

King's College Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

Summary of findings

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.

Background to the trust

King's College Hospital NHS Foundation Trust provides in-patient and out-patient services from King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital, Sidcup, and Beckenham Beacon. The trust has satellite Dialysis units in Dulwich, Dartford, Bromley, Woolwich and Sydenham. The trust refers to the Princess Royal University Hospital (PRUH) and its nearby locations as the PRUH and south sites.

As a foundation trust it is still part of the NHS and treats patients according to NHS principles of free healthcare according to need, not the ability to pay. Being a foundation trust means the provision and management of its services are based on the needs and priorities of the local community, free from central government control.

The trust works with King's College London, Guy's and St Thomas' and South London and Maudsley Foundation Trusts, and are members of King's Health Partners, which is an Academic Health Science Centre.

The trust was last inspected in September/October 2017 (report published January 2018). The trust rating stayed the same as the previous inspection ratings, of requires improvement.

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 and is well known for being an educational trust for 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. King's College Hospital is also a heart attack centre and the regional hyper acute stroke centre. The 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 fetal medicine.

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 and dermatology. Outpatient services are provided at Beckenham Beacon.

The trust employs 12,455 staff (headcount as of August 2018) and has 82 wards, with 1,638 inpatient beds, two-day case beds and 100 children's beds. This large trust according to CQC acute Insight falls within the top 20% for activity levels. The trust had 176,545 inpatient admissions, 1,869,207 outpatient appointments and 229,730 Emergency Department attendances between July 2017 and June 2018.

Summary of findings

The health of people in Bromley is generally better than the England average. Life expectancy for both men and women is higher than the England average. Whereas the health of people in Southwark and Lambeth are varied compared with the England average. Southwark and Lambeth are within the 20% most deprived districts/unitary authorities in England.

Rates of sexually transmitted infections and TB are worse for Lambeth and Southwark. Rates of violent crime and early deaths from cardiovascular diseases are worse than average for Lambeth. The rates of statutory homelessness, violent crime and early deaths from cancer are worse than average for Southwark.

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. Our planning decisions took account of information provided by the trust, and information we had collected and reviewed during the past year. This included feedback from patients, the public, staff, a local MP and other stakeholders.

We carried out the unannounced core service inspection on 30 and 31 January, and 1 February 2019. We undertook a further inspection visit to one core service at the Princess Royal University Hospital (PRUH) on 16 February to check if concerns we reported to the trust had been addressed.

We inspected the locations of King's College Hospital (KCH) and Princess Royal University Hospital and south sites.

At KCH we inspected the core services of the Emergency Department, Surgery, Maternity, End of Life, and Outpatients. The latter included satellite Dialysis services.

At the PRUH and south sites we inspected the Emergency Department, Surgery, End of Life, and outpatients, which also included satellite Dialysis.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led? The announced well-led part of the inspection took place on 19 to the 21 February 2019.

We held discussion with staff prior to inspection and attended several of the governance committee meetings and attended trust board meetings.

During inspection we spoke to staff from a range of clinical areas and disciplines and at different grades. This included: healthcare assistants; portering and housekeeping, nurses, doctors, consultants, and allied health professionals. We spoke with members of the leadership team, which included executives, non-executive directors, the interim chair and company secretary.

We reviewed patient related information, including many care records and risk assessment tools. We looked at policies and procedures, safety checks and medicines records. In addition, we reviewed minutes of meetings, formal performance reports, risk registers and other governance information.

Summary of findings

What we found

Princess Royal University Hospital:

- At Princess Royal University Hospital and its south sites, we found a deterioration in expected standards in the Emergency Department. Our findings indicated some inadequacies in safety standards, the responsiveness of the service and its overall leadership. Because of this we saw the effectiveness of its services and elements of the ability of staff to provide care to patients had gone down.
- The Outpatient Department was previously rated in conjunction with diagnostics, so cannot be compared. At this inspection we found some improvements were needed for it to be a safe, responsive and a well-led service. Caring was found to be good. We do not currently rate the effectiveness of this service area.
- Surgery had retained its former ratings across all domains, with safety and responsiveness needing some improvements, and all other domains as good.
- Although there were improvements in End of Life care with respect to having a responsive service and leadership, other domains had not changed, with safety and effectiveness still requiring additional work, and caring staying as good.

King's College Hospital:

- At King's College Hospital we found two of the Emergency Department domains had decreased, with safety and well-led dropping from good to requires improvement. Responsiveness stayed the same as requires improvement and effectiveness and caring stayed as good.
- Surgery had dropped its ratings from good to requires improvement in safety and leadership, but stayed the same for effectiveness and responsive, as requiring improvements. Caring remained good.
- Maternity services had stayed the same as good for effective and caring and increased its ratings by one level for responsive and well-led up to good. Safety stayed the same as requires improvement.
- Outpatient services were previously rated in conjunction with diagnostics, so cannot be compared. During this inspection we found safety and responsiveness required improvements, effectiveness is not currently rated, and caring and well-led were rated as good.
- End of Life care had improved in safe, effectiveness, responsiveness and well-led, moving from a requires improvement to good.

Overall trust

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

- We rated safe and responsive as requires improvement. Effective, caring and well-led as good at King's college Hospital. Safety was rated as requires improvement in six core services, and two as good. One core service was rated requires improvement, and six as good for effectiveness. One was not rated. All eight core services were rated as good for caring. Three core services were rated as requires improvement for responsive, and five as good. The ratings for well-led were; two core services as requires improvement, and six as good.
- We rated safe, effective, responsive and well-led as requires improvement at Princess Royal University Hospital and caring as good. Four core services were rated as requires improvement for safety, one as inadequate and three as

Summary of findings

good. Two core services were rated as requires improvement for effectiveness, one was not rated and five were rated as good. Seven core services had a good rating, with one a requires improvement for caring. There were three requires improvement, one inadequate, three goods and one outstanding for responsive. Well-led had five good ratings, one inadequate, and two requires improvement.

- We rated five of the trust's services at King's College Hospital as good and three as requires improvement.
- We rated one service as inadequate, three as requires improvement and four as good at Princess Royal University Hospital.
- We rated well-led for the trust overall as requires improvement.

In rating the trust, we considered the current ratings of the four services not inspected this time.

We rated the trust as requires improvement because:

- The provider had not ensured the required mandatory training was completed by its staff to the expected target. This was the same as our previous findings.
- Staffing levels in some key areas did not always meet the needs of the services being delivered.
- Environmental and equipment risks related to patient safety were not always fully considered and acted upon.
- The trusts expected infection prevention and control standards and practices were not consistently applied across some areas.
- Medicines optimisation was not always managed in the safest possible way.
- The learning arising from investigations was not always communicated effectively, and opportunities to improve were not always taken in a timely manner.
- Patient outcome information and performance targets were not always meeting the expected standards.
- Information used by staff to inform their practices was not always up to date.
- The responsiveness of services did not always meet patient's needs with regards to some of the expected targets, including timely access, appointments and surgery.
- Work was still required to ensure staff across all services understood the trust vision and its strategy, and for all specialties to develop their own strategies.
- Further work was needed to ensure risk registers were fully understood, were reviewed and updated.
- From what we heard in some of the core services there was a disconnect between what the executive did and how this was perceived by staff.

However:

- Patients in most areas inspected were treated by compassionate staff who showed kindness, empathy and respect.
- Patients individual needs were assessed, including where patients lacked capacity, and care was generally delivered in accordance with these needs and their preferences. Patients families and loved ones were involved where appropriate.
- Staff continued to have a good understanding of their responsibilities for safeguarding vulnerable people and could demonstrate their knowledge and awareness in this area.
- Technical equipment and other resources were readily available to support the delivery of treatment and care. Maintenance and routine electrical safety checks were carried out at regular intervals.

Summary of findings

- Opportunities for staff development and progression had been improved, and the trust worked hard to retain staff.
- The incident reporting process was well-established and was widely used by staff. There was a positive culture around reporting and the value of learning from the investigative process. Formal systems were regularly used to review serious incidents and unexpected deaths, with findings reported through the well-developed governance arrangements.
- Information of importance was shared with patients, and other providers of services including, GP, and community services.
- There was a good level of awareness of the complaints process. Where the duty of candour principles applied to unexpected incidents or complaints, this generally happened.
- The local governance arrangements had been strengthened since our previous inspection

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:

- Although mandatory safety training subjects were provided for staff, the required training was not always completed to the trust's targets. This had not improved since our previous inspection.
- Patient risk assessments were not always completed and updated as expected in surgery. This had not improved since our previous inspection findings.
- Although there were safe practices for staff to follow for keeping the environment and equipment suitably clean, and minimising infection control risks, staff did not always follow these. Risks related to infection control were not fully considered and managed with consistency across all areas.
- Patients attending the Outpatients and Emergency Departments (ED) at the Princess Royal University Hospital (PRUH) and King's College Hospital (KCH) received care in areas which were not always sufficiently safe and where risks had not been fully considered.
- The layout of the ED at the PRUH was not suitable for the number of admissions the service received. There was significant overcrowding, and, at times, patients were being cared for on trolleys along corridors. At times, two patients were nursed in cubicles designed for only one person.
- The endoscopy unit at PRUH had not been improved since our previous inspection. There were insufficient procedure rooms to meet the demands for the service. Endoscopy decontamination was carried out in a room used for both clean and dirty equipment. Since the inspection the trust informed us there was a considerable backlog of patients waiting for urgent and routine endoscopies. We have reviewed the Trust's action plan and will continue to monitor its progress in reducing this backlog.
- In the trauma and orthopaedics (fracture) clinic at KCH, there was no separate waiting area for adults and children.
- There were inconsistencies in checking equipment was suitable for use and was within its expiry date in the Emergency Departments at both King's College and Princess Royal University Hospitals, and in Outpatients at KCH.
- Within the ED and King's College Hospital and Princess Royal University Hospital staff did not always follow best practice when storing, supplying, preparing or administering medicines. Medicine audit results in surgery at PRUH showed the service performed below trust standards for several indicators.

Summary of findings

- Although there was a strong culture around incident reporting, and staff recognised the value of learning from such events. Staff working in some areas reported not receiving information following the investigation process, including actions to take and learning arising from the investigation.
- The Emergency Department at the PRUH did not manage patient safety incidents well. Whilst staff recognised the types of incidents they should report, including near misses, lessons learned were not always effectively introduced across the department resulting in similar incidents occurring.
- Patients arriving into the PRUH Emergency Department were not always protected from avoidable harm. There were significant handover delays for patients arriving by ambulance. The management of patients requiring resuscitation was poor due to flow challenges across the emergency care pathway.
- Staffing levels and skill mix within the PRUH ED was not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner.
- Vacancy, turnover and sickness rates for nursing staff in KCH Outpatient Department were higher (worse) than the trust target, although it should be noted that this varied by clinical speciality as outpatients was managed by several divisions.
- Although gaps in doctor's rotas were usually filled by locum and agency staff, vacancy rates for medical staff were worse than the trust's target, and junior doctors informed us they were overworked.
- Patient treatment folders were not always stored securely due to a lack of storage space at Dartford Dialysis Unit.

However:

- Other core service areas inspected were generally staffed to a level which maintained the safety of patients, and enabled safe treatment and care to be delivered
- Patient records, including care plans, safety checks and medicines charts were mostly completed to the required standards.
- Staff understood their responsibilities for safeguarding vulnerable people and could demonstrate their knowledge and awareness in this area.
- The ward pharmacists conducted medicines reconciliation, discharge prescriptions and handled any medicines related concerns. (Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing it with the current list in use.) The trust had implemented a system which provided assurance that blood glucose testing kits were calibrated before use.
- The management of prescription charts used within the Outpatient Department at PRUH had improved since our last inspection.
- There were enough equipment resources to support the delivery of treatment and care, and items were subject to maintenance and routine electrical safety checks. Improvements had been made in the assessment of equipment and its availability for end of life care since the last inspection.
- Training was provided on the duty of candour to staff. In most areas there was a good level of awareness of what the duty of candour related to and how it was applied in practice. The principles of duty of candour had mostly been applied in the serious incident review process and complaints, where applicable.
- There were well defined guidance documents to inform staff of the action to take where safeguarding concerns were identified. Staff understood their responsibilities and could demonstrate their knowledge in this area.

Summary of findings

- Incidents of a serious nature were fully considered and reviewed through various committee meetings. Learning was communicated back through several channels, although there was a degree of reliance on staff having the time and commitment to read information.
- The trust was working hard to ensure vacancies were recruited to, and to promote internal development opportunities as a means of improving retention.

Are services effective?

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

- Care and treatment was generally delivered in clinical areas in line with evidence based national and professional guidance, and trust protocols. We noted however, some policies were out of date.
- Professional information was mostly used to inform decisions around patient diagnosis, treatment and care, and staff in most services worked well together to deliver effective care and treatment. However, staff who worked in the ED at the PRUH did not always work together as a team, and there was a lack of consistency in working practices, dependent on who was leading the team. There were challenges when referring patients to individual specialties, with patients often waiting a significant length of time to be seen.
- The surgical outcome targets did not meet the national benchmark and the trust were not performing well in key areas.
- Trauma and orthopaedics patients had a lower expected risk of readmission for elective surgery when compared to the England average.
- There were a range of maternity outcome indicators that were not meeting the trust's standards and actions in response to these were not always timely.
- It was not clear from the recorded information that patient's needs related to pain management in KCH Emergency Department were being met.
- Although the trust had made significant improvements in the appraisal rates for staff since our previous inspection, the target was not yet being achieved in this area.

However:

- Patient outcomes continued to be monitored and actions were taken to address areas which required improvement.
- Staff had opportunities to update their existing skills and develop new ones through a range of training methods, which was what we previously found.
- Patients nutrition and hydration needs were identified by staff and met.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was good documentation of do not resuscitate decisions, an improvement on our previous findings.

Are services caring?

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

- Patients told us they were treated well and with kindness and care, and staff provided information and support in a timely way.
- We observed staff to be compassionate and caring towards patients and their relatives in most areas inspected.

Summary of findings

- Patients individual care needs were assessed and acted upon. There was access to staff with expertise where additional support was needed. Volunteers provided support and help in most service areas.
- There was access to multi-faith chaplaincy and the bereavement team.

However:

- Patients attending the ED at PRUH were not always being involved in discussions and their treatment was not always delivered with compassion and kindness. Patients were not always treated with dignity and respect.

Are services responsive?

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

- The trust did not always plan and provide services in a way that met the needs of local people. Waiting times in some specialties were lengthy, and the waiting times for referral to treatment were less than expected for some services. The trust failed to meet several key national targets across referral to treatment and cancer waits.
- Outpatient appointment contact information was not always responsive for services at King's College Hospital.
- People could not always access surgical service when needed. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.
- There were significant numbers of non-surgical patients on surgical wards and patients were sometimes recovered in theatres due to a lack of surgical beds.
- Patients could not access care and treatment in a timely way at PRUH Emergency Department. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- The Outpatient facilities at KCH were not always appropriate and patient centred, due to restrictions on space. The ophthalmology waiting area often became overcrowded, and about half of the self-check in screens were broken.
- Patients we spoke with in KCH Outpatient services told us they did not always have a choice of appointment times, and they were not kept informed of waiting times when they arrived at clinics.
- Privacy and dignity of patients was not always maintained in the Outpatient services at the Princess Royal University Hospital because of the environment.
- There was a well understood process for handling complaints, and staff were involved with this where applicable. Improvements had been made in response times for closure of minor complaints, but there remained some delays with final response letters for some more complex matters.

However:

- The trust had several services which had been designed and adapted to suit demand in the local population. This included an expansion in the dialysis programme and the introduction of a virtual fracture clinic.
- End of life care pathways were designed and managed with full consideration of the wishes of patients and their families.
- Services were planned, delivered and co-ordinated to take account of the needs of different people, including those with protected characteristics, and in vulnerable circumstances.
- The Maternity service at KCH recognised the rights and choices of women receiving care and met these as far as they were able.

Summary of findings

- Peoples discharge summaries detailed the verbal and written information provided to patients about the medicines they were given. Pharmacy teams and ward staff provided appropriate medicines counselling.
- Where learning was identified from the complaints review process, staff were made aware of this using a range of methods.

Are services well-led?

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

- There was a lack of effective leadership in the ED at Princess Royal University Hospital. This impacted on the departments capacity and capability to deliver high-quality, sustainable care, as well as staff morale. This had got worse since our last inspection.
- Morale amongst administrative staff across most Outpatient services at King's College Hospital was low. Staff in some clinical areas did not feel valued or respected.
- Most staff in other core service areas across the trust's sites reported having good level of leadership and support at a local level. There remained however, a concern about the visibility and connectivity of trust executives with some core service teams on both sites, particularly at the PRUH, which and had not improved since our previous inspection.
- Some staff reported a disconnect between the executive team and clinical leaders within surgery services.
- Service level vision and strategies were not always clearly stated, this included Maternity services at King's College Hospital and Outpatient services. As a result, staff in these areas were not clear on priorities, plans or timescales.
- The governance structure for Outpatient services at the PRUH and the south sites was not always clear and consistent. Lines of accountability and management were not clear, and there was a lack of a systematic or consistent approach to improving the quality of services.
- Local risk registers were not consistently reviewed, as a result it was not clear if all risks were being identified and addressed.

However:

- The committee structures generally supported a strong and well-defined approach to enable effective reporting on performance, review such information and to bring about positive changes.
- There were more opportunities to hold local team meetings in areas where staffing levels had improved.
- Most managers at all levels in the surgical division had the right skills and abilities to run a service providing high-quality sustainable care. Many staff felt motivated and were proud to work for the trust.
- The ED at King's College Hospital engaged with a variety of stakeholders to plan and manage appropriate services.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in the leadership of the trust and within maternity. For more information, see the Outstanding practice section of this report.

Summary of findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

We told the trust that it must take action to bring services into line with eleven legal requirements. This action related to the Emergency Department and Outpatients, Surgical and Maternity services.

Trust-wide:

- The trust must ensure the required mandatory training is completed to the trusts target.

King's College Hospital:

Emergency Department:

- The trust must ensure sure medical and nursing staff working in the emergency department have enough time to complete mandatory and safeguarding training.
- The trust must ensure they follow best practice when prescribing, giving, recording and storing medicines.
- The trust must ensure patient records are completed in line with trust policy.
- The trust must make sure there is a suitable environment for assessing children and young people presenting with mental health needs.
- The trust must ensure that resuscitation trolleys in ED are fully stocked with in-date medication and equipment and checked in line with trust policy.
- The trust must ensure there is a safe, confidential environment for patients to speak to staff without being over heard by members of the public and other patients.
- The trust must ensure that patients are admitted, transferred or discharged within four hours of arriving in the emergency department.
- The trust should ensure there are sufficient nursing and medical staff working in the ED to meet patient needs.
- The trust should ensure people's pain is properly assessed and clearly recorded in patient records.
- The trust should make sure they have clear systems for identifying risks and a clear plