

King's College Hospital NHS Foundation Trust

Inspection report

Denmark Hill
London
SE5 9RS
Tel: 02032999000
www.kch.nhs.uk

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

King's College Hospital NHS Foundation Trust provides services from King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital, Sidcup, and Beckenham Beacon.

King's College Hospital Foundation Trust is alongside King's College London, Guy's and St Thomas' and South London and Maudsley Foundation Trusts members of King's Health Partners, an Academic Health Science Centre.

The trust has 82 wards, with 1670 inpatient beds, of which 143 are critical care beds, and 97 are children's beds. The number of outpatient clinics held each week is 3746.

The trust had 84,246 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 28,831 (34%), 6,187 (7%) were elective and the remaining 49,228 (59%) were day case.

The trust had 64,621 surgical admissions between April 2016 and March 2017. Emergency admissions accounted for 11,365 (18 %), 13,116 (20 %) were elective. There were 40,140 day case admissions.

The number of staff employed by the trust as of May 2017 was 11,878.

The boroughs of Lambeth and Southwark are below the national average (worse) for a number of public health indicators including; homelessness, deprivation, violent crime and poverty and notably obese children and sexually transmitted infections. The borough of Bromley is much less deprived with a number of indicators above the national average.

The trust was previously inspected in April 2015 where it was found to require improvements in a number of areas. As a result we took regulatory action, which included serving the trust with three requirement notices. A follow up focused inspection was carried out in October 2016 to check if action had been taken for some of the more serious areas of concern. Although we found improvements had been made in most areas we did not alter the ratings at that time.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement



What this trust does

King's College Hospitals NHS Foundation Trust provides local general services and specialist care to the population it serves. King's is well known for being an educational trust, and plays a key role in the training and education of medical, nursing and dental students with its academic partners, King's College London and other local universities.

The Trust is one of four major trauma centres, covering south east London and Kent. A new helipad at KCH opened in November 2016 to support the provision of trauma services. King's is also a heart attack centre and the regional hyper acute stroke centre.

King's College Hospital offers a range of services, including: a 24-hour emergency department, medicine, surgery, paediatrics, maternity and outpatient clinics. Specialist services are available to patients, which provide nationally and internationally recognised work in liver disease and transplantation, neurosciences, haemato-oncology and foetal medicine.

Summary of findings

The Princess Royal University Hospital offers a range of local services including a 24 hour emergency department, medicine, surgery, paediatrics, maternity, critical care, and outpatient clinics. Services provided at Queen Mary's Hospital Sidcup, and Orpington Hospital include care of the elderly, orthopaedics, diabetes, ophthalmology, oncology, and dermatology. The trust is one of four partners in the Academic Health Science Centre, King's Health Partners, collaborating on world-class research.

(Source: Provider Information Request 2017)

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. We inspected the locations of King's College Hospital (KCH) and Princess Royal University Hospital (PRUH). At KCH we inspected the core services of medicine, surgery, the critical care unit (CCU) and diagnostic radiology as part of our continual checks on the safety and quality of healthcare services. At the PRUH we inspected the emergency department, medicine, surgery and outpatients.

We did not inspect end of life care or maternity at KCH or end of life care at the PRUH, which were previously rated as requires improvement. This was because we had followed up on the issues previously of concern during a focussed inspection on 13 October 2016. We found improvements had been made in most of the areas. However, the ratings were not changed as a result of that focussed inspection.

Although we rated medicine as good at our previous inspection, they were rated as requires improvement for the area of safety. Our pre-inspection intelligence indicated the need to follow up on the areas requiring improvement as well as to review ward level differences, including the care of the elderly.

Diagnostic radiology was inspected as part of the outpatient area at the previous KCH inspection. No concerns were identified at the time. However, after the inspection we were made aware of some issues related to the training of junior doctors, resulting in the withdrawal of this area for educational activities. The purpose of inspecting this service was to assess if the actions taken by the trust provided a suitable service for patients to receive diagnostics, and if junior doctors would be appropriately supported to advance their education.

The areas we selected for inclusion in this inspection required improvement as a result of our findings at the previous inspection carried out in April 2015. Intelligence information we held on these areas indicated the need for re-inspection.

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

What we found

Summary of findings

Our overall findings indicated improvements had been made in a number of areas we inspected, although there was work still to be done to bring some of the ratings to a level of good. In particular we noted the significant work already carried out and continuing as a means of developing a well-led service.

We found the medicine services at King's College Hospital improved the previous rating of requires improvement up to good for safety. All other domains in medicine were rated as previously, which was good.

Surgical services at KCH were rated as follows: Requires improvement for responsive, which was unchanged from previous ratings. Effective reduced its previous rating from good to requires improvement. Safe, caring and well-led were rated as good, the latter being an improvement from the previous rating.

Critical care services improved its ratings up to good for responsive and well-led and remained as good for effective and caring. Safety was rated as requires improvement, unchanged from the previous inspection.

The diagnostic imaging department at KCH was inspected as its own service for the first time but was not rated on this occasion.

A number of ratings had improved at the PRUH. Of particular note was the work done in the urgent and emergency care to bring the rating from inadequate to good for responsive. This service also improved the rating from requires improvement up to good for effective. All other domains remained unchanged, with requires improvement for safety and well-led and good for caring.

With respect to medicine services ratings went up to good from requires improvement for safety, effective and responsive. Caring remained unchanged at good. However there was a fall from good to requires improvement for well-led.

Surgery services increased the ratings in two domains previously found to require improvement to good. This included effective and well-led. Caring remained unchanged at good, and safe and responsive remained as requires improvement.

The critical care unit improved its ratings from requires improvement to good in safety and well-led. All other domains remained unchanged, with good ratings for effective and caring, and requires improvement for responsive.

The majority of domains in the out patients remained unchanged with requires improvement for responsive and well-led, and good for caring. Safety improved from inadequate to requires improvement. We do not currently rate the effectiveness domain in this service.

Overall trust

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

- We rated safe, responsive and well-led as requires improvement. We rated effective and caring as good. Following this inspection we rated two of the trust's 10 services at KCH as good and one as requires improvement. A further service was not rated on this occasion. At the PRUH as a result of this inspection we rated two of the 10 services as good and three as requires improvement. In rating the trust, we took into account the current ratings of the other services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

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/RJZ/reports

Are services safe?

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

Summary of findings

- Although in the majority of areas we found patient record keeping was managed safely, there remained a problem with storage of records in the outpatient department at the PRUH. Further, there were concerns about the lack of control over prescription forms in this department. Access to patient data was not always secure in some areas at King's College Hospital, and there were limitations to accessibility for some key staff.
- There remained environmental issues with regard to the critical care unit at KCH, although the current building work taking place on the new unit would resolve this.
- There were some challenges with regard to staffing of clinical areas, which were managed in a manner to ensure patient safety was not compromised.
- Mandatory safety training rates were not always being achieved to the expected target.
- Safety checks on equipment were not carried out to a consistent standard across all service areas.
- The monitoring of patient's health status was not always carried out following use of rapid tranquilisation.

However:

- There were established systems and processes for staff to follow with respect to adverse incident reporting, investigating the events, and learning from the findings.
- Staff were aware of the actions to take to safeguard vulnerable people. Staff used appropriate risk assessments and took action to minimise risks of avoidable harm occurring. Safety checks were used to inform decisions about the safety of patients' treatment and care.
- The areas in which patients received treatment and care were visibly clean and tidy. Staff had access to infection prevention and control guidelines to drive best practices.
- Medicines were generally well managed, with safe and well established systems for overseeing their usage, storage and control.
- In the majority of areas staff reported having access to the right equipment so they could deliver safe care and treatment. Equipment was safety tested and managed according to its usage.

Are services effective?

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

- Staff were able to access national professional guidelines and local policies through the trust's intranet. These supported them to promote safe and effective practices.
- Patients were assessed for their level of comfort and pain and pain relief was generally well managed.
- New staff received a trust induction and local induction was provided to agency staff. Staff were supported to undertake additional training and development to support their roles.
- There was well established and effective multidisciplinary working between all staff. Treatment and care was planned, delivered and reviewed in a co-ordinated. Staff took into account the need for informed consent before delivering care, and addressed the needs of patients who lacked capacity or needed to have a deprivation of liberty assessment as part of their support.
- Patient outcomes were measured in a number of areas and action plans were generated as a means of improving results where required. The auditing of staff practice, patient outcomes and performance contributed to the delivery of effective services.

However:

Summary of findings

- Checks on the implementation of updated professional guidelines was not always happening in a timely way.
- Staff appraisal rates were not always meeting the trusts target.

Are services caring?

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

- In all the core service areas we inspected we observed staff to be caring and responsive to patients' individual needs. Information was given in kind and compassionate manner and patients and their families were involved in decision making.
- Patients and relatives who spoke with inspectors reported positively about the caring nature of staff and of having choice.
- Staff were very aware of the need to be respectful and considerate in their duties, and to afford privacy and respect to patients.

Are services responsive?

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

- Patients attending outpatient appointments were not always seen on time.
- Bed occupancy rates were higher than recommended limits in some areas, impacting on the provision of suitable environment to receive care, and some mixed sex breaches. There was a high number of out of hours' discharges. Discharges were also delayed because of a lack of internal bed availability and difficulties arranging on-going provision of care outside of the hospital.

However:

- Most core services inspected demonstrated evidence of having a responsive service. We noted improvements in particular for urgent and emergency care and medical care at the PRUH and surgery and critical care at KCH. This included planning services to meet the needs of the local populations, engagement with stakeholders such as clinical commissioners and patient groups.
- The services were able to be responsive to individual patient needs related to dementia, learning disabilities or where English was not the persons first language. Specialist staff were available to support the delivery of treatment and.

Are services well-led?

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

- Governance and risk management processes were not always applied consistently by leaders, which meant the focus on certain areas of activity was not always assured.
- Changes at service level were not always driven by the respective departmental leads. Where change had happened or was taking place the pace of this was often slow.
- Not all staff were aware of the transformation strategy, and performance data was not always available to share with departmental staff.

However:

- We did find improvements in well-led for critical care and surgery at both the PRUH and KCH, with a change to their respective ratings from requires improvement up to a good.

Summary of findings

- Overall we saw a good level of improvement with respect to management and leadership, with shared understanding of responsibilities, a focus on clinical drivers of quality and performance.
- There was greater awareness of the vision and strategy. Morale was improving and there was evidence of more leadership visibility, better engagement with staff and other stakeholders. Staff were much more aware of the work being done to improve things, and in particular with regard to equality and diversity, recruitment and retention.
- There were structured governance processes to support the monitoring of services, to manage risks and to assist in improving areas which fell short in meeting required targets.

King's College Hospital

- The security of electronic patient records was not always achieved to a consistent standard. Key staff were not always able to access electronic records to complete patient information.
- Patient risk assessment records were not always completed accurately or updated.
- Routine safety checks on resuscitation equipment and temperature checking of medicine fridges were not always completed.
- There were some areas which presented environmental challenges, despite this, areas in which patients received their care was suitably maintained and were visibly clean and tidy. Infection prevention and control practices were mostly implemented across services, although isolation practices were not always followed and there was limited access to hand wash facilities in the CCU.
- There were some challenges in the provision of numbers of suitably skilled staff. Despite this staffing arrangements were fully considered and planned around meeting the needs of patients, including additional staff when demands arose.

However:

- The hospital staff followed the well-developed systems and processes to ensure the deliver safe treatment and care to patients. Resources were readily available to meet the needs of patients and staff followed safe practices in the use of these. Audit and monitoring of expected standards and patient outcomes enabled improvements to be identified and actioned.
- Staff were aware of their responsibilities to protect patients from avoidable harm. They received training in safety related topics in addition to other role specific subjects. There was easy access to professional guidance and staff ensured best practices informed patient treatment and care. Audit and monitoring of practices along with patient outcomes assisted in developing the quality of care.
- Patients care needs were met and feedback from patients was positive in relation to the caring nature of staff, and of being treated with dignity and respect. Staff respected patient choices and decision making, and involved family, where agreed by the patients.
- Staff were proud to work at KCH and were aware of the trusts commitments towards the population it served. Leaders provided direction and support to staff. They had structured governance systems and processes to follow, which enabled them to have oversight of risks, performance and quality.

Princess Royal University Hospital

- The environment in which patients received care did not always meet the safety needs of those experiencing mental health problems.
- Arrangements around aspects of records management were not always applied with consistency.

Summary of findings

- Professional guidance was not always updated to enable best practices to be implemented across relevant areas.
- Referral to treatment times were not always meeting targets and patients experienced delays in outpatients. Discharge home arrangements were affected by availability of on-going services outside the trust.
- Complaints were not always responded to within the expected timeframes.
- Governance and risk management processes were well established but were not always followed in full. The pace of change had been slow in some areas and was to a degree dependent on leaders recognising and responding to the required actions.

However:

- The hospital had well developed systems and processes for staff to follow, which enabled them to deliver safe treatment and care. Staff had access to appropriate equipment and medicines to meet the needs of patients.
- The areas where patients received treatment and care were kept visibly clean and tidy. Staff followed well defined infection prevention and control practices.
- There were enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Ward managers matched staffing levels to patient need and could increase staffing by use of regular bank or agency when care demands arose. All staff understood their responsibilities to safeguard patients from abuse and neglect, and had appropriate training and support.
- Staff had access to professional guidance to inform their practice. This information was in the majority of instances used to the benefit of patients care. There was well-defined multidisciplinary working and patient outcomes were measured together with audit processes. This enabled the departments and the trust to assess how effective the delivery of services were.
- Staff were received appropriate support and had on-going access to professional training and development. They reported an improved morale and of seeing improvement in engagement from senior leaders. Staff recognised and reflected the trusts expectations around the delivery of services.
- Patients reported positively on the care and support they were given by staff. Patients and their relatives felt included and able to express their choices and decisions.
- The new leadership team provided clarity and direction to staff through regular engagement. They ensured information arising from the governance arrangements was communicated across services.

Ratings tables

The ratings tables in our full report 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

See section below.

Areas for improvement

See section below

Summary of findings

Action we have taken

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

Our action related to a breach of legal requirements in a core service at the Princess Royal University Hospital.

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

What happens next

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

Outstanding practice

We found examples of outstanding practice at both the King's College Hospital, and Princess Royal University Hospital including:

- The iMobile outreach service was innovative and proactive. There was evidence it was producing positive outcomes for patients and the service.
- A robust and well-tested major incident plan was in place.
- The 'SafetyNet' communication was recognised as being a rapid means of providing staff with essential information arising from adverse events.
- The trust had set up a 'Tea Club' for patients living with dementia needs.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to Princess Royal University Hospital services."

The trust must ensure that:

- In the outpatient department at Princess Royal University Hospital, patient records are stored safely and in a manner which prevents unauthorised access. Prescription pads must be stored safely and managed in accordance with best practice.

Action the trust **SHOULD** take to improve

We found several 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.

At the King's College Hospital:

- Medical service staff needed to complete resuscitation trolley checks on a daily basis.

Summary of findings

- Staff working in medical wards needed to complete fridge temperature checks daily and report abnormal results to facilities and pharmacy in a timely way.
- The correct procedure for managing electronic patient records and other confidential information should be reinforced.
- Improve agency staffs ability to access the electronic patient record system so they can access patient notes in a timely way.
- Consider improving access to individual bay isolation rooms on some medical wards in the planned refurbishment.
- Surgical services should reconsider the use of corridors in the Day Surgery Unit to administer local anaesthetic blocks.
- Surgical services should act to improve theatre environments where they are cluttered with equipment.
- Mental health staff supporting surgical services should be able to access Electronic Patient Records in order to add their notes in a timely manner.
- Surgical service staff appraisal rates for nursing and clinical staff should be improved.
- Nursing staff in surgery should improve accuracy in the calculation of BMI scores and completion of the malnutrition universal screening tool.
- Surgical services should improve the rate of patient outliers on non-surgical wards.
- Surgical services should improve upon their referral-to-treatment times for admitted pathways for surgery.
- Surgical services should ensure that time taken to investigate and close complaints is in line with their complaints policy.
- The Critical Care Unit needed to review medical and allied healthcare staffing levels to ensure they were in line with national standards
- Continually review capacity issues on the critical care wards.
- Continually review nursing qualifications to ensure the CCU meets recommended guidelines for post registration qualifications
- Continually review systems in place for infection prevention and control. These include ensuring there are adequate hand washing facilities in critical care units and isolation doors are closed at all times.

At the Princess Royal University Hospital:

- On medical wards all nursing and medical staff should be reminded or instructed on the need for more frequent observations on patients who have been given rapid tranquillisation.
- Consider policies and protocols to mitigate the long term effects on staff of such staff shortages they currently carry.
- Continue to review endoscopy on the risk register with a view of further mitigating the current decontamination machine failures.
- The surgical services should improve a number of the performance data results, including, the referral-to-treatment times and the average length of stay for all surgical non-elective patients.
- They should seek to improve the risk-adjusted 30-day unplanned readmission rate.
- Surgical service should improve the average length of stay for general surgery non-elective patients.
- They should improve the average length of stay for urology non-elective surgical patients

Summary of findings

- The surgical service should improve vacancy rate for nursing and midwifery staff.
- The surgical service should improve the time to investigate and close complaints in line with their complaints policy.
- The emergency department should review the accommodation of both adults and children presenting to the department with mental health crisis to ensure the department provides a safe place for them to stay.
- The emergency department should ensure that actions identified from investigations are set for prompt completion to reduce risk of similar incidents occurring.
- The emergency department should review their mitigation and policies for increasing capacity of the resuscitation area to ensure that all patients are able to be cared for safely.
- The emergency department should ensure that all patient records are completed fully including risk assessments and care reviews where appropriate.
- In the Critical Care Unit they should continually review staffing levels across all roles to make sure they are in line with national standards.
- Continually review capacity issues on the critical care unit.
- Managers in the OPD should have access to performance information and understand RTT and DNA data to enable them in making improvements to the service.
- The fracture clinic should offer patients privacy and dignity and offer a child friendly environment.
- The executive team and clinical director should consider how they can increase their visibility to outpatients' staff.

Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

- Board members were very aware of the need to improve diversity and equality across the trust and at board level, and were working to strengthen these areas.
- Although the leadership team were aware of matters relating to bullying and harassment, and they had started to focus on this, they recognised there was work still to be done to address this cultural aspect of employee engagement.
- There were some inconsistencies in the way in which some care groups undertook review of risk and governance. Standing agenda items linked to improvements were not always discussed.

However:

- The trust had a relatively new leadership team with members who had suitable experience, skills and abilities to drive its services. There was strong and determined commitment to provide high-quality services at the executive and board level.

Summary of findings

- Senior leaders had recognised and addressed the training needs of managers at all levels, including themselves. There were development opportunities for staff, which supported the on-going and future progress of the organisation.
- The board and senior leadership team had set out the vision and values which underpinned the delivery of its services. They had worked hard to ensure staff at all levels understood them and how they contributed to achieving the desired goals.
- The trusts operational plan supported the delivery of achievable improvements in finance, activity and workforce. The plan was directly linked to the vision and values of the trust, and for delivering quality, sustainable care.
- The development of the strategy involved clinicians, patients and groups from the local community. It was recognised by the trust that there was work to be done to ensure the organisational strategy fitted with the Sustainability and Transformation Plan for South East London (STP).
- Senior leaders and non-executive members of the board undertook visits to all parts of the trust. They actively sought feedback from people using the services and staff and used this information to discuss the challenges staff and the services faced.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The board reviewed performance reports for the individual services. Information was subject to study and challenge.
- The leadership team were aware of the continuing challenges to fill clinical staff positions and in some areas to retain staff. They were continuously working to improve this.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust made sure that it included and communicated effectively with patients, staff, and the public and local organisations. They recognised there was work to be done to improve further engagement with hard to reach groups and were addressing this.
- The trust was committed to improving services by learning from when things went well or when they went wrong. There were well established systems to support improvement and innovative work, and staff were encouraged to make suggestions for improvement and to participate in projects.
- The trust had recognised the risks created by having different systems for managing patient records and they were awaiting the introduction of new electronic system at one of the hospital locations. They were also aware of the limitations with the current IT system and were aiming to increase availability of equipment to improve this.

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 →← Sept 2017	Good ↑ Sept 2017	Good →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017

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
King's College Hospital	Requires improvement →← Sept 2017	Good →← 2017	Good →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017
Princess Royal University Hospital	Requires improvement →← Sept 2017	Good ↑ Sept 2017	Good →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017
Overall trust	Requires improvement →← Sept 2017	Good ↑ Sept 2017	Good →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017	Requires improvement →← Sept 2017

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 King's College Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Medical care (including older people's care)	Good ↑ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2016	Good ↔ Sept 2017	Good ↔ Sept 2017
Surgery	Good ↑ Sept 2017	Requires improvement ↓ Sept 2017	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Requires improvement ↔ Sept 2017
Critical care	Requires improvement ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↑ Sept 2017	Good ↑ Sept 2017	Good ↑ Sept 2017
Maternity	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2017	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Outpatients	Good Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Diagnostic imaging	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall*	Requires improvement ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017

*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 Princess Royal University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Good ↔ Sept 2017	Good ↑↑ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017
Medical care (including older people's care)	Good ↑ Sept 2017	Good ↑ Sept 2017	Good ↔ Sept 2017	Good ↑ Sept 2017	Requires improvement ↓ Sept 2017	Good ↑ Sept 2017
Surgery	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Requires improvement ↔ Sept 2017
Critical care	Good ↑ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Good ↑ Sept 2017
Maternity	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good ↔ Sept 2015
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Outpatients	Requires improvement ↑ Sept 2017	Not rated	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017
Overall*	Requires improvement ↔ Sept 2017	Good ↑ Sept 2017	Good ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017	Requires improvement ↔ Sept 2017

*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.

King's College Hospital

Denmark Hill
London
SE5 9RS

Tel: 02032999000
www.kch.nhs.uk

Key facts and figures

King's College Hospital offers a range of services, including: a 24-hour emergency department, medicine, surgery, paediatrics, maternity and outpatient clinics. Specialist services are available to patients, which provide nationally and internationally recognised work in liver disease and transplantation, neurosciences, haemato-oncology and foetal medicine.

The trust is one of four major trauma centres, covering south east London and Kent. A new helipad at King's College Hospital opened in November 2016 to support the provision of trauma services. King's is also a heart attack centre and the regional hyper acute stroke centre.

The trust has 82 wards, with 1670 inpatient beds, of which 143 are critical care beds, and 97 are children's beds. The number of outpatient clinics held each week is 3746.

The trust had 84,246 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 28,831 (34%), 6,187 (7%) were elective and the remaining 49,228 (59%) were day case.

The trust had 64,621 surgical admissions between April 2016 and March 2017. Emergency admissions accounted for 11,365 (18 %) and 13,116 (20 %) were elective. There were 40,140 day case admissions.

The number of staff employed by the trust as of May 2017 was 11,878.

The boroughs of Lambeth and Southwark are below the national average (worse) for a number of public health indicators including; homelessness, deprivation, violent crime and poverty and notably obese children and sexually transmitted infections.

The trust was previously inspected in April 2015 where it was found to require improvements in a number of areas. As a result we took regulatory action, which included serving the trust with three requirement notices. A follow up focused inspection was carried out in October 2016 to check if action had been taken for some of the more serious areas of concern. Although we found improvements had been made in most areas we did not alter the ratings at that time.

Summary of services at King's College Hospital

Requires improvement   

Summary of findings

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

Our overall findings indicated improvements had been made in a number of areas we inspected, although there was work still to be done to bring some of the ratings to a level of good. In particular we noted the significant work already carried out and continuing as a means of developing a well-led service.

We found the medicine services at King's College Hospital improved the previous rating of requires improvement up to good for safety. All other domains in medicine were rated as previously, which was good.

Surgical services at King's Collage Hospital were rated as follows: Requires improvement for responsive, which was unchanged from previous ratings. Effective reduced its previous rating from good to requires improvement. Safe, caring and well-led were rated as good, with safe and well led being an improvement from the previous rating.

Critical care services improved its ratings up to good for responsive and well-led and remained as good for effective and caring. Safety was rated as requires improvement, unchanged from the previous inspection.

The diagnostic imaging department at King's College Hospital was inspected as its own service for the first time but was not rated on this occasion.

Medical care (including older people's care)

Good   

Key facts and figures

The medical care service at Kings College Hospital provides care and treatment for general medical services and specialist services including renal, liver, haematology, cardiology and stroke services, as well as care of the elderly services.

There are 419 medical inpatient beds and 2 day-case beds located across 20 wards. The trust had 84,246 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 28,831 (34%), 6,187 (7%) were elective and the remaining 49,228 (59%) were day case. Admissions for the top three medical specialties were:

- General Medicine – 30,883 admissions
- Clinical Haematology – 17,619 admissions
- Cardiology – 6,054 admissions

Our inspection was unannounced (staff did not know we were coming) on the 5th and 6th September 2017 to enable us to observe routine activity.

We visited 15 medical and specialist medical wards/units over the site:

- Cardiac catheter laboratory
- Endoscopy unit
- Charles Polkey (neurology)
- RD Lawrence ward (acute medical unit)
- Marjory Warren Ward (health and aging)
- Lonsdale (respiratory)
- Donne Ward (health and ageing)
- Annie Zunz (acute medical unit)
- Byron (health and aging)
- Davidson ward (haematology)
- Friends Stroke unit
- Mary Rae Ward (diabetes/endocrine)
- Matthew Whiting (acute medical unit)
- Elf and Libra Ward (haematology)
- Waddington Ward (haematology)
- Derek Mitchell (haematology)
- Oliver Ward (General medical, respiratory, gastroenterology and sexual health).

During our inspection visit, the inspection team:

Medical care (including older people's care)

- Spoke with 75 members of staff including doctors, nurses, allied health professionals and ancillary staff.
- Spoke with ward managers and matrons.
- Spoke with the directorate leadership team.
- Spoke with 18 patients and five relatives.
- Reviewed 5 patient records on the electronic record system and a number of bedside patient notes, some prescription charts online and many pieces of equipment.

At the last inspection, we rated one of the key questions as requires improvement. We inspected all five key questions during the unannounced inspection.

Summary of this service

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

- There was a good incident reporting culture and senior leaders had a good oversight of the common incidents within medical services and understood what changes needed to be made to improve. We saw evidence to suggest learning from incidents was communicated to staff.
- The management of a deteriorating patient had improved. Staff's understanding of sepsis identification and management and when and how to escalate a deteriorating patient was good.
- Nursing staffing levels was still one of the main risks all staff identified in medical services. However, staff said nursing staffing was improving and senior leaders provided regular updates regarding recruitment and retention.
- We saw practice was in line with national recommendations and evidenced based guidance. Use of NICE guidelines was in place across a range of conditions and staff were able to access guidance if required.
- Staff were well supported and reported good access to training and development.
- Multidisciplinary (MDT) working across medical services was still good and there was a team approach when discussing patients' care and treatment. All staff said the MDT working in the trust was excellent.
- There was an improvement in the number of staff who understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the Act and how these applied in practice.
- Patient and relative feedback was mostly positive and we saw patients were cared for in kind and compassionate ways that maintained dignity. We saw numerous thank you cards expressing gratitude to staff for their input and help.
- We found services had been developed to meet the needs of patients who used it. For example, Marjory Warren Ward had a sensory room and sensory wall for patients with dementia. They had also painted patient bays different colours so patients could identify their bays easier. Oliver Polkey Ward was in the process of getting a roof top garden for longer term neurology patients to access.
- The trust had recognised the cultural diversity of their local area and ensured staff had access to translators when needed, giving patients the opportunity to make decisions about their care. Food menus were also available in Braille for patients who had sight impairments.
- There has been a transformation of the leadership of medical services and the new leadership had been in place since March 2017. Feedback from staff was that there were positive changes as a result of the new leadership. Leaders were present and supportive and there was a positive culture across services.

Medical care (including older people's care)

- Clear governance structures were in place and we saw effective management of risks.

However:

- We were not assured all medical wards were managing equipment in a way that was in line with hospital protocol and kept people safe. For example, we found two resuscitation trolleys that were not checked on a daily basis. We also found two medicine fridges in which temperatures had exceeded the recommended level on a regular basis.
- The majority of the time we saw records were stored securely and kept people safe. However, on some occasion we saw staff had left confidential information displayed and computers were logged in and unattended. Agency staff did not have access to the online system and we had some concerns this meant they were unable to access patient information in a timely and accessible way.
- The trust's performance in the sentinel stroke audit had got worse and previous performances indicated the unit was capable of much higher performance.
- Medical services still had a higher than expected risk of readmissions for some of their services, which was above the England average. This included haematology and general medicine services.
- There were still some challenges with flow through the hospital and patients' average length of stay for both elective and non-elective care was above the England average. Senior leaders identified patient flow as one of their risks and were taking a number of steps to mitigate this including the opening of a new medical ward in preparation for winter pressures.

Is the service safe?

Good  

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

- There was a good incident reporting culture and staff gave us examples of incidents that were reported and told us they received feedback as a result of investigations. Learning was disseminated to staff through a range of methods and staff were aware of changes to practice.
- There were established systems in place for infection prevention and control, which were accessible to staff. These were based on relevant national guidance and included guidance on hand hygiene, use of personal protective equipment, control of infections and management of spillages. We saw staff were following guidance throughout medical services including appropriate use of isolation rooms.
- Staffs understanding of safeguarding policies and procedures was good.
- The trust were working on recruitment and retention in order to continuously improve nursing staffing levels. Staff were aware of what the trust was doing around staffing including practice development nurses being sent overseas to recruit.
- Staff's understanding of sepsis management and sepsis six had improved. Staff understood how to recognise a deteriorating patient and were aware of the appropriate escalation procedures.
- Nursing staff had a good understanding of policies around the storage and administration of controlled drugs. We saw good record keeping and checks were carried out as per the trust's policy.
- Handovers were well structured and detailed which gave staff all appropriate information in relation to patients care and treatment.

Medical care (including older people's care)

However:

- Staff were not always following trust protocol with regards to equipment checks. We found two resuscitation trolleys which were not checked daily as per trust recommendations. We also found a medicines fridge which had exceeded its maximum temperature and had not been escalated in a timely way. We found a second fridge which was not checked on a daily basis as per guidance.
- There were no individual isolation rooms on some medical wards which meant a bed was blocked should a patient need to be isolated.
- Nursing staffing was still identified by most staff as the biggest risk to medical services. However, staff said wards still felt safe and that staffing had improved since the last inspection.
- On three occasions we saw computers were unattended and logged into the electronic record system. This was a risk because other people could have accessed patient information.

Is the service effective?

Good  ➡ ⬅

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

- Medical wards used a combination of best practice and national guidance to deliver care and treatment to patients, and staff were competent to provide this care.
- Staff's understanding regarding the MCA and DoLS was good. We saw good examples of DoLS in place for patients and staff were aware of the importance of capacity assessments.
- Pain relief, nutrition and hydration needs were assessed appropriately and most of the patients stated that they were not left in pain. Staff had access to the trust's pain team and dietitians for additional support if required.
- There was effective multidisciplinary working between different professionals including doctors, nurses, therapists and pharmacy. Care was delivered and reviewed in a co-ordinated way and relevant teams were involved.
- The trust were conducting weekly audits as part of the perfect ward initiative such as infection control, medicines management and staffing. This gave service leads an up to date way to monitor the quality of services.

However:

- Readmission rates were above the England average in haematology services and general medical services.
- The trust's performance on the sentinel stroke audit had declined.
- Agency staff were unable to access the electronic patient record system which meant they could not access patient information in a timely way.

Is the service caring?

Good  ➡ ⬅

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

- There were examples of staff providing a high level of compassionate care. We received positive feedback from patients and relatives about the level of treatment provided.

Medical care (including older people's care)

- In general, staff maintained patients' privacy and dignity.
- Most patients and relatives said they were well-informed and involved in decisions about their care and treatment.
- Patients and relatives could access a range of services if they required emotional support, such as chaplaincy and support groups.

However:

- Some concerns were raised by patients regarding staff attitude and access to information. However, this was a minority of the patients we spoke to.

Is the service responsive?

Good   

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

- We found medical services had been developed to meet the needs of the patients who use it. For example, one of the health and ageing wards had incorporated a sensory room and sensory wall for patients with dementia.
- The trust had recognised the cultural diversity of their local area and ensured staff had access to translators when needed, giving patients the opportunity to make decisions about their care.
- There were a range of support teams available for staff and patients including dementia, older people, learning disability and mental health liaison.
- Patient information leaflets could be accessed in languages other than English upon request.
- Catering menus offered patients options depending on nutritional requirements.

However:

- Access and flow was an ongoing issue at King's College Hospital and the average length of stay was above the England average. Staff were aware of flow issues and there were mitigations in place to help improve flow including regular bed flow meetings and increasing medical beds in preparation for winter pressures.
- Referral-to-treatment times (RTT) were below the England average for geriatric medicine and neurology.

Is the service well-led?

Good   

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

- There was a well-respected and proactive new leadership team who were making improvements to medical care services.
- There were clear trust wide vision and values. Staff were able to identify with these and demonstrated how this contributed to improved patient experience.
- There was evidence of team working between all levels and grades of staff. The staff were committed and motivated to provide high quality medical services. This promoted a positive and supportive culture.

Medical care (including older people's care)

- Senior leaders had good oversight of the risks across medical care services and were able to demonstrate appropriate risk management and mitigation.
- Medical services were innovative and wanted to develop and improve services for patients. For example, haematology services had introduced a new model of ambulatory care for patients undergoing chemotherapy and bone marrow transplants. This allowed patients to continue their daily life during the beginning stages of treatment.

However:

- The NHS staff survey had indicated that staff engagement needed improving within services. The trust had put a plan in place to improve communication and presence of the leadership team.

Outstanding practice

- There were some good examples of innovation within services which helped or aimed to help improve care and treatment for patients.

Areas for improvement

- Services need to ensure resuscitation trolleys checks were completed on a daily basis.
- Services need to ensure fridge temperature checks were completed daily and if temperatures exceeded the maximum temperature, this was reported to facilities and pharmacy in a timely way.
- Reinforce the correct procedure for managing electronic patient records and other confidential information.
- Improve agency staff's ability to access the electronic patient record system so they can access patient notes in a timely way.
- Consider improving access to individual bay isolation rooms on some medical wards in the planned refurbishment.

Surgery

Requires improvement   

Key facts and figures

Kings College Hospital carried out 46,310 surgical procedures between April 2016 and March 2017. Of these, 24,337 (53%) were day cases, 12,048 were emergency (26%), and 8,763 (19%) were elective. There are 20 theatres in general surgery and seven in the Day Surgery Unit. There are six surgical wards with a total of 125 beds. Kings College Hospital has a Day Surgery Unit and a recently opened Surgical Assessment Unit.

We visited four theatres and six wards over two days during our unannounced inspection and we observed care and treatment. We visited the Day Surgery Unit and the Surgical Assessment Unit. We looked at 16 sets of patient records. We spoke with 35 members of staff, including nurses, doctors, allied health professionals, pharmacists, managers and support staff. We had an Expert by Experience on our team who spoke with 16 patients, five relatives and five members of staff. Experts by Experience are people who have experience of using or caring for someone who uses health and/or social care services. The role involves helping us hear the voices of people who use services during inspections and Mental Health Act visits.

We also used information provided by the organisation and information we requested following our inspection.

Summary of this service

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

- Referral-to-treatment time (RTT) performance remained below the England average.
- The proportion of patients with a fractured hip who had surgery on the day of or the day after admission did not meet the national standard and was lower than when we last inspected the service in 2015.
- There was inconsistent completion of the malnutrition universal screening tool.
- Appraisal rates for nursing and medical staff were below the trust target of 90%.

However:

- There were improvements in theatre utilisation since the time of the last CQC inspection. Average utilisation in main theatres was 80% and 77% in the Day Surgery Unit.
- The NHS Friends and Family Test for King's College Hospital was better than the England average.
- The new leadership model was seen as a positive change by staff who told us there was a strong sense of commitment to staff engagement.
- Clinical governance structures were in place across the surgery service lines and staff could tell us of learning from recent serious incidents.

Is the service safe?

Good  

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

Surgery

- Patient safety and the services performance was monitored. Incidents were investigated and any findings used to enable learning to improve patient care. Patient record keeping had improved and were completed accurately and securely kept.
- The surgical services at King's College Hospital reported four 'never events' between June 2016 and June 2017. These were investigated and a root cause analysis undertaken. Actions taken as a result were staff training, additional processes checks and policy updates.
- The 'five steps to safer surgery' was regularly audited by the trust and theatres complied with the procedure.
- Staff could identify and responded to patient risks. Staff used an early warning system to identify deteriorating patients effectively.
- Staff adhered to hand hygiene protocols and wore the correct personal protective equipment, including aprons, gloves and gowns in theatres. There was signage across all surgical areas to encourage effective hand hygiene.
- Medicines, including controlled drugs, were securely stored and checked daily by staff. Controlled drugs were locked securely in cupboards and required two signatures for sign-off.
- Staff were aware of their major incident policy and had implemented it appropriately when necessary.

However:

- Nurse staffing levels were often low on surgical wards. Staff told us services felt 'very pressured' but were not unsafe.
- Some theatres were cluttered; for example, there was inadequate space in the orthopaedic theatre to hold the equipment required. We saw that a corridor in the Day Surgery Unit was being used to carry out regional blocks before patients went into theatre. This was cluttered with various pieces of equipment and an inappropriate space for this procedure.
- Mental health team staff were not able to access Electronic Patient Records independently in order to add their notes in a timely manner.
- Aggression and violence towards staff was an issue on some surgical wards. Staff told us these types of incidents were very common and felt 'part of the job'. However, staff told us they felt supported by ward management and the on-site security team were very responsive to assist ward staff when required.
- Staff highlighted concerns around inconsistency in MRSA advice and felt they required further training around this. However there was clear guidance on the trust's intranet pages which were easily accessible.

Is the service effective?

Requires improvement  

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

- We found that the malnutrition universal screening tool (MUST) was not consistently completed on patient records. This tool is used to identify patients who are malnourished or at risk of malnutrition.
- The proportion of patients with a fractured hip who had surgery on the day of or the day after admission did not meet the national standard and was less than the rate achieved in 2015.
- In the 2016 Hip Fracture Audit, the risk-adjusted 30-day mortality rate was higher than when last inspected in 2015.
- Appraisal rates for nursing and medical staff were below the trust target of 90%.

Surgery

- MCA and DoLS training levels did not consistently meet the trust target of 90%.

However:

- Clinical guidelines and policies were developed and reviewed in line with the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Staff, including agency staff were able to access them on the intranet.
- Staff told us there was a strong emphasis placed on training and professional development by senior staff. This was facilitated by the presence of a practice development nurse in each department.
- There was an effective multidisciplinary team working environment within the surgery service with regular opportunities for staff from different disciplines to come together to discuss the well-being of patients.
- The trust had introduced a seven-day matron service so at weekends there was always a matron available, which improved presence of senior nursing leadership.

Is the service caring?

Good   

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

- The NHS Friends and Family Test response rate was significantly better than the England average.
- Patients were treated with dignity and respect.
- Patients and carers spoke positively of the care they received from nurses. They told us they were kept informed about their care. We observed positive interactions between staff and patients over the course of our inspection.
- The NHS Friends and Family Test response rate was significantly better than the England average.

Is the service responsive?

Requires improvement   

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

- The referral-to-treatment time had not improved since the last inspection. It remained lower than the England average for the whole reporting period June 2016 and May 2017.
- The trust average length of stay fell into the worst 25% of trusts.
- Outliers on non-surgical wards represented a total of 6.2% of surgical bed days between June and August 2017.
- The time taken to investigate and close complaints (an average of 94 days) was not in line with trust complaints policy which stated that complaints should be resolved within 25 working days.

However:

- Theatre utilisation for general theatres and day surgery had improved since the last CQC inspection in March 2015.
- A dedicated trauma list with extended hours (8am until 6pm) including weekends was introduced since the last inspection. There was a dedicated consultant Anaesthetist present for these same lists.

Surgery

- There were additional support services for those patients living with dementia, poor mental health or a learning difficulty. There was also an interpreting service for patients for whom English was not their first language.

Is the service well-led?

Good ● ↑

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

- There was a department risk register and risk management meetings reviewed progress and updated the register accordingly.
- A new leadership team was introduced in December 2016. Staff across all surgical areas were positive about this as they felt there was active engagement from leadership and management in the trust. They told us how staff morale and the culture in general were much improved since the time of the last CQC inspection in March 2015.
- There was a high level of importance placed on staff engagement. We were told of ways in which staff at all levels could engage with the on-going development of King's College Hospital.
- We found there was an inclusive and constructive working culture within the surgery service. Staff expressed a commitment to the King's BEST strategy. They told us they were proud to be associated with it in order to improve patient experience.
- The leadership team recognised that referral-to-treatment times need to be improved.

Areas for improvement

- Should reconsider the use of corridors in the Day Surgery Unit to administer local anaesthetic blocks.
- Should act to improve theatre environments where they are cluttered with equipment.
- Should ensure that mental health team staff are enabled to access Electronic Patient Records in order to add their notes in a timely manner.
- Should improve the appraisal rates for nursing and clinical staff.
- Should improve upon accuracy in the calculation of BMI scores and completion of the malnutrition universal screening tool.
- Should improve the rate of patient outliers on non-surgical wards.
- Should improve upon the referral-to-treatment times for admitted pathways for surgery.
- Should ensure that time taken to investigate and close complaints is in line with the complaints policy.

Critical care

Good  

Key facts and figures

The trust had 69 critical care beds at Kings College Hospital. These consists of four critical care units (CCU) including Jack Steinberg CCU (18 beds), Frank Stansil CCU (14 beds), Christine Brown CCU (18 beds) and the 14 bedded Liver Intensive Therapy Unit (LITU). An additional four bedded Liver high dependency unit (HDU) is attached to the LITU.

A number of HDUs lie outside the governance structure of the critical care unit. These include the HDUs on Kinnier Wilson Ward (a neurosurgical ward treating patients with brain and spinal injuries); and Victoria and Albert Ward (a cardiac ward).

Over 3000 patients a year are admitted to the CCU. Most patients on the surgical and medical critical care units (Jack Steinberg CCU, Frank Stansil CCU and Christine Brown CCU) were admitted from the emergency department (40%). Other patients were admitted from the theatre (29%) and the ward or intermediate care area (23.7%). Most patients were admitted to the LITU from the theatre (62%). Other patients were admitted from the ward or intermediate care area (14.3%), other critical care units (14.6%) and emergency department (7.8%).

We carried out an unannounced inspection on 5, 6 and 11 September 2017.

During our inspection, we spoke with 29 members of staff including consultants, doctors, nurses, allied staff and domestic staff. We spoke to 16 patients and relatives who were using the service at the time of our inspection. We observed care and treatment and looked at 16 patient records and medication charts.

Summary of this service

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

- The service had improved since our last inspection in 2015. Patient records were now comprehensive, with all appropriate risk assessments completed. Staff were aware of their responsibilities under the MCA and we saw appropriate records were in place in patients' notes. Management staff had sight of risks on the units and mitigating plans were in place to address those risks.
- There were effective systems to protect patients from harm and a good incident reporting culture was in evidence. Patient records were comprehensive with appropriate risk assessments completed. The iMobile (critical care outreach) team provided rapid response and stabilisation to patients who needed immediate attention and transfer.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. Patient outcomes were better than the national average.
- Patient feedback for the services we inspected was mostly positive. Staff respected confidentiality, dignity and privacy of patients. Patients were engaged through surveys and feedback forms and the response showed high satisfaction with the service.
- Services were developed to meet the needs of patients. Feedback from patients was taken into consideration in designing a new critical care unit. Overnight stay near the hospital was arranged for relatives, and patients had access to a follow up clinic after they were discharged from the units.
- The CCU had implemented a number of innovative services and developed these to meet patients' needs. The CCU was engaged in research activities and had supported a significant amount of National Institute for Health Research (NIHR) portfolio studies.

Critical care

- There was good local leadership on the CCU. Staff felt valued, they were supported in their roles and had opportunities for learning and development. Staff were positive about working in the CCU.

However:

- Medical staffing was stretched and did not comply with recommended guidelines. Pharmacy and therapy staffing levels were below the recommended guidelines.
- Although plans were in place to open a new critical care unit, current bed spaces did not comply with the Department of Health's building note HBN 04-02 which sets out a minimum standard of space for effective infection control.
- The average bed occupancy on the CCU was consistently above 100% and there were delayed discharges from critical care units.

Is the service safe?

Requires improvement   

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

- Current bed spaces on the CCU did not comply with the recommended guidelines. We found limited spacing between beds on the CCU.
- There was limited storage space on the unit and we found equipment kept on corridors on all critical care units.
- Compliance with infection prevention and control guidelines was not consistent for all staff reviewing patients on the unit.
- Consultant to patient staffing ratios did not meet national guidelines. In addition, medical staffing at night was often below recommended limits.

However:

- There were systems in place to protect patients from harm and a good incident reporting culture. There were effective arrangements for safeguarding vulnerable adults and children. Learnings from incident investigations were disseminated to staff.
- Patient records were comprehensive, with all appropriate risk assessments completed.
- The iMobile (critical care outreach) team reviewed all deteriorating patients and the team worked closely with critical care to facilitate admissions to the unit.
- The major incident plan was up to date, with appropriate action cards for critical care staff on how to act in an emergency.

Is the service effective?

Good   

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

- Policies and procedures were developed in line with national guidance and best practice. Guidelines were easily accessible on the trust's intranet page and staff were able to demonstrate ease of access.

Critical care

- Patients were cared for by appropriately qualified nursing staff who had received an induction to the unit and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- Patient outcomes were mostly above average.
- Staff managed pain relief effectively and patient nutrition and hydration were closely monitored.
- Staff at all levels had a good understanding of the need for consent and systems were in place to ensure compliance with the DoLS

However:

- The percentage of nursing staff with post registration qualification was below the recommended guidelines.
- Pharmacy and therapy staff to patient ratios did not meet national guidelines.

Is the service caring?

Good   

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

- Critical care staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from patients.
- Observations of care showed staff maintained patients' privacy and dignity and patients and their families were involved in their care.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services when required.
- Patient's feedback was sought and the latest Friend and Family Test results showed 99% of patients would recommend the CCU.

Is the service responsive?

Good  

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

- The majority of patients were admitted within four hours of decision to admit and there were few non-clinical transfers out of the unit. Fewer patients were discharged out of hours when compared with the national average.
- Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks.
- Patients had access to a follow up clinic after they were discharged from the units.
- Staff arranged overnight accommodation for relatives to stay in and also linked families with relevant charities. Long term arrangements were often made to cover car parking costs.

However:

Critical care

- There was a significant number of delayed discharges from the critical care units due to lack of availability in the rest of the hospital.
- Bed occupancy rates were consistently higher than recommended limits.
- There was limited storage space on the critical care units and some of the visitors' rooms were very small.

Is the service well-led?

Good  

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

- The leadership team had a clear vision and strategy and staff were able to verbalise future plans.
- We saw good local leadership on the unit and staff reflected this in their conversations with us. Staff said the culture was open and honest and they could raise concerns with senior staff.
- There was a robust governance structure in place. Senior staff had good oversight of the risks across the CCU and mitigating plans were in place to address those risks.
- There was evidence of staff engagement and changes made as a result.
- Patients were engaged through surveys and feedback forms.
- The CCU had implemented a number of innovative patient services and there were systems in place to improve patient care.

Outstanding practice

The iMobile outreach service was innovative and proactive. There was evidence it was producing positive outcomes for patients and the service.

Staff conducted psychosocial assessments, which enabled them to consider people's individual needs and determine how to assist them.

Despite the constraints of space, the CCU has been able to implement the major incident plan on at least three occasions this year with positive outcomes for patients and the public as a whole.

The service treated highly complex patients due to its transplant and trauma services. Notwithstanding the acuity of patients cared for, the CCU had better than average patient outcomes when compared with similar units.

Areas for improvement

Review medical staffing levels to ensure they are in line with national standards

Review allied staffing levels to ensure they are in line with national standards.

Continually review capacity issues on the critical care wards.

Continually review nursing qualifications to ensure the CCU meets recommended guidelines for post registration qualifications.

Continually review systems in place for infection prevention and control. These include ensuring there are adequate hand washing facilities in critical care units and isolation doors are closed at all times.

Diagnostic imaging

Key facts and figures

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

The main radiology imaging service at King's College Hospital served the local population. In 2016, 337,288 imaging tests were conducted across all imaging modalities. A further 44,481 imaging tests were conducted in the dedicated neuro-imaging department in 2016. The service offers general x-ray, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound, interventional, breast imaging and nuclear medicine as well as a wide range of neuro-imaging modalities. We inspected the main radiology department during our visit.

Over the inspection days we spoke with 12 patients across the services. We also spoke to a wide range of staff at all levels including nurses, managers, administrative staff, radiographers and radiologists.

Summary of this service

We did not rate the service. Our finding are detailed as follows:

- The department had taken a proactive approach following the removal of some of their radiology registrars in April 2017. The potential negative impact on the service was greatly minimised by a robust action plan, reviewing of processes and development of staff.
- Staff knew how to use the incident reporting system, received feedback about incidents and there was evidence of learning from these where relevant.
- Staff were very patient focused and patients and carers spoke positively about the care and compassion shown by the diagnostic imaging staff.
- Managers were visible to their staff and provided opportunity for regular appraisals, support and professional development.
- New equipment had been and was in the process of being installed. Staff could see the progress being made to improve the quality of the service offered.
- We found evidence of strong local leadership and a positive culture of support, teamwork and focus on patient care.

Is the service safe?

We did not rate safe. Our finding are detailed as follows:

- Staff were aware of their responsibilities and understood the need to raise concerns and report incidents. They were aware of the importance of changing practice as a result of investigative findings. Managers gave feedback to all staff after investigating incidents to prevent them happening again.
- Senior managers reported minimal vacancies following a successful recruitment campaign. New staff were in the process of joining the department. All staff including the locum and agency staff were given a comprehensive induction.
- The radiology trainees were returning to the department and new systems and processes had been set up to support and monitor the safety and effectiveness of the training programme.

Diagnostic imaging

- The diagnostic imaging department had policies and procedures to support the safe delivery of their services. These were based on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) and Ionising Radiation Regulations 1999 (IRR99). There was good support for the in-house radiation protection and physics team.
- The department responded swiftly to major incidents.

However:

- The trust records showed a variance of compliance rates for mandatory safety training.

Is the service effective?

We did not rate effective. Our finding are detailed as follows:

- Evidence based techniques and technologies were being used to support delivery of high quality care.
- All staff administering radiation were appropriately trained to do so.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. All staff had the opportunity to participate in audit days.
- Staff supported vulnerable patients who had additional needs when attending for diagnostic imaging tests.
- The staff we spoke with understood consent and the decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff told us there were excellent working relationships between diagnostic staff and clinical teams.

Is the service caring?

We did not rate caring. Our finding are detailed as follows:

- Throughout the inspection, we witnessed good care being given.
- We observed staff supporting patients that required any assistance.
- Staff demonstrated a good understanding of the privacy and dignity needs of their patients. We observed staff being respectful at all times during the inspection.

Is the service responsive?

We did not rate responsive. Our finding are detailed as follows:

- The service was currently performing better than the England average for the percentage of patients receiving their diagnostic imaging tests within six weeks.
- The diagnostic imaging department was providing access to tests and results in a timely manner, including one stop clinics for some specialities which reduced the number of appointments a patient needed. Managers planned and provided services in a way that met the needs of local people.
- Staff were aware of patients with dementia and disabilities. There was access to interpreters for patients whose first language might not be English.

Diagnostic imaging

- The service closely monitored any complaints and tried to reach a local resolution where possible.

However:

- Some of the patient waiting areas were cramped and were shared with large storage facilities.

Is the service well-led?

We did not rate well led. Our findings are detailed as follows:

- The service had leadership, governance and a culture which had responded well to a difficult time with service improvements and person-centred care central to their vision and strategy. The resilience and determination of the team was evident.
- Managers proactively reviewed performance to reflect best practice and help and improve care.
- All staff we spoke with were able to identify risks and how to take appropriate action to eliminate or reduce these risks.
- Managers were visible across the department and staff felt supported. Staff told us they felt encouraged with the further training that was available to them.

Princess Royal University Hospital

Farnborough Common
Orpington
Kent
BR6 8ND
Tel: 02032999000
www.kch.nhs.uk

Key facts and figures

King's College Hospitals NHS Foundation Trust provides local general services and specialist care to the population it serves. King's is well known for being an educational trust, and plays a key role in the training and education of medical, nursing and dental students with its academic partners, King's College London and other local universities.

The Princess Royal University Hospital (PRUH) offers a range of local services including a 24 hour emergency department, medicine, surgery, paediatrics, maternity, critical care, and outpatient clinics. The trust is one of four partners in the Academic Health Science Centre, King's Health Partners, collaborating on world-class research.

The trust has 82 wards, with 1670 inpatient beds, of which 143 are critical care beds, and 97 are children's beds. The number of outpatient clinics held each week is 3746.

The borough of Bromley is less deprived with a number of indicators above the national average.

The trust was previously inspected in April 2015 where it was found to require improvements in a number of areas. As a result we took regulatory action, which included serving the trust with three requirement notices. A follow up focused inspection was carried out in October 2016 to check if action had been taken for some of the more serious areas of concern. Although we found improvements had been made in most areas we did not alter the ratings at that time.

Summary of services at Princess Royal University Hospital

Requires improvement   

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

A number of ratings had improved at the PRUH. Of particular note was the work done in the urgent and emergency department care to bring the rating from inadequate to good for responsive. This service also improved the rating from requires improvement up to good for effective. All other domains remained unchanged, with requires improvement for safety and well-led and good for caring.

With respect to medicine services, ratings went up to good from requires improvement for safety, effective and responsive. Caring remained unchanged at good. However, there was a fall from good to requires improvement for well-led.

Summary of findings

Surgery services increased the ratings in two domains previously found to require improvement to good. This included effective and well-led. Caring remained unchanged at good, and safe and responsive remained as requires improvement.

The critical care unit improved its ratings from requires improvement to good in safety and well-led. All other domains remained unchanged, with good ratings for effective and caring, and requires improvement for responsive.

The majority of domains in the outpatients remained unchanged with requires improvement for responsive and well-led, and good for caring. Safety improved from inadequate to requires improvement. We do not currently rate the effectiveness domain in this service.

Urgent and emergency services

Requires improvement  

Key facts and figures

The emergency department (ED) at the PRUH is open 24 hours a day seven days a week. It sees approximately 5500 patients per month with serious and life threatening emergencies and is also a Hyper Acute Stroke Unit (HASU).

The department includes a paediatric emergency department dealing with all emergency attendances under the age of 18 years with approximately 900 attendances per month.

Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department are seen initially by a nurse from a co-located urgent care centre (UCC) and, if determined suitable to be treated in the ED await triage (Triage is the process of determining the priority of patients' treatments based on the severity of their condition). The UCC is managed by a different provider and was not part of the inspection.

The department has different areas where patients are treated depending on their needs, including a resuscitation area, two cubicle (majors) areas, and three 'sub-acute' cubicles for patients with less serious needs, and a clinical decision unit (CDU). A separate paediatric ED with its own waiting area, cubicles and CDU is within the department.

We visited the ED over two days during our unannounced inspection and returned unannounced during a weekday evening. We looked at all areas of the department and we observed care and treatment. We looked at 12 sets of patient records. We spoke with 30 members of staff, including nurses, doctors, allied health professionals, managers, support staff and ambulance crews. We also spoke with 16 patients and six relatives who were using the service at the time of our inspection. We reviewed and used information provided by the organisation in making our decisions about the service.

Summary of this service

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

- Additional patients were cared for in the resuscitation area above the planned capacity. This was not listed on the risk register at the time of the inspection, despite it being reported as happening regularly since last winter. Therefore we could not be assured that suitable mitigation and assessment had been undertaken to ensure that when this occurred patients were cared for safely.
- It had been recognised that patients, particularly children and young people, had long stays in the ED waiting for a specialist mental health bed. However, the environment was still not made risk free, limited adjustments had been made to make it a suitable and safe place for them to wait and actions to reduce risks in this area had long timescales planned.
- Despite an increased number of falls in the winter months, including two that were classed as serious incidents, required actions in incident investigation reports had delayed timescales for resolution. As a result we were not assured the risk of similar incidents occurring had been addressed as quickly as they should have been.
- There was inconsistent recording of information within the patient records reviewed, including completion of falls and pressure ulcer assessments and pain documentation.
- There were high vacancy levels of middle grade doctors, which meant a number of shifts remained unfilled despite the use of locums.

Urgent and emergency services

However:

- There had been clear improvements in flow through the department into the hospital. This had led to a decrease in ambulance handover times; a reduction in prolonged stays in the ED after the decision to admit; and an increase in the percentage of patients being seen, treated, discharged or admitted within four hours.
- The department recognised a significant proportion of the patients attending were elderly and had introduced new frailty specialist roles to support a frailty pathway. This had reduced the length of stay for patients over the age of 75.
- Consultant cover had improved so the department was now able to provide cover between 8am and midnight. Junior staff were positive about the support and teaching they received from senior clinicians.

Is the service safe?

Requires improvement   

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

- Our review of incident report investigations showed clear actions were not established within timescales that reflected the gravity of some incidents.
- The designated cubicle for patients attending with a mental health crisis did not meet the Royal College of Psychiatrist's guidelines. There was a risk that patients could harm themselves whilst in the department.
- Additional patients were cared for in the resuscitation area above the four bay bed capacity. As a result, it was difficult to maintain a suitable and safe environment or to ensure there were enough nursing staff to provide care.
- Patient records showed inconsistent recording in some areas and no evidence of regular checks of patient care. Not all checklists to assess risk of falls and pressure ulcers had been completed.
- There was a shortage of middle grade doctors within the department. Although most shifts were filled by locum staff, a number of shifts remained unfilled.
- Despite the high number of incidents reported of violence and aggression, dedicated security staff were no longer based within the ED.

However:

- Since the last inspection there had been significant reductions in the time ambulances waited to handover patients in the department.
- Since the last inspection there had been an increase in consultant cover and nursing vacancies had decreased.
- There had been a change to the process for triage of 16 and 17 year olds so that young people were seen by the paediatric nurse and guaranteed to receive a safeguarding assessment.
- Mandatory training levels for nurses had improved since the last inspection with 11 out of 13 modules above the trust target for completion.

Is the service effective?

Good  

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

Urgent and emergency services

- The department had a well-embedded team approach to audit and improvement from results. Results in audits had shown an improvement in care provided and it was in the upper quartile for three out of eight measures in the 2016/17 national sepsis audit.
- Since the last inspection nurses and other healthcare professionals were able to administer pain relief medication without a doctor's prescription.
- The department strongly supported both nurses and doctors training and development through nurse educators and dedicated teaching time.
- Multidisciplinary working was embedded in the department with employment of allied healthcare professionals and held meetings which included outside agencies to share information and arrange care.

However:

- The trust's unplanned re-attendance rate to ED was consistently worse than the England average.
- Not all nurses were confident about the holding powers for children and young people kept in the department against their wishes.
- Some policies we reviewed had passed their review date and had not been updated.

Is the service caring?

Good ● → ←

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

- Staff in the ED provided compassionate care to patients and their families.
- Patients were mostly treated with dignity and respect.
- All patients spoke positively about the care they received. Patients told us they felt informed of on-going plans and treatment and had the opportunity to be involved in decisions about their care.

Is the service responsive?

Good ● ↑ ↑

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

- Although the department was not yet meeting the target to see, treat and discharge 95% patients within four hours there had been significant improvements since the last inspection. The department was meeting the trajectory set by commissioners and the latest data for July had been just above the England average.
- There had been a significant reduction in the number of patients waiting in ED over 12 hours after the decision taken to admit them with no one waiting over 12 hours since February 2017. The percentage of those waiting between four and 12 hours from the decision to admit had also significantly reduced and in June 2017 was better than the England average.
- The department had introduced a frailty pathway, supported by specialists, to safely reduce admissions and length of stay for elderly patients.

However:

Urgent and emergency services

- The percentage of patients who left before being seen was higher than the England average. The median length of total time spent in the department was also consistently higher than the England average.
- A very small number of children and young people could have extended stays in the department due to waiting for a specialist mental health bed. The environment and care arrangements provided within the paediatric CDU were not a suitable environment for the patient.

Is the service well-led?

Requires improvement   

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

- There was no clear, documented strategy for the future of the department.
- There had been a number of changes to senior leaders within the department since the last inspection. This resulted in instability and disconnection between the department senior clinicians and managers and meant key management tasks had not been completed.
- There was a department risk register. This was not reviewed regularly and long-term risks and issues identified to us had not been considered for addition prior to the inspection.
- Although the leadership team recognised key risks in the department such as accommodation of patients waiting for specialist mental health beds and increased falls, not all actions were taken in a timely manner and this meant a longer period when patients were still at risk.
- Although a transformation project had started at the PRUH to improve ED performance and patient flow, this project was now only focussed on the Denmark Hill site. There was no defined method of sharing information from the project to improve performance and decrease waiting times at the PRUH.

However:

- There had been improvement in managing patient flow through the department since the last inspection demonstrated by the improvement in ambulance handover times and increased percentage of patients waiting less than four hours to be seen, treated and discharged.
- Staff were overwhelmingly positive about support provided by the department clinical leadership and also positive about the visibility of senior hospital executives.
- We saw evidence of practice change in the department. This had been following the suggestion by a member of staff to improve a process, demonstrating good staff engagement.

Areas for improvement

We found areas for improvement in this service

- The emergency department should review the accommodation of both adults and children presenting to the department with mental health crisis to ensure that the department provides a safe place for them to stay.
- The emergency department should ensure that actions identified from investigations are set for prompt completion to reduce risk of similar incidents occurring.
- The emergency department should review their mitigation and policies for increasing capacity of the resuscitation area to ensure that all patients are able to be cared for safely.

Urgent and emergency services

- The emergency department should ensure that all patient records are completed fully including risk assessments and care reviews where appropriate.

Medical care (including older people's care)

Good  

Key facts and figures

The medical care service at PRUH provided care and treatment for cancers, blood disorders, strokes, cardiac medicine, respiratory issues and other conditions including care of frail and elderly people. There were 312 medical inpatient beds located across 16 wards, with day case beds located in an additional two wards. A full list of wards including beds and function is attached to the end of this report.

The trust had 84,246 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 28,831 (34%) and 6,187 (7%) were elective. The remaining 49,228 (59%) were day cases. At the time of reporting figures relating only to the PRUH had not been provided.

Admissions for the top three medical specialties were:

- General Medicine – 30,883 admissions
- Clinical Haematology – 17,619 admissions
- Cardiology – 6,054 admissions

Our inspection was unannounced (staff did not know we were coming) on the 5th and 6th September 2017 to enable us to observe routine activity.

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

During our inspection we visited each of the medical wards and other wards where medical patients were receiving care. We spoke with a large number of staff in those areas including consultants, doctors, nurses, allied health professionals and ancillary staff. We spoke with 20 patients and reviewed 24 patient records and bedside patient notes. Before our inspection we held a number of engagement meetings at the hospital to which all staff were invited to attend.

At the last inspection we rated three or more key questions for the service as requires improvement so we re-inspected all five key questions.

Summary of this service

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

- We rated safe, effective, caring and responsive as good, and well led as requires improvement
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- Duty of candour - When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had good arrangements for infection prevention and control, which were based on the Department of Health's code of practice on the prevention and control of infections.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care.

Medical care (including older people's care)

- The do not attempt cardiopulmonary resuscitation (DNACPR) forms were generally well completed and included capacity decisions.
- The national early warning score (NEWS) was correctly used together with amended care plans and relevant escalation when patient's health status deteriorated.
- Patients told us their pain was generally well managed and they had received appropriate pain relief in a timely manner.
- All medicine staff were provided with a local induction in the workplace which helped introduce them to their area of work.
- Multidisciplinary teams (MDT) worked across medical services. There was a team approach when patients' care and treatment were discussed.
- We saw good examples of staff providing kind and compassionate care.
- The medical service had good oversight of the quality of services. They continuously monitored and aimed to improve standards of patient care.

However:

- There was a shortage of permanent employed staff throughout the service; nursing and medical.
- Ward staff were not aware of the need for more frequent observations on patients who had been given rapid tranquillisation.

Is the service safe?

Good ● ↑

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had good procedures for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections.
- The hospital's on-site pharmacy provided a pharmacist to each ward to provide advice, support and timely medication on discharge. The pharmacy had a two hour maximum prescription to delivery of medication turn around.
- The drug cabinets were all locked and stored within rooms secured by a keypad entry system.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care. The records were kept securely when not in use.
- The hospital continued to operate a medical outreach team called iMobile, who were called when there were concerns about a patient's condition.
- We noted patient VTE assessments on the medical units and wards were slightly above the trust's 95% benchmark.

However:

Medical care (including older people's care)

- We were concerned about the ongoing difficulties in recruiting staff and retaining them. Whilst safe staffing levels were maintained by the use of bank, agency and locum staff, there was also a reliance on the goodwill of the permanent staff. This is not something that should be accepted.

Is the service effective?

Good  

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

- The trust had introduced new posts of patient outcome leads who were responsible for ensuring the implementation of National Institute for health and Care Excellence (NICE) guidance.
- The trust gathered evidence for a number of national patient audits.
- Staff were able to access national guidelines and local policies through the trust's intranet.
- The service had an effective sepsis pathway in place.
- Patients told us their pain was generally well managed and they had received appropriate pain relief in a timely manner.
- All medicine staff were provided with a local induction in the workplace which helped introduce them to their area of work. There was a local induction checklist that needed to be completed. Bank and agency staff were also inducted onto the wards.
- Staff were able to access safeguarding and mental capacity leads when required.
- There was effective multidisciplinary working between different professionals including doctors, nurses, therapists and pharmacy. Care was delivered and reviewed in a co-ordinated way and relevant teams were involved.
- Staff were able to access the trust's intranet via readily available computer terminals. It gave them access to all of the policies and guidance documents.

However:

- Staff we spoke with were unaware of the need for more frequent observations on patients who had been given rapid tranquillisation.
- The service was unable to provide evidence of an effective staff appraisal protocol.

Is the service caring?

Good   

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

- We observed medical, nursing and housekeeping staff interacting with patients with care, consideration and patience.
- The hospital's Chaplaincy team offered spiritual, religious or pastoral support to people of all faiths and beliefs, religious and non-religious.

Medical care (including older people's care)

- There were specialist nurses available to offer support, counselling and advice for patients with many of the long-term conditions on the wards.
- The majority of patients provided positive comments about the staff and environment.

Is the service responsive?

Good ● ↑

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

- The service used the 'red tray' to indicate patients at mealtimes with high level needs such as dementia.
- A designated medical outlier ward had the services of a dedicated senior house officer (SHO) based on the ward specifically for outlier patients.
- The lack of trained staff to take bloods highlighted during our previous inspection had been addressed.
- Provided data demonstrated less than 2% of patients would experience any discharge delay.
- The Acute Medical Unit had been refurbished to suit the needs of patients with dementia. Bright colours had been used to differentiate doors from the walls and the wash basin areas were bright orange.

However:

- Trust wide referral-to-treatment times were above the England average for Thoracic medicine but fell below for Geriatric medicine, Rheumatology and Neurology.
- Complaints were investigated and resolved and lessons learned communicated but not always within 25 days as stated in the policy.

Is the service well-led?

Requires improvement ● ↓

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

- The recruitment of nursing and medical staff remains an issue at the hospital with almost every medical ward and unit reporting vacancies.
- Safe staffing levels on one ward were above the budgeted staffing levels.

However:

- There had been changes to the leadership structures of both the hospital and department since the last inspection. Staff told us having a dedicated senior site manager and site director of nursing was working much better and they were visible and approachable.
- Staff we spoke with were universally proud of the contribution they made to the hospital individually and as part of the team.
- There were established governance mechanisms within the medical service to monitor and improve standards of patient care.

Medical care (including older people's care)

Outstanding practice

- There were some good examples of innovation within services which helped or aimed to help and improve care and treatment for patients, such as SafetyNet and the Tea Club for dementia patients.

Areas for improvement

We found areas for improvement in this service:

- Ensure all nursing and medical staff should be reminded or instructed on the need for more frequent observations on patients who have been given rapid tranquillisation.
- Should consider policies and protocols to mitigate the long term effects of staff shortages.

Surgery

Requires improvement   

Key facts and figures

The surgical service at PRUH includes general and specialist surgical procedures, including; urology, trauma and orthopaedics, geriatrics, gynaecology, colorectal, bariatrics, ophthalmology and endoscopy services.

- There were 40,599 surgical admissions to the PRUH between and . Emergency admissions accounted for 11,342 (28%), and 6,952 (17%) were elective. There were 22,257 (54%) surgical day case procedures.

The inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the whole core service for surgery and looked at all five key questions.

Summary of this service

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

- The referral-to-treatment time had not improved since the last inspection in 2015 and it remained lower than the national average.
- The average length of stay for general surgery and urology medical non-elective patients at the service was higher compared to the national average, due to the lack of beds.
- Theatre utilisation had improved from the last inspection. Theatres were utilised an average of 77.27% for day surgery and 80% for main theatres, during the period we reviewed.
- Medical and dental staff were underperforming against the trust's 80% target for safeguarding training, with an overall completion rate of 46%.
- Medical staff were performing below the trust target of 80% completion of mandatory training, with a completion rate of 50%.
- The service vacancy rate for nursing staff was higher than the agreed target rate.
- The service had not provided any major incident training to staff on surgical wards.
- Trauma and orthopaedics patients at the service had a higher than expected risk of readmission for non-elective admissions when compared to the national average.
- The proportion of patients with a fractured hip who had surgery on the day of or day after admission was 83.7%, which did not meet the national standard of 85%.
- A significant number of patients were having endoscopy appointments cancelled because of faulty machines.

However:

- Communication between staff and managers at all levels had improved since our last inspection in 2015. Managers had regular contact with staff on the surgical wards, within theatres and other surgical relates areas.
- Managers ensured staff had the right skills in order to perform their roles to expected standards. Managers met with staff regularly to appraise performance and provided support when required. These measures had helped to improve the morale of staff.

Surgery

- Staff knew what incidents to report and were clear what procedures they had to follow to ensure safety was consistently measured and reviewed. There was a formal system to review incidents and staff received feedback and learning arising from investigations to prevent them happening again.
- The service treated concerns and complaints seriously. There was a clear process for investigating and responding to complaints. Lessons arising from the complaints process were shared with staff.
- Staff understood the duty of candour and were able to provide explanations to patients and their families when things went wrong and also apologised when standards of care fell short of expectations.
- Staff treated patients with compassion, dignity and respect. Staff and managers made themselves available to patients and their relatives so they could speak to them when visiting the ward.
- Patient related performance information was used by managers to monitor the quality of patient care. This information was shared with staff, patients and the public.
- There was good multidisciplinary working across all areas of surgical services and staff were positive when talking about colleagues they worked with and the support they received from them.
- Staff followed the clinical policies and procedures, and delivered patient care and treatment in line with National Institute for Health and Care Excellence (NICE) and Royal College guidelines.
- The staff endeavoured to meet the patients' needs, particularly for those patients who had dementia, learning difficulties or mental health problems. Patients were encouraged to be involved in decision making and choices related to their treatment and care.
- Patients and carers gave positive feedback about the care they received. They told us the staff considered their emotional and physical well-being.

Is the service safe?

Requires improvement   

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

- The service vacancy rate for nursing staff was higher than the target rate.
- The service had not provided any major incident training to staff on surgical wards.
- Medical and dental staff mandatory and safeguarding training completion rates were both below the trust's target of 80%.

However:

- Managers investigated incidents and shared lessons learned with colleagues and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff had a good understanding of medicines management and we saw evidence of medicines and controlled drugs being stored under secure conditions. Medicines optimisation was overseen by pharmacists.
- Staff regularly reviewed and updated patient records for each stage of the surgical pathway. Staff monitored and assessed changes in the patient's condition to ensure patients were safe during their treatment and care.

Surgery

- Staff were able to identify patients who were at risk from abuse and knew how to report concerns to the safeguarding team. Staff received training to deal with safeguarding vulnerable people, and managers discussed safeguarding themes with staff during team meetings.
- All staff were provided with mandatory training and nursing staff exceeded the target of 80% completion rate. Staff were also provided with additional training to help further their development.
- Data collected from the 'Perfect Ward' application was used by managers to monitor staff performance and the data collected was also shared with staff, patients and the public and was displayed on surgical wards.
- The surgical wards and theatres we visited were all visibly clean and tidy and staff adhered to infection control policies set by the trust. Staff dressed in appropriate clothing on wards and staff followed hygiene and hand washing procedures.
- Staff were aware of the major incident policy and were confident they would be able to carry out instructions as set out therein.
- The ward environments were suitably laid out to provide the required level of care to patients, and equipment used by staff conformed to the relevant safety standards and was regularly serviced.
- We observed during surgery that staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery to ensure the correct safety procedures were followed during surgery.

Is the service effective?

Good  

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

- Clinical guidelines were available for staff to follow with regard to patient care and treatment. Clinical guidelines were written in line with current best practice and referenced national standards.
- Managers monitored the effectiveness of care and treatment at the service and used the findings to improve standards where required.
- The staff provided pain relief to patients and anaesthetists were on call to ensure patients' pain relief had been managed correctly.
- Staff ensured patients' nutritional and hydration needs were met. Staff supported vulnerable patients who needed assistance with the intake of food and water.
- Staff at all levels worked together as a team for the benefit of their patients. Staff also worked closely with external organisations when preparing to discharge patients.
- All patients at the service had a lower expected risk of readmission for elective and non-elective admissions when compared to the national average.
- There was access to surgical services seven days a week, including access to emergency operating theatres and out of hours diagnostics to ensure the needs of patients were met.

However:

- Trauma and orthopaedics patients at the service had a higher than expected risk of readmission for non-elective admissions when compared to the national average.

Surgery

- The proportion of patients with a fractured hip who had surgery on the day of or day after admission was 83.7%, which did not meet the national standard of 85%.

Is the service caring?

Good   

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

- Staff treated all patients on surgical wards with compassion, dignity and respect.
- Staff involved patients and their family in decisions about their care and treatment. Patients were provided with information about their treatment, surgery and aftercare. We observed positive interactions between staff and patients during the inspection.
- The staff provided emotional support to patients. Information about support groups was provided, and patients' spiritual needs were supported through a multi faith chaplaincy.
- The NHS Friends and Family Test response rate showed an improvement, compared to the national average.

Is the service responsive?

Requires improvement   

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

- The referral-to-treatment time had not improved since the last inspection in 2015 and it remained lower than the national average.
- The average length of stay for general surgery and urology medical non-elective patients at the service was higher compared to the national average, due to the lack of beds.
- Theatre utilisation at the service was low and indicated that the surgery theatres were utilised from 57% up to 69% from May 2016 to May 2017.
- The service took an average of 35 days to investigate and close complaints; this was not in line with their complaints policy, which states complaints should be resolved within 25 days.
- Endoscopy patients were having procedures cancelled because of long term decontamination issues and faulty equipment.

However:

- The service had opened up the surgical admission lounge since our last inspection in 2015 and this was fit for purpose and well equipped.
- The average length of stay for all elective patients at the service was lower compared to the national average.
- Managers planned and provided services in a way that met the needs of local people. They were flexible and made changes to improve services and support patients more effectively.
- The service had clear process to manage complaints and reviewed the progress of complaints in order to improve response times.

Surgery

- Staff took account of patients' individual needs, particularly for those patients who had dementia, learning difficulties or mental health problems. There was a translation service available for patients for whom English was not their first language.

Is the service well-led?

Good  

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

- There had been changes in the leadership structure since the last inspection, to the benefit of the service and staff. The leadership team had introduced a clear vision and strategy which all staff spoken with were aware of. Staff felt they were part of the vision and understood the role they had to play in helping the service to achieve the goals set by the leadership team.
- Managers supported and encouraged staff to help them to maintain and develop skills through further training. Staff felt supported and respected by colleagues at all levels within the surgical services.
- The surgical division had a risk register and risk meetings were held on a monthly basis to review and update these.
- Staff across all surgical areas were positive about the engagement from leadership and management. Staff felt that senior management were more visible and the morale and culture in general had improved since the previous inspection.
- Managers encouraged innovation and shared good practice to improve the on-going development of the service. The service had planned and started to implement changes for continuous improvement.

However:

- The endoscopy unit had cancelled tens of procedures in the month before our inspection because of faulty equipment.

Areas for improvement

We found areas for improvement in this service:

- Should improve upon their referral-to-treatment times.
- Should improve vacancy rate for nursing and midwifery staff.
- Should improve upon mandatory and safeguarding training for medical and dental staff.
- Should improve on the theatre utilisation.
- Should improve the risk-adjusted 30-day unplanned readmission rate.
- Should improve the average length of stay for all medical non-elective patients.
- Should improve the average length of stay for General Surgery medical non-elective patients.
- Should improve the average length of stay for Urology medical non-elective patients.
- Should improve the time to investigate and close complaints and ensure it is in line with their complaints policy.
- Should continue to review endoscopy on the risk register with a view to further mitigating the current decontamination machine failures.

Critical care

Good  

Key facts and figures

The trust had 10 critical care beds at the PRUH. The unit was funded for six level three beds and four level two beds, but had the ability to 'flex' up to 10 level three beds.

Bed occupancy is consistently over 100% and the unit opens two additional 'satellite' critical care beds in the theatre's recovery area when it is at full capacity. Most of the admissions were unplanned and patients were mainly admitted from the emergency department, wards or following emergency surgery.

Between August 2016 and July 2017, 614 patients were admitted to the critical care unit (CCU). We carried out an unannounced inspection on 12 and 13 September 2017. During our inspection, we spoke with 17 members of staff including consultants, doctors, nurses, allied staff and domestic staff. We spoke to eight patients and relatives who were using the service at the time of our inspection. We observed care and treatment and looked at seven patient records and medication charts.

Summary of this service

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

- Following our inspection in 2015, there had been improvements to the critical care unit. The trust had approved a business plan to expand the unit. Patient records were now comprehensive, with all appropriate risk assessments completed. Medicines were generally stored safely and securely. The unit had purchased new equipment and mitigating plans were in place to alleviate the lack of technical support on site. A larger visitor's room had been created in the CCU following feedback from patients. The room was spacious and relatives had access to a toilet close to the visitor's room.
- There were effective systems in place to protect patients from harm and a good incident reporting culture. The iMobile (critical care outreach) team provided rapid response and stabilisation to patients who needed immediate attention and transfer.
- Patients received effective, evidence-based care and patient mortality outcomes were within the expected range.
- Appropriately qualified staff cared for patients. The percentage of nursing staff with post registration qualification was higher than recommended guidelines.
- Patient feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients. Patients were engaged through surveys and feedback forms and the response showed high satisfaction with the service.
- Services were developed to meet the needs of patients. Feedback from patients were taken into consideration in creating a more spacious visitor's room.
- There was good local leadership on the CCU. Staff felt valued, were supported in their roles and had opportunities for learning and development. Staff were positive about working on the critical care unit.

However:

- The unit was very busy and occupancy on the critical care unit consistently ran above 100%.
- Out of hours, medical staffing was stretched and did not comply with recommended guidelines.

Critical care

- Therapy staffing levels were below the recommended guidelines.

Is the service safe?

Good  ➡ ➡

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

- There were systems in place to protect patients from harm and a good incident reporting culture. There were effective arrangements in place for safeguarding vulnerable adults and children. Learnings from incident investigations were disseminated to staff.
- Patient records were comprehensive, with all appropriate risk assessments completed.
- The iMobile (critical care outreach) team reviewed all deteriorating patients and the team worked closely with critical care to facilitate admissions to the unit.
- The environment and equipment was visibly clean and supported safe care. Staff complied with infection prevention and control guidelines.
- Medicines were generally stored safely and securely.

However:

- Medical staffing at night was below recommended limits and therapy staffing levels were below the recommended guidelines.

Is the service effective?

Good  ➡ ➡

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

- Policies and procedures were developed in line with national guidance and best practice. Guidelines were easily accessible on the trust's intranet page and staff were able to demonstrate ease of access.
- Patients were cared for by appropriately qualified nursing staff who had received an induction to the unit and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- Staff managed pain relief effectively and patient nutrition and hydration were closely monitored.
- The CCU participated in local and national audits. This meant care delivered and patient outcomes were benchmarked against similar units across the UK. Patient outcomes were within the expected range for the unit.
- Staff at all levels had a good understanding of the need for consent and systems were in place to ensure compliance with the Deprivation of Liberty Safeguards.

However:

- Therapy staffing levels were at times below recommended guidelines.
- Unplanned readmissions to the CCU were higher than to similar units.

Critical care

Is the service caring?

Good   

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

- Critical care staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from patients.
- Observations of care showed staff maintained patients' privacy and dignity, and patients and their families were involved in their care.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services when required.
- Patient's feedback was sought and the latest Friend and Family Test results showed 99% of patients would recommend the CCU.

Is the service responsive?

Requires improvement   

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

- Bed occupancy rates were consistently higher than recommended limits and two critical care beds were often used in the recovery area to mitigate bed shortage.
- Discharges out of critical care were regularly delayed due to lack of bed availability in the rest of the hospital.
- High capacity levels had caused frequent mixed sex breaches on the unit.
- The CCU had a higher number of out of hours discharges when compared with similar units.

However:

- The majority of patients were admitted within four hours of decision to admit.
- Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks.
- Patients had access to a follow up clinic after they were discharged from the units.
- Relatives had access to a visitor's room and long-term arrangements were made to cover car parking costs for relatives.

Is the service well-led?

Good  

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

- The leadership team had a clear vision and strategy and staff were able to verbalise future plans.

Critical care

- We saw good local leadership on the unit and staff reflected this in their conversations with us. Staff said the culture was open and honest and they could raise concerns with senior staff.
- There was evidence of staff engagement and changes made as a result.
- Patients were engaged through surveys and feedback forms.
- The management team had oversight of the risks within the service and mitigating plans were in place.

Outstanding practice

The iMobile outreach service was innovative and proactive. There was evidence it was producing positive outcomes for patients and the service.

- Staff conducted psychosocial assessments, which enabled them to consider people's individual needs and determine how to assist them.

Areas for improvement

We found areas for improvement in this service:

- Staffing levels should be continually reviewed in line with national standards.
- Allied health staffing levels should be reviewed, in particular therapy staff, in line with national standards.
- Capacity issues should be continually reviewed on the critical care unit.

Outpatients

Requires improvement   

Key facts and figures

The outpatients department (outpatients) at PRUH is open 8.30am to 5pm, Monday to Friday.

PRUH had 334,569 first and follow up outpatient appointments between April 2016 and March 2017.

Patients present to the department by appointment. Clinics are mostly held in the general outpatients department. Many clinics are co-ordinated within the general outpatients and others are managed by clinical specialties in other parts of the hospital.

We visited the outpatients over two days during our unannounced inspection. We visited a variety of clinics including: gastroenterology, ear nose and throat (ENT), fracture, orthopaedic, endocrine, gynaecology, care of the elderly, cardiology, acute medicine, phlebotomy and the outpatient services at the Chartwell centre, which specialises in the treatment of a range of cancers.

During our unannounced inspection we observed care and treatment. We looked at 10 sets of patient records. We spoke with 25 members of staff, including nurses, doctors, allied health professionals, managers, and support staff. We also spoke with 12 patients who were using the service at the time of our inspection. We used documentary information provided by the trust.

Summary of this service

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

- Prescription pads (FP10) were not stored securely and their appropriate use was not monitored. As a result we were not assured staff knew if prescriptions were being accessed and used by unauthorised people.
- The 'Medicines Management Policy, version 5', did not include a section on the storage of prescription pads (FP10) or detail whose responsibility it was to ensure secure storage of prescription pads.
- We found patients' paper based notes stored on corridors outside clinical rooms in the outpatients department. This meant unauthorised people could have gained access to confidential information.
- The trust reported a vacancy rate of 20% in May 2017 in medical and dental staff at Princess Royal University Hospital (PRUH). This exceeded the trust's target vacancy rate of 8%.
- The fracture clinic had been relocated as a result of the ambulatory care unit being relocated to the fracture clinic's former location at PRUH. The plaster room was not wholly suitable with regard to the environment, and did not protect people's privacy and dignity.
- Between 1 July 2016 and 30 June 2017 the trust's referral-to-treatment time (RTT) for non-admitted pathways was worse than the England overall performance.
- The patient experience dashboard found that between September 2016 and August 2017 on average only 47% of patients who responded said they had been seen on time. This was worse than the trust's benchmark of 70%.
- There were delays of 40 minutes and over in the phlebotomy clinic and fracture clinic.
- Lack of visibility of the executive team and clinical director was reported by some staff.

Outpatients

- Senior level managers were not aware of performance in their areas of responsibility in terms of referral-to-treatment (RTT) and did not attend rates (DNA). A lack of communication from the Business Intelligence Unit was reported to us as a factor.
- A lack of available performance information reduced the ability of staff to plan and monitor improvements.
- Some staff reported they had not been informed about the transformation agenda and did not know what this would mean for their service.
- The outpatients matron covered clinical shifts over four sites; occasionally this included staff sickness absence. There was a risk that the matron would not have sufficient time to complete managerial tasks.

However:

- Clinicians had told us in our last inspection in April 2015 that there had been extensive use of temporary medical records for some patients. However, when we visited in 2017 staff reported that these issues had been resolved and patients that did not have their medical records available for clinics were rare.
- There were robust systems in use by staff to ensure that incidents were reported and investigated appropriately. All staff we spoke with confirmed they were encouraged to report incidents via the electronic incident data management system.
- Medical device inventories were kept up to date by the trust's estates team. Safety testing for equipment was in use across outpatients.
- Clinics were usually well organised and delivered effective assessment and treatment. Staff delivered evidence based care and followed National Institute for Health and Clinical Excellence (NICE) guidelines.
- Patient's pain was assessed and monitored.
- Between 01 April 2016 and 31 March 2017 the follow-up to new rate for the Princess Royal University Hospital was better than the England average.
- The outpatients department provided clinical support for nursing staff. This included: clinical nurse facilitators, clinical peers, and buddies.
- The trust had an up-to-date policy and procedure relating to consent to care and treatment. Mental Capacity training was accessible to staff and was on course to have met the required target by the end of the financial year.
- Staff in outpatients provided compassionate care to patients and their families. Patients and families were positive about the care they received, and felt involved in decisions about their care and treatment. Patients and relatives told us they were fully informed about the processes in the department and received regular updates on their care and treatment.
- Staff understood their role in providing emotional support to patients and their families.
- The director of delivery and improvement had a working group for the transformation of outpatient services across the trust, and work was in progress to conduct a demand and capacity analysis to develop an outpatients' model whereby the hospital could assess and effectively manage the demands on the department.
- The trust had a call centre based at PRUH.
- The trust was performing better than the operational standards for cancer waiting times.
- Delays in clinics were announced and explained to patients.

Outpatients

- Complaints were investigated and relevant findings were passed on via staff meetings, although responses were not always within the required timeframe. Information on how to make a complaint was available to patients in the outpatients' patients waiting areas.
- Managers understood the risks and challenges to the service. Local leaders were visible and approachable.
- Monthly outpatients' team meetings took place to ensure staff received information and feedback regarding incidents and complaints.
- The outpatients and imaging services were in transition, and a strategy was in development.
- The hospital had introduced a range of governance processes, but these were relatively recent and not fully embedded.

Is the service safe?

Requires improvement  

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

- We saw prescription pads (FP10) stored in clinical rooms which were unlocked. We saw prescription pads were being stored on desks, window sills, and in one room prescriptions were stored under a telephone. This meant unauthorised people could have gained access to prescription pads.
- We viewed the 'Medicines Management Policy, version 5' and found this did not include a section on the storage of prescription pads (FP10) or gave staff guidance on whose responsibility it was to ensure the secure storage of prescription pads.
- We found large amounts of patients' paper based notes stored in plastic boxes in corridors outside clinical rooms in the outpatients department. Confidential information was therefore accessible to unauthorised people.
- The trust had a vacancy rate target of 8%. However, in May 2017 the trust reported a vacancy rate of 20% in medical and dental staff at Princess Royal University Hospital (PRUH).

However:

- During our previous inspections in April and September 2015 we found there had been extensive use of temporary medical records for some patients. However, during our inspection in 2017 staff reported that these issues had been resolved and there had been a significant reduction in patients that did not have their medical records available for clinics. An audit for the period March to August 2017 found 97% of medical records were available for clinics.
- Safeguarding policies and procedures were in place across the trust. Staff were trained to an appropriate level in adults and children's safeguarding. However, medical staff were underperforming against the trust's 80% target for safeguarding training with an overall completion rate of 46%.
- Training for staff in basic life support (BLS) was mandatory in the outpatients department. However, managers said BLS training was at the trust's Denmark Hill site, and this meant releasing staff for a day to complete the training. Hence, managers could only release one member of staff at a time to complete BLS training.
- There were arrangements in place to deal with foreseeable medical emergencies. However, there was no specific policy for the outpatients department in managing a deteriorating patient.
- There were sufficient numbers of nursing staff to ensure shifts were filled in line with their agreed staffing numbers. However, this was often supplemented by bank and agency staff or staff flexing across the service.

Outpatients

Is the service effective?

We did not currently rate effective. Our finding are as follows:

- There were regular multidisciplinary team (MDT) meetings in outpatient specialisms. However, a few staff told us there was no MDT meetings in outpatients that included and crossed specialisms. This meant there was limited opportunity for specialisms to exchange ideas and share learning.
- Outpatient clinics operated from 8.30am to 5.30pm Monday to Friday. There were no regular weekend clinic appointments in the outpatients department.

However:

- Clinics were usually well organised and delivered effective assessment and treatment. Staff delivered evidence based care and followed National Institute for Health and Clinical Excellence (NICE) guidelines.
- Patients' pain was assessed and monitored.
- Between 01 April 2016 and 31 March 2017 the follow-up to new rate for the Princess Royal University Hospital was better than the England average.
- The outpatients department provided clinical support for nursing staff: This included: clinical nurse facilitators, clinical peers, and buddies.
- Figures received from the trust in September 2017 indicated that 85% of staff had received an appraisal. However, the matron of outpatients had not received an annual appraisal for over two years.
- Competency assessments were in place for outpatients and induction processes were in place for new staff.
- Staff across clinics we visited demonstrated how they could access the test results and all the information needed to deliver effective care and treatment in a timely way from the patient electronic management system (PIMS).
- The trust had an up-to-date policy and procedure relating to consent to care and treatment. MCA training had been completed by 75% of eligible staff. This was below the trust target of 80%.

Is the service caring?

Good  ➡ ➡

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

- Staff were caring and compassionate. During our inspection we saw and heard many examples of staff treating patients with compassion, dignity and respect.
- Overall, patients and relatives told us they were involved in decisions about their care and treatment. Patients and relatives told us they felt informed about the processes in the department and received regular updates on their care and treatment.
- The outpatients department had a 'heat map' dashboard for patient experience. Between September 2016 and August 2017 the dashboard recorded 89% of patients said they had been involved in their care. This was better than the hospital's benchmark of 85%.
- Staff understood their role in providing emotional support to patients and their families.

Outpatients

- The hospital had a multi-faith chapel/prayer room that was open 24 hours a day. Staff told us people of all faiths could use the room and all were welcome to the regular services.

Is the service responsive?

Requires improvement   

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

- The fracture clinic had been relocated as a result of the ambulatory care unit being relocated to the fracture clinic's former location at PRUH. The clinic did not have a store room and had filing cabinets to store equipment and stock. Beds had to be navigated around walls in the small corridor to the plaster room. The plaster saw, which was used for removing plaster, could be heard in the waiting area. The décor in the plaster room was not child friendly.
- The service manager for outpatients told us there was a scarcity of clinical rooms for clinics to expand.
- The service manager told us RTT and DNA rates were affected by medical staff shortages. This meant some clinics could not expand or offer extra clinics.
- Between 1 July 2016 and 30 June 2017 the trust's referral-to-treatment time (RTT) for non-admitted pathways was worse than the England overall performance, and 14 specialties were below the England average.
- Between 1 July 2016 and 30 June 2017 the trust's referral-to-treatment time (RTT) for incomplete pathways was worse than the England overall performance, and 13 specialties were below the England average.
- The patient experience dashboard found that between September 2016 and August 2017 an average of 47% of patients who responded said they had been seen on time. This was worse than the trust's benchmark of 70%.
- There were delays of 40 minutes and over in the phlebotomy clinic and fracture clinic.
- The plaster room in the fracture clinic did not protect people's privacy and dignity. This was due to a partition wall that did not reach the ceiling and conversations between patients and staff being overheard.

However:

- There were a variety of models for the outpatients department. This included a traditional outpatients model, nurse led clinics and rapid access services. Outpatient department appointments offered a mixture of nurse and medical led clinics.
- The director of delivery and improvement had a working group for the transformation of outpatient services across the trust, and work was in progress to conduct a demand and capacity analysis to develop an outpatients' model whereby the hospital could assess and effectively manage the demands on the department.
- The trust was performing better than the operational standards for cancer waiting times.
- Delays in clinics were announced and explained to patients.
- Staff said same day appointments could be arranged for urgent referrals as departments scheduled urgent appointments daily.
- The outpatients department had introduced patient tracking lists (PTL) to monitor individual patient's access to assessment, diagnosis and treatment.

Outpatients

Is the service well-led?

Requires improvement   

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

- A few senior and middle managers we spoke with told us the executive team and clinical director were not visible. Some staff told us they did not know and were not sure they had seen any of the board.
- Some senior ward level managers did not have knowledge of performance in their areas of responsibility in terms of referral-to-treatment (RTT) and did not attend rates (DNA). Staff told us there was a lack of communication from the Business Intelligence Unit (BIU) in regards to performance data.
- A lack of available performance information meant that staff could not plan improvements based on performance data.
- Some staff had not been informed about the trust's transformation agenda and did not know what this would mean for their service.
- The outpatients matron covered clinical shifts over four sites, and occasionally this included staff sickness absence. This meant there was a risk that the matron would have insufficient time to complete managerial tasks.
- Some senior medical staff and nursing staff told us they could use more support.
- There appeared to be limited space for the outpatients department footprint to expand.
- The hospital had introduced a range of governance processes, but these were relatively recent and not fully embedded.

However:

- Overall, staff said there was an improving picture in regards to management of outpatients at the PRUH.
- All of the staff we spoke with were aware of the trust's vision and values. The outpatients services were in transition, and a strategy was in development.
- Managers understood the risks and challenges to the service. Local ward level leaders were visible and approachable. Most staff we spoke with felt supported and valued by their local team managers.
- Monthly outpatients' team meetings took place to ensure staff received information and feedback regarding incidents and complaints.
- Outpatients had a risk register in place which outlined risks to patients or the service being delivered.
- There were mechanisms in place for whistleblowing, which enabled staff to raise issues and concerns. The trust had introduced a 'Freedom to Speak Up' guardians initiative. These were members of staff that were trained to support staff in raising issues or concerns safely.
- The hospital had introduced a range of governance processes, but these were relatively recent and not fully embedded.

Areas for improvement

We found areas for improvement in this service:

Outpatients

- Prescription pads (FP10) must be secured and there must be a policy detailing staff responsibilities in regards to prescription pads.
- Patient paper based notes must be stored securely.
- Managers should have access to performance information and understand RTT and DNA data to enable them in making improvements to the service.
- The fracture clinic should offer patients privacy and dignity and offer a child friendly environment.
- The executive team and clinical director should be visible to outpatients' staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Stella Franklin, CQC inspection manager led this inspection. An executive reviewer, Debra Gilderdale, Director of Operations and Nursing, 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 who are experts in their field but are not directly employed by the commission supported the well-led inspection.

A lead inspector led each of the nine core service inspections. They were supported by specialist advisors and assistant inspectors, along with an inspection planner. We had two experts by experience supporting us on the core service inspections. Experts by experience are individuals who have either experienced directly or supported someone receiving health care services.