the duty of candour and felt confident in the related information and processes.

# Surgery

- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas

However:

- We reviewed records related to never events. There was limited evidence of shared learning across the trust and little documentation to show how the evidence could be followed through to where learning was shared.
- Whilst the majority of staff felt the culture of the organisation had improved and described the leadership team as accessible and supportive, there remained a culture of bullying within the operating theatres. Senior staff confirmed action was being taken to address some behaviours which were carried in within the confines of confidentiality.

# Critical care

Good   

## Key facts and figures

The Royal Free Hospital is a major tertiary referral centre for medical and surgical specialties. The critical care unit provides services to support all the in-patient specialities including hepatobiliary services (for patients with diseases of the liver, bile duct, gall bladder and pancreas), an established liver transplantation programme, haematology, complex vascular surgery, plastic surgery and renal services. The Royal Free Hospital has an active organ transplant programme for liver and kidneys. Most patients come to the unit after planned surgery but a proportion are admitted through the emergency department and from hospital wards, either due to becoming more unwell or after emergency surgery.

Up to 1700 patients are admitted to ICU each year. Of these admissions 40% are planned, some 30% of patients had diseases of the liver, gallbladder, bile duct and pancreas. 50% of patients were long stay (over two weeks). The 34 ICU beds are on the 4th floor of the hospital in three wings, known as 'pods': south, east and west, each with similar layout and storage facilities. Each pod has 24-hour consultant cover by a specialist in intensive care medicine and all care is consultant led. Each consultant is supported by a team of junior grade doctors who are at different stages of their training. A senior nurse leads each shift on each unit.

ITU East has 14 beds including one side room and a two-bedded side room

ITU South has 11 beds including eight side rooms

ITU West has nine beds including six side rooms

All beds can facilitate level 3 care. The unit is considered at capacity if 28 beds have level 3 patients, but this number is often exceeded. Level 3 care is for patients requiring advanced or basic respiratory support together with support for at least two organ systems. Level 2 care is for patients requiring single organ support. Level 3 patients are nursed one to one and level 2 patients were nursed 1:2 unless in a side room, where one to one care is always needed.

The critical care service uses a range of enhanced physiological monitoring systems, organ supportive therapies and complex treatments and treat all acute illnesses that necessitated a high staff to patient ratio and a highly skilled, multi-professional team.

Critical care is part of the hospital's surgical and associated services division, led locally by a clinical lead and two matrons. The team includes 15 critical care consultants. Eight teams of nurses are each led by a senior nurse (band 7). There is an education team of practice development nurses. Allied health professionals such as physiotherapists, a dietician an occupational therapist and pharmacists support the unit.

A Patient at Risk response team (PARRT) supports the ICU as well as the rest of the hospital. It is led by a Band 8a nurse supported by an establishment of 11.19 WTE Band 7 nurses.

## Summary of this service

Our rating of this service stayed the same. Overall, we rated the service as good because:

- At our inspection in 2016, we had identified some concerns including feedback from incidents, timely response to national audits, delayed discharges to the ward. In the 2017 inspection we had identified concerns about the culture and relationships within the unit. There had been improvements in all of these areas.

# Critical care

- There were effective systems in place to protect people from harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up the results of investigations.
- Staff were aware of their responsibilities under the mental capacity act and we saw appropriate records were in place in patient's notes.
- Feedback from families for the services inspected was mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- There was good day to day leadership on the ITU, and permanent staff felt valued and supported in their role with opportunities for learning and development.
- There had been improvements in staff morale since the July 2017 inspection, and there were sufficient junior doctors, progress in other areas had been slow. The unit had been slow to respond to some of the issues raised in the CQC reports and peer review reports

However:

- Leadership required improvement as there was no shared vision among senior medical staff and little work had been done to assess the views of patients, relatives and other stakeholders and feed this into service development.
- The assessment and management of risk needed to improve. Not all risks were identified on the risk register and progress to mitigate risk was slow. Some of the risks seen at the previous inspection were still judged to be high risk.
- There was no capital programme at the time of the inspection for the replacement of obsolete equipment. Staff reported frequent equipment failures and only 61% of equipment was up to date with planned preventative maintenance. This did not meet recommended standards. The trust later sent us a capital replacement programme for 2019-20.
- Although evidence-based care was built into some of the protocols used, the unit's own policies and guidelines were in a variety of different formats, many had not been through the trust approval process and were not all up to date. The trust was aware of this and a review process had been started but was not complete at the time of the inspection.
- The absence of electronic records limited data analysis.
- There was little written information for patients and their families, and no follow up clinics. This had not improved since the previous inspection.

## Is the service safe?

Good   

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

- There were enough consultants to meet national standards for cover during working hours and, on average, enough to meet the standard out of hours. The trust had increased the establishment of allied health professionals and was phasing the opening of HDU beds to enable them to maintain an acceptable ratio of staff to patients.
- The service provided mandatory training in key skills to all staff and most nursing staff had completed it.
- The service generally followed good practice when prescribing, giving, recording and storing medicines. There had been a reduction in medicines incidents since the previous inspection. There was adequate pharmacy cover for the unit.

# Critical care

- The service controlled infection risk well and all areas were visibly clean. Staff followed approved protocols to prevent the spread of infection. They had successfully reduced formerly elevated infection levels for which they had been comparative outliers
- The service managed patient safety incidents effectively. Staff had a good understanding of what constituted an incident in ICU and reported them appropriately. Managers investigated incidents and staff could tell us of lessons learned.
- Staff completed and updated risk assessments for each patient. Records of risks were full and clear and staff shared information about changes in risk at handovers.

However:

- The service used a substantial number of bank nurses to enable the unit to meet national standards. The bank staff employed were long term staff with specialist training and qualifications. There were 53 band 6 vacancies and 68% of these were covered by senior long term bank staff.
- Some junior staff told us they were sometimes allocated to critically ill patients in single rooms with inadequate support. The trust told us after the inspection that in recognition of this senior nurses and runners were checking side rooms more frequently and feedback had been positive from staff in side rooms.
- Some equipment was not regularly maintained and some was out of date and spares were unobtainable. There was no capital replacement programme. After the inspection the trust provided a rolling replacement programme for 2019-20 which had been presented to the asset management group.
- Medical staff compliance with mandatory training, including safeguarding, was below trust target which was already low. Overall the mandatory training compliance of medical staff was reported as 76%.

## Is the service effective?

Good   

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

- Patients were cared for by appropriately qualified clinical staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- Staff assessed and monitored patients regularly to see if they were in pain. All patients had an individualised analgesic plan appropriate to their clinical condition, in accordance with the Core Standards for Pain Management Services in the UK.
- Staff gave patients enough food and drink to meet their needs and improve their health. All patients unable to take food or drink orally were given enteral or parenteral nutritional support from the day of admission.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared their results with those of similar services to learn from them. The service participated in national audits, which meant its services could be benchmarked against other trusts. Patient outcomes were about the national average.
- The service made sure staff were competent for their roles. Staff had access to specialist training and development, including simulation training and senior staff appraised staff performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other professionals such as physiotherapists, dietitians and occupational therapists all contributed to patient care.

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# Critical care

- There was consultant level cover on site or on call, at all times, although at weekends the consultant to patient ratio was less favourable than recommended. Staff also reported a shortage of anaesthetists. Most services were available seven days a week and out of hours.
- 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 and documented this.

However:

- The service had not updated all its guidelines so the most up to date information was not always readily accessible to staff. Guidelines were in a variety of different formats; many had not been through the trust approval process and were not all up to date. The trust was aware of this and a review process had been started but was not complete at the time of the inspection.
- There was little written information for patients and relatives to support them in maintaining and improving their health.
- The absence of an electronic system for patient records limited the scope for data analysis and audit.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. All the observations of care we made were positive. Staff were welcoming and showed kind and compassionate care. They were courteous and professional towards patients and their friends and families. Patients told us they were extremely happy with their care and with the support from nurses and doctors.
- Staff involved patients and those close to them in decisions about their care and treatment. The critical care team kept patients and relatives informed about the treatment plans. They told us that staff communicated well with them to ensure they understood care, treatment and condition.
- Staff provided emotional support to patients to minimise their distress. Patients and relatives felt supported by the team. They told us that doctors and nurses had listened to their worries and understood the anxiety patients and their families experienced in critical care

## Is the service responsive?

Good ● → ←

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

- Most people could access the service when they needed it, although a few patients awaiting surgery had their operations delayed to ensure a critical care bed was available post operatively.
- There had been improvements in the number of patients who had to wait more than four hours for discharge to a hospital bed or who were discharged out of hours when compared to the previous inspection.

# Critical care

- The service took account of patients' individual needs. Many patients had complex needs and staff were experienced in managing these needs and had a range of techniques to do this. Staff had access to communication aids and translators when needed, giving patient the opportunity to make decision about their care, and day to day tasks.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- Some of the facilities for patients' relatives were not welcoming, including the entrance to the unit, and rooms for discussions with families and there was limited written information for relatives about general hospital services, ICU performance or about patient experiences such as sedation and delirium.
- There were no follow up clinics for patients after they were discharged, even though many patients spent much longer than average in ICU and the majority were level 3 patients. The lack of written information had been a concern at the previous inspection.

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was a written plan for one year and for three years, but in speaking with senior staff about strategy we found a range of views about priorities. There was no funded plan to achieve the changes.
- The department did not have effective systems for identifying risks or for planning to eliminate or reduce them. The risk register was not up to date and some risks had been on the register a long time. It did not include all risks staff told us about, or have comprehensive mitigation plans for the risks identified.
- There was limited evidence of engagement with the patients and their families, or the public and local organisations to plan and manage the service.
- The trust did not use an electronic system for much of the data in ICU, and the primary records were paper-based. Staff in ICU did not feel informed about or involved in the trust's strategy to support an IT solution for ICU by 2020, which was part of the hospital-wide digital strategy. The absence of an electronic record in ICU limited scope for data analysis.
- Although some senior staff felt they had a voice in the division and wider trust, other staff did not share that view. The ICU was a small part of one subdivision of the large SAS division, which was dominated by surgery.
- Some junior staff told us not all nurse coordinators were supportive leaders and that leaders in the wider division were not visible to many ICU staff. Bank nurses felt unsupported by the wider trust.

However:

- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service participated in several clinical research studies which provided some evidence base for the unit's work.
- Managers in the ICU had sought to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.



## Critical care

- The department engaged more effectively with its own staff than at the previous inspection. The Joy of Work project had improved staff retention through enabling self-rostering, employing more clinical practice educators and the introduction of a newsletter and a bi weekly coffee catch up to improve information flows. Staff said the matrons and consultants in the unit were visible and approachable.

Good 

## Key facts and figures

Royal Free London Hospital NHS Foundation Trust provides maternity services at the Royal Free Hospital and Barnet Hospital sites. Integrated maternity care is provided in community hubs alongside community partners and at the freestanding Edgware Birth Centre.

The community midwifery service consists of 14 teams of which two provide continuity of care (CoC) for women with complex social care needs. The maternity service offers a range of specialist services including perinatal mental health, endocrine, haematology and maternal medicine clinics.

The maternity service is part of the cross-site women and children's division responsible to the Barnet Business unit. In addition to the delivery suites both hospital sites offer antenatal clinics, triage, day assessment units and antenatal and postnatal wards. There is a fetal medicine unit at the Royal Free Hospital.

From April 2017 to March 2018 there were 8,405 deliveries at the trust.

This CQC inspection focused on the maternity core service based at the Royal Free Hospital. The inspection covered the acute side of the service and did not include the community service.

The Royal Free Hospital maternity service has an antenatal clinic which is situated on the ground floor of the main hospital building. This is a shared facility with the gynaecology outpatients clinics.

At the Royal Free Hospital, the main maternity services are on the 5th Floor of the main building. The services include an Early Pregnancy Assessment Unit (EPAU) which is shared with the gynaecology core service. Within the EPAU is a triage bay where women in early stages of pregnancy are initially assessed and maternity patients are transferred to the maternity core service.

The Fetal Medicine Unit is situated next to the EPAU. The fetal medicine unit (FMU) provides a service to the Royal Free Hospital (and Barnet Hospital). There is a plan to accommodate all fetal maternal assessment at the Royal Free Hospital in the future. The maternity services on occasion refer cases requiring specialist fetal medicine monitoring from Barnet, Chase Farm and the Royal Free Hospitals to tertiary units such as University College Hospital. The FMU supports women who have complications or abnormalities in their pregnancy.

On the other side of the EPAU is the antenatal and postnatal ward called 5 South comprising eight antenatal beds, 23 postnatal beds and four side rooms that are used for readmission on the ward.

The Royal Free Hospital delivery suite is situated by the main maternity reception area opposite the six lifts. The delivery suite has a consultant led labour ward with a two bed triage unit, five high risk intrapartum delivery rooms, a three bed close observation maternal assessment (CLOMA) bay which is a High Dependency Unit (HDU) and post operation recovery unit. Within the labour ward there are two operating theatres.

Next to the labour ward is the midwife-led birth-centre, The Heath Birth Centre, with three delivery rooms, one of which is a pool room. All the rooms have en suite facilities.

During our inspection we visited all the maternity wards and units. We spoke with 16 patients and three relatives, and 47 staff, including consultant obstetricians and divisional directors, clinical leads and matrons, consultant midwives, specialist midwives and educators, senior midwives, midwives and healthcare assistants, a hospital pharmacist, trainees and other support workers.

# Maternity

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated the maternity service as good because:

- The staff were found to exemplify well the trust's values of being visibly reassuring, clearly communicating, being actively respectful and being positively welcoming.
- The Friends and Family Test showed that women were in general very satisfied with the care and treatment provided.
- The service offered women with uncomplicated pregnancies a number of birthing options. There was the midwife-led Heath Birth Centre, the consultant-led labour ward or care in the community setting.
- The medical and midwifery staffing levels and skill mix were adequate and were adjusted to reflect the acuity of the patients. Women in labour received one-to-one care.
- If a serious incident occurred, it was dealt with in accordance with the trust's procedure.
- The medical and midwifery staff had received up to date training.
- Staff were alerted to mothers and babies needing medical intervention by the use of early warning tools.
- Staff had received training in safeguarding, and were able to recognise abuse and take rapid action.
- The clinical care was generally equal or better than the England average on most metrics.
- The service had a consultant on call out of hours.
- The department had recently introduced an electronic patient record system. In some cases there may have been delays during the transition, but measures had been taken to ensure patient safety.
- The service followed national guidance, and actively participated in NHS England initiatives to improve care, and sought to demonstrate resulting improvements in care. The service examined patient outcomes and responded fully to any issues found.
- The rate of emergency caesareans was in line with the England average.
- The performance of the service was monitored by bringing together a number of critical indicators on a monthly basis in the maternity dashboard spreadsheet, and highlighting any surprising figures. The results for the last three months were displayed on a notice board.
- Women in labour and in the postnatal stage received effective pain relief.
- Infant mortality in the department was lower than average.
- The service was strong in providing assistance for women with complex psycho-social needs, and had a specially trained team to deal with their needs.
- The service emphasised continuity of care, with the same midwife assisting where possible the low-risk patients in the antenatal, delivery and postnatal stages.
- The department was strong in helping mothers who chose to breast feed and had achieved the United Nations Children's Fund (UNICEF) Baby Friendly Stage Three.
- The service had many collaborative projects with other hospitals in the North London region

# Maternity

However:

- The management of medicines required some improvements. The service needed to ensure refrigerators used for medicines were maintained at the correct temperature. Resuscitation trolleys needed to be tagged following the daily checks. There needed to be more attention given to the expiry dates of medicines, and out of date medicines needed to be disposed of promptly. All entry and cancellation of controlled drugs in the controlled drug register should be in accordance with the trust medicine policy and procedures.
- The consent forms were not always filled in and completed correctly.

## Is the service safe?

### Requires improvement

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

- The trust had not always ensured staff follow the trust medication policy and procedures in the safe storage of medicines and safe disposal of expired medicines. (Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Regulation 12(2)(g).
- There was evidence to suggest that staff had not always carried out appropriate checks on the stock medicines for expiry date. In 5 South we found a sealed pack of IV lorazepam (5 vials of 4mg/ml) that had expired in May 2017 in a drug fridge. The medicine had not been discarded promptly and efficiently. However, we noted the matron had responded appropriately when the issue was pointed out to them. They immediately contacted the hospital pharmacy and safely disposed of the medication.
- 5 South had no drug disposal containers and there was no designated storage cabinet for drugs awaiting disposal.
- We found dispensed drugs in the drug trolley that belonged to three patients who had been discharged.
- Staff had not followed the correct procedures when making entries and cancellations in the controlled drug register. In the labour ward, when we checked the controlled drug (CD) register we saw an entry made on 3 December 2018 for Fentanyl infusion which had been scribbled out. Whilst the matron recognised the error and provided correct information on what should have been done, there was no evidence that this had been addressed.
- In 5 South, when we checked the controlled drug (CD) register, we saw an entry made for a Pethidine injection (100mg/2ml) had been scribbled out and was illegible. Staff had not followed the correct procedure in cancelling a written error in a CD register. There was no documentation to suggest this matter had been addressed.
- The temperature of the drug refrigerators in both labour ward and 5 South was too high. In the labour ward the temperature was over 14°C. In 5 South, the temperature was over 8°C. The safe temperature range is between 2°C and 8°C. This meant the medicines could be suboptimal and therefore patient treatment could be affected. The trust confirmed later on that the issue appeared to be that staff were not familiar with how to read and reset the fridge thermometer. However, this meant there was no assurance that medicines had been stored in the correct temperature range. Therefore patients were at risk of being given suboptimal medicines.
- Staff kept detailed records of patients' care and treatment. However, patients' consent forms were not always filled in and completed correctly. We found two consent forms that had not been completed appropriately. All consent forms must be signed and dated and the role of the doctor must be clearly specified. (Health and Social Care Act 2008 Regulated activities) Regulations 2014, Regulation 11).

However:

# Maternity

- 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.
- The midwifery staffing levels in the various wards and labour ward were adequate with a good skill mix of staff. The matrons carried out a daily assessment of acuity and safe staffing on a shift by shift basis. Staff were redeployed where needed. Agency and bank staff were used if required. Senior midwives were hands-on and supportive.
- The maternity service had an adequate number of consultant obstetricians and junior doctors. The daily handovers by the medical team were thorough and informative, with detailed multidisciplinary discussions of current cases and the actions taken.
- There was a consultant obstetrician on call out of hours.
- Women in established labour received one-to-one care by an experienced midwife.
- The service had suitable premises and equipment and looked after them well. All clinical equipment was regularly serviced and calibrated and checked daily. Out of date equipment was replaced promptly.
- The service controlled infection risk well. The maternity wards were kept clean and all the ward corridors were kept uncluttered for easy access. Staff took immediate action when the monthly cleaning audits did not meet the trust target of 95%.
- The service had established systems in place for reporting, investigating and acting on incidents and serious adverse events. Staff were well trained to use the electronic Datix reporting system. There was an open culture of reporting, and learning was shared with staff to make improvements.
- The majority of staff had received up-to-date mandatory, statutory and clinical training, including cardiocotocograph interpretation for midwives. This ensured safe and improved clinical practice.
- The overall compliance with mandatory training for midwives and medical staff was better than the trust target. Maternal resuscitation training was included in the PROMPT drills and skills training, which achieved 91% compliance for midwives and 90% for doctors.
- Staff used the modified early obstetric warning score (MEOWS) tool to observe mothers and the newborn early warning trigger and track (NEWTT) tool for babies at risk of clinical deterioration. Staff had training on when to escalate and to refer appropriately for medical help.
- Staff completed and updated risk assessments for each patient. Staff carried out risk assessments of pregnant women antenatally, including a perinatal mental health assessment and referrals were made when required. The Unity team assisted all vulnerable patients.
- Staff used the World Health Organisation (WHO) checklist for surgical practice and operations. This ensured safety for patients.
- The Maternity Safety Thermometer data (August 2018 to October 2018) indicated four clinical metrics were significantly better than the England average. The number of women experiencing a 3rd or 4th degree perineal trauma over the period reviewed was 0% compared with the England average of 1.65%.
- The new Electronic Patient Record (EPR) system improved availability of information for staff when treating patients. There had been some teething issues but these were being resolved promptly. Staff were trained and able to access the support team on site to resolve problems as they occurred.

# Maternity

## Is the service effective?

**Good** ●

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The maternity service followed up to date evidence-based guidance and quality standards to provide good care and treatment to women and babies.
- There was an effective system in place to ensure policies and procedures were updated and reflected national guidance. The service participated in NHS England collaborative initiatives and provided evidence of improved patient experience and positive outcomes for mothers and babies.
- Staff assessed and monitored patients regularly to see if they were in pain. Women experienced effective pain relief during labour and postnatally.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service continued to monitor patient outcomes through national and local audits and actions were taken to address issues found.
- The service used a rolling month by month maternity dashboard to raise alerts on safety metrics which exceeded the expected range.
- The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit). The service experienced 10% fewer perinatal infant deaths than the comparator group in the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) National Neonatal Audit.
- The total percentage rate of caesarean births was high and many months triggered an amber alert. This included many elective caesareans. The percentage rate for emergency caesareans had been as expected for 5 months.
- 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. The staff appraisal rates exceeded the trust target. As on 13 December 2018, the number of midwives and healthcare assistants that had completed their appraisals was 101 out of 115, a rate of 88%.
- The education team supported staff to maintain their professional skills and experience. The education team reviewed staff training programmes and staff competencies and arranged clinical and mandatory training for staff.
- The service had achieved the United Nations Children's Fund (UNICEF) Baby Friendly Stage Three.

## Is the service caring?

**Good** ●

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

# Maternity

- Women and their families gave positive feedback about the service and care provided. They said staff treated them with respect and dignity. Partners felt involved and encouraged to support their partner during labour.
- The Friends and Family Test performance for antenatal, postnatal and birth was similar to the national average (98%) or above from August 2017 to August 2018. The results had been consistently positive throughout the 12 month period. In August 2018 the rate of response recommending the maternity care was 100% for antenatal and birth and 99% for postnatal.
- Staff involved patients and those close to them in decisions about their care and treatment. Women felt involved in decision making regarding their care and treatment. Women who were low risk could have midwife-led care with an option to have a pool birth.
- Staff provided emotional support to patients to minimise their distress. Patients and their relatives felt well supported. The Unity team supported vulnerable women.
- Women had access to specialist staff such as the perinatal mental health team, a psychologist, a psychiatrist and women counsellors.
- There was a specialist midwife for women who were bereaved.

## Is the service responsive?

**Good** ●

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

- The trust planned and provided services in a way that met the needs of local people. The Royal Free maternity service served the needs of the local population. It offered women choices and continuity of care.
- People could access the service when they needed it. There was a consultant-led service for high risk women and a midwife-led service for low risk women, which included facilities for pool birth based at the Heath Birth Centre.
- The service had a bereavement specialist midwife who supported women going through bereavement. There was a bereavement room based in the birth centre.
- The Fetal Medicine Unit offered women a screening service for various conditions such as Down's syndrome.
- The service took account of patients' individual needs. The service gave support to women with complex needs, such as learning disability or perinatal mental health problems. There was a specially trained team of midwives who provided a service for vulnerable women with moderate to severe mental health issues, women refugees, asylum seekers, homeless women and women exposed to domestic violence and substance misuse.
- There were women counsellors to support women with fear of childbirth and other emotional problems.
- The maternity service worked closely with the commissioners, clinical networks, women and other stakeholders to plan the delivery of care and treatment for the local population.
- Women whose first language was not English were able to access the translation service through the trust website. Staff arranged interpreters for in-patients.
- There had been some delay initially in seeing antenatal patients in the antenatal clinic. This was due to the transfer of patients' records to the new electronic patient record system (EPR).
- Staff in the antenatal clinic constantly apologised and updated their patients when there was a delay.

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# Maternity

- Staff knew how to assist women and relatives, should they need to make a formal complaint.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff followed the trust's complaints policy and procedure in investigating a complaint.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well led 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 maternity service came under the women and children service based at Barnet Hospital. There were two localised teams, one for each hospital, with some senior managers and clinical leads working cross-site. The leadership team for the women and children service comprised the Divisional Director who managed the Clinical Directors for women and children, the Divisional Director of Operations, who managed the operations managers and a Director of Midwifery and Nursing who managed the Heads of Midwifery and the Heads of Nursing.
- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was cross-site working at both the clinical and leadership levels.
- The leadership team was knowledgeable and involved in ensuring staff were well supported and trained to provide quality care to women and babies.
- Staff told us senior managers and local leaders were visible and approachable. Staff felt well supported.
- 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 risk and quality management team understood the challenges and had taken actions to ensure the maternity service complied with national guidance and networked with other trusts to improve and maintain clinical practice.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The maternity service had an open and transparent culture and a strong culture of improvement. There was a divisional vision and strategy in place which had been developed with staff involvement at all levels. Staff were accountable for delivering change.
- There was a dedicated team of staff who had a positive attitude to their work. There were staff volunteers as Speak Up champions.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The senior management team for risk and governance were thorough and involved in ensuring all risk issues raised were taken seriously and resolved quickly. Senior staff understood their roles and accountabilities.
- The service engaged well with patients and relatives, the public and local organisations to plan and manage appropriate services, and collaborated effectively with partner organisations.
- There was a strong culture for improvement, training, research and innovation. We saw examples of collaborative working with other hospitals in the North London region and successful innovation and improvement to improve care pathways to serve the local population. Team success in innovation was celebrated.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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

#### Regulation

Regulation 12 CQC (Registration) Regulations 2009  
Statement of purpose

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Terri Salt, CQC Interim Head of Hospital Inspection, and David Harris, CQC Inspection Manager, led this inspection.

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

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

	AGENDA ITEM 9 <b>Health Overview and Scrutiny Committee</b>  <b>11<sup>th</sup> July 2019</b>
	<p style="text-align: center;"><b>Title</b>     <b>Suicide Prevention in Barnet</b></p> <p style="text-align: center;"><b>Report of</b>     Director of Public Health</p> <p style="text-align: center;"><b>Wards</b>     All</p> <p style="text-align: center;"><b>Status</b>     Public</p> <p style="text-align: center;"><b>Urgent</b>     No</p> <p style="text-align: center;"><b>Key</b>     Yes</p> <p style="text-align: center;"><b>Enclosures</b>     Suicide prevention action plan 2019/20</p> <p style="text-align: center;"><b>Officer Contact Details</b>     <b>Seher.kayikci@barnet.gov.uk</b></p>

**Summary**

This report follows a review of the most recently available suicide data and progress in delivering the 2018/19 action plan for suicide prevention in February.

It provides a summary of the annual review held in March and the planned activity for 2019/20.

- Officers Recommendations**
- 1. That the committee note the 2019/20 suicide prevention action plan and priority areas of work for the year.**
  - 2. That the committee continue to receive an annual update on suicide prevention.**

**1. WHY THIS REPORT IS NEEDED**

1.1 The February HOSC considered a review of suicide prevention data and delivery of the 2018/19 suicide prevention action plan ahead of the annual

review process in March. An update following the creation of the 2019/20 action plan was requested.

- 1.2 The significance of partnership working in delivering suicide prevention activity was noted and invitations extended to key partners.
- 1.3 Particular opportunities for suicide prevention are presented in the year ahead building on work completed last year and in response to new developments.
- 1.4 Following the thematic review into self-harm and suicidal ideation completed last year, safety planning at the point of discharge for acute services has been reviewed and schools have begun to embed suicide prevention policies and plans.
- 1.5 A local review of suicide prevention in primary care is planned, presenting the opportunity to build good practice.
- 1.6 A post-vention service for those bereaved by suicide is being developed in NCL. This will be a significant advance since research shows that bereavement by suicide is linked to a number of negative health and social outcomes, including depression and an increased risk of suicide and suicide attempts.
- 1.7 A London wide information sharing hub will also present new opportunities for suicide prevention by allowing any emerging trends to be identified quickly and facilitating signpost of those affected by suicide to sources of support.
- 1.8 Opportunities for more preventative action on mental health, substance misuse and domestic violence are being explored and the engagement of a local academic specialist presents the potential for collaborative research.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 To ensure local partnership working in support of suicide prevention in Barnet.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Suicide prevention actions are conducted by a range of partners throughout the year. Public health facilitates workshops to ensure coordination where required and the annual review and update in March.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.2 The Health and Wellbeing Strategy includes focus on improving mental health

and wellbeing for all and makes specific reference to the suicide prevention action plan.

- 5.1.3 The Joint Strategic Needs Assessment identifies the suicide rate in Barnet and compares this with the national rate.

## 5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.2.2 It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

## 5.3 **Social Value**

- 5.3.1 N/A

## 5.4 **Legal and Constitutional References**

- 5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities - provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities: "To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

## 5.5 **Risk Management**

- 5.5.1 The scope and delivery of the actions outlined in the suicide prevention action plan are dependent on partners' willingness and capacity as there is no statutory authority for councils to require partners to take action.
- 5.5.2 Six monthly reviews meetings of the working group have been introduced to ensure opportunities for partners to flag any delivery challenges at an early stage and to allow partners to anticipate any impacts.

## 5.6 **Equalities and Diversity**

- 5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of Policies and the delivery of services.
- 5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other

conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.

5.6.4 Variations in suicide rates by age and sex were described in the February report to HOSC. Attention has been paid locally to other characteristics but low numbers make it impossible to make any statistically robust conclusions. National analysis of suicides suggests higher than average rates amongst the LGBT community and new mothers.

## **5.7 Corporate Parenting**

5.7.1 The implications for corporate parenting of any developments in suicide prevention activity for children is kept under review.

## **5.8 Consultation and Engagement**

5.8.1 A voluntary sector representative sits on the suicide prevention local work group to ensure that their views, those of mental health service users and the broader community are represented.

## **5.8 Insight**

5.8.1 No new data is presented since the February report to HOSC.

## **6. BACKGROUND PAPERS**

Suicide prevention report to HOSC Feb 2019:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9510&Ver=4>

## Suicide Prevention Plan 2019-20 – draft

Action & Topic Area	Lead partner/s	Status & timescale	Progress	Closed
<b>PREVENTION - Reducing Suicide Rates</b>				
<b>Data on suicide and self-harm</b>				
<p>1. Capitalising on the Thrive London Suicide Prevention work:</p> <ul style="list-style-type: none"> <li>To implement local use of the information exchange portal to facilitate sharing of information about suspected suicides and enable local suicide prevention planning, postvention and support for the bereaved.</li> <li>To review our plans for suicide audit in light of London level work with Coroners' Office.</li> </ul>	<p>Thrive London and locally Public Health</p>	<p>Ongoing</p>	<p>We are currently involved in user testing as part of the development of the Thrive London Information Sharing Hub with the expectation of launch later in the year.</p> <p>The Thrive team is engaging with coroners across London with a view to establishing consistent arrangements for information sharing and audit.</p>	
<p>2. Continue to improve local intelligence by ensuring:</p> <ul style="list-style-type: none"> <li>Access to British Transport Police Data (BTP)</li> <li>Exploring potential sources of data with London Ambulance Service (LAS), the Council's regulatory services and Green Spaces.</li> </ul>	<p>British Transport Police, Public Health</p>	<p>Sept '19</p>	<p>British Transport Police and London Ambulance data has recently been accessed and arrangements clarified to ensure timely input to the annual review of suicide data in future.</p> <p>Conversations with Green Spaces indicate that they do not hold data to inform suicide prevention. Opportunities for the provision of training and support for park attendants is</p>	

			<p>being explored recognising that previous suicides have occurred at these sites.</p> <p>We have requested police data but this information is held centrally and currently there is no data sharing process in place. Discussions with the police relating to this are ongoing.</p>	
<b>Communications and campaigns</b>				
<p>3. Tackle the stigma associated with mental health problems and the barriers to seeking support through a local mental health campaign. This will dovetail with Time to Change and the Samaritan's "It's OK to talk" campaigns.</p>	<p>Public Health, VCSE</p>	<p>Throughout 2019</p>	<p>Public Health has commissioned a community organisation and a specialist film producer to engage with local residents and produce social media content to raise awareness of mental health, promote mental wellbeing, self-care and supportive communities through a Thrive Barnet Campaign.</p> <p>The content will be shared widely through social media and other platforms to generate public conversations about mental health and build community action.</p>	
<p>4. Raise concerns about irresponsible reporting of deaths resulting from self-harm in the local press with Samaritans as these occur; and engage with the local media where appropriate to ensure that deaths are reported in line with the Samaritans media guidelines.</p>	<p>ALL partners to monitor and raise</p>	<p>Ongoing</p>	<p>None reported so far this year.</p>	



<p>5. Engagement with at-risk groups to identify opportunities for targeted support including:</p> <ul style="list-style-type: none"> <li>- Lesbian Gay Bisexual Transgender (LGBT) people</li> <li>- Looked After Children (LAC),</li> <li>- People from Eastern Europe</li> <li>- People with Autism</li> <li>- People who are at risk of reoffending.</li> </ul>	<p>Public Health, Community Safety, VCSE, Family Services</p>	<p>March 2020</p>	<p>2 LBGT organisations have been engaged and they include suicide prevention materials on their website.</p> <p>The opportunities for collaboration with Looked After Children, Care Leavers and Young Offenders teams is being explored.</p> <p>A workshop focusing on Autism and suicide will be scheduled in the Autumn with the Learning Disabilities Lead Commissioner and Barnet Mencap.</p> <p>The September 2019 CommunitiesTogether Network meeting will be themed around mental health. We will include suicide prevention and discuss opportunities for engagement with higher risk communities.</p>	
<p><b>Access to means</b></p>				
<p>6. Review data to identify any potential hot spots in the Borough and emerging issues with regard to means.</p>	<p>PH, BTP</p>	<p>Ongoing</p>	<p>Latest British Transport Police data does not provide evidence of any hot spots in the borough.</p>	
<p><b>Pathways and access</b></p>				
<p>7. Establish pathway for those bereaved by suicide to receive a copy of “Help is at Hand”</p>	<p>PH, Police, LAS,</p>	<p>Sept 19</p>	<p>Further engagement with police services will take place once the Thrive information sharing</p>	

<p>within 48 hours/ where possible, when contact is first made with the family/friend of the deceased individual.</p> <p>Provision of Making Every Contact Count (MECC) online training to Police.</p>	<p>Bereave ment Service</p>		<p>hub arrangements are clarified and the development of an NCL post-vention support service is confirmed. Both of these developments will significantly change the local opportunities for targeted support of those bereaved by suicide.</p> <p>MECC online training is to be shared with police.</p>	
<p>8. Understand the response from crisis resolution home treatment team following inpatient discharge.</p>	<p>CCG, BEHMHT</p>	<p>Sept 19</p>	<p>Patients identified as requiring CRHTT follow up are reviewed the same day and provided with a follow up plan.</p> <p>The Crisis Resolution and Home Treatment Team (CRHTT) policy is currently under review and any changes will be disseminated to the suicide prevention group within the next quarter.</p>	
<p><b>Incident review</b></p>				
<p>9. Improve current practice in response to suicide in primary care with a view to developing good practice guidance locally.</p>	<p>CCG, BEHMHT</p>	<p>March 20</p>	<p>The Samaritan's 2019 report on "Strengthening the Frontline: Investing in primary care for effective suicide prevention" is being circulated to all GPs via the GP bulletin. Interested GP colleagues are being requested to engage with a local review involving the CCG clinical lead for mental health, public health and interested partners.</p>	

			<p>BEH Mental Health Trust have indicated a willingness to provide training where this is helpful.</p> <p>The review will include consideration of arrangements to support patients after discharge from hospital following a suicide attempt.</p>	
<b>Children and Young people responding to self-harm</b>				
10. Embedding the suicide prevention tool kit in local schools.	Schools, BSCB working group	Sept 19	A wellbeing policy including self-harm and suicide is to be given to all Resilient Schools and will be added to the Resilient Schools Webpage by Sept 2019. This may be used as a 'standalone' policy or as a link within the Safeguarding Policy.	
11. Review safety planning at the point of discharge from the acute services and communicate arrangements to schools and primary care colleagues	Thematic review working group, PH, CCG	Sept 19	<p>Safety planning guidance has been reviewed by a thematic review working group. Clinical colleagues are presently identifying how to share this guidance and ensure its application.</p> <p>A joint workgroup session between NHS and education colleagues will be conducted by Sept to ensure awareness of these arrangements.</p>	
12. Establish a local response to e-safety issues relating to suicide	PH, Children and Families	March 20	All schools address e-safety as part of their curriculum and many secondary schools offer a parent talk about to support families. We are exploring particular reference to suicide	

			prevention.	
<b>Training</b>				
13. Map existing training (MECC, Mental Health First Aid, Perinatal Mental Health) with a view to promoting access.	PH	Sept 19	A review of nationally and locally available training is underway to be shared with partners by Sept 2019	
14. Review uptake of training	All	March 20	A survey of training needs and current provision will be completed by March 2020	
15. Identify training for GPs and GP surgery staff on awareness of suicidality and safety planning. Such training should include awareness of at risk groups.	PH, BEHMHT, CCG	March 20	To follow review of current practice in primary care (action point 9 above).	
<b>POSTVENTION - Provide better information and support for those bereaved or affected by suicide</b>				
<b>Bereavement support</b>				
16. Take part in the commissioning of the new North Central London (NCL) post-vention service and ensure utilisation in Barnet.	PH	March 20	North Central London submitted a proposal to NHSE and we are now awaiting confirmation of funding.	
17. Establish a pathway for offering support to people who are bereaved by suicide.	Thrive London, NCL, PH, Police	March 20	This will be developed in line with the new NCL post-vention service and the Thrive information sharing hub.	
18. Develop a post-vention support check list based on local experience of incidents	Thematic review working	March 20	A workshop will be held following the completion of action 11 above on safety planning at the point of discharge. Post-vention arrangements will also be informed by	

	group		the NCL post-vention service and Thrive information sharing hub.	
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# Developing Urgent Care in Barnet

**July 2019**



*Working together with the Barnet population to improve health and well being*

AGENDA ITEM\_10



## Overview of urgent care

- **Urgent care in Barnet - the current picture**
- **Barnet urgent care strategy – right care/right place, simplify access, prevent and avoid need for unplanned care**
- **National developments – Primary Care Networks and Urgent Treatment Centres**
- **Consultation on Cricklewood walk in service**





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**Urgent Care in Barnet – the current picture**



# What do we mean by urgent care?

Urgent care is different to emergency care. For many people the term urgent care may mean emergency. Many people go to accident and emergency (A&E) even though other services provided by the NHS might be more appropriate to meet their needs.

## What is urgent care?

- ✓ Care that someone feels is needed on the same day but their illness is not life threatening
- ✓ Care that may relate to cuts, minor injuries, bites, mild fevers, vomiting etc.

## What is emergency care?

- ✓ Care that someone receives in an emergency when life or long term health is at risk
- ✓ Care that may relate to serious injury, severe infection, blood loss, chest pain or choking etc.



# What have local people and clinicians told us about urgent care in Barnet?

## Local people have told us that they:

- do not know all of the possible access options for urgent care or when they need to see a healthcare professional
- would prefer to be seen closer to home in primary care
- are concerned they won't get a GP appointment when needed
- know that they will get seen at A&E so are willing to wait.



## Local health care professionals have told us that:

- Patients get better outcomes if they have their urgent care needs met in primary care as GPs can offer a full range of preventive service, refer to other services and can access the patient's records.
- By working with other health, social care and voluntary services around primary care they can do more to help patients stay well and avoid the need for unplanned hospital attendances and admissions





# Services which offer urgent care in Barnet today

## GP Extended Access

... provides extra appointments with GPs; increasing capacity and making it easier to see a GP at a time that suits, inc evenings and weekends.

...provides 48,000 more appointments on 10 sites , open to all patients registered with a Barnet GP.

... GPs have access to your patient record – wherever you access the service

## Walk in Centres (WiC)

... can help with minor injuries and illnesses eg:

- cuts, strains, stings
- minor skin infections
- coughs, colds, ear and throat infections
- minor scalds and burns
- stomach upsets

The 3 Barnet WiCs provide different levels of service:

- Edgware Community Hospital
- Finchley Memorial
- Cricklewood Health Centre (no diagnostics; iand t cannot deal with minor injuries

There is no access to GP clinical records at any of the WiCs.

## GP out of hours

... is available when GP surgery is closed

The team work from Finchley Memorial Hospital. Appointments are available if required.

Access to the service is via NHS 111

## Urgent Care Centres

... provide treatment for adults and children who need prompt help or advice but the situation is not life-threatening.

...are at Barnet, Chase Farm and the Royal Free Hospitals

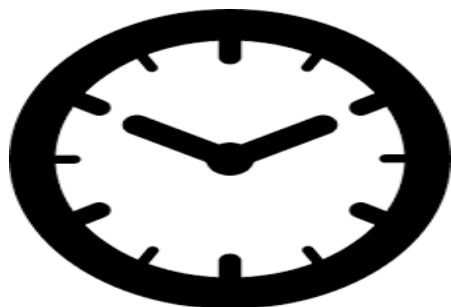
**At Cricklewood Walk in Service the number of attendances has dropped by 21% since 2016**

**There has been a reduction in attendances at the other walk in centres by 3% since 17/18.**



# Times people can access urgent care in Barnet

## Weekdays



From 6.30pm – 8pm weekdays, all of the services listed below are open and will be delivering urgent care (circa 15 sites)

## Weekends



### Urgent care:

9am-11pm at Barnet Hospital via A&E  
10am – 10pm at Royal Free via A&E

### Walk in centres:

7am-10pm at Edgware Community Hospital  
8am-10pm at Finchley Memorial Hospital  
8am-8pm at Cricklewood Health Centres

### GP out of hours:

6.00pm – 8am access via NHS 111 at Finchley Memorial Hospital/Chase Farm Hospital

### GP extended access:

6.30pm – 9pm at 8-10 GP surgeries

### Urgent care:

9am-11pm at Barnet Hospital via A&E  
10am – 10pm at Royal Free via A&E

### Walk in centres:

7am-10pm at Edgware Community Hospital  
8am-10pm at Finchley Memorial Hospital  
8am-8pm at Cricklewood Health Centres

### GP out of hours:

24/7 access via NHS 111 at Finchley Memorial Hospital/Chase Farm Hospital

### GP extended access:

8am – 8pm at 8-10 GP surgeries

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# How do we want to develop urgent care in Barnet?

## 1. Care delivered in the right place at the right time

Patients tell us that they want to be seen by a local GP for same day care but they don't feel confident that they can be seen quickly.

We believe that the best place for patients to receive joined up care is at a GP – accessing prevention and referral on to other services.

We have increased the number of evening and weekend GP appointments by 48,000. Our GPs work together in Primary Care Networks to provide better integrated services.

## 2. Simplifying the system

Local people tell us that the system for accessing urgent care is complicated and they are not always sure what services are available.

There are many different urgent care services offering different things at different times – sometimes at the same time. This is confusing! So some people end up going to A&E when they could be seen at an alternative service.

We are looking at how we consolidate and integrate urgent care services to make them simpler to use.

## 3. Preventing ill health and supporting people to stay well

People are living much longer in Barnet. This is really positive. However many people are living longer in poorer health, often with multiple long term conditions. We also have a number of new communities with other health needs.

Working with social care and voluntary services in Primary Care Networks, we want to invest in services designed to support people to stay well and to prevent avoidable attendances and admissions to hospital.

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## **National Developments and Local Strategy:**

### **Primary Care Networks**

- **Care in the right place**
- **Preventing ill health**



# What are Primary Care Networks?

- The new GP contractual framework was announced 31 January; first step towards operationalising the *Long Term Plan*. Framework covers eight areas:

1. Workforce	2. Indemnity	3. QOF	4. Network contract DES
5. Digital and access	6. New networked services	7. Investment	8. Research and future contract changes



- Large funding injection for primary care; much of the funding contingent in participation in Primary Care Networks (PCNs) via a Directly Enhanced Service (DES)
- 7 x new national services specifications developed during 2019/20 and implemented over the next 2 years:

Structured Medication reviews	Enhanced Health in Care Homes	Anticipatory Care	Personalised Care
Supporting Early Cancer diagnosis	CVD Prevention and diagnosis	Tackling Neighbourhood inequalities	

- New DES Live on 1 July across the country

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# Primary Care Networks in Barnet

## Primary Care Networks (PCNs):

- Bring together groups of GP practices to deliver care to populations of 30-50,000 patients
- Integrate health and social care services to take on population health management
- This means a change from reactively providing appointments to proactively care for the people and communities they serve, for example, the diabetes nurse integrated in to the PCN will proactively review the care of the whole diabetes population, not just those referred to the service.
- There will be an increase in the number/type of staff working in primary care, and an increase in the investment within primary care to support this change.

**Barnet GPs have already been working together for some time as networks (CHINS) with other health, social care and voluntary & community services**



## What does this mean in practice?

The GPs in the North of Barnet have established a Frailty multi-disciplinary team (MDT) that proactively manage a combined register of patients across the group of practices. The group consists of clinicians from a range of organisations including CLCH, North London Hospice, Social Care, Age UK and the Royal Free NHS Trust, and GPs



**Mr. S** is 82 yrs. old; lives in sheltered accommodation and does not have any family. He chooses not to engage socially.

Mr. S is living with:

- memory loss
- difficulty remembering to take his medication
- difficulty hearing (including the phone)
- numerous other long terms conditions which are poorly controlled affecting his ability to function

Mr S often feels very unwell, dizzy resulting in falls or feels very anxious and calls the GP in hours, NHS 111 or 999 out of hours and is often taken to A&E

Mr. S is also anxious about his finances and wants to get his affairs in order



# What does this mean in practice?



## Goals (taking into consideration Mr S and his carer's goals) were to:

- stabilise his medical conditions & help Mr S attend outpatient appointments
- refer him to the memory clinic
- improve his compliance with medication
- make his environment safer and reduce his falls
- increase his care package and improve his nutrition
- help sort out his financial uncertainties
- create an advanced care plan.

## Outcomes. Mr S has a complete Co-ordinate My Care record and is now:

- happier as Age UK Barnet has supported him to put his affairs in order. He is now aware he has money for carers, nutritious meals, rent, and he is able to pay to see a dentist to sort out his toothache
- getting his existing illnesses treated. He is attending all outpatient appointments (warden and care agency organise the transport and key safe enables entry)
- staying healthier. Social services helped organise carers x3/day, who help prepare meals, encourage him to take his medications on time and also to do his exercises
- mobilising more steadily and has not fallen again
- no longer calling 111 or 999 because medically he is stable and less isolated

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## **National Developments and Local Strategy**

### **Urgent Treatment Centres**

- **Simplifying system**



# Urgent Treatment Centres

- At the moment, the NHS offers a mix of walk-in centres, urgent care centres, minor injury units and urgent treatment centres (UTCs), all with different levels of service.
- By December 2019, all urgent care centres and walk-in centres will need to be designated as either a UTC or to change their function to become other community/primary health care services.
- UTCs are GP-led, open at least 12 hours a day, every day;
  - Appointments can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for
  - UTCs will ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases
  - By Autumn 2020 the UTC model will be fully implemented. This means UTCs will be embedded as part of a consistent 'out-of-hospital urgent care' offer in all localities with the option of appointments booked through a call to NHS 111.



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**Proposed consultation  
on Cricklewood Walk in Service**



## Cricklewood Walk-in Centre (1)



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### **Cricklewood walk in service**

- Open 8.00am – 8.00pm 7 days a week.
- Does not provide any service additional to a GP practice but, unlike a GP practice, it has no access to a patient's record, cannot refer on to other services and is unable to offer preventive care such as immunisations and health checks.
- Unlike Edgware and Finchley Memorial walk in centres, it does not have access to diagnostics such as x-ray and does not provide a minor injuries service.

### **Cricklewood Activity**

- Sees on average about 13 Barnet patients a day
- 19,785 patients attended in 2018/19.
- Numbers of attendances have reduced by 21% since 2016/17.
- Barnet CCG represents 24% of the overall activity; about 58% of the attendances come from Brent with smaller numbers from Camden and other local boroughs.
- The majority of patients who access the service are already registered with a local GP.
- 715 patients (4%) who used the service are registered with the co-located GP Practice



## Cricklewood Walk in Centre (2)



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### Location and population

- Located in south of the borough close to border with Brent and Camden.
- Increasing older population + in some wards younger population (JSNA).
- Local redevelopment and close to regeneration at Brent Cross and Colindale South.

### Other local alternative services *(distance and approx. travel times public transport)*

- 48,000 extra GP appointments – 3 local hubs – see next slide
- 3.5 miles to Edgware WiC by No.32 bus. 30-35 minutes
- 5 miles to Finchley WiC, 245/260 bus; then change to No.13 bus. 45 minutes.
- 3 miles to Royal Free Hospital, 245 bus + northern line to Belsize Park. 35 minutes
- 4 miles to St Mary's Hospital, 332 bus. 30-35 minutes
- 6.5 miles to Northwick Park Hospital by various bus and tubes. 25-30 minutes
- 5 miles to Central Middlesex Hospital, 226 bus. 35 minutes





## Barnet 48,000 Extra GP Appointments Information

Available to all Barnet GP patients through own GP or direct on 020 3948 6809

### Nearest to Cricklewood indicated with asterisk

Location	Opening times
Oaklodge Medical Centre	Mon - Fri 18:30 – 21:00 – Sat and Sun 08:00-20:00
Millway Medical Practice	Mon/Wed/Thurs 18:30 – 21:00 – Sat 08:00-12:00
Greenfield Medical Centre*	Mon/Wed/Fri 18:30 – 21:00 – Sat 08:00-12:00
PHGH*	Tue/Wed/Thurs 18:30 – 20:00 – Sun 08:00-12:00
Wentworth Medical Practice	Mon/Wed/Fri 18.30-21.00 – Sat 0800-12:00
Longrove Surgery	Mon/Wed/Fri 18.30-21.00 – Sat 0800-12:00
St Andrew's Medical Practice	Mon/Wed/Fri 18.30-21.00 – Sat 0800-18:00
East Barnet Health Centre	Tues/Wed/Thurs 18:30-20:00 – Sat 0800-12:00
Dr Azim and Partners*	Mon/Tue/Thurs 18:30-20:00 – Sat 0800-12:00
Woodlands Medical Practice	Tues and Thurs 18:30-21:00 – Sat 08:00-12:00



# Consultation on decommissioning

**NHS**

Barnet

Clinical Commissioning Group

- For most conditions it is better for patients to access primary care as it has:
  - access to individual patient records (including information about the patient's medical history and current medication)
  - patient can receive a full range of preventative services, such as screening, routine immunisations and health checks as well as referral to other services
- There are alternative urgent care services in the borough, all of which provide the same range of services as the Cricklewood walk-in service and more.
- Barnet CCG has invested in providing 48,000 extra GP appointments in the evenings and at weekends. These appointments are not fully utilised at present and there is capacity in the other urgent care services locally.
- The development of Primary Care Networks locally will mean:
  - Further investment in primary care as part of the NHS Long Term Plan – including the current funding for extra GP appointments.
  - New primary care network health staff – eg social prescribers and pharmacists
  - Health, care and voluntary services joining up around them to meet patient needs and provide early help to avoid urgent attendances where possible.

## Consultation timeline

- Consultation to start 29 July to run until 18 October 2019.
- Decision making to take place in December 2019.



**Title**  
**Urgent Care Developments and  
Cricklewood Walk in Service**

**Date**  
**11 July 2019**

<b>Title</b>	<b>Urgent Care Developments and Cricklewood Walk in Service</b>
<b>Report of</b>	Barnet CCG
<b>Wards</b>	Wards most likely to be impacted Child's Hill, Golders Green, West Hendon and Hendon but the walk in service is available to all patients in the borough and beyond.
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<i>Consultation slide pack, Draft Consultation Document (to follow)</i>
<b>Officer Contact Details</b>	<b>Sarah D'Souza, Director of Commissioning</b>

**Summary**

Cricklewood Health Centre comprises 2 contracts – one for the GP practice and one for the walk in service. Both contracts come to an end in March 2020.

By way of background the GP practice is an Alternative Personal Medical Services (APMS) contract commissioned by NHSE (now North Central London Commissioning and Contracting). As for all APMS contracts there is a standard process for consultation on whether the service is recommissioned or the list dispersed to other local practices. That consultation started on 30 April and runs until 19 July 2019. Decision-making is planned for October and will take into account practice patient views, ability of local practices to absorb activity, population growth, current list size and equalities/quality issues.

However, this paper is focussed on the CCG's strategic direction for urgent care and on the Cricklewood walk in service.

Barnet CCG commission the walk-in service and will be commencing a consultation on whether to decommission the service or not on 29 July to run until 18 October 2019.

During June/July the CCG has been taking views from key stakeholders as part of pre-consultation engagement process. Decision-making is planned for December 2019 and will take into account the outcome of the consultation and decision-making for the APMS practice as well as the factors set out in more detail below. No changes to services are planned until the end March 2020.

There are a number of national developments which need to be taken into account in the development of local urgent care provision in Barnet. The following papers describe the CCG's strategic direction for urgent care, taking into account the changing national context, important local issues.

## **Officers Recommendations**

### **1. To note proposed consultation on Cricklewood Walk in Service**

#### **1. WHY THIS REPORT IS NEEDED**

- 1.1 The HOSC is a key stakeholder in respect of local health services. The CCG is planning to consult on the decommissioning of the walk in service based at Cricklewood Health Centre when the contract comes to an end. The consultation will run 29 July to 18 October 2019.
- 1.2 In advance of the consultation period the CCG would like to engage the HOSC on the wider strategic direction for urgent care locally and how this informs the consultation on Cricklewood.

## 2. REASONS FOR RECOMMENDATIONS

- 2.1 The paper below sets out in summary the reasons for the consultation with further detail in the slide pack. The slide pack sets out the CCG's strategic direction for urgent care, current local urgent care provision, national urgent care developments and the impact of these on walk-in services and specifically on Cricklewood. Barnet CCG is working with Brent CCG on developing the consultation and Brent CCG supports the strategic direction outlined below.
- 2.2 **Urgent Care Strategy** - the CCG's strategic direction for urgent care (informed by views of local residents and professionals) is:
- Care in the right place at the right time – with primary care being central to this
  - Simple and clear ways of accessing urgent care
  - Overall focus on preventing ill health and avoiding unnecessary attendances to reduce the demand for urgent care.
- 2.3 **Investment in primary care capacity** - the CCG has invested in extending capacity in primary care and now provides 48,000 additional appointments from 10 GP hubs operating in the evenings and weekends. Patients' records are available and patients can access the full range of services available in primary care including screening, immunisation and referral to other services.
- 2.4 **Primary Care Networks** - the NHS Long Term Plan and new primary care contract focuses significant additional investment in Primary Care Networks. From April 2020 investment in hub appointments will also be absorbed into Primary Care Networks providing additional opportunities to integrate urgent care provision in local areas integrated around primary care. There are 7 Primary Care Networks in Barnet and they build on the CHIN (Care and Health Integrated Networks) achievements and joint working across services and organisations.
- 2.5 **Urgent Treatment Centres** - from December 2019, all Urgent Care Centres and Walk-in Centres will need to be designated as either an Urgent Treatment Centre or will need to change to become other primary/community health care services. Urgent Treatment Centres (UTCs) are GP-led, open at least 12 hours a day, every day and are part of the national programme to simplify and standardise urgent care services. The plan is for the Urgent Care Centres at Barnet Hospital and Royal Free Hampstead to transition into Urgent Treatment Centres. The CCG is in the process of working with stakeholders to identify the best way of organising walk-in services in the borough in response to local needs and overall strategy direction set out above. Similar processes have taken, or are taking, place across North Central London CCGs. Given the contractual position a decision needs to be made soon as to the future of the walk-in service at Cricklewood Health Centre.
- 2.6 **Cricklewood walk-in service** – The service is open 7 days a week 8am-8pm. In 18/19 the walk in service saw on average 54 walk in attendances per day of which 13 were for patients registered with a Barnet GP.

The service saw a total of 19,785 walk in attendances in 18/19 from all boroughs. The total number of walk in attendances at Cricklewood has reduced year on year since 16/17 by 21% overall.

In 18/19 58% of attendances were by patients registered with a Brent GP and 24% by Barnet GP registered patients – the majority from local practices. The remaining came from Camden and other surrounding boroughs in smaller numbers.

The walk-in service at Cricklewood – unlike the walk in services at Edgware and Finchley Memorial – does not deal with minor injuries and there is no access to x-ray or other diagnostics on site. As such the provision is almost identical to that provided by a GP practice.

However, unlike a practice, it cannot refer or undertake preventive interventions or access patient's records. This means that the clinicians cannot read the patient's records before treatment and cannot update the record after the consultation. GP hub appointments are available from three local practices and provide a more effective response to patients' needs than the walk-in service.

2.7 Barnet CCG is planning to consult on the decommissioning of the walk in service based at Cricklewood Health Centre when the contract comes to an end because:

- For most conditions it is better for patients to access primary care, which has access to individual patient records (including information about the patient's medical history and current medication). In addition, the patient can receive a full range of preventative services, such as screening, routine immunisations and health checks as well as referral to other services.
- This will become even more important as Primary Care Networks are developed as these will have:
  - Further investment as part of the NHS Long Term Plan – including the current funding for extra GP appointments.
  - New primary care network health staff – eg social prescribers and pharmacists
  - Health, care and voluntary services joining up around them to meet patient needs and provide early help to avoid urgent attendances where possible.
- There are alternative urgent and GP services in the borough, all of which provide the same range of services as the Cricklewood walk-in service and more. Barnet CCG has already invested in providing 48,000 extra GP appointments in the evenings and at weekends. These appointments are not fully utilised at present and there is capacity in the other walk in services.
- The number of patients using all walk-in services in the borough has reduced year on year as additional primary care has been made available.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The continuation of the current contract is not an option. The contract comes to an end in March 2020 and cannot be extended any further. Should the CCG on the basis of the consultation decide to retain a walk-in service in this area it would be subject to usual procurement rules and further engagement as to the service model.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 No decision is required from the HOSC. Papers are brought to inform the HOSC as to overall intentions, strategy and consultation materials. If the decision is taken in December to close the walk-in service, then notice would be given to the current provider with the service coming to an end in March 2020.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 The consultation proposal and rationale are in line with the corporate priorities set out in the Health and Wellbeing Delivery Plan which includes care closer to home as a key vehicle for the delivery of better outcomes for local people.

#### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 The rationale for the consultation proposal is based on value for money given that the walk-in service duplicates other local services and does not provide as integrated or effective provision of care. The current total cost of the Cricklewood walk in service for all CCGs is £692,000 per annum. Barnet CCG's annual budget is £215,000 for Cricklewood walk in service attendances.

#### **5.3 Social Value**

- 5.3.1 Primary care and associated network provision including social prescribers are the key vehicle for population health management as part of an integrated care system.

#### **5.4 Legal and Constitutional References**

NHS Act 2006 as amended by S14 of the Health and Social Care Act 2012

#### **5.5 Risk Management**

- 5.5.1 Risks associated with the consultation process are focused on ensuring patients using the walk-in service are able to feed in views.

#### **5.6 Equalities and Diversity**

- 5.6.1 A full Equalities Impact Assessment is being developed which will be available during the consultation period.

#### **5.7 Corporate Parenting**

5.7.1 N/A

## 5.8 **Consultation and Engagement**

5.8.1 The draft consultation materials are in development.

## 5.8 **Insight**

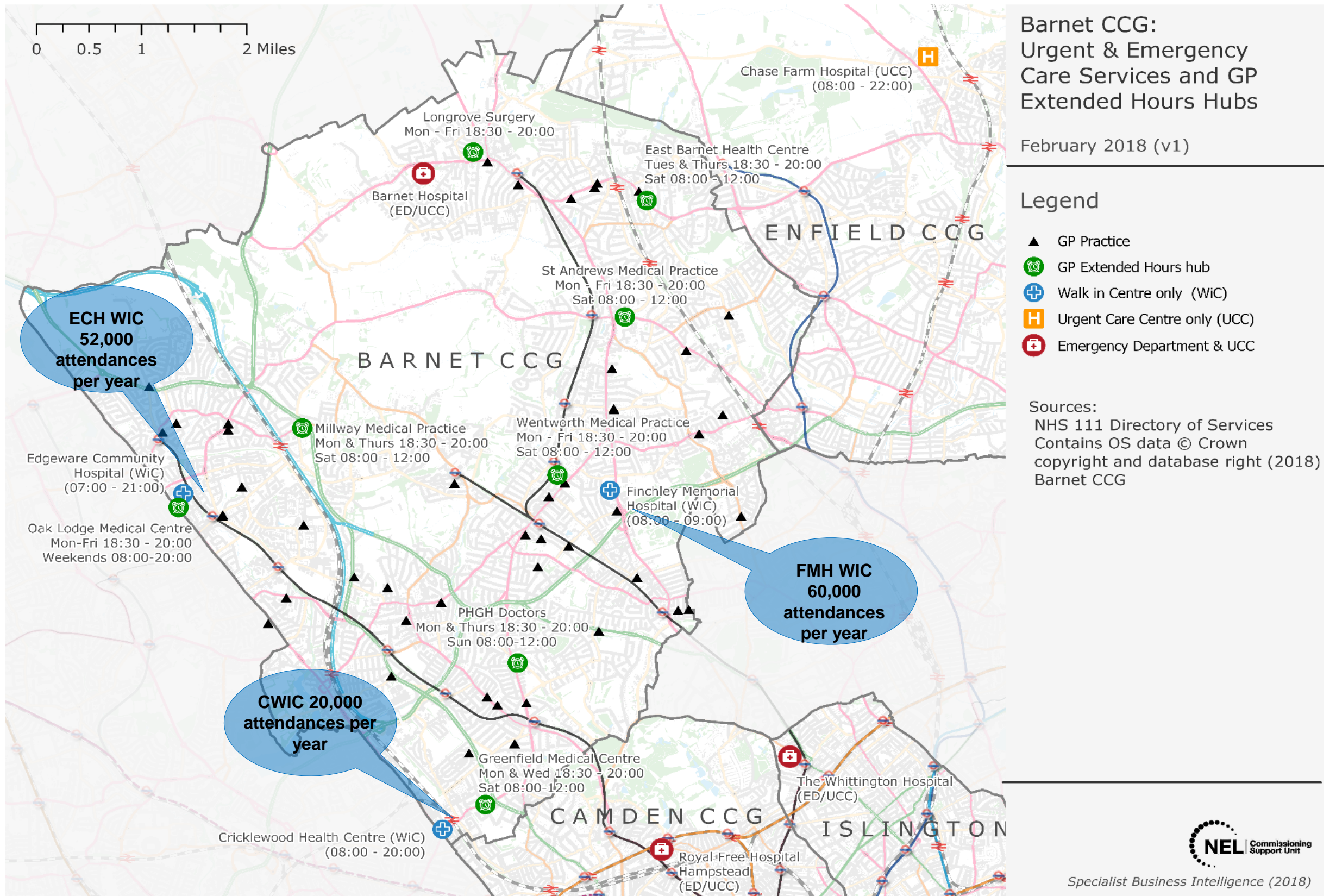
N/A

## 6. **BACKGROUND PAPERS**

6.1 Engagement slide pack



# Overview - Barnet Urgent & Emergency Care 7 day Services Map



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AGENDA ITEM 11



Working in partnership with



Performance with Health 151





## WORKING IN PARTNERSHIP

**Steve Cenci**  
Managing Director Medirest



"We are really proud to have worked in partnership with Barnet Hospital over the past few years with performance at heart behind every service we operate. Our aim has been to consistently achieve high standards and to ensure our staff deliver services which support your staff, visitors and patients and keep your hospital moving. We are very much looking forward to continuing to enhance our services through thought leading solutions which meet your business needs and most importantly, aid in the wellbeing of your patients."

**Jeremy Sharpe**  
Director of Facilities at Royal Free  
London NHS Foundation Trust

"Medirest deliver our patient facing facilities services at Barnet Hospital as part of a long term partnership. It is incredibly important that these services are patient focused and contribute to a positive patient experience.

Maintaining a clean environment, providing good quality meals that patients look forward to and delivering services with a smile through the whole of the Medirest team really helps to lift our patients' spirits and are integral to the hospital's core values."





## MEDIREST AT **BARNET**

Medirest is Compass Group's international healthcare support services brand that leads the market in the UK. We operate in more than 50 acute hospitals, day centres and clinics as well as a large number of smaller treatment centres, surgeries and other facilities.

Our teams are on hand 24 hours a day, 365 days a year to manage essential services on behalf of the Royal Free London NHS Foundation Trust, providing assurance and peace of mind to allow quality patient care. Our aim is to provide the market leading facility management services to the Trust.

Medirest improves the patient experience by consistently delivering:

- Clean and safe hospitals
- The best patient dining experience available
- Flexible and professional logistic services including 'on-demand' portering, helpdesk and support services.



### **Performance with Heart**

The Medirest promise influences everything we do: putting patients, families and clinical staffs' well-being first through an empathetically human considerate approach, while delivering best value to our clients.

Our primary goal is to consistently deliver performance to all our stakeholders; from Trust executives, senior management and nursing staff, to patients and their relatives as trusted partners each day, every day.

From strategic planning to every patient encounter, we want to be recognised for our long-term commitment both to individual care and to our clients. In everything we do, we want our clients to understand the value we place on our partnerships and witness at firsthand the importance we place on the delivery of our promises. Each day, every day.



# BARNET IN NUMBERS



We serve over

**421,000**

patient meals per year. That's forty eight patients every hour



We clean 58,000 square metres every day – that's equivalent to

**8**

football pitches

In a year we recycle 7 tonnes of Steamplicity packaging – saving

**11**

tonnes of carbon

## What this all adds up to:

- Unrivalled market knowledge
- First mover on every major technical change in the healthcare market during the last 5 years
- Access to a global network of experience
- Complete supply chain assurance and safety
- Guaranteed control and reduction of costs
- Increased quality, reliability and operational capability
- Single-point accountability for food and support services
- Financial transparency and economies of scale purchasing more than our top three competitors added together
- Application of a world-leading service framework
- Recognised client and consumer service ethos



Medirest has won the RoSPA Gold Award for our commitment to Health and Safety



Our PLACE scores at Barnet are in the top

**10%**

of hospitals in the UK for cleaning and patient dining

A Steamplicity meal is served to a patient in the UK every

**6**

seconds

We handle and respond to over

**270**

Helpdesk calls every day



**150,000**

portering tasks are completed per year, over 17 tasks per hour



Last year Medirest surveyed over

**1,300**

patients and clients to improve and develop our services



# WHAT WE DO

Providing the highest-quality, best-value cleaning, catering, support and retail services to the healthcare sector. Our influence and impact is a responsibility we don't take lightly, that's why we've developed industry leading brands, partnerships, standards and procedures.



**"All the taste and all the vitality"**  
Steamplicity is a unique cooking system which steam cooks fresh food to perfection in minutes – ensuring all the taste and all the vitality!



**"At the heart of our performance"**  
Our local helpdesk places us at the heart of Barnet enabling a fast and effective response to the needs of our services.



**"Keeping your hospital moving"**  
Here we focus on non clinical healthcare logistic requirements ensuring we keep you moving via our portering services.



Our strategic partners, adding value to our overall offering, including Ecolab (Pest Control and cleaning chemicals) & Vis viz (Window Cleaning).



**"Clean and safe for you"**  
An intelligent and client centred approach to healthcare cleaning ensuring healthcare environments are clean and safe for you.



**Security**  
Our locally managed service uses recognised experts who offer a bespoke service in tune with the hospital requirements.



Bringing the high street to you via Costa Coffee. Lifestyle Staff & Visitor restaurant.



# SERVICE SPOTLIGHT

## Steamplicity explained

Steamplicity is the Compass Group's unique cooking system that steam cooks fresh food to perfection in just 3 to 5 minutes using minimal equipment.

## Available in two core formats:

- Plated patient meals, delivering a choice of 24 hot freshly cooked nutritious meals to patients, cooked near the point of service
- Multi-portion format is an excellent option for workplace cafeterias, catering for visitors and the general public. It is also a popular catering solution for school meals operated by both Local Education Authorities and Independent Schools.



## The benefits of Steamplicity

Steamplicity cooking delivers consistently high quality, great tasting food with more of the much needed nutrients retained than compared with traditional cooking methods.

Through Steamplicity, a client can reduce costs of labour, energy, space and capital investment whilst delivering a more flexible offer to those eating the food.

Steamplicity can also enhance the Corporate Responsibility credentials of its customer as it can reduce the carbon footprint of a user by lowering energy consumption and food waste.

Packaging waste is significantly reduced with the use of recycled materials and a zero to landfill policy at both Cuisine Centres where Steamplicity products are produced..



"Steamplicity is a major breakthrough in the drive for better hospital food. We have been very impressed with these new steam-cooked meals because they are appetising and nutritious and patients love them!"

Patients Association

**5** compelling reasons to consider steamplicity

1. **COST** – Savings in labour, energy, waste
2. **QUALITY** – Consistently delivering hot, freshly cooked meals
3. **NUTRITION** – Healthier food, quicker recovery, happy patients
4. **FLEXIBILITY** – 24 hour provision for freshly cooked meals
5. **SPACE** – Less preparation, less storage space





# MEETING YOUR SERVICES NEEDS THROUGH NEW INNOVATION



At Medirest, we understand the incredible demands placed upon our clients and the need to meet their operational requirements with seamless delivery solutions from end-to-end, notwithstanding the dual pressures on time and budgets.

We strive to be experts in our selected fields but we also recognise that sometimes we need additional expertise to compliment what we already provide.

Alongside our existing innovations we will be introducing a number of new solutions at Barnet Hospital during 2017-18 that will benefit and support the trust in providing world class care.

## SECURITY



**Partner Patrol**  
Flexible & adaptable verification system providing proof of location & activity



## PATIENT DINING



Multi-use ward patient beverage trolley

## DOMESTIC



**HPV Fogging**  
Enables wards to decrease infection risks



**OTEX**  
Ozone laundry disinfection



**Dazo@ Markers**  
UV gel applicator supporting infection control



**Service Trac**  
Web based infection control auditing

## STAFF AND VISITOR



Today's Healthier Choice

A balanced meal under 500kcal, including at least one of your 5 a day and not high in sat fat, fat, sugar or salt – approved by our healthcare dietitians.



Healthier Meal Deal

A new range of sandwiches that contain no more than 350kcal, include salad elements and be on wholemeal/ wholegrain breads where possible. The meal deal includes a sandwich with water and fruit at a lower price point

**COSTA**



# HEALTH, SAFETY AND THE ENVIRONMENT

## HSE

Medirest's major operational priorities remain health, safety and the environment. These are particularly important in the healthcare markets in which we operate.

Safeguarding the health and safety of our people and all our stakeholders is not only a moral responsibility, but also essential to the success of the business. We promote a safety culture in which each team member is responsible for the safety of those around them - and is required to act accordingly.

Minimising the impact of our operations on the local communities in which we work is equally important. Our aim is to set industry-leading standards on health, safety and the environment and make these a point of key competitive advantage in our markets.

At Barnet Hospital we have reduced our reportable incidents by 100% over the last two years through innovation and partnership.



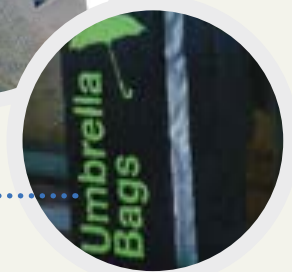
## HSE INNOVATION AT BARNET

Continuously providing safe food and support services through our best-in-class Food Hygiene, Environment and Occupational Health & Safety management systems.



### Needlestick/Stab Gloves

Reduces needlesticks injury



### Brolley Mac

Reduces Slips, Trips and Falls by wrapping wet umbrellas



### Trash Tongs

For employees to remove the tongs and pick up soiled tissues



### Hurricane

Self-drying wet floor sign



### Zero Assaults Project

#### Zero Assault

Aims to reduce numbers of assaults through unique training programme



# PEOPLE MANAGEMENT, **DEVELOPMENT AND TRAINING**

Services within the healthcare business are all about people, whether it is cleaning, maintaining their environment, cooking their food, moving them from one place to another or supplying retail services.

## **“Our people are our business”**

Many companies would say that people are their most important resource, but at Medirest we really do believe in this philosophy. As such, we spend a huge amount of time and effort to train, develop and motivate our teams.

Everyone in Medirest has the opportunity to have their own personal development plan, and every colleague has performance assessments twice a year to ensure they are undertaking and meeting both Medirest’s and their own personal goals.



**Our People**  
.....  
**delivering your services -  
Performance with Heart**

# TRAINING SPOTLIGHT

One of the most empowering messages of The Medirest Way is that whatever your job is at the hospital, whether you're a porter, doctor, domestic or nurse, we are all here to do the same thing, which is to help people get better.

We train every member of the team to realise just what an important role each individual has in achieving that. It changes their belief and therefore their attitude and behaviour, and ultimately it changes the results we help to achieve in the overall patient and customer experience.

.....

“The interactive straight forward Customer Care Training Programme reinforced our joint care principles to front line service teams. Staff valued the training opportunity to enhance and further develop their skills”.

Existing Medirest client



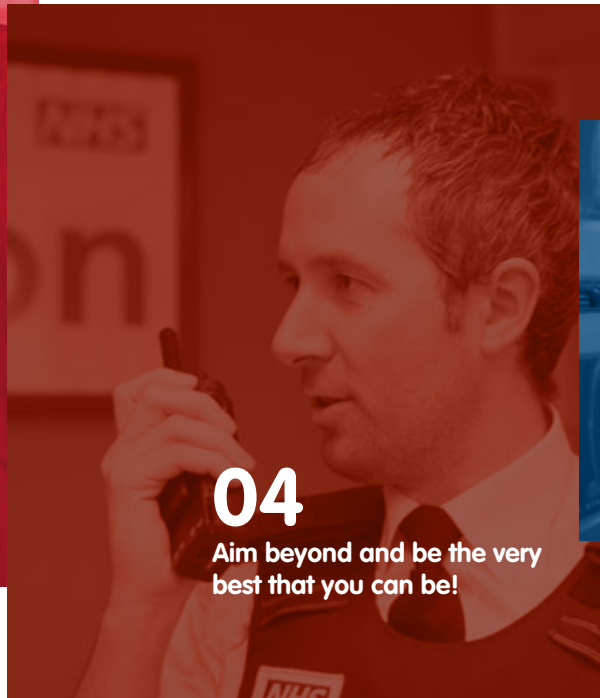
## 01

Stay focused and look for opportunities to make a difference and live these behaviours every single day.



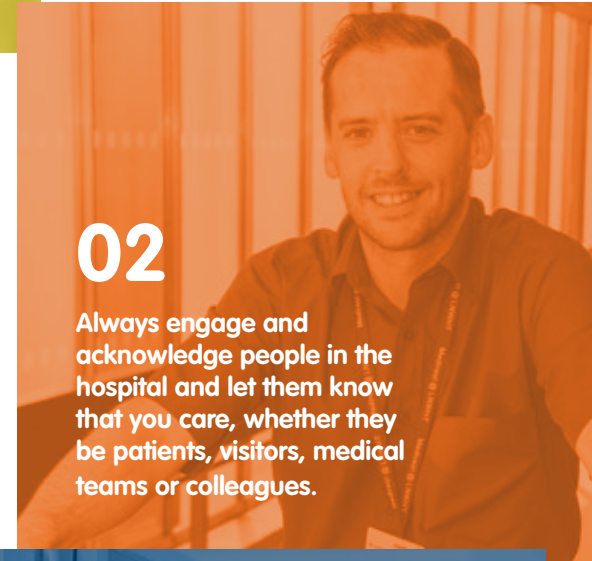
## 03

Be a ray of sunshine through your helpful positive attitude, your language and your general disposition.



## 04

Aim beyond and be the very best that you can be!



## 02

Always engage and acknowledge people in the hospital and let them know that you care, whether they be patients, visitors, medical teams or colleagues.



## 05

Always be clean and tidy both in your appearance and in your working environment.

CONTACT OUR

## LOCAL TEAM

### **Sian Pidduck**

Lead Operations Manager  
Portering, Security & Logistics  
[sian.pidduck@compass-group.co.uk](mailto:sian.pidduck@compass-group.co.uk)

### **Deena MaCteer**

Operations Manager  
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### **Sheila Mccylmont**

Operations Manager  
Catering & Retail  
[Sheila.Mccylmont@compass-group.co.uk](mailto:Sheila.Mccylmont@compass-group.co.uk)

### **Local Helpdesk**

EXT 64123 Option 1 (0208 216 4123)

### **Alex Young**

Contract Director  
Barnet & Chase Farm  
[alex.young@compass-group.co.uk](mailto:alex.young@compass-group.co.uk)



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Meals Without **SOYA**

**Starters**

Fruit Juice

**Main Meals**

**Steamplicity Meals**

Beef Casserole & Dumpling

Cottage Pie

Savoury Minced Lamb

Sausages and Mash

All Day Breakfast

Roast Chicken

Chicken Tikka Masala

Chicken, Tomato and Mascarpone Pasta

Fish and Chips

Fish Fingers and Chips

Fish Mornay

Cheese and Tomato Pasta

Plain Omelette

Cheese and Tomato Omelette

Minced Lamb Curry

Coconut and Lentil Curry

Vegetarian Bean Chilli

MINI Pasta Bolognese

MINI Beef Casserole

Jacket Potato served plain or with Plain Tuna, Baked Beans or Grated Cheese

Cream of Tomato Soup

Cream of Chicken Soup

**Sandwiches**

Tuna Mayonnaise and Cucumber

Free Range Egg Mayonnaise and Cress

Ham, Cheddar and Pickle

Chicken and Lettuce

Houmous and Carrot Wrap

Plain Ham

Plain Cheddar Cheese

**Main Courses from Diet Bay**

Tuna Salad

Cheese Salad

Egg Salad

**Desserts**

**From Standard Menu**

Ambrosia Rice Pudding

Ambrosia Chocolate Custard Pot

Ambrosia Devon Custard Pot

Fresh or Tinned Fruit

Fruit Yoghurt or Diet Fruit Yoghurt

Fruit Jelly

Trifle

Vanilla Ice Cream

Free From **RANGE**

The following special allergy meals are free from all 14 major allergens including cereals containing Gluten, Milk, Egg, Soya, Fish, Crustaceans, Molluscs, Peanuts, Tree Nuts, Sesame Seeds, Celery, Mustard, Lupin or Sulphites.

**Allergy Range**

Beef Casserole with New Potatoes, Sweetcorn and Green Beans

Chicken Casserole with Parmentier Potatoes, Cauliflower and Green Beans

Lamb Casserole with Parmentier Potatoes and Broccoli

Ratatouille with Rice and Peas

Savoury Bean Casserole with Roast Potatoes, Carrots and Mixed Vegetables

Chilli Con Carne & Rice and Mixed Vegetables



# Allergy Aware Menu

We consider the enjoyment of your meals to be very important and we have planned this allergy menu to include dishes we hope you will like.

This allergy menu is designed to offer you an interesting choice with the reassurance that it meets your dietary restrictions.

We have a range of meals free from all 14 major allergens as well as sections free from the more common allergens; egg, milk, soya and gluten.

For details of ingredients and allergens in all our dishes, please ask a member of the team. We hope you enjoy your meals during your stay.



Meals Without **MILK**

**Starters**

Fruit Juice

**Main Meals**

**Steamplicity Meals**

Beef Casserole & Dumpling  
Savoury Minced Lamb  
Roast Chicken  
Chicken Goujons  
Fish and Chips  
Fish Fingers and Chips  
Coconut and Lentil Curry

Minced Lamb Curry  
Vegetarian Bean Chilli  
Vegetarian "Meatballs" and Roast Potatoes  
MINI Pasta Bolognese  
MINI Beef Casserole  
Jacket Potato served plain or with Plain Tuna or Baked Beans

**Sandwiches**

Houmous and Carrot Wrap

**Main Courses from Diet Bay**

Chicken Salad  
Tuna Salad  
Egg Salad

**Desserts**

**From Standard Menu**

Fresh or Tinned Fruit  
Fruit Jelly  
**Diet Bay**  
Provamel Soya Milk Custard

Meals Without **GLUTEN**

These meals are also free from wheat containing ingredients

**Starters**

Fruit Juice

**Main Meals**

**Steamplicity Meals**

Cottage Pie  
Savoury Minced Lamb  
Roast Chicken  
Chicken Tikka Masala  
Steamed Fillet of Salmon  
Fish Mornay  
Cheese and Tomato Omelette  
Plain Omelette  
Coconut and Lentil Curry  
Minced Lamb Curry  
Spring Vegetable Risotto  
Vegetarian Bean Chilli

MINI Cauliflower and Broccoli Cheese  
Jacket Potato served plain or with Tuna Mayonnaise, Plain Tuna or Grated Cheese  
Cream of Tomato Soup

**Main Courses from Diet Bay**

Tuna Salad  
Cheese Salad  
Egg Salad  
Greek Salad

**Desserts**

**From Standard Menu**

Ambrosia Rice Pudding  
Ambrosia Chocolate Custard Pot  
Ambrosia Devon Custard Pot  
Fresh or Tinned Fruit  
Fruit Yoghurt or Diet Fruit Yoghurt  
Fruit Jelly  
Ice Cream

Meals Without **EGG**

**Starters**

Fruit Juice

**Main Meals**

**Steamplicity Meals**

Beef Casserole & Dumpling  
Cottage Pie  
Savoury Minced Lamb  
Sausages and Mash  
Roast Chicken  
Chicken, Tomato and Mascarpone Pasta  
Chicken Goujons  
Chicken Tikka Masala  
Fish and Chips  
Fish Fingers and Chips  
Fish Mornay  
Macaroni Cheese  
Cheese and Tomato Pasta  
Coconut and Lentil Curry

Minced Beef Pie  
Minced Lamb Curry  
Spring Vegetable Risotto  
Vegetarian Bean Chilli  
Vegetarian "Meatballs" and Roast Potatoes  
MINI Pasta Bolognese  
MINI Beef Casserole  
MINI Cauliflower and Broccoli Cheese  
Jacket Potato served plain or with Plain Tuna, Baked Beans or Grated Cheese  
Cream of Tomato Soup  
Cream of Chicken Soup

**Sandwiches**

Ham, Cheddar and Pickle  
Plain Ham  
Houmous & Carrot Wrap  
Plain Cheddar Cheese

**Main Courses from Diet Bay**

Chicken Salad  
Tuna Salad  
Cheese Salad  
Greek Salad

**Desserts**

**From Standard Menu**

Ambrosia Rice Pudding  
Ambrosia Chocolate Custard Pot  
Ambrosia Devon Custard Pot  
Fresh or Tinned Fruit  
Fruit or Diet Fruit Yoghurt  
Fruit Jelly  
Ice Cream  
**Diet Bay**  
Provamel Soya Milk Custard

Meals Without **EGG & MILK**

**Starters**

Fruit Juice

**Main Meals**

**Steamplicity Meals**

Beef Casserole & Dumpling  
Roast Chicken  
Chicken Goujons  
Fish and Chips  
Fish Fingers and Chips  
Coconut and Lentil Curry  
Minced Lamb Curry

Vegetarian Bean Chilli  
Vegetarian "Meatballs" and Roast Potatoes  
Savoury Minced Lamb  
MINI Pasta Bolognese  
MINI Beef Casserole  
Jacket Potato served plain or with Plain Tuna or Baked Beans

**Sandwiches**

Houmous & Carrot Wrap

**Main Courses from Diet Bay**

Chicken Salad  
Tuna Salad

**Desserts**

**From Standard Menu**

Fresh or Tinned Fruit  
Fruit Jelly  
**Diet Bay**  
Provamel Soya Milk Custard



## Sandwiches

### Traditional Favourites

Tuna Mayonnaise (Dolphin Friendly) and Cucumber on Oatmeal Bread **FF**

Free Range Egg Mayonnaise and Cress on Malted Bread **E V FF**

Chicken and Lettuce Sandwich with Mayonnaise on Malted bread

Plain and Simple - white bread, no mayonnaise and no fuss

Ham **FF**

Cheddar Cheese **★ V FF**

### Something Different

Ham, Cheddar and Pickle on Malted Bread **FF**

Houmous and Carrot Wrap (vegan) **♥ V FF**

NB: A small selection of sandwiches made with gluten free bread is available from the diet bay

## Salad Selection

Chicken Salad

Greek Salad **V**

With feta cheese, olives and red onion

Tuna Salad **♥**

Egg Salad **♥ V**

Cheddar Cheese Salad **V**

## Jacket Potato

A plain jacket potato (vegan) **GF** served with your choice of filling:

Grated Cheddar Cheese **E ★ V**

Tuna Mayonnaise **E ★**

Plain Tuna **♥ ★**

Baked Beans (vegan) **♥ V**

Optional side salad on request

## Hearty Soups

A nourishing soup instead of a main meal for when you have a poor appetite. White or brown roll and spread on request

Cream of Chicken Soup **★**

Cream of Tomato Soup **★ V GF**

Rolls apply to soup without roll

## Small, Simple and Light Selection

If you would like a lighter meal, something plainer or if you have a poor appetite and would prefer something smaller, please choose from the following sections.

Pasta Bolognese **♥ ★**

A smaller portion of our beef Bolognese sauce served with pasta

Cauliflower and Broccoli Cheese **V GF**

A small but tasty serving of cauliflower and broccoli in a rich cheese sauce

Beef Casserole and Dumpling **E**

A smaller portion of our tasty beef casserole in a rich gravy served with a fluffy dumpling

## Hot Desserts

Served with custard

Chocolate Sponge **E ★ V**

Steamed Raspberry Jam Sponge **E ★ V**

Apple Crumble (vegan) **♥ V**

Rhubarb and Apple Crumble (vegan) **♥ V**

Sticky Toffee and Date Pudding **E V**

Apple and Raisin Sponge **♥ ★ V**

## Cold Desserts

Fresh Fruit or Tinned Fruit in Natural Juice

Fresh Apple **♥ V FF**

Fresh Orange **♥ V FF**

Fresh Banana **♥ ★ V FF**

Peaches in Juice **♥ ★ V**

Pears in Juice **♥ ★ V**

Fruit Cocktail in Juice **♥ V**

**Ambrosia** Ambrosia Devon Custard Pot **♥ ★ V GF**

**Ambrosia** Ambrosia Chocolate Custard Pot **★ V GF**

Traditional English Trifle **★ V**

Jelly **★** or Sugar Free Jelly **♥ ★**

**müller** Thick and Creamy Yoghurt **★ V GF**

**müller** Diet Fruit Yoghurt **♥ ★ GF**

**Ambrosia** Ambrosia Rice Pudding Regular **★ V GF** or Light **♥ ★ V GF**

Served hot or cold

Cheese and Biscuits **V FF**

Vanilla Ice Cream (Where available) **♥ ★ V**

freshly  
cooked for you

- LUNCH & SUPPER MENU -





# Freshly cooked, nutritious food

## To Start

### Soup of the Day ★

White or brown roll and spread on request

### Fruit Juice ♥★V

Ask the Ward Host/Hostess for today's choice

## Fish

All fish is from sustainable sources  
NB - Fish dishes may contain small bones

### Steamed Fillet of Salmon in Hollandaise Sauce E GF

Steamed salmon fillet in a hollandaise sauce served with boiled potatoes and a green vegetable medley

### Fish and Chips E

Battered white fish served with chunky chips and garden peas

### Fish Fingers and Chips ♥★FF

Fish fingers served with chips and broccoli

### Steamed Fish Mornay ♥★GF

Steamed white fish in a cheese and chive sauce served with mashed potato and sweet potato mash

## Using this menu

- This menu has been translated into 11 additional languages; pictorial and Braille versions are available upon request. The following additional menus are also available: Halal, Kosher, Caribbean, Asian Vegetarian, Vegan, Allergy and Modified Textures.
- Occasionally your first choice may not be available; in this case please choose a suitable alternative
- If you are having difficulty finding food you can eat, please speak to a member of the Catering Team.
- A choice of drinks will be offered to accompany your meals.
- Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our **Allergy Menu** or alert your nurse if you have a nut or other severe food allergy.
- For the nutritional information of our dishes, including **carbohydrate content**, ingredients and allergens, or if you need help **opening food packaging**, please ask a member of the team who will be happy to assist you.

## Beef & Lamb

### Minced Beef Pie ★E

Pastry pie filled with minced beef and onions, served with mashed potato and mushy peas

### Cottage Pie ♥★GF

Minced beef in a rich gravy topped with fluffy mashed potato and served with carrots

### Beef Casserole and Dumpling E

Tender beef in a rich gravy served with a steamed vegetable medley, boiled potatoes and a fluffy dumpling

### Savoury Minced Lamb ♥★GF

Minced lamb in a rich gravy, served with boiled potatoes and carrots

### Minced Lamb Curry ♥★GF)

Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice

## Chicken

### Roast Chicken ♥GF

Roast chicken breast in a rich gravy served with roast potatoes, broccoli and a vegetable medley

### Chicken, Tomato and Mascarpone Pasta E

Tender pieces of chicken in a tomato and mascarpone cheese sauce with mixed peppers and spinach

### Chicken Goujons and Potato Wedges FF

Southern fried style chicken goujons served with seasoned potato wedges, carrot batons and broccoli florets

### Chicken Tikka Masala E GF)

Tender pieces of chicken breast in a spicy tikka masala sauce served with steamed yellow rice

## Nutritional symbols

If you have a special dietary requirement which the dietitian has told you about, look for the relevant symbol on the menu next to each dish.

- ♥ **Healthier Choice.** These meals have less fat and salt. Desserts have a lower sugar content making them a better choice for people with diabetes.
- E **Higher Energy.** Each main course contains more than 450kcal.
- ★ **Easy to Chew.** These meals are regular texture but some people may find them tender and easy to chew. These are **not** designed for people at risk with a swallowing difficulty who will be given a separate menu.
- V **Vegetarian.** Meals suitable for vegetarians.
- GF **Gluten Free.** These meals are tested to ensure they are suitable for people with coeliac disease.
- FF **Finger Food.** Suitable to eat without cutlery.

## Pork

### All Day Breakfast E

Traditional English breakfast with a Cumberland sausage, streaky bacon, fluffy omelette, baked beans, fresh tomato and a hash brown

### Sausage and Mash E

Traditional Cumberland sausages in a rich red onion gravy served with mashed potato and garden peas

## Vegetarian and Vegan

### Cheese and Tomato Pasta E★V

Fusilli pasta in a rich tomato sauce, topped with Cheddar and mozzarella cheese

### Vegetarian "Meatballs" and Roast Potatoes (vegan) ♥V FF

Vegetarian "meatballs" served with roast potatoes, carrots and broccoli

### Macaroni Cheese E★V

Pasta in a mature Cheddar cheese sauce

### Vegetarian Bean Chilli (vegan) ♥V GF)

Mixed beans in a spicy tomato and pepper sauce served with steamed rice

### Cheese and Tomato Omelette E V GF

Cheese and tomato omelette served with chips and baked beans

### Plain Omelette ♥V GF

A plain omelette served with boiled potatoes and garden peas

### Spring Vegetable Risotto E V GF

With soya beans and garden peas

### Coconut and Lentil Curry (vegan) ★E V GF)

A mild curry with butternut squash, chickpeas and served with steamed yellow rice

Please turn over for a selection of smaller and light meals, salads and sandwiches



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LIQUIDISED

MEALS FROM SIMPLY PURÉE  
EXCEPT WHERE STATED

MAIN COURSES

- Chicken and Potato Pie
- Bean and Vegetable Casserole
- Beef Stew and Dumpling MILK FREE
- Lancashire Hotpot MILK FREE

DESSERTS

- Muller Healthy Balance Yoghurt STANDARD MENU
- Ambrosia Custard Pot (Devon or Chocolate) STANDARD MENU
- Thin Puréed Fruit (various flavours) MILK FREE VEGAN

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MINCED & MOIST

MEALS FROM SIMPLY PURÉE  
EXCEPT WHERE STATED

MAIN COURSES

- Lancashire Hotpot with mashed potatoes and mushy peas
- Cottage Pie with cauliflower cheese, carrots and swede
- Chicken Casserole with mashed potatoes and carrots
- Fish in Cheese Sauce with mashed potatoes and mushy peas
- Vegetable Tikka Masala with lentil daal and ground rice
- Vegetable Lasagne with mashed potatoes and carrots

COLD DESSERTS

- Smooth Thick and Creamy Yoghurt STANDARD MENU
- Ambrosia Rice Pudding Pot STANDARD MENU
- Ambrosia Custard Pot (Devon or Chocolate) STANDARD MENU
- Fruit Mousse (various flavours)

HOT PUDDINGS FROM LEVEL 4 ARE ALSO AVAILABLE:

- Spiced Apples and Custard
- Sticky Toffee Pudding
- Jam Sponge and Custard

All main courses include potatoes, pasta or rice and vegetables; please ask for details

# MODIFIED TEXTURE MENUS

This menu is designed to offer you a varied choice of meals with the reassurance that they meet your dietary needs.

Food and drink textures are classified using letters and this 'language' ensures consistency. Some new descriptors are being introduced soon so this menu uses the original letters *and* also for reference, shows the new numbers.

New descriptors for food and drink textures have recently been introduced.

This menu has 4 different grades of textures: Level pureed and level soft and bite-sized meals can be found in the middle pages whilst level liquidised and level minced and moist meals can be found on the back page. Level 7 Regular Easy to Chew meals can be found on our standard menu.

**Only choose from one section of this menu as recommended by your Speech and Language Therapist, Dietitian or Nurse.**

Most dishes listed are available but occasionally, some meals may not be offered in every hospital. Your ward host/hostess will tell you which ones are available locally to you. If your preferred meal is not available, please choose an alternative from the same (correct) section of the menu.

For details of ingredients and allergens in all our dishes, please ask a member of the team.

*We hope you enjoy your meals!*

## NUTRITIONAL SYMBOLS

If you have a special dietary requirement which the dietitian has told you about, look for the relevant symbol on the menu next to each dish.

- HEALTHIER CHOICE:** These meals have less fat and salt. Desserts have a lower sugar content making them a better choice for some people with diabetes.
- HIGHER ENERGY:** Each main course contains more than 450kcal.
- VEGETARIAN:** Meals suitable for vegetarians.
- GLUTEN FREE:** These meals are tested to ensure they are suitable for people with coeliac disease. A further list of dishes without gluten containing ingredients is available on request from the ward host/hostess.


## DIETARY MEALS FROM SIMPLY PURÉE




MEALS FROM SIMPLY PURÉE  
EXCEPT WHERE STATED


## MAIN COURSES


### LAMB


Lancashire Hotpot with mashed potato, carrots and peas 

Shepherd's Pie with carrots and peas 


### BEEF

Beef Stew and Dumpling, mashed potatoes, carrots and peas 


Roast Beef with mustard mash, carrot, cauliflower and Yorkshire pudding 

Cottage Pie with carrots and broccoli 

### POULTRY


Chicken and Stuffing with mashed potatoes, carrots and broccoli 

Chicken and Potato Pie with broccoli and carrots 


Hearty Chicken Casserole, potatoes, peas, swede and parsnip 


### FISH


Fisherman's Pie with mashed potatoes, peas and carrots 

Salmon in dill sauce, mashed potato, carrots and peas 

### VEGETARIAN

Cheesy Macaroni, mashed potato, carrots and broccoli 

Vegetable Lasagne with mashed potatoes, carrots and green beans 


Vegetable Chilli, mashed potatoes, green beans, swede and parsnip 

Bean & Vegetable Casserole, potatoes and vegetables  MILK FREE / VEGAN


Baked Beans on Toast  LITE BITE

## ASIAN HALAL AND VEGETARIAN


SUBJECT TO AVAILABILITY


Lamb Rogan Josh with Bombay potatoes and lentil daal 


Chicken Tikka Masala with Bombay potatoes and vegetable masala 


Chilli Con Carne with mashed potatoes and carrots 

Beef Curry with Bombay potatoes and lentil daal 

Chicken Korma with Bombay potatoes and lentil daal 

Chicken Curry with mashed potatoes, cauliflower and peas 


Vegetable Tikka with mashed potatoes, peas and cauliflower 

Vegetable Aloo Gobi, Bombay potato, lentil daal and cauliflower 


### KOSHER HKMS


SUBJECT TO AVAILABILITY

Chicken with potatoes, carrots and broccoli

Roast beef with butternut squash and broccoli 


Salmon with tomatoes, peas and potatoes


Cod with tomatoes, peas and potatoes 

Vegetarian Lasagne 

### COLD DESSERTS


Muller Smooth Thick and Creamy Yoghurt  STANDARD MENU

Ambrosia Custard Pot (Devon or Chocolate)  STANDARD MENU


Fruit Mousse (various flavours) 

Thick Puréed Fruit (various flavours)  MILK FREE VEGAN

### HOT PUDDINGS

Spiced Apples and Custard 

Sticky Toffee Pudding 


Jam Sponge and Custard 

MEALS FROM SIMPLY PURÉE (SP)  
EXCEPT WHERE STATED

## MAIN COURSES

### LAMB

Lancashire Hotpot with parsley potatoes and mushy peas


Roast Lamb and mint, mashed potatoes and swede 

### BEEF

Beef Stew and Dumpling with mashed potatoes and carrots


Cottage Pie, cauliflower cheese, carrot and swede 


### POULTRY

Chicken Casserole with mashed potatoes and carrots 


Chicken Curry with cauliflower and lentil daal  MILK FREE


### FISH

Tuna Bake with cheesy potatoes and carrots 

Fish in Cheese Sauce with mashed potatoes and mushy peas 


### VEGETARIAN


Vegetable Tikka Masala with Bombay Potatoes and Lentil Daal 


Vegetable Cottage Pie with carrots and peas 

### COLD DESSERTS


Ambrosia Chocolate Custard Pot  STANDARD MENU


Smooth Thick and Creamy Yoghurt  STANDARD MENU

Ambrosia Rice Pudding Pot  STANDARD MENU

Ambrosia Devon Custard Pot  STANDARD MENU

### HOT PUDDINGS

Jam Sponge with Custard  SP

Chocolate Sponge with Custard  SP

## **Polish Menu**

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

W celu uzyskania informacji o składnikach wszystkich naszych potraw, w tym alergenach, prosimy zwrócić się do członka zespołu.

## **Steamplicity Lunch & Supper Menu**

Menu Steamplicity na lunch i kolację

### **Starters**

Przystawki

### **Soup of the Day**

Zupa dnia

### **White or Brown Roll and spread on request**

Bułka biała lub razowa oraz masło lub margaryna na życzenie

### **Fruit Juice**

Sok owocowy

### **Main Courses**

Dania główne

### **NB – Fish dishes may contain small bones**

Uwaga – dania rybne mogą zawierać niewielkie ości

### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

Łosoś na parze z sosem holenderskim, gotowanymi ziemniakami i mieszanką zielonych warzyw

### **Fish and Chips with Peas**

Ryba z frytkami i groszkiem

### **Fish Fingers and Chips with broccoli**

Paluszki rybne z frytkami i brokułami

### **Steamed Fish Mornay— served with sweet potato mash**

Ryba na parze w sosie Mornay, podawana z puree ze słodkich ziemniaków

**Minced Beef and Onion Pie served with mashed potato and mushy peas**

Zapiekanka z mieloną wołowiną i cebulą, podawana z puree z ziemniaków i puree z groszku

**Cottage Pie served with carrots**

Zapiekanka mięsno-warzywna „cottage pie” podawana z marchewką

**Beef Casserole & Dumpling**

Potrawka z wołowiny z kluskami

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

Pikantna jagnięcina mielona z gotowanymi ziemniakami i marchwi

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

Curry z mieloną jagnięciną Curry z mieloną jagnięciną i ziemniakami w łagodnym sosie, podawane z ryżem na parze

**Roast Chicken with Vegetable Medley and Roast Potatoes**

Kurczak pieczony z mieszanką warzywną i pieczonymi ziemniakami

**Chicken Tomato and Mascarpone Cheese Pasta**

Kurczak z pomidorami i makaronem z serem mascarpone

**Chicken Goujons and Potato Wedges**

Paluszki z kurczaka z ziemniakami

**Chicken Tikka Masala and Rice**

Kurczak Tikka Masala z ryżem

**Sausage and Mash with gravy and peas**

Kiełbaski z puree w sosie oraz groszek

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash Brown**

Drugie śniadanie podawane przez cały dzień – kiełbaska Cumberland, bekon, mini omlet, fasolka w sosie pomidorowym, pomidor i placki ziemniaczane

**Cheese and Tomato Pasta Optional side salad on request**

Makaron z pomidorami i serem; na życzenie dodatkowo sałatka

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

Łagodne curry z kokosem i soczewicą (wegańskie), z dynią piżmową, ciecierzycą i żółtym ryżem na parze

**Spring Vegetable Risotto with soya beans and garden peas**

Risotto z wiosennych warzyw, z nasionami soi i groszkiem

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

Wegetariańskie „klopsiki” z pieczonymi ziemniakami, marchewką i brokułami (danie wegańskie)

**Plain Omelette, boiled potatoes and garden peas**

Omlet bez dodatków, gotowane ziemniaki i groszek

**Macaroni Cheese Optional side salad on request**

Makaron z sosem serowym. Sałatka na życzenie

**Vegetarian Bean Chilli**

Potrawka chilli z warzywami i fasolą

**Cheese and Tomato Omelette with chips and baked beans**

Omlet z serem i pomidorami, podawany z frytkami i pieczoną fasolką

**Small, Simple and Light Selection**

Selekcja niewielkich, prostych i lekkich dań

**These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

Te specjalne dania dietetyczne podawane są bez warzyw i stanowią prostszą, mniej obfitą i lżejszą opcję posiłku.

**Small meal Beef Casserole and a Dumpling**

Mała porcja – Potrawka z wołowiny i kluski

**Small meal – Cauliflower and Broccoli Cheese**

Mała porcja – Kalafior i brokuły zapiekane z serem



**Small meal – Pasta Bolognese**

Mała porcja – Makaron po bolońsku

**‘Meal Soups’ – served with a bread roll for a lighter alternative to a main meal**

„Sycące zupy” – podawane z bułką, jako lżejsza alternatywa dla głównego dania

**Cream of Tomato Soup**

Kremowa zupa pomidorowa

**Cream of Chicken Soup**

Kremowa zupa z kurczaka

**Jacket Potato with a choice of fillings:**

Ziemniak w mundurku z różnymi rodzajami nadzienia:

**Cheddar Cheese**

z serem cheddar

**Plain Tuna or**

z tuńczykiem bez dodatków, lub

**Tuna Mayonnaise**

z tuńczykiem z majonezem

**Baked Beans**

Pieczona fasolka

**Salads and Sandwiches**

**Sałatki i kanapki**

**Chicken Salad**

Sałatka z kurczaka

**Greek Salad**

Sałatka grecka

**Tuna Salad**

Sałatka z tuńczyka

**Cheddar Cheese Salad**

Sałatka z sera Cheddar

**Egg Salad**

Sałatka jajeczna

**Tuna Mayonnaise Sandwich**

Kanapka z tuńczykiem i majonezem

**Ham Cheddar and Pickle Sandwich**

Kanapka z szynką, serem i warzywami marynowanymi

**Egg Mayonnaise and Cress Sandwich**

Kanapka z jajkiem, rzeżuchą i majonezem

**Plain Cheese Sandwich**

Kanapka z serem

**Plain Ham Sandwich**

Kanapka z szynką

**Houmous and Carrot Salad Wrap (vegan)**

Wegański zawijaniec z pastą humus i surówką z marchwi

**Chicken and Lettuce Sandwich with Mayonnaise**

Kanapka z kurczakiem, sałatą i majonezem

**Desserts – Hot desserts served with custard**

Desery – Desery na gorąco podawane z polewą budyniową custard

**Chocolate Sponge**

Biszkoptowe ciasto czekoladowe

**Steamed Raspberry Jam Sponge**

Parowane ciasto biszkoptowe z dżemem malinowym

**Apple Crumble**

Jabłecznik z kruszonką

**Sticky Toffee and Date Pudding**

Pudding z toffi i daktylami

**A delicious Apple and Raisin Sponge**

Wyśmienite, biszkoptowe ciasto jabłkowe z rodzynkami

**Rhubarb and Apple crumble**

Ciasto rabarbarowo-jabłkowe z kruszonką

**Fresh fruit – apple, banana or orange**

Owoce – jabłko, banan lub pomarańcza

**Tinned fruit – peach slices, pears or fruit cocktail**

Owoce konserwowe – plastry brzoskwini, gruszki lub koktajl owocowy

**Ambrosia Rice Pudding hot or cold**

Pudding ryżowy Ambrosia na ciepło lub na zimno

**Low Fat Ambrosia Rice Pudding hot or cold**

Niskokaloryczny pudding ryżowy Ambrosia na ciepło lub na zimno

**Traditional English Trifle**

Tradycyjny angielski przekładaniec

**Jelly or Sugar Free Jelly**

Galaretka lub galaretka bez cukru

**Fruit Yoghurt or Diet Fruit Yoghurt**

Jogurt owocowy lub dietetyczny jogurt owocowy

**Ambrosia Chocolate Custard Pot**

Budyń czekoladowy Ambrosia

**Ambrosia Vanilla Custard Pot**

Budyń waniliowy Ambrosia

**Cheese and Biscuits**

Ser i herbatniki

**Ice Cream (where available)**

Lody (w miarę dostępności)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

Chociaż dania nie zawierają orzechów jako składników, nie możemy zagwarantować, że ich śladowe ilości nie będą obecne. Prosimy o zwrócenie się o menu dla alergików lub powiadomienie pielęgniarki, jeżeli są Państwo uczuleni na orzechy lub mają Państwo silne uczulenie na inne składniki pokarmowe.

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability**

Jeżeli mają Państwo trudności w znalezieniu dań, które mogą Państwo spożywać, cierpią Państwo na alergię pokarmową albo mają specjalne wymagania pokarmowe, prosimy o zapytanie członka zespołu cateringowego o przydatność dietetyczną.

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## **Turkish Menu**

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

Yemeklerimizin malzemeleri ve alerji yapıcı katkı maddeleri için lütfen ekibimizin üyelerine danışın.

## **Steamplicity Lunch & Supper Menu**

Steamplicity Öğlen & Akşam Menüsü

### **Starters**

Başlangıç Yemekleri

### **Soup of the Day**

Günün Çorbası

### **White or Brown Roll and spread on request**

İstek üzerine beyaz ya da esmer ekmek ve üzerine sürülecek çeşni

### **Fruit Juice**

Meyva Suyu

### **Main Courses**

Ana Yemekler

### **NB – Fish dishes may contain small bones**

Not – Balıklı yemeklerde kılçık olabilir

### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

Hollandez Soslu istimlenmiş somon, yanında kaynamış patates ve yeşil sebze karışımı

### **Fish and Chips with Peas**

Balık, Patates Çipsi, ve Bezelye

### **Fish Fingers and Chips with broccoli**

Parmak balık, çips ve brokoli

### **Steamed Fish Mornay, served with sweet potato mash**

Mornay<sup>1</sup> soslu istimlenmiş balık, yanında tatlı patates püresi

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<sup>1</sup> Rende peynir ve yumurta sarısı karışımı soğan tadı olan sos



**Minced Beef and Onion Pie served with mashed potato and mushy peas**

Patates püresi ve bezelye ezme ile servis edilen dana kıyma ve soğanlı börek

**Cottage Pie served with carrots and broccoli**

Havuç ile servis edilen Çiftlik Böreği

**Beef Casserole & Dumpling**

Dana Güveç ve Manti

**Savoury Minced Lamb served with Boiled potatoes and Carrots**

Yanında Haşlanmış Patates, Havuç sunulan Kuzu kıyma Rulo Köfte

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

Pirinç haşlama ile servis edilen kıymalı köri, kuzu kıyma ve patatesli hafif baharatlı köri soslu kuzu

**Roast Chicken, Vegetable Medley and Roast Potatoes**

Kızartılmış piliç beraberinde karışık sebze ve patates kızartma

**Chicken Tomato and Mascarpone Cheese Pasta**

Mascarpone peyniri ile domatesli piliç

**Chicken Goujons and Potato Wedges**

Parmak [Kızarmış Parça] Piliç ve Yonga Patates

**Chicken Tikka Masala and Rice**

Masala soslu tandır piliç ve pilav

Tikka Masala Tavuk ve Pirinç Pilavı

**Sausage and Mash with gravy and peas**

Etsuyu ve bezelyeli sosis ve püre

Et sulu ve bezelyeli Sosis ve Patates Püresi,

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash Brown**

Bütün gün servis edilen kahvaltı-öğle yemeği; Cumberland sosisi, domuz sırtı, mini omlet, fırında fasülye, Domates ve kavrulmuş patates

**Cheese and Tomato Pasta Optional side salad on request**

Peynir ve domatesli makarna ve seçenek olarak istek üzerine yanında salata

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

Haşlanmış sarı pirinç ve yanında kabak, nohut ile servis edilen Acısız hindistan cevizi ve mercimek körisi (Vegan)

**Spring Vegetable Risotto with soya beans and garden peas**

Soya fasülyesi ve bahçe bezelyesi ile bahar sebze rizotto pilavı

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

Fırınlanmış patates, havuç ve brokoli yanında Vejeteryen « Köfte » (vegan)

**Plain Omelette, boiled potatoes and garden peas**

Sade omlet haşlanmış patates ve bahçe bezelyesi

**Macaroni Cheese Optional side salad on request**

Peynirli Makarna yanına, istek üzerine salata

**Vegetarian Bean Chilli**

Vejeteryen acılı fasulye

**Cheese and Tomato Omelette with chips and baked beans**

Çips ve fırında fasülyeli peynir ve domates omleti

**Small, Simple and Light Selection**

Az, Sade ve Hafif Seçenek

**These special dietary meals that are served without vegetables offer a plainer, lighter meal option**

Sebzesiz sunulan bu özel perhiz yemekleri daha sade, daha hafif bir yemek seçeneği sunar.

**Small meal Beef Casserole and a Dumpling**

Küçük Öğün Dana Güveç ve hamur köftesi

**Small meal Cauliflower and Broccoli Cheese**

Küçük Öğün Peynirli Karnabahar ve Brokoli

**Small meal Pasta Bolognese**

Küçük öğün Bolonya makarnası

**'Meal Soups' – served with a bread roll for a lighter alternative to a main meal**

'Çorba Yemekleri' - ana yemeğe daha hafif bir alternatif olarak bir rulo ekmekle servis yapılır

**Cream of Tomato Soup**

Kremalı Domates Çorbası

**Cream of Chicken Soup**

Kremalı Tavuk Çorbası

**Jacket Potato with a choice of fillings:**

Dolgu seçenekli Kumpir :

**Cheddar Cheese**

Çedar Peyniri

**Plain Tuna or**

Sade Tuna veya

**Tuna Mayonnaise**

Mayonezli Tuna

**Baked Beans**

Domates soslu Fasulye

**Salads and Sandwiches**

Salata ve Sandöviçler

**Chicken Salad**

Tavuk Salatası

**Greek Salad**

Rum salatası

**Tuna Salad**

Ton Balığı Salatası

**Cheddar Cheese Salad**

Çedar Peynirli Salata

**Egg Salad**

Yumurta Salatası

**Tuna Mayonnaise Sandwich**

Ton Balıklı Mayonezli Sandviç

**Ham Cheddar and Pickle Sandwich**

Ham, Çedar peyniri ve turşulu sandöviç

**Egg Mayonnaise and Cress Sandwich**

Kepek Ekmekte Yumurta, Mayonez ve Tereli Sandviç

**Plain Cheese Sandwich**

Sade Peynir Sandvici

**Plain Ham Sandwich**

Sade Jambon Sandövici

**Houmous and Carrot Salad Wrap (Vegan)**

Humus ve Havuç Salatalı dürüm (Vegan)

**Chicken and Lettuce Sandwich with Mayonnaise**

Mayonezli piliç ve marul sandövici

**Desserts- hot desserts served with custard**

Tatlılar- Koyu krema ile sunulan sıcak tatlılar

**Chocolate Sponge**

Çikolatalı yumuşak [sünger] kek

**Steamed Raspberry Jam Sponge with custard**

Buharda Pişmiş Ahududu Reçelli Pandispanya ve krema

**Apple Crumble**

Elmalı tatlı

**Sticky Toffee and Date Pudding**

Erimiş Karamela ve Hurma tatlısı

**Apple and Raisin Sponge**

Elma ve Kuru Üzüm Sünger Keki

**Rhubarb and Apple Crumble**

Kremalı Rubarb ve Elmalı tatlı

**Fresh fruit – apple, banana or orange**

Taze Meyve, Elma, Muz ya da Portakal

**Tinned fruit – peach slices, pears or fruit cocktail**

Konserve meyve – Şeftali ya da Armut dilimleri, veya meyve kokteyli

**Ambrosia Rice Pudding hot or cold**

Sıcak veya soğuk Sütlaç

**Low Fat Ambrosia Rice Pudding hot or cold**

Az Yağlı sıcak veya soğuk Sütlaç

**Traditional English Trifle**

Geleneksel İngiliz Pandispanyalı Tatlı

**Jelly or Sugar Free Jelly**

Jöle veya Şekersiz Jöle

**Fruit Yoghurt or Diet Fruit Yoghurt**

Meyveli Yoğurt veya Diyet Meyveli Yoğurt

**Ambrosia Chocolate Custard Pot**

Kasede Ambrosia Çikolatalı Krema

**Ambrosia Vanilla Custard Pot**

Kasede Ambrosia Vanilya Krema

**Cheese and Biscuits**

Peynir ve Bisküvi

**Ice Cream (where available)**

(Varsa) Dondurma

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our "Allergy Menu" or alert your nurse if you have a nut or other severe food allergy.**

Yemeklerde fındık fıstık türü yemişler olmamakla birlikte, kuru yemiş kalıntılarına rastlanmayacağı konusunda garanti veremiyoruz. Eğer ciddi bir yiyecek veya kuru yemiş alerjiniz varsa Lütfen 'Alerji Menüsü'nü isteyiniz ve hemşirenizi uyarınız.

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability**

Yiyebileceğiniz bir yemek bulmakta zorlanıyorsanız ya da bir yiyeceğe karşı alerjiniz veya özel perhiz ihtiyacınız varsa, yemekleri hazırlayan ekip elemanlarından perhize uygunluk hakkında bilgi alabilirsiniz.

## **Bengali**

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

আমাদের সব খাবারের উপকরণ ও অ্যালার্জির ঝুঁকি সম্পর্কে বিস্তারিত তথ্যের জন্য অনুগ্রহ করে আমাদের যে কোনো কর্মীকে জিজ্ঞাসা করুন।

## **Steamplicity Lunch & Supper Menu**

স্টেমপ্লিসিটি দুপুর এবং রাতের খাবারের তালিকা

### **Starters**

স্টার্টার

### **Soup of the Day**

সুপ অব দি ডে

### **White or Brown Roll and spread on request**

সাদা বা বাদামী রোল করা রুটি এবং অনুরোধে স্প্রেড

### **Fruit Juice**

ফলের রস

### **Main Courses**

প্রধান খাবার

### **NB – Fish dishes may contain small bones**

দ্রষ্টব্য-মাছের ডিসগুলোতে ছোট কাঁটা থাকতে পারে

### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

হল্যান্ডাইজ সসের মাঝে ভাপে রান্না করা স্যামন মাছ সঙ্গে আলুসেদ্ধ ও মিশ্র সবুজ সব্জি

### **Fish and Chips with Peas**

ফিস এন্ড চিপস, সাথে মটর

### **Fish Fingers and Chips with broccoli**

ফিসফিঙ্গার ও চিপস সাথে ব্রকোলি

### **Steamed Fish Mornay-- served with sweet potato mash**

ভাপে রান্না মাছের মরনেই – মিষ্টি আলুর ভর্তাসহ পরিবেশিত

### **Minced Beef and Onion Pie served with mashed potato and mushy peas**

গরুর কিমা ও ওনিয়ন পাই সাথে আলু ভর্তা ও মটরশুটির মগু সহ পরিবেশিত



**Cottage Pie served with carrots**

কটেজ পাই, গাজর সহ পরিবেশিত

**Beef Casserole & Dumpling**

বিফ ক্যাসেরোল ও ডাম্পলিং

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

মশলাদার মিন্ড ল্যান্ড সেদ্ধ করা আলু এবং গাজর সহ পরিবেশিত

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

মিন্ড ল্যান্ড কারি হালকা মশলাযুক্ত সসে কিমা করা ল্যান্ড ও আলু, সেদ্ধ ভাত সহ পরিবেশিত

**Roast Chicken, Vegetable Medley and Roast Potatoes**

রোস্ট চিকেন, পাঁচমেশালী সন্ধি এবং রোস্ট করা আলু

**Chicken Tomato and Mascarpone Cheese Pasta**

চিকেন টম্যাটো ও ম্যাসারপোন চীজ পাসতা

**Chicken Goujons and Potato Wedges**

চিকেন গুজনস্ এবং আলুর ওয়েজেস্

**Chicken Tikka Masala and Rice**

চিকেন টিক্কা মাসালা এবং ভাত

**Sausage and Mash with gravy and peas**

সসেজ এবং ম্যাশ সাথে গ্রেভি ও মটর

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash Brown**

সারাদিনব্যাপী নাস্তা - কাম্বারল্যান্ড সসেজ, বেকন, ছোট ওমলেট, বেইকড বিন্স, টমেটো ও হাশ ব্রাউন

**Cheese and Tomato Pasta Optional side salad on request**

পনির ও টমেটো পাসতা সাথে অনুরোধক্রমে ঐচ্ছিক স্যালাদ

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

হালকা নারকেল ও মসুর ডালের তরকারি (নিরামিষ) সাথে বাটারনাট স্কোয়াশ, ছোলা এবং সেদ্ধ হলুদ ভাত সহ পরিবেশিত

**Spring Vegetable Risotto with soya beans and garden peas**

বসন্তকালীন সন্ধির রিসোটো সাথে সয়াবীন ও মটরশুটি

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

নিরামিষভোজী « মিটবল » সাথে রোস্ট করা আলু, গাজর এবং ব্রোকলি (নিরামিষ)

**Plain Omelette, boiled potatoes and garden peas**

সাধারণ ওমলেট, সেদ্ধ আলু ও মটরশুটি

**Macaroni Cheese Optional side salad on request**

ম্যাকারনি পনির সাথে অনুরোধক্রমে ঐচ্ছিক স্যালাদ

**Vegetarian Bean Chilli**

বিন ও মরিচের নিরামিষ

**Cheese and Tomato Omelette with chips and baked beans**

পনির ও টমেটো অমলেট সাথে চিপস্ এবং বেকড বীন

**Small, Simple and Light Selection**

ছোট, সহজ এবং হালকা খাবার

**These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

এই বিশেষ স্বাস্থ্যসম্মত (স্পেশাল ডায়েটারি) খাবার যেগুলো সবজি ছাড়া পরিবেশন করা হয় যা আকারে ছোট, সরল ও হালকা খাবারের প্রয়োজনীয়তা পূরণ করে

**Small meal Beef Casserole and a Dumpling**

ছোট আকারের গরুর মাংশের ক্যাসেরোল এবং একটি ডাম্পলিং

**Small meal Cauliflower and Broccoli Cheese**

ছোট আকারের ফুলকপি ও ব্রকোলি চীজ

**Small meal Pasta Bolognese**

ছোট আকারের পাসতা বলগনীজ

**‘Meal Soups’ – served with a bread roll for a lighter alternative to a main meal**

‘মীল সুপ’ – এগুলি ব্রেড রোল সহকারে পরিবেশন করা হয়, এবং এগুলি প্রধান খাবারগুলোর পরিবর্তে হালকা খাবার হিসাবে খাওয়া যেতে পারে।

**Cream of Tomato Soup**

ক্রীম অব টমেটো সুপ

**Cream of Chicken Soup**

ক্রীম অব চিকেন সুপ

**Jacket Potato with a choice of fillings:**

জ্যাকেট পটেটো সাথে পছন্দমাত্ৰিক ফিলিংস যেমন:

**Cheddar Cheese**

চেডার পনির

**Plain Tuna or**

প্লেইন টুনা অথবা

**Tuna Mayonnaise**

টুনা ম্যায়েনেইজ

**Baked Beans**

বেকড বীন্স

**Salads and Sandwiches**

স্যলাড এবং স্যান্ডউইচ

**Chicken Salad**

চিকেন স্যালাড

**Greek Salad**

গ্রিক স্যালাড

**Tuna Salad**

টুনা স্যালাড

**Cheddar Cheese Salad**

চেডার চীজ স্যালাড

**Egg Salad**

ডিমের স্যালাড

**Tuna Mayonnaise Sandwich**

টুনা ম্যায়েনেইজ স্যান্ডউইচ

**Ham Cheddar and Pickle Sandwich**

হ্যাম, চেডার পনির ও আচারের স্যান্ডউইচ

**Egg Mayonnaise and Cress Sandwich**

এগ মেয়েনেইজ এবং ক্রেস স্যান্ডউইচ

**Plain Cheese Sandwich**

প্লেইন চীজ স্যান্ডউইচ

**Plain Ham Sandwich**

প্লেইন হ্যাম স্যান্ডউইচ

**Houmous and Carrot Salad Wrap (vegan)**

হুমুস ও ক্যারট সালাদ র্যাপ (নিরামিষ)

**Chicken and Lettuce Sandwich with Mayonnaise**

চিকেন ও লেটুস স্যান্ডউইচ সাথে ম্যায়েনেইজ

**Desserts – hot desserts served with custard**

মিস্টাভ – গরম মিস্টাভ কাস্টার্ড সহ পরিবেশিত

**Chocolate Sponge**

চকলেট স্পঞ্জ

**Steamed Raspberry Jam Sponge**

স্টিমড্ রাসপ্বেরি জ্যাম স্পঞ্জ

**Apple Crumble**

আপেল ক্রামবোল

**Sticky Toffee and Date Pudding**

আঠালো টফি এবং খেজুরের পুডিং

**Apple and Raisin Sponge**

আপেল ও কিশমিশ এর স্পঞ্জ

**Rhubarb and Apple Crumble**

রুবার্ব ও আপেল ক্রামবোল

**Fresh fruit – apple, banana or orange**

ভাজা ফল – আপেল, কলা বা কমলা

**Tinned fruit – peach slices, pears or fruit cocktail**

টিনজাত ফল – ফালি করা পীচ, নাসপাতি অথবা ফলের মিশ্রন

**Ambrosia Rice Pudding hot or cold**

সুগন্ধি চাউলের পুডিং গরম অথবা ঠান্ডা

**Low Fat Ambrosia Rice Pudding hot or cold**

লো ফ্যাট সুগন্ধি চাউলের পুডিং গরম অথবা ঠান্ডা

**Traditional English Trifle**

ঐতিহ্যবাহী ইংলিশ ট্রাইফল

**Jelly or Sugar Free Jelly**

জেলী অথবা চিনি বিহীন জেলী

**Fruit Yoghurt or Diet Fruit Yoghurt**

ফ্রুট ইওগার্ট অথবা ডায়েট ফ্রুট ইওগার্ট

**Ambrosia Chocolate Custard Pot**

সুস্বাদু চকোলেট কাস্টার্ড পট

**Ambrosia Vanilla Custard Pot**

সুস্বাদু ভ্যানিলা কাস্টার্ড পট

**Cheese and Biscuits**

পনির এবং বিস্কুট

**Ice Cream (where available)**

আইস ক্রীম (যদি থাকে)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

যদিও খাবারগুলোর উপাদানের মধ্যে বাদাম নেই, তথাপি আমরা নিশ্চয়তা দিতে পারছি না যে বাদামের সামান্য চিহ্নমাত্র থাকবে না। আপনার যদি বাদামে বা অন্য কিছুতে মারাত্মক ফুড অ্যালার্জি থাকে সেক্ষেত্রে অনুগ্রহ করে আমাদের “অ্যালার্জি মেনু” চেয়ে নিন অথবা আপনার নার্সকে সতর্ক করুন।

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability.**

আপনি খেতে পারবেন এমন খাবার খুঁজে পেতে সমস্যা হলে অথবা আপনার ফুড অ্যালার্জি বা বিশেষ ধরণের খাবারের প্রয়োজনীয়তা থাকলে অনুগ্রহ করে কেটারিং টীমের কাউকে আপনার উপযুক্ত খাবারের জন্য বলুন।

### **Mandarin Menu**

中文菜单

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

欲知菜肴的配料和过敏成分，请向员工咨询。

### **Steamplicity Lunch & Supper Menu**

以蒸的方式烹煮的（Steamplicity）午餐&晚餐菜单

#### **Starters**

前菜

#### **Soup of the Day**

每日一汤

#### **White or Brown Roll and spread on request**

可提供抹有黄油的白面包或棕色面包

#### **Fruit Juice**

果汁

#### **Main Courses**

主餐

#### **NB – Fish dishes may contain small bones**

请注意 – 鱼餐点可能包含小鱼刺

#### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

清蒸三文鱼配荷兰式沙司，加水煮土豆和混搭绿色蔬菜

#### **Fish and Chips with Peas**

炸鱼和薯条与豌豆

#### **Fish Fingers and Chips with broccoli**

鱼条配薯条和西兰花

#### **Steamed Fish Mornay— served with sweet potato mash**

清蒸鱼配奶油蛋黄沙司，配红薯泥

#### **Minced Beef and Onion Pie served with mashed potato and mushy peas**

牛肉馅加洋葱饼，配土豆泥和豌豆泥



**Cottage Pie served with carrots**

农舍派与胡萝卜

**Beef Casserole & Dumpling**

牛肉砂锅和饺子

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

咸味羊肉馅搭配水煮土豆和胡萝卜

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

羊肉馅和土豆微辣咖喱，配蒸白米饭

**Roast Chicken, Vegetable Medley and Roast Potatoes**

烤鸡、配蔬菜和烤土豆

**Chicken Tomato and Mascarpone Cheese Pasta**

鸡肉、番茄和马斯卡泊尼乳酪意大利面

**Chicken Goujons and Potato Wedges**

鸡块和烤带皮薯条

**Chicken Tikka Masala and Rice**

马莎拉烤鸡咖喱饭

**Sausage and Mash with gravy and peas**

香肠搭配土豆泥与牛肉酱汁和豌豆

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash**

**Brown**

全日早午餐 – 坎伯兰香肠（Cumberland sausage）、培根、迷你煎蛋、烤豆子、番茄和薯饼

**Cheese and Tomato Pasta Optional side salad on request**

芝士、番茄意大利面，可配沙拉

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

椰子、小扁豆、冬南瓜及鹰嘴豆咖喱（素食），配蒸黄米饭

**Spring Vegetable Risotto with soya beans and garden peas**

蔬菜意大利调味饭，配大豆和青豆

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

素食肉丸搭配烤土豆、胡萝卜和西兰花（素食）

**Plain Omelette, boiled potatoes and garden peas**

普通煎蛋卷，加水煮土豆和嫩豌豆

**Macaroni Cheese Optional side salad on request**

芝士通心粉，可配沙拉

**Vegetarian Bean Chilli**

素辣豆瓣酱

**Cheese and Tomato Omelette with chips and baked beans**

芝士、番茄配薯条和甜豆

**Small, Simple and Light Selection**

小份简单的低热量食品选择

**These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

这些特殊餐饮服务不包含蔬菜，提供一个较轻淡、小份的低热量食品餐点选择

**Small meal Beef Casserole and a Dumpling**

小份的牛肉砂锅和饺子

**Small meal Cauliflower and Broccoli Cheese**

小份的花椰菜和西兰花乳酪

**Small meal Pasta Bolognese**

小份的意大利肉酱面

**'Meal Soups' served with bread roll**

‘汤’搭配面包卷

**Cream of Tomato Soup**

番茄奶油汤

**Cream of Chicken Soup**

鸡肉奶油汤

**Jacket Potato with a choice of fillings:**

带皮土豆可搭配以下选择:

**Cheddar Cheese**

切达乳酪

**Plain Tuna**

原味鲔鱼

**Tuna Mayonnaise**

蛋黄酱鲔鱼

**Baked Beans**

烤豆子

**Salads and Sandwiches**

沙拉和三明治

**Chicken Salad**

鸡肉沙拉

**Greek Salad**

希腊沙拉

**Tuna Salad**

鲔鱼沙拉

**Cheddar Cheese Salad**

切达乳酪沙拉

**Egg Salad**

鸡蛋沙拉

**Tuna Mayonnaise Sandwich**

蛋黄酱鲔鱼三明治

**Ham Cheddar and Pickle Sandwich**

火腿切达和泡菜三明治

**Egg Mayonnaise and Cress Sandwich**

蛋黄酱鸡蛋和水芹三明治

**Plain Cheese Sandwich**

原味乳酪三明治

**Plain Ham Sandwich**

纯火腿三明治

**Houmous and Carrot Salad Wrap (vegan)**

鹰嘴豆泥和胡萝卜沙拉卷（素食）

**Chicken and Lettuce Sandwich with Mayonnaise**

鸡肉生菜三明治配蛋黄酱

**Desserts – hot desserts served with custard**

甜点 – 热甜点搭配牛乳酱

**Chocolate Sponge**

巧克力松糕

**Steamed Raspberry Jam Sponge**

蒸覆盆子果酱海绵蛋糕

**Apple Crumble**

苹果奶酥

**Sticky Toffee and Date Pudding**

粘太妃布丁

**Apple and Raisin Sponge**

苹果和葡萄干海绵蛋糕

**Rhubarb and Apple Crumble**

大黄和苹果奶酥

**Fresh fruit – apple, banana or orange**

新鲜水果 – 苹果、香蕉或柳橙

**Tinned fruit – peach slices, pears or fruit cocktail**

罐头水果 – 桃子切片、西洋梨或什锦水果

**Ambrosia Rice Pudding hot or cold**

米布丁可热食或冷食

**Low Fat Ambrosia Rice Pudding hot or cold**

低热量米布丁可热食或冷食

**Traditional English Trifle**

传统英式松糕

**Jelly or Sugar Free Jelly**

果冻或无糖果冻

**Fruit Yoghurt or Diet Fruit Yoghurt**

水果酸奶或低热量水果酸奶

**Ambrosia Chocolate Custard Pot**

美味巧克力奶油盒

**Ambrosia Vanilla Custard Pot**

美味香草奶油盒

**Cheese and Biscuits**

乳酪和饼干

**Ice Cream (where available)**

冰淇淋（如果可供应）

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

虽然餐点的食材成分不含坚果，但我们不能保证坚果完全不存在。因此，如果你有坚果或其他严重食物过敏的体质，请要求索取我们的“过敏食物菜单”或告知你的护士。

**If you are having difficulty finding food you can eat or if you have a special dietary requirement, please ask a member of the catering team about dietetic suitability.**

如果你难以找到你能吃的食物，或者如果你有特殊饮食需求，请咨询餐饮团队的人员关于适当饮食的选择。

**Steamplicity Lunch & Supper Menu**

صورت غذای نهار و شام استیمپلیسیتی

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

برای جزئیات بیشتر از مواد تشکیل دهنده و مواد آلرژی زا در تمام غذاهای ما، شما می توانید از یکی از اعضای تیم ما بپرسید.

**Starters**

اردور

**Soup of the Day**

سوپ روز

**White or Brown Roll and spread on request**

رل سفید و قهوه ای در صورت درخواست با کره

**Fruit Juice**

آب میوه

**Main Courses**

غذای اصلی

**NB – Fish dishes may contain small bones**

توجه کنید – غذای ماهی احتمالاً تیغ های کوچک خواهد داشت

**Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

ماهی سالمون بخار پز در سس هلندیز با سیب زمینی آبپز و سبزیجات سبز مخلوط

**Fish and Chips with Peas**

ماهی و سیب زمینی سرخ شده با نخود سبز

**Fish Fingers and Chips with broccoli**

فیش فینگرز و چیپس با کلم بروکلی

**Steamed Fish Mornay— served with sweet potato mash**

ماهی بخار پز مورنی که با سیب زمینی شیرین می شود.

**Minced Beef and Onion Pie served with mashed potato and mushy peas**

پای گوشت چرخ کرده و پیاز که با پوره سیب زمینی و نخود فرنگی نرم شده سرو می شود.

**Cottage Pie served with carrots**

کاتج پای همراه با هویج

**Beef Casserole & Dumpling**

خورش گوشت بیف با داپلینگ

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

گوشت بره چرخ کرده خوش طعم که با سیب زمینی و هویج آب پز



**Minced Lamb Curry** Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice  
گوشت چرخ کرده بره همراه سیب زمینی و سوس کاری ملایم روی آن ریخته شده و با پلو بخار پز سرو می شود.

**Roast Chicken-Vegetable Medley and Roast Potatoes**

مرغ سرخ شده - مخلوطی از سبزیجات و سیب زمینی سرخ شده

**Chicken Goujons and Potato Wedges**

مرغ فینگری و سیب زمینی با پوست سرخ شده

**Chicken Tomato and Mascarpone Cheese Pasta**

مرغ در سس گوجه با پاستا و پنیر ماسکارپین

**Chicken Tikka Masala and Rice**

خوراک مرغ هندی با پلو

**Sausage and Mash with gravy and peas**

سوسیس که با پوره سیب زمینی و نخود سرو می شود

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash Brown**

سرو صبحانه در تمام روز- شامل کامبرلند سوسیس، بیکن، املت مختصر، لوبیای پخته، گوجه فرنگی و هش براون

**Cheese and Tomato Pasta Optional side salad on request**

پنیر و پاستا گوجه فرنگی و در صورت درخواست با سالاد کنار بشقاب سرو می شود

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

سوس کاری ملایم با نارگیل (مناسب برای افراد وگان) با اسکواش زمستانی، نخود پخته شده با پلو زرد بخار پز سرو می شود.

**Spring Vegetable Risotto with soya beans and garden peas**

ریزوتو با سبزیجات بهاره با سویا و نخود سبز

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

میت بال برای گیاه خواران با سیب زمینی سرخ کرده و هویج و براکلی (وگان)

**Plain Omelette, boiled potatoes and garden peas**

املت ساده، سیب زمینی پخته و نخود سبز

**Macaroni Cheese Optional side salad on request**

ماکارونی و پنیر با سس سفید که اگر بخواهید میتوانید با سالاد سبز هم سفارش دهید

**Vegetarian Bean Chilli**

لوبیا گیاهی چیلی

**Cheese and Tomato Omelette with chips and baked beans**

املت پنیر و گوجه با سیب زمینی سرخ شده و لوبیای پخته

**Small, Simple and Light Selection**

انتخاب کوچک ، ساده و سبک

**These special dietary meals that are served without vegetables offer a plainer, small and lighter meal option.**

برای افراد با رژیم غذایی، گزینه غذاهای بدون سبزیجات سرو می شود که سبک و ساده است

**Small meal Beef Casserole and a Dumpling**

غذای مختصر – کسرول بیف و پیراشکی

**Small meal Cauliflower and Broccoli Cheese**

غذای گراتن گل کلم و بورکلی

**Small meal Pasta Bolognese**

غذای مختصر پاستا بلونیز

**'Meal Soups' – served with a bread roll for a lighter alternative to a main meal**

غذای سوپ – که با یک رول نان بعنوان یک غذای سبکتر در مقابل غذای اصلی سرو می شود

**Cream of Tomato Soup**

سوپ گوجه فرنگی با خامه

**Cream of Chicken Soup**

سوپ مرغ با خامه

**Jacket Potato with a choice of fillings:**

سیب زمینی با پوست پخته شده که می توانید با یک مواد انتخابی خودتان پر کنید

**Cheddar Cheese**

پنیر چدر

**Plain Tuna or**

ماهی تن بطور ساده یا

**Tuna Mayonnaise**

ماهی تن با سس مایونز

**Baked Beans**

لوبیای پخته

**Salads and Sandwiches**

سالاد و ساندویچ

**Chicken Salad**

سالاد با مرغ

**Greek Salad**

سالاد یونانی

**Tuna Salad**

سالاد با تن ماهی

**Cheddar Cheese Salad**

سالاد با پنیر زرد چدار

**Egg Salad**

سالاد با تخم مرغ

**Tuna Mayonnaise Sandwich**

ساندویچ ماهی تن با مایونز

**Ham Cheddar and Pickle Sandwich**

ساندویچ ژانبون و پنیر چدار با ترشی

**Egg Mayonnaise and Cress Sandwich**

ساندویچ تخم مرغ و مایونز با شاهی

**Plain Cheese Sandwich**

ساندویچ پنیر

**Plain Ham Sandwich**

سانویچ هام ساده

**Houmous and Carrot Salad Wrap (vegan)**

ساندویچ حموس و سلاد هویج (وگان)

**Chicken and Lettuce Sandwich with Mayonnaise**

ساندویچ مرغ و کاهو با مایونز

**Desserts - hot desserts served with custard**

انواع دسر – دسر گرم که با کاسترد سرو می شود.

**Chocolate Sponge**

اسپنج شکلاتی

**Steamed Raspberry Jam Sponge**

مریای تمشک اسفنجی

**Apple Crumble**

سیب کرامبل

**Sticky Toffee and Date Pudding**

بودینگ خرما با سوس تافی

**Apple Sponge and Raisin Sponge**

کیک اسفنجی سیب با کشمش

**Rhubarb and Apple Crumble**

ریواس و سیب کرامبل

**Fresh fruit – apple, banana or orange**

میوه های تازه - سیب، موز یا نارنجی

**Tinned fruit – peach slices, pears or fruit cocktail**

میوه های کنسرو - برش هلو، گلابی و یا کوکتل میوه

**Ambrosia Rice Pudding hot or cold**

شیر برنج آمبروسیا گرم یا سرد

**Low Fat Ambrosia Rice Pudding hot or cold**

دسر شیر برنج کم چربی گرم یا سرد

**Traditional English Trifle**

دسر تراپفل با ژله و کمپوت میوه و خامه

**Jelly or Sugar Free Jelly**

ژله یا ژله بدون شکر

**Fruit Yoghurt or Diet Fruit Yoghurt**

ماست میوه یا ماست میوه کم چربی

**Ambrosia Chocolate Custard Pot**

ظرف شکلات کاسترد آمبورسیا

**Ambrosia Vanilla Custard Pot**

ظرف وانیلا کاسترد آمبورسیا

**Cheese and Biscuits**

بیسکویت و پنیر

**Ice Cream (where available)**

بستنی (در صورت موجود)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

با اینکه از گردو پسته و بادام و آجیلات در غذاها مصرف نشده اما نمیتوانیم تضمین کنیم که اصلاً اثر آجیلات در غذاها موجود نباشد. خواهشمندیم در صورتی که به آجیلات آلرژی دارید درخواست کنید فهرست غذاهای ضد آلرژی را ببینید و یا در صورتیکه به آجیل و یا به غذای دیگری حساسیت دارید به پرستار خود اطلاع دهید.

**If you are having difficulty finding food you can eat of if you have a food allergy or a special dietary requirement please ask a member of the catering team about dietetic suitability**

اگر مشکل در انتخاب غذا برای میل کردن دارید و یا حساسیت به غذا و یا نیازمند رژیم غذایی هستید لطفاً با یکی از اعضای تیم ما مشورت کنید.

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Word Amends for April 2019

Steamplicity Lunch & Supper French Menu

Déjeuner Steamplicity et menu du soir

For details of ingredients and allergens in all our dishes, please ask a member of the team.

Pour en savoir plus sur les ingrédients et les allergènes de tous nos plats, adressez-vous à un membre de l'équipe

Starters

Entrées

Soup of the Day

Potage du jour

White or Brown Roll and spread on request

Pain blanc ou complet, et, margarine sur demande

Fruit Juice

Jus de fruit

Main Courses

Plats principaux

NB – Fish dishes may contain small bones

NOTA: - Les plats de poisson peuvent contenir de petites arrêtes

Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables

Saumon à la vapeur à la sauce hollandaise et pommes de terre à l'eau et mélange de légumes verts

Fish and Chips with Peas

Poisson et frites avec petits pois

Fish Fingers and Chips with broccoli

Poissons panés et frites et brocolis

Steamed Fish Mornay— served with sweet potato mash

Poisson à la vapeur, sauce Mornay, accompagné d'une purée de patates douces

Minced Beef and Onion Pie served with mashed potato and mushy peas

Tourte à la viande hachée de bœuf et à l'oignon, servie avec de la purée de pommes de terre et de pois



Cottage Pie served with carrots

Hachis Parmentier servi avec des carottes

Beef Casserole & Dumpling

Ragoût de bœuf et boulettes de pâte

Savoury Minced Lamb served with Boiled Potatoes and Carrots

Savoureuse viande hachée d'agneau avec des pommes de terre à l'eau, et carottes

Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice

Curry d'agneau haché Agneau haché et pommes de terre dans une sauce au curry peu épicée, servi avec du riz à la vapeur

Roast Chicken Vegetable Medley and Roast Potatoes

Poulet rôti jardinière de légumes et pommes de terre au four

Chicken Tomato and Mascarpone Cheese Pasta

Pâtes au poulet et à la tomate, et au mascarpone

Chicken Goujons and Potato Wedges

Bâtonnets au poulet et pommes de terre en quartiers

Chicken Tikka Masala and Rice

Poulet Tikka Masala et riz

All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash

Brown

Brunch toute la journée – Saucisse Cumberland, bacon, mini-omelette, haricots blancs à la sauce tomate et beignets de pommes de terre

Sausage and Mash with gravy and peas

Purée et saucisse avec sauce et petits pois

Cheese and Tomato Pasta Optional side salad on request

Pâtes au fromage et à la tomate et accompagnement de salade facultatif

Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice

Curry de lentilles à la noix de coco peu piquant (végétalien), purée de courge, pois chiches, servi avec du riz jaune à la vapeur

Spring Vegetable Risotto with soya beans and garden peas

Risotto de légumes de printemps avec du soja et des petits pois

Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)

« Boulettes de viande » végétariennes avec des pommes de terre au four, des carottes et des brocolis (végétalien)

Macaroni Cheese Optional side salad on request

Macaronis gratinés au fromage, accompagnés d'une salade sur demande (facultative)

Vegetarian Bean Chilli

Chili aux haricots végétarien

Cheese and Tomato Omelette with chips and baked beans

Omelette au fromage et à la tomate et frites et haricots blancs à la sauce tomate

Plain Omelette, boiled potatoes and garden peas

Omelette, pommes de terre à l'eau et petits pois

Small, Simple and Light Selection

Petite sélection, simple et légère

These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option

Ces plats spéciaux et diététiques, servis sans légumes vous offrent des mets plus naturels, moins copieux et plus légers.

Small meal Beef Casserole and a Dumpling

Petite assiette de ragoût avec des boulettes de pâte

Small meal Cauliflower and Broccoli Cheese

Petite assiette de chou-fleur et brocolis au fromage

Small meal Pasta Bolognese

Petite assiette de pâtes à la bolognaise

'Meal Soups' – served with a bread roll for a lighter alternative to a main meal

Soupes-repas, servies avec du pain pour une alternative légère à un repas complet

Cream of Tomato Soup

Velouté à la tomate

Cream of Chicken Soup

Velouté au poulet

Jacket Potato with a choice of fillings:

Pomme de terre en papillote avec un choix d'accompagnements :

Cheddar Cheese

Fromage Cheddar

Plain Tuna or

Thon simple ou

Tuna Mayonnaise

Thon mayonnaise

Baked Beans

Haricots blancs à la sauce tomate

Salads and Sandwiches

Salades et sandwiches

Chicken Salad

Salade de poulet

Greek Salad

Salade grecque

Tuna Salad

Salade de thon

Egg Salad

Salade aux œufs

Cheddar Cheese Salad

Salade au fromage Cheddar

Tuna Mayonnaise Sandwich

Sandwich thon mayonnaise

Ham Cheddar and Pickle Sandwich

Sandwich au cheddar, jambon et pickle

Egg Mayonnaise and Cress Sandwich

Sandwich aux œufs avec mayonnaise et cresson

Plain Cheese Sandwich  
Sandwich au fromage simple  
Plain Ham Sandwich  
Sandwich au jambon simple  
Houmous and Carrot Salad Wrap (vegan)  
Houmous et wrap à la salade de carottes (végétalien)  
Chicken and Lettuce Sandwich with Mayonnaise  
Sandwich au poulet et à la laitue à la mayonnaise  
Desserts – hot desserts served with custard  
Desserts - desserts chauds servis avec de la crème anglaise  
Chocolate Sponge  
Génoise au chocolat  
Steamed Raspberry Jam Sponge  
Pudding cuit à la vapeur et confiture de framboise avec crème anglaise  
Apple Crumble  
Crumble aux pommes avec crème anglaise  
Sticky Toffee and Date Pudding  
Dessert aux dates et au caramel  
Apple and Raisin Sponge  
Génoise à la pomme et aux raisins secs  
Rhubarb and Apple Crumble  
Crumble aux pommes et à la rhubarbe  
Fresh fruit – apple, banana or orange  
Fruit frais – pomme, banane ou orange  
Tinned fruit – peach slices, pears or fruit cocktail  
Fruit en conserve – quartiers de pêche, poire ou cocktail de fruits  
Ambrosia Rice Pudding hot or cold  
Riz au lait d'ambrosie chaud ou froid  
Low Fat Ambrosia Rice Pudding hot or cold  
Riz au lait d'ambrosie à faible teneur en matière grasse chaud ou froid  
Traditional English Trifle  
Diplomate anglais traditionnel

Jelly or Sugar Free Jelly

Gelée ou gelée sans sucre

Fruit Yoghurt or Diet Fruit Yoghurt

Yaourt aux fruits ou yaourt aux fruits basses calories

Ambrosia Chocolate Custard Pot

Crème anglaise au chocolat Ambrosia

Ambrosia Vanilla Custard Pot

Crème anglaise à la vanille Ambrosia

Cheese and Biscuits

Fromage et biscuits

Ice Cream (where available)

Glace (selon les disponibilités)

Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.

Bien que les plats ne contiennent pas de noix dans les ingrédients, nous ne pouvons pas garantir l'absence de traces de noix. Veuillez demander notre « menu pour personnes allergiques » ou prévenez votre infirmière si vous avez une allergie sévère concernant les noix ou toute autre aliment.

If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability.

Si vous avez des difficultés à trouver un plat approprié ou si vous êtes allergique ou suivez un régime alimentaire particulier, veuillez vous renseigner auprès du personnel de la restauration concernant l'alimentation qui pourrait vous convenir.

## Steamplicity Lunch & Supper Gujarati Menu

સ્ટીમ્પલિસિટિ લંચ એન્ડ સપર ગુજરાતી મેન્યુ

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

અમારી બધી વાનગીમાં રહેલ ઘટકો (ઇનગ્રીડિઅન્ટ) અને એલર્જેન્સની વિગતો માટે, કૃપા કરી ટીમના સભ્યને પૂછો.

### Starters

ભોજનનું પ્રથમ પિરસણ (સ્ટાર્ટર)

### Soup of the Day

સૂપ ઓફ ધ ડે (દિવસનું સૂપ)

### White or Brown Roll and Spread on request

સફેદ અથવા બ્રાઉન રોલ અને વિનંતી કરવાથી સાથે સ્પ્રેડ

### Fruit Juice

ફ્રૂટના રસ (જયૂસ)

### Main Courses

મુખ્ય વાનગીઓ

### NB – Fish dishes may contain small bones

નોંધ – ફિશ કે માછલીની વાનગીઓમાં કદાચ નાના હાડકાઓ હોય

### Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables

વરાળમાં હોલેન્ડેઈઝ સોસ સાથે રાંધેલ સામન સાથે બાફેલ બટેટા અને મિશ્ર લીલા શાકભાજી

### Fish and Chips with Peas

ફિશ એન્ડ ચીપ્સ સાથે પીઝ (વટાણા)

### Fish Fingers and Chips with broccoli

ફિશ ફિંગર અને ચીપ્સ સાથે બ્રોકોલી

### Steamed Fish Mornay – served with sweet potato mash

વરાળમાં ફિશ મોર્ને – છૂંદેલા શકરિયા (સ્વીટ પટેટો) સાથે પિરસણ

### Minced Beef and Onion Pie served with mashed potato and mushy peas

છૂંદેલા પટેટો (બટેટા) અને નરમ પીઝ સાથે બીફ માંસના કકડા અને અન્યન (ડુંગળી) પાઈનું પિરસણ

### Cottage Pie served with carrots

ગાજર સાથે કોટેજ પાઈનું પિરસણ



### **Beef Casserole & Dumpling**

બીફ કેસરોલ એન્ડ ડમ્પલિંગ

### **Savoury Minced Lamb served with Boiled Potatoes and Carrots**

બાફેલા પટેટોઝ અને ગાજર સાથે સેવરિ મિન્સ લેમનું પિરસણ

### **Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

મિન્સ લેમ કરિ, મિન્સ લેમ અને પટેટોમાં હળવી મસાલાવાળી કરિ સોસ સાથે વરાળથી રાંધેલા ભાતનું પિરસણ

### **Roast Chicken, vegetable Medley and Roast Potatoes**

શેકેલ ચિકન, જુદા જુદા વેજિટેબલનું મિશ્રણ (મેડલિ) અને શેકેલા પટેટોઝ (બટેટા)

### **Chicken Tomato and Mascarpone Cheese Pasta**

ચિકન ટમેટો અને માસ્કરપોને ચીઝ પાસ્ટા

### **Chicken Goujons and Potato Wedges**

ચિકનની સ્ટ્રિપ્સને ખૂબ તેલમાં તળવી (ગુજોન્સ) અને પટેટો વેજીસ

### **Chicken Tikka Masala and Rice**

ચિકન ટિકા મસાલા અને ભાત (રાઈસ)

### **All Day Brunch - Cumberland sausage, Bacon, mini omelette, Baked beans, Tomato and Hash Brown**

આખો દિવસ બ્રનચ (બ્રેકફાસ્ટ અને લંચ સાથે)- કમ્બરલેન્ડ સોસેજ, બેકન, મિનિ ઓમલેટ, બેકડ બીનેસ, ટમાટો અને હશ બ્રાઉન

### **Sausage and Mash with gravy and peas**

સોસેજ અને ગ્રેવિ અને પીઝ (વટાણા) સાથે છુંદેલા

### **Cheese and Tomato pasta Optional side salad on request**

ચીઝ અને ટમાટો પાસ્ટા વિકલ્પમાં વિનંતી કરવાથી સાઈડ સેલાડ

### **Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

શાકાહારી મીટબોલ્સ સાથે રોસ્ટ કરેલ બટેટા, ગાજર અને બ્રોકોલી (વીગન)

### **Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

માઈલ્ડ કોકોનટ (નાળિયેર) અને દાળની (લેન્ટિલ) કરિ (વીગન) સાથે બટરનટ સ્કવોશ, ચણા અને વરાળથી રાંધેલા પીળા ભાતનું પિરસણ

### **Spring Vegetable Risotto with soya beans and garden peas**

સ્પ્રિંગ વેજિટેબલવાળો પુલાવ (રિઝોટો) સાથે સોયા બીન્સ અને ગાર્ડન પીઝ (વટાણા)

### **Macaroni Cheese Optional side salad on request**

મેકોની ચીઝ, વિનંતી કરવાથી સાઈડ સેલાડ વિકલ્પમાં

### **Vegetarian Bean Chilli**

વેજિટેરિઅન બીન ચિલિ

**Cheese and Tomato Omlette with chips and baked beans**

ચીપ્સ અને બેક્ડ બીન્સ સાથે ચીઝ અને ટામેટાની ઓમલેટ

**Plain Omelette, boiled potatoes and garden peas**

સાદી ઓમલેટ, બાફેલા બટેટા અને લીલા વટાણા

**Small, Simple and Light Selection**

નાની, સાદી અને હળવી પસંદગી

**These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option.**

વેજિટેબલ વગરના આ વિશિષ્ટ ડાયટરિ ભોજનનું પિરસણ જે સાદા, નાના અને હળવા ભોજનની પસંદગી ઓફર કરે છે.

**Small meal Beef Casserole and a Dumpling**

નાનું ભોજન બીફ કેસેરોલ અને એક ડમ્પલીંગ

**Small meal Cauliflower and Broccoli Cheese**

કોલિફ્લાવર અને બ્રોકોલિ ચીઝનું નાનું ભોજન

**Small meal Pasta Bolognese**

પાસ્ટા છૂંદેલા માંસ અને ટમાટોથી બનાવેલ સોસનું (બોલોનેઝ) નાનું ભોજન

**‘Meal Soups’ – served with a bread roll for a lighter alternative to a main meal**

‘સૂપનું ભોજન’ – મુખ્ય હળવા ભોજનના વિકલ્પ માટે બ્રેડ રોલ સાથે પિરસણ (સર્વ)

**Cream of Tomato Soup**

ક્રીમ ઓફ ટમાટો સૂપ

**Cream of Chicken Soup**

ક્રીમ ઓફ ચિકન સૂપ

**Jacket Potato with a choice of fillings:**

જેકેટ પટેટો (બટેટા) સાથે ફિલિંગ્સની પસંદગી:

**Cheddar Cheese**

ચેડાર ચીઝ

**Plain Tuna**

સાદા ટયૂના

**Tuna Mayonnaise**

ટયૂના મેઅનેઝ

**Baked Beans**

બેક્ડ બીન્સ

## **Salads and Sandwiches**

સેલડ અને સેનવિચ

### **Chicken Salad**

ચિકન સેલડ

### **Greek Salad**

ગ્રીક સેલડ

### **Tuna Salad**

ટયૂના સેલડ

### **Cheddar Cheese Salad**

ચેડર ચીઝ સેલડ

### **Egg Salad**

એગ સેલડ

### **Tuna Mayonnaise Sandwich**

ટયૂના મેઅનેઝ સેનવિચ

### **Salmon and Cucumber Mayonnaise Sandwich**

સામન અને કાકડી (કયૂકંબર) મેઅનેઝ સેનવિચ

### **Ham Cheddar and Pickle Sandwich**

હેમ ચેડર અને પિકલ સેનવિચ

### **Egg Mayonnaise and Cress Sandwich**

એગ મેઅનેઝ અને કેસ (એક જાતની ભાજી) સેનવિચ

### **Plain Cheese Sandwich**

સાદી ચીઝ સેનવિચ

### **Plain Ham Sandwich**

સાદી હેમ સેનવિચ

### **Houmous and Carrot Salad Wrap (vegan)**

હુમસ અને ગાજર (કેરટ) સેલડ રેપ (વીગન)

### **Chicken and Lettuce Sandwich with Mayonnaise**

મેઅનેઝ સાથે ચિકન અને લેટસ સેનવિચ

**Desserts – hot desserts served with custard**

ડિઝર્ટ (ભોજનના અંતે મધુર વાનગીઓ) - કસ્ટર્ડ સાથે હોટ ડિઝર્ટનું પિરસણ

**Chocolate Sponge**

ચોકલેટ સ્પંજ

**Steamed Raspberry Jam Sponge**

સ્ટીમ્ડ રાસબેરિ જામ સ્પંજ

**Apple Crumble**

એપલ ક્રમ્બલ

**Sticky Toffee and Date Pudding**

સ્ટિકિ ટોફી અને ડેટ (ખજૂર) પુડિંગ

**Apple and Raisin sponge – a delicious Apple Sponge**

એપલ (સફરજન) અને સૂકી દરાખ (રેઝન) સ્પંજ – સ્વાદિષ્ટ એપલ સ્પંજ

**Rhubarb and Apple Crumble**

રુબાર્બ અને એપલ ક્રમ્બલ

**Fresh fruit – apple, banana or orange**

તાજા ફળ (ફૂટ) – સફરજન (એપલ), કેળા (બનાના) અથવા સંતરુ (ઓરિંજ)

**Tinned fruit – peach slices, pears or fruit cocktail**

ટિનવાળા ફૂટ- પીચ સ્લાઈસ, પેઅર અથવા ફૂટ કોકટેલ

**Ambrosia Rice Pudding hot or cold**

એમ્બ્રોઝિયા રાઈસ પુડિંગ ગરમ અથવા ઠંડુ

**Low Fat Ambrosia Rice Pudding hot or cold**

ઓછી ચરબીવાળા એમ્બ્રોઝિયા રાઈસ પુડિંગ ગરમ અથવા ઠંડુ

**Traditional English Trifle**

પરંપરાગતવાળા ઈંગ્લિશ ટ્રાઈફલ

**Jelly or Sugar Free Jelly**

જેલિ અથવા ખાંડ વગરની જેલિ

**Fruit Yoghurt or Diet Fruit Yoghurt**

ફૂટ યોગર્ટ અથવા ડાયટ ફૂટ યોગર્ટ (દહી)

**Ambrosia Chocolate Custard Pot**

એમ્બ્રોઝયા ચોકલેટ કસ્ટર્ડ પોટ

**Ambrosia Vanilla Custard Pot**

એમ્બ્રોઝયા વેનિલા કસ્ટર્ડ પોટ

**Cheese and Biscuits**

ચીઝ અને બિસ્કિટસ

**Ice Cream (where available)**

આઈસક્રીમ (જ્યારે મળી રહે ત્યારે)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

આમ તો અમારી વાનગીઓની સામગ્રીઓમાં નટ્સ (બદામ, અખરોટ, સીંગદાણા વગેરે) હોતાં નથી, પરંતુ તેમાં નટ્સનાં અંશો નહિ હોવાની અમે ખાતરી આપી શકીએ નહિ. જો તમને નટ્સની અથવા બીજા કોઈ ખોરાકની ગંભીર એલર્જી થતી હોય તો કૃપા કરીને અમારું "એલર્જી મેન્યુ" માગો અથવા તમારી નર્સને ચેતવી દો.

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability**

તમે જે ભોજન ખાઈ શકો તે શોધવામાં જો તમને તકલીફ પડી રહી હોય અથવા તમને કોઈ ખોરાકની એલર્જી હોય કે કોઈ ખાસ ખોરાક ખાવાનું જરૂરી હોય, તો કૃપા કરીને કેટરીંગ ટીમના સભ્ય સાથે તમને અનુકૂળ આવે તેવા ખોરાક વિશે વાત કરો.

## Portuguese Menu

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

Para os detalhes dos ingredientes e alergéneos de todos os pratos, por favor pergunte a um membro da equipa

## Steamplicity Lunch & Supper Menu

Menu de Almoço e Jantar Cozido a Vapor

### Starters

Entradas

### Soup of the Day

Sopa do Dia

### White or Brown Roll and spread on request

Pãezinhos de Trigo ou Integral e manteiga a pedido

### Fruit Juice

Sumo de Fruta

### Main Courses

Pratos Principais

### **NB – Fish dishes may contain small bones**

NB – Os pratos de peixe podem conter espinhas pequenas

### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

Salmão Cozido a Vapor com Molho Holandês, batatas cozidas e mistura de legumes verdes

### **Fish and Chips with Peas**

Peixe com Batatas fritas e Ervilhas

### **Fish Fingers and Chips with broccoli**

Filetes de Peixe Panados com Batatas Fritas e brócolos

### **Steamed Fish Mornay— served with sweet potato mash**

Peixe Cozido a Vapor em Molho Mornay - servido com puré de batata doce

### **Minced Beef and Onion Pie served with mashed potato and mushy peas**

Tarte de Carne de Vaca Picada e Cebola servida com puré de batata e puré de ervilha

**Cottage Pie served with carrots**

Empadão de Carne servido com cenouras

**Beef Casserole & Dumpling**

Caçarola de Carne de Caca e “Dumpling” (bolo de massa cozida)

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

Borrego Picado servido com Batatas Cozidas e Cenoura

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

Caril de Borrego Picado Borrego picado e batatas num molho de caril suave, servido com arroz cozido no vapor

**Roast Chicken with Vegetable Medley and Roast Potatoes**

Frango Assado, Caçarola de Legumes e Batatas Assadas

**Chicken Tomato and Mascarpone Cheese Pasta**

Massa de Frango, Tomate e Queijo Mascarpone

**Chicken Goujons and Potato Wedges**

Filetes de Frango Panados com Fatias de Batata

**Chicken Tikka Masala and Rice**

Frango Tikka Masala e Arroz

**Sausage and Mash with gravy and peas**

Salsichas e Puré com molho de carne e ervilhas

**All Day Brunch - Cumberland sausage, Bacon mini Omelette, baked beans, Tomato and Hash Brown**

Brunch servido todo o dia – Salsicha Cumberland, bacon, mini-omelete, feijão cozido, cogumelos e browns hash

**Cheese and Tomato Pasta Optional side salad on request**

Massa com molho de Tomate e Queijo, salada opcional a pedido

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

Caril Suave de Lentilhas e Coco (Vegan) com abóbora, grão e servido com arroz amarelo cozido no vapor

**Spring Vegetable Risotto with soya beans and garden peas**

Risotto de Legumes de Primavera com grãos de soja e ervilhas

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

Almondegas Vegetarianas com batatas assadas, cenouras e brócolos



**Plain Omelette, boiled potatoes and garden peas**

Omelete Simples, Batatas cozidas e ervilhas

**Macaroni Cheese Optional side salad on request**

Macarrão com Queijo e salada opcional a pedido

**Vegetarian Bean Chilli**

Prato Vegetariano de Feijão com Chili

**Cheese and Tomato Omelette with chips and baked beans**

Omelete de Queijo e Tomate com batatas fritas e feijão em molho de tomate

**Small, Simple and Light Selection**

Seleccção de Refeição Simples e Ligeira

**These dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

Estas refeições dietéticas especiais que são servidas sem legumes oferecem uma refeição mais simples e ligeira

**Small meal Beef Casserole and a Dumpling**

Refeição pequena - Caçarola de Bife e “dumpling” (bolo de massa cozida)

**Small meal Cauliflower and Broccoli Cheese**

Pequena refeição de couve-flor, brócolos e queijo (“Cauliflower and Broccoli Cheese”)

**Small meal Pasta Bolognese**

Pequena refeição de massa à Bolonhesa

**‘Meal Soups’ – served with a bread roll for a lighter alternative to a main meal**

“Refeição de Sopas” – servida com um pãozinho, uma alternativa mais leve a uma refeição principal

**Cream of Tomato Soup**

Sopa de Creme de Tomate

**Cream of Chicken Soup**

Creme de Sopa de Frango

**Jacket Potato with choice of fillings:**

“Jacket Potato” (batata assada) com várias opções de recheio

**Cheddar Cheese**

Queijo Cheddar

**Plain Tuna or**

Atum Simples ou

**Tuna Mayonnaise**

Atum com Maionese

**Baked Beans**

Feijão cozido com molho de tomate

**Salads and Sandwiches**

**Saladas e Sandes**

**Chicken Salad**

Salada de Frango

Greek Salad

Salada Grega

**Tuna Salad**

Salada de Atum

**Cheddar Cheese Salad**

Salada de Queijo Cheddar

**Egg Salad**

Salada de Ovo

**Tuna Mayonnaise Sandwich**

Sandes de Atum e Maionese

**Ham Cheddar and Pickle Sandwich**

Sandes de Friambre, Queijo “Cheddar” e Pickles

**Egg Mayonnaise and Cress Sandwich on Wholemeal Bread**

Sandes de Ovo, Agrião e Maionese

**Plain Cheese Sandwich**

Sandes de Queijo Simples

**Plain Ham Sandwich**

Sandes de Friambre Simples

**Houmous and Carrot Salad Wrap (vegan)**

Enrolado (“Wrap”) de Salada de Houmous (puré de grão com especiarias) e Cenoura (vegan)

**Chicken and Lettuce Sandwich with Mayonnaise**

Sandes de Frango e Alface com Maionese

**Desserts - hot desserts served with custard**

Sobremesas - sobremesas quentes servidos com creme

**Chocolate Sponge**

Bolo de Chocolate

**Steamed Raspberry Jam Sponge**

Bolo de doce de framboesa (cozido a vapor) servido com

**Apple Crumble**

Tarte de Maçã servida com

**Sticky Toffee and Date Pudding**

Pudim de Caramelo Cremoso e Tâmaras

**Apple and Raisin Sponge –**

Bolo de Maçã e Passas

**Rhubarb and Apple Crumble**

Tarte de Ruibarbo e Maçã servida com

**Fresh fruit – apple, banana or orange**

Fruta Fresca – maçã, banana ou laranja

**Tinned fruit – peach slices, pears or fruit cocktail**

Conserva de fruta – pedaços de pêsego, pêras ou cocktail de fruta

**Ambrosia Rice Pudding hot or cold**

Ambrósia servida fria ou quente

**Low Fat Ambrosia Rice Pudding hot or cold**

Ambrósia (Magra) servida fria ou quente

**Traditional English Trifle**

Trifle Inglesa Tradicional

**Jelly or Sugar Free Jelly**

Gelatina ou Gelatina sem Açúcar

**Fruit Yoghurt or Diet Fruit Yoghurt**

logurte de Frutas ou logurte de Frutas Magro

**Ambrosia Chocolate Custard Pot**

Taça de Creme de Leite e Chocolate Ambrosia

**Ambrosia Vanilla Custard Pot**

Taça de Creme de Leite de Baunilha Ambrosia

**Cheese and Biscuits**

Queijo e Bolachas

**Ice Cream (where available)**

Gelado (quando disponível)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

Embora os pratos não contenham frutos de casca rija nos seus ingredientes, não podemos garantir que não existam vestígios de frutos de casca rija. Por favor, peça o nosso “Menu para Pessoas Alérgicas” ou alerte a(o) enfermeira(o) se for alérgico(a) a frutos de casca rija ou sofrer de outras alergias alimentares graves.

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability**

Se tiver dificuldades em encontrar alimentos que pode consumir, se sofrer de uma alergia alimentar ou se tiver uma necessidade dietética especial, por favor pergunte a um membro da equipa de catering sobre a adequação dietética.

### **Punjabi Menu**

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

ਸਾਡੇ ਸਾਰੇ ਖਾਣਿਆਂ ਵਿਚ ਵਰਤੀ ਸਮੱਗਰੀ ਅਤੇ ਅਲਰਜੀ ਕਾਰਕਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਲਈ, ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੀਮ ਮੈਂਬਰ ਨੂੰ ਪੁੱਛੋ।

### **Steamplicity Lunch & Supper Menu**

ਸਟੀਮਪਲਿਸਿਟੀ ਲੰਚ ਅਤੇ ਸਪਰ ਮੈਨੂ

#### **Starters**

ਸਟਾਰਟਰਜ਼

#### **Soup of the Day**

ਦਿਨ ਦਾ ਸੂਪ

#### **White or Brown Roll and spread on request**

ਬੇਨਤੀ ਕਰਨ 'ਤੇ ਚਿੱਟੀ ਜਾਂ ਭੂਰੀ ਬਰੈੱਡ ਦਾ ਰੋਲ ਅਤੇ ਚੋਪੜ

#### **Fruit Juice**

ਫ਼ਲਾਂ ਦਾ ਰਸ

#### **Main Courses**

ਮੇਨ ਕੋਰਸ

#### **NB – Fish dishes may contain small bones**

ਨੋਟ- ਮੱਛੀ ਵਾਲੇ ਖਾਣੇ ਵਿਚ ਛੋਟੀਆਂ ਹੱਡੀਆਂ ਹੋ ਸਕਦੀਆਂ ਹਨ

#### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

ਭਾਫ ਵਿਚ ਹੌਲਨਡੇਜ਼ ਸੋਸ ਵਿਚ ਪਕਾਈ ਸਾਮਨ ਨਾਲ ਉਬਲੇ ਆਲੂ ਅਤੇ ਮਿਲੀਆਂ ਜੁਲੀਆਂ ਹਰੀਆਂ ਸਬਜ਼ੀਆਂ

#### **Fish and Chips with Peas**

ਮਟਰਾਂ ਨਾਲ ਫਿਸ਼ ਅਤੇ ਚਿਪਸ

#### **Fish Fingers and Chips with broccoli**

ਫਿਸ਼ ਫਿੰਗਰਜ਼ ਅਤੇ ਚਿਪਸ ਨਾਲ ਬਰੋਕਲੀ

#### **Steamed Fish Mornay-- served with sweet potato mash**

ਭਾਫ ਵਿਚ ਪਕਾਈ ਫਿਸ਼ ਮੌਰਨੇ - ਸ਼ਕਰਕੰਦੀ ਮੈਸ਼ ਦੇ ਨਾਲ

#### **Minced Beef and Onion Pie served with mashed potato and mushy peas**

ਬੀਫ ਕੀਮਾ ਅਤੇ ਪਿਆਜ਼ ਦੀ ਪਾਈ ਨਾਲ ਫਿਸ਼ੇ ਹੋਏ ਆਲੂ ਅਤੇ ਮਸ਼ੀ ਪੀਸ

**Cottage Pie served with carrots**

ਕੋਟੇਜ ਪਾਈ ਗਾਜਰਾਂ ਨਾਲ

**Beef Casserole & Dumpling**

ਬੀਫ ਕੈਸਰੋਲ ਅਤੇ ਡੰਪਲਿੰਗ

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

ਲੈਮ ਦਾ ਨਮਕੀਨ ਕੀਮਾ ਉੱਬਲੇ ਆਲੂਆਂ ਅਤੇ ਗਾਜਰਾਂ ਨਾਲ

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

ਲੈਮ ਕੀਮਾ ਕਰੀ ਲੈਮ ਕੀਮਾ ਅਤੇ ਆਲੂ ਘੱਟ ਮਸਾਲੇ ਵਾਲੀ ਕਰੀ ਸੋਸ ਵਿਚ, ਨਾਲ ਭਾਫ ਵਿਚ ਪਕਾਏ ਚਾਵਲ

**Roast Chicken, Vegetable Medley and Roast Potatoes**

ਰੋਸਟ ਚਿਕਨ, ਵੈਜੀਟੇਬਲ ਮੈਡਲੇ ਅਤੇ ਰੋਸਟ ਆਲੂ

**Chicken Tomato and Mascarpone Cheese Pasta**

ਚਿਕਨ ਟਮਾਟਰ ਅਤੇ ਮਾਸਕਰਪੋਨੀ ਚੀਜ਼ ਪਾਸਟਾ

**Chicken Goujons and Potato Wedges**

ਚਿਕਨ ਗੁਜ਼ੋਨਜ਼ ਅਤੇ ਪਟੈਟੋ ਵੈਜਿਜ਼

**Chicken Tikka Masala and Rice**

ਚਿਕਨ ਟਿੱਕਾ ਮਸਾਲਾ ਅਤੇ ਚਾਵਲ

**Sausage and Mash with gravy and peas**

ਸੌਸੇਜ ਅਤੇ ਮੈਸ਼ ਨਾਲ ਗਰੇਵੀ ਅਤੇ ਮਟਰ

**All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash**

**Brown**

ਸਾਰੇ ਦਿਨ ਦਾ ਬਰੰਚ - ਕੰਬਰਲੈਂਡ ਸੌਸੇਜ, ਬੇਕਨ, ਮਿਨੀ ਔਮਲੇਟ, ਬੇਕਡ ਬੀਨਸ, ਟਮਾਟਰ ਅਤੇ ਹੈਸ਼ ਬਰਾਉਨ

**Cheese and Tomato Pasta Optional side salad on request**

ਚੀਜ਼ ਅਤੇ ਟਮਾਟਰ ਪਾਸਟਾ ਨਾਲ ਮੰਗ ਕਰਨ 'ਤੇ ਸਲਾਦ

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

ਨਾਰੀਅਲ ਅਤੇ ਦਾਲ ਕਰੀ (ਵੀਗਨ) ਬਟਰਨਟ ਸਕੁਐਸ਼, ਕਾਬਲੀ ਛੋਲਿਆਂ ਨਾਲ, ਭਾਫ ਵਿਚ ਪਕਾਏ ਪੀਲੇ ਚਾਵਲ ਨਾਲ ਵਰਤਾਏ ਜਾਂਦੇ ਹਨ

**Spring Vegetable Risotto with soya beans and garden peas**

ਬਸੰਤ ਰੁੱਤ ਦੀਆਂ ਸਬਜ਼ੀਆਂ ਦਾ ਰਿਜ਼ੋਟੋ ਨਾਲ ਸੋਇਆ ਬੀਨਸ ਅਤੇ ਗਾਰਡਨ ਪੀਸ

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

ਸ਼ਾਕਾਹਾਰੀ "ਮੀਟਬੋਲਜ਼" ਨਾਲ ਰੋਸਟ ਆਲੂ, ਗਾਜਰਾਂ ਅਤੇ ਬਰੋਕਲੀ (ਵੀਗਨ)

**Plain Omelette, boiled potatoes and garden peas**

ਸਾਦਾ ਔਮਲੇਟ, ਉੱਬਲੇ ਆਲੂ ਅਤੇ ਗਾਰਡਨ ਪੀਸ

**Macaroni Cheese Optional side salad on request**

ਮੈਕਰੋਨੀ ਚੀਜ਼ ਨਾਲ ਮੰਗਣ 'ਤੇ ਸਲਾਦ

**Vegetarian Bean Chilli**

ਸ਼ਾਕਾਹਾਰੀ ਬੀਨ ਚਿਲੀ

**Cheese and Tomato Omelette with chips and baked beans**

ਚੀਜ਼ ਅਤੇ ਟਮਾਟਰ ਔਮਲੇਟ ਨਾਲ ਚਿਪਸ ਅਤੇ ਬੇਕਡ ਬੀਨਸ

**Small, Simple and Light Selection**

ਛੋਟੀ, ਸਾਦੀ ਅਤੇ ਹਲਕੀ ਚੋਣ

**These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

ਸਬਜ਼ੀਆਂ ਤੋਂ ਬਗੈਰ ਦਿੱਤੇ ਜਾਂਦੇ ਇਹ ਸਪੈਸ਼ਲ ਖਾਣੇ ਸਾਦੇ, ਥੋੜ੍ਹੇ ਅਤੇ ਹਲਕੇ ਫੁਲਕੇ ਹਨ

**Small meal Beef Casserole and a Dumpling**

ਹਲਕਾ ਭੋਜਨ ਬੀਫ ਕੈਸਰੋਲ ਅਤੇ ਡੰਪਲਿੰਗ

**Small meal Cauliflower and Broccoli Cheese**

ਹਲਕਾ ਭੋਜਨ ਗੋਭੀ ਅਤੇ ਬਰੋਕਲੀ ਚੀਜ਼

**Small meal Pasta Bolognese**

ਹਲਕਾ ਭੋਜਨ ਪਾਸਟਾ ਬੌਲੋਨੇਜ਼

**'Meal Soups' – served with a bread roll for a lighter alternative to a main meal**

'ਮੀਲਸੂਪ' – ਮੁੱਖ ਖਾਣੇ ਦੇ ਬਦਲ ਵਜੋਂ ਹਲਕੇ ਖਾਣੇ ਵਜੋਂ ਬਰੈੱਡ ਰੋਲ ਨਾਲ ਦਿੱਤੇ ਜਾਂਦੇ ਹਨ

**Cream of Tomato Soup**

ਟਮਾਟਰ ਸੂਪ ਕਰੀਮ

**Cream of Chicken Soup**

ਚਿਕਨ ਸੂਪ ਕਰੀਮ

**Jacket Potato with a choice of fillings:**

ਛਿਲਕੇ ਵਾਲੇ ਆਲੂ ਨਾਲ ਪਸੰਦੀਦਾ ਫਿਲਿੰਗ:

**Cheddar Cheese**

ਚੈਡਰ ਚੀਜ਼



**Plain Tuna or**

ਸਾਦਾ ਟਿਊਨਾ ਜਾਂ

**Tuna Mayonnaise**

ਟਿਊਨਾ ਮੇਅਨੇਜ਼

**Baked Beans**

ਬੇਕਡ ਬੀਨਸ

**Salads and Sandwiches**

ਸਲਾਦ ਅਤੇ ਸੈਂਡਵਿਚਾਂ

**Chicken Salad**

ਚਿਕਨ ਸਲਾਦ

**Greek Salad**

ਗਰੀਕ ਸਲਾਦ

**Tuna Salad**

ਟਿਊਨਾ ਸਲਾਦ

**Cheddar Cheese Salad**

ਚੈਡਰ ਚੀਜ਼ ਸਲਾਦ

**Egg Salad**

ਅੰਡਾ ਸਲਾਦ

**Tuna Mayonnaise Sandwich**

ਟਿਊਨਾ ਮੇਅਨੇਜ਼ ਸੈਂਡਵਿਚ

**Ham Cheddar and Pickle Sandwich**

ਹਾਮ ਚੈਡਰ ਅਤੇ ਪਿਕਲ ਸੈਂਡਵਿਚ

**Egg Mayonnaise and Cress Sandwich**

ਐਂਗ ਮੇਅਨੇਜ਼ ਐਂਡ ਕਰੈੱਸ ਸੈਂਡਵਿਚ

**Plain Cheese Sandwich**

ਪਲੇਨ ਚੀਜ਼ ਸੈਂਡਵਿਚ

**Plain Ham Sandwich**

ਪਲੇਨ ਹਾਮ ਸੈਂਡਵਿਚ

**Houmous and Carrot Salad Wrap (vegan)**

ਹਿਊਮਾਸ ਅਤੇ ਗਾਜ਼ਰ ਸਲਾਦ ਰੈਪ (ਵੇਗਨ)

**Chicken and Lettuce Sandwich with Mayonnaise**

ਚਿਕਨ ਅਤੇ ਲੈਟਸ ਸੈਂਡਵਿਚ ਨਾਲ ਮੇਅਨੇਜ਼

**Desserts – hot desserts served with custard**

ਡਜ਼ਟਰਸ – ਗਰਮ ਸਿੱਠਾ ਖਾਣਾ ਕਸਟਰਡ ਨਾਲ

**Chocolate Sponge**

ਚੌਕਲੇਟ ਸਪੰਜ

**Apple Crumble**

ਐਪਲ ਕਰੰਬਲ

**Sticky Toffee and Date Pudding**

ਸਟਿੱਕੀ ਟੌਫੀ ਅਤੇ ਖਜੂਰ ਦੀ ਪੁਡਿੰਗ

**Apple and Raisin Sponge**

ਐਪਲ ਅਤੇ ਸੋਗੀ ਸਪੰਜ

**Rhubarb and Apple Crumble**

ਰੂਬਾਰਬ ਐਂਡ ਐਪਲ ਕਰੰਬਲ

**Fresh fruit – apple, banana or orange**

ਤਾਜ਼ਾ ਫਲ – ਸੇਬ, ਕੇਲਾ ਜਾਂ ਸੰਤਰਾ

**Tinned fruit – peach slices, pears or fruit cocktail**

ਟੀਨ ਵਾਲੇ ਫਲ –ਆੜੂ ਦੇ ਟੁਕੜੇ, ਨਾਸ਼ਪਾਤੀ ਜਾਂ ਫਰੂਟ ਕੌਕਟੇਲ

**Ambrosia Rice Pudding hot or cold**

ਗਰਮ ਜਾਂ ਠੰਡੀ ਅੰਬਰੋਸੀਆ ਖੀਰ

**Low Fat Ambrosia Rice Pudding hot or cold**

ਘੱਟ ਥਿੰਦੇ ਵਾਲੀ ਗਰਮ ਜਾਂ ਠੰਡੀ ਖੀਰ

**Traditional English Trifle**

ਰਵਾਇਤੀ ਇੰਗਲਿਸ਼ ਟਰਾਈਫਲ

**Jelly or Sugar Free Jelly**

ਜੈਲੀ ਜਾਂ ਚੀਨੀ ਰਹਿਤ ਜੈਲੀ

**Fruit Yoghurt or Diet Fruit Yoghurt**

ਫਲਾਂ ਵਾਲਾ ਦਹੀਂ ਜਾਂ ਡਾਇਟ ਫਰੂਟ ਯੋਗਰਟ

**Ambrosia Chocolate Custard Pot**

ਅੰਬਰੋਸੀਆ ਚੌਕਲੇਟ ਕਸਟਰਡ ਦਾ ਪੌਟ

**Ambrosia Vanilla Custard Pot**

ਅੰਬਰੋਸੀਆ ਵਨੀਲਾ ਕਸਟਰਡ ਦਾ ਪੌਟ

**Cheese and Biscuits**

ਚੀਜ਼ ਅਤੇ ਬਿਸਕੁਟ

**Ice Cream (where available)**

ਆਈਸ ਕ੍ਰੀਮ (ਜਿੱਥੇ ਉਪਲੱਬਧ ਹੋਵੇ)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

ਭਾਵੇਂ ਕਿ ਖਾਣਿਆਂ ਦੀ ਸਮੱਗਰੀ ਵਿੱਚ ਗਿਰੀਆਂ ਨਹੀਂ ਹੁੰਦੀਆਂ, ਅਸੀਂ ਇਸ ਗੱਲ ਦੀ ਗਾਰੰਟੀ ਨਹੀਂ ਦੇ ਸਕਦੇ ਕਿ ਥੋੜ੍ਹੀ ਮਿਕਦਾਰ ਵਿੱਚ ਗਿਰੀਆਂ ਨਹੀਂ ਹੋਣਗੀਆਂ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਗਿਰੀਆਂ ਤੋਂ ਜਾਂ ਖਾਣੇ ਦੀ ਕੋਈ ਹੋਰ ਗੰਭੀਰ ਅਲਰਜੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡਾ "ਅਲਰਜੀ ਮੈਨੂ" ਲਵੋ ਜਾਂ ਆਪਣੀ ਨਰਸ ਨੂੰ ਦੱਸੋ।

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability.**

ਜੇਕਰ ਤੁਹਾਨੂੰ ਅਜਿਹਾ ਖਾਣਾ ਲੱਭਣ ਵਿੱਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆ ਰਹੀ ਹੈ ਜੋ ਤੁਸੀਂ ਖਾ ਸਕਦੇ ਹੋਵੋ ਜਾਂ ਜੇਕਰ ਤੁਹਾਨੂੰ ਖਾਣੇ ਤੋਂ ਅਲਰਜੀ ਹੈ ਜਾਂ ਕਿਸੇ ਵਿਸ਼ੇਸ਼ ਖਾਣੇ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਉੱਚਿਤ ਖਾਣੇ ਦਾ ਪਤਾ ਕਰਨ ਲਈ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੀ ਕੋਟਰਿੰਗ ਟੀਮ ਦੇ ਮੈਂਬਰ ਨਾਲ ਗੱਲ ਕਰੋ।

## **Spanish Menu**

**For details of ingredients and allergens in all our dishes, please ask a member of the team.**

Para los detalles de los ingredientes y alergias de todos los platos, por favor pregunte a un miembro del equipo

## **Steamplicity Lunch & Supper Menu**

Menú de comida y cena

### **Starters**

Entrantes

### **Soup of the Day**

Sopa del día

### **White or Brown Roll and spread on request**

Bollo de pan blanco o integral y mantequilla para untar a petición

### **Fruit Juice**

Zumo de fruta

### **Main Courses**

Platos principales

### **NB – Fish dishes may contain small bones**

NB – Los platos de pescado pueden contener espinas pequeñas

### **Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables**

Salmón al vapor en salsa holandesa con patatas hervidas y salteado de verduras

### **Fish and Chips with peas**

Fish & Chips (Pescado y patatas fritas) con guisantes

### **Fish Fingers and Chips with broccoli**

Palitos de pescado y patatas fritas con brócoli

### **Steamed Fish Mornay— served with sweet potato mash**

Pescado al vapor con salsa Mornay, servido con puré de boniato

### **Minced Beef and Onion Pie served with mashed potato and mushy peas**

Pastel de carne picada y cebolla servido con puré de patata y guisantes

**Cottage Pie served with carrots**

Pastel de carne servido con zanahorias

**Beef Casserole & Dumpling**

Carne de vaca guisada y bollo o torta de harina cocida

**Savoury Minced Lamb served with Boiled Potatoes and Carrots**

Asado de cordero con patatas cocidas, zanahorias

**Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice**

Curry de cordero. Cordero picado y patata en una ligera salsa de curry, servido con arroz al vapor

**Roast Chicken with Vegetable Medley and Roast Potatoes**

Pollo asado con verduras mixtas y patatas asadas

**Chicken Tomato and Mascarpone Cheese Pasta**

Pasta con pollo, tomate y queso mascarpone

**Chicken Goujons and Potato Wedges**

Tiras de pollo y cuñas de papa

**Chicken Tikka Masala and Rice**

Pollo en salsa Tikka Masala y arroz

**Sausage and Mash with gravy and peas**

Salchichas y puré de patatas con salsa de carne inglesa (gravy) y guisantes

**All Day Brunch - Cumberland sausage, Bacon, mini Omelette, baked beans, Tomato and Hash Browns**

Típico desayuno inglés- con salchichas, beicon, mini-tortilla francesa, alubias en salsa de tomate, tomate y el tradicional pastel frito o croqueta de patata y cebolla

**Cheese and Tomato Pasta - Optional side salad on request**

Pasta con queso y tomate, ensalada opcional si se requiere

**Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed yellow rice**

Ligero curry de lentejas y coco (vegano) con calabaza, garbanzos y servido con arroz amarillo al vapor

**Spring Vegetable Risotto with soya beans and garden peas**

Risotto de verduras de primavera con habas de soja y guisantes

**Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)**

«Albóndigas» vegetarianas con patatas asadas, zanahorias y brócoli (vegano)

**Plain Omelette, boiled potatoes and garden peas**

Tortilla francesa, patatas hervidas y guisantes

**Macaroni Cheese Optional side salad on request**

Macarrones con queso, ensalada simple opcional si se requiere

**Vegetarian Bean Chili**

Chile vegetariano de alubias

**Cheese and Tomato Omelette with chips and baked beans**

Tortilla de queso y tomate con patatas fritas y judías al horno

**Small, Simple and Light Selection**

Selección de platos pequeños, simples y ligeros

**These dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option**

Estas comidas dietéticas que se sirven sin verduras ofrecen una selección de platos de modo más claro, con opciones de porciones más pequeñas y ligeras

**Small meal Beef Casserole and a Dumpling**

Comida pequeña – Guiso de ternera o Ternera a la cazuela con “dumpling” (típico bollo-torta inglesa)

**Small meal Cauliflower and Broccoli Cheese**

Comida pequeña Coliflor y brócoli en salsa de queso

**Small meal Pasta Bolognese**

Comida pequeña – Pasta a la Boloñesa

**‘Meal Soups’ – served with a bread roll for a lighter alternative to a main meal**

“Sopa de menú o sopas principales” – servida con pan blanco o integral, para una alternativa ligera como comida principal

**Cream of Tomato Soup**

Crema de tomate

**Cream of Chicken Soup**

Crema de pollo

**Jacket Potato with choice of fillings:**

“Jacket Potato” (patata asada) con diferentes opciones de acompañamiento:

**Cheddar Cheese**

Queso cheddar

**Plain Tuna or**

Atún

**Tune Mayonnaise**

Atún con Mahonesa

**Baked Beans**

Alubias cocidas en salsa de tomate

**Salads and Sandwiches**

Ensaladas y Sandwiches

**Chicken Salad**

Ensalda de pollo

**Greek Salad**

Ensalada griega

**Tuna Salad**

Ensalada de Atún

**Cheddar Cheese Salad**

Ensalada de queso cheddar

**Egg Salad**

Ensalada de huevo

**Tuna Mayonnaise Sandwich on Wholemeal Bread**

Sandwich de atún, pepino y mahonesa (pan integral)

**Ham Cheddar and Pickle Sandwich**

Jamón Sandwich de Cheddar y pepinillos

**Egg Mayonnaise and Cress Sandwich on Wholemeal Bread**

Sandwich de huevo, berros y mahonesa (pan integral)



**Plain Cheese Sandwich**

Sandwich simple de queso

**Plain Ham Sandwich**

Sandwich simple de jamón

**Houmous and Carrot Salad Wrap (vegan)**

Wrap de ensalada de houmous (puré de garbanzos con especias y zanahoria) (vegetariano-vegano)

**Chicken and Lettuce Sandwich with Mayonnaise**

Sándwich de pollo y lechuga con mayonesa

**Desserts - hot desserts served with custard**

Postres – postres calientes servidos con crema típica inglesa (custard) o natillas

**Chocolate Sponge**

Bizcocho de chocolate

**Steamed Raspberry Jam Sponge**

Bollo cocido –bizcocho- con mermelada de frambuesa servido con crema de natillas

**Apple Crumble**

Tartaleta de dados de manzana caramelizados con crema de natillas

**Sticky Toffee and Date Pudding**

Pudín de dátiles y toffee

**Apple and Raisin Sponge**

Bollo cocido y pasas –Bizcocho

**Rhubarb and Apple Crumble**

Tartaleta de dados de manzana y ruibarbo con crema de natillas

**Fresh fruit – apple, banana or orange**

Fruta Fresca – manzana, plátano o naranja

**Tinned fruit – peach slices, pears or fruit cocktail**

Macedonia de fruta – pequeños trozos mezclados de fruta (como melocotón o pera) bañados en zumo

**Ambrosia Rice Pudding hot or cold**

Arroz con leche opcional frío o caliente

**Low Fat Ambrosia Rice Pudding hot or cold**

Arroz con leche bajo en grasas opcional frío o caliente

**Traditional English Trifle**

Trifle Inglés Tradicional (fresa y nata)

**Jelly or Sugar Free Jelly**

Gelatina o gelatina sin azúcar

**Fruit Yoghurt or Diet Fruit Yoghurt**

Yogurt de fruta o yogurt de frutas dietéticos

**Ambrosia Chocolate Custard Pot**

Copa de crema de chocolate ambrosia

**Ambrosia Vanilla Custard Pot**

Copa de crema de vainilla ambrosia

**Cheese and Biscuits**

Queso y crackers –galleta salada o galleta de agua-

**Ice Cream (where available)**

Helado (cuando esté disponible)

**Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our “Allergy Menu” or alert your nurse if you have a nut or other severe food allergy.**

Aunque los platos no contienen frutos secos en los ingredientes, no podemos garantizar que no haya rastro de frutos secos que no deberían estar presentes. Por favor, solicite nuestro "Menú de Alergias " o alerte a su enfermera si usted tiene alguna alergia o intolerancia alimenticia severa.

**If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability.**

Si usted tiene alguna dificultad para encontrar alimentos que pueda comer, o si tuviese alergia a algún alimento, o requiriese una dieta especial, por favor pregunte a un miembro del equipo de catering sobre su dieta idónea y adecuada.

## Urdu Menu

For details of ingredients and allergens in all our dishes, please ask a member of the team.  
ہمارے تمام کھانوں میں اجزاء اور ایلرجی کی تفصیلات کے لئے برائے مہربانی ٹیم کے ایک رکن سے بات کریں۔

### Steamplicity Lunch & Supper Menu

دوپہر کے کھانے اور رات کے کھانے کی سٹیمپلیسٹی مینو

#### Starters

سٹارٹرز

Soup of the Day

آج کا سوپ

White or Brown Roll and spread on request

سفید (وانیٹ) یا چھلکے والی (براؤن) ڈبل روٹی اور اس پر لگانے کے لئے حسب درخواست مرکب

Fruit Juice

پھل کا رس

Main Courses

مرکزی کھانا

NB – Fish dishes may contain small bones

نوٹ فرمائیے - مچھلی کے پکوانوں میں چھوٹی ہڈیاں ہو سکتی ہیں

Steamed Salmon in Hollandaise Sauce with boiled potatoes and mixed green vegetables

بھاپ سے پکی ہوئی سالمن مچھلی ہالینڈیز سوس میں اور اُبھلے ہوئے آلو اور سبزیوں کے ساتھ

Fish and Chips with Peas

مچھلی اور چپس مٹر کے ساتھ

Fish Fingers and Chips with broccoli

فش فنگرز اور چپس براکلی (سبز گوبھی کے ساتھ)

Steamed Fish Mornay— served with sweet potato mash

بھاپ سے بنی ہوئی مچھلی شکر قندی کے کچومر کے ساتھ

Minced Beef and Onion Pie served with mashed potato and mushy peas

گانے کے قیمے اور پیاز کی پانی آلو کچومر اور کچلے ہوئے مٹروں کے ساتھ

Cottage Pie served with carrots

کائیج پانی (قیمہ اور آلو پانی) گاجروں کے ساتھ

Beef Casserole & Dumpling

بیف کیسرول (گائے کے گوشت کا شوربا) اور ڈمپلنگ (بیڑے)

Savoury Minced Lamb served with Boiled Potatoes and Carrots

بکرے کا قیمہ ابلے ہوئے آلو اور گاجروں کے ساتھ

Minced Lamb Curry Minced lamb and potato in a mildly spiced curry sauce, served with steamed rice

بکرے کے قیمے کا سالن۔ بکرے کا قیمہ اور آلو درمیانے مسالے والے سالن میں، بھاپ سے ابلے ہوئے چاولوں کے ساتھ

Roast Chicken, Vegetable Medley and Roast Potatoes

روست مرغ، ملی جلی سبزیاں اور روست آلو

Chicken Tomato and Mascarpone Cheese Pasta

مرغ ٹماٹر اور ماسکارپونی پنیر والا پاستا

Chicken Goujons and Potato Wedges

چکن گوجونز (مثالے والے میدے میں تلے ہوئے مرغ کے ٹکڑے) اور آلو کے موٹے چپس

Chicken Tikka Masala and Rice

چکن تیکا مسالا (مسالے میں بنا ہوا مرغ تیکا) اور چاول

Sausage and Mash with gravy and peas

ساؤسیج اور آلو کچومر گریوی اور مٹر کے ساتھ

All Day Brunch - Cumberland sausage, Bacon, Mini omelette, Baked beans, Tomato and Hash Brown

آل ڈے برنچ - کمبرلینڈ ساؤسیج، بیکن (سور)، چھوٹا املیٹ، بیکڈ بینز، اٹماٹر اور بیش براؤن (آلو ٹکی)

Cheese and Tomato Pasta Optional side salad on request

پنیر اور ٹماٹر پاستا پنیر اور درخواست پر سالاد بھی دستیاب ہے

Mild Coconut and Lentil Curry (Vegan) with butternut squash, chickpeas and served with steamed

yellow rice

کھوپرے، دال، کدو اور چنے کی ہلکے مسالے والی کری (ویگن کے لیئے مناسب) بھاپ سے ابلے ہوئے زرد چاولوں کے ساتھ

Spring Vegetable Risotto with soya beans and garden peas

موسم بہار کی سبزیوں میں بنی ہوئی ریزوٹو (چاول) سویا بینز اور مٹروں کے ساتھ

Vegetarian « meatballs » with roast potatoes, carrots and broccoli (vegan)

بغیر گوشت کے کوفتے، بھنے ہوئے آلو، گاجر اور بروکلی کے ساتھ (ویگن)

Macaroni Cheese Optional side salad on request

میکورونی چیز (پنیر میں بنا ہوا پاستا) اور درخواست پر سالاد بھی دستیاب ہے

Vegetarian Bean Chilli

ویجیٹیرین بین چلی (ٹماٹر اور لوبیہ میں بنی ہوئی سبزیاں)

Cheese and Tomato Omelette with chips and baked beans

پنیر اور ٹماٹر کا آملیٹ چپس اور بینز کے ساتھ

Plain Omelette, boiled potatoes and garden peas

سادہ آملیٹ، ابلے ہوئے آلو اور مٹر

Small, Simple and Light Selection

چھوٹے، سادہ اور ہلکے کھانے

These special dietary meals that are served without vegetables offer a plainer, smaller and lighter meal option

یہ خصوصی غذائی کھانے سبزیوں کے بغیر پیش کیئے جاتے ہیں جو سادہ، چھوٹے اور ہلکے کھانوں پر مشتمل ہیں

Small meal Beef Casserole and a Dumpling

ہلکا کھانا گائے کا گوشت اور ڈمپلنگ (میدے کی گولیاں)

Small meal Cauliflower and Broccoli Cheese

ہلکا کھانا گوبھی اور بروکولی پنیر میں

Small meal Pasta Bolognese

ہلکا کھانا پاستا بولونیز

'Meal Soups' – served with a bread roll for a lighter alternative to a main meal

سوپ پر مبنی کھانے - بریڈ رول کے ساتھ جو ایک بڑے کھانے کا ایک ہلکا متبادل ہے

Cream of Tomato Soup

ٹماٹر کا کریم دار سوپ

Cream of Chicken Soup

مرغ کا کریم دار سوپ

Jacket Potato with a choice of fillings:

بھنا ہوا آلو جس میں مختلف چیزیں ڈالنے کو دستیاب ہیں:

Cheddar Cheese

چیڈر پنیر

Plain Tuna

سادہ ٹیونا یا

Tuna Mayonnaise

ٹیونا مینونیز

Baked Beans

بیکڈ بینز

Salads and Sandwiches

سالاد اور سینڈوچیز

Chicken Salad

چکن (مرغ) سالاد

**Greek Salad**

گریک سیلڈ (یونانی سالاد)

Tuna Salad

ٹیونا سالاد

Cheddar Cheese Salad

چیڈر پنیر سالاد

Egg Salad

انڈہ سالاد

Tuna Mayonnaise Sandwich

ٹیونا مینونیز سینڈوچ

Ham Cheddar and Pickle Sandwich

سور کا گوشت، چیڈر پنیر اور آچار کا سینڈوچ

Egg Mayonnaise and Cress Sandwich

انڈہ، مینونیز اور کریس سینڈوچ

Plain Cheese Sandwich

سادہ پنیر سینڈوچ

Plain Ham Sandwich

صرف سور کے گوشت کا سینڈوچ

Houmous and Carrot Salad Wrap (vegan)

بیومس اور گاجر کا سالاد سینڈوچ (ویگن کے لیے)

Chicken and Lettuce Sandwich with Mayonnaise

مینونیز کے ساتھ مرغ اور سالاد کا سینڈوچ

Desserts – hot desserts served with custard  
میٹھے کھانے - میٹھے کے گرم کھانے کسٹرڈ کے ساتھ

Chocolate Sponge  
چاکلیٹ سپنج (کیک)

Steamed Raspberry Jam Sponge  
بھاپ سے تیار کردہ راسبیری جام سپنج کیک

Apple Crumble  
اپیل پائی (سیب کی پائی)

Sticky Toffee and Date Pudding  
سٹکی ٹافی اور کھجور پڈنگ

Apple and Raisin Sponge  
اپیل اینڈ ریزن سپنج (سیب اور کشمش کیک)

Rhubarb and Apple Crumble  
روبارب اور اپیل (ریوند چینی اور سیب) پائی

Fresh fruit – apple, banana or orange  
تازہ پھل - سیب، کیلا یا مالٹا

Tinned fruit – peach slices, pears or fruit cocktail  
ٹن والے پھل - آڑو کے ٹکڑے، ناشپاتی یا ملے جلے پھل

Ambrosia Rice Pudding hot or cold  
ایمبروسیا چاول کھیر گرم یا ٹھنڈی

Low Fat Ambrosia Rice Pudding hot or cold  
کم چکنائی والی امبروسیا چاول کھیر گرم یا ٹھنڈی

Traditional English Trifle  
روایتی انگلش ٹرانیفل

Jelly or Sugar Free Jelly  
جیلی یا بغیر شکر کے جیلی

Fruit Yoghurt or Diet Fruit Yoghurt  
پھل والا دبی یا بغیر شکر کے پھل والا دبی

Ambrosia Chocolate Custard Pot  
امبروسیا چاکلیٹ کسٹرڈ پاٹ



Ambrosia Vanilla Custard Pot

امبروسیا ونیلا کسٹرڈ پاٹ

Cheese and Biscuits

پنیر اور بسکٹ

Ice Cream (where available)

انس کریم (جہاں دستیاب ہو)

Although dishes do not contain nuts in the ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our "Allergy Menu" or alert your nurse if you have a nut or other severe food allergy.

اگرچہ ان کھانوں کے اجزاء میں گری دار میوے نہیں ہیں، لیکن ہم اس بات کی ضمانت نہیں دے سکتے ہیں کہ ان میں گری دار میوے کے نشانات موجود نہ ہوں۔ برائے مہربانی ہماری "الرجی مینیو" کے لئے درخواست کریں یا اگر آپ کو گری دار اجزاء سے شدید الرجی ہو تو اپنی نرس کو مطلع کریں۔

If you are having difficulty finding food you can eat or if you have a food allergy or a special dietary requirement, please ask a member of the catering team about dietetic suitability.

آپ کو ایسے کھانوں جو آپ کھا سکتے ہیں کے حصول میں مشکلات کا سامنا ہو یا آپ کو مخصوص کھانوں سے الرجی ہو یا آپ کی ایک خصوصی غذائی ضرورت ہو تو برائے مہربانی کیترننگ ٹیم کے ایک رکن سے کھانوں کی مناسبت پر بات کریں۔

**Health Overview and Scrutiny  
Committee  
Forward Plan July-Dec 2019**

Contact: [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
<b>11 July 2019</b>			
Suicide Prevention		Dr Jeff Lake	<b>Non-key</b>
Barnet Hospital patient food			<b>Non-key</b>
Urgent Care Developments and Cricklewood Walk in Service		Kay Matthews, Barnet CCG Sarah D'Souza, Barnet CCG	<b>Non-key</b>
Royal Free London CQC Inspection May 2019		Dr Chris Streater	<b>Non-key</b>
<b>28 October or 12 December 2019</b>			
Integration Barnet CCG	Update on the two key programmes to support integration locally		<b>Non-key</b>
Barnet Hospital parking	Update on planning application		<b>Non-key</b>
Breastfeeding Support Service	Update on co-design work and contract		<b>Non-key</b>
STP Update	Adult Elective Orthopaedic Surgery		<b>Non-key</b>

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
12 December 2019			
To be allocated			
GP Workload Collection Tool	Update on development from Barnet CCG		Non-key
Health Provision Plans for Cricklewood NW2 and impact of Brent Cross South	Barnet CCG		Non-key
Update on surplus land owned by Finchley Memorial Hospital	Community Health Partnerships		Non-key

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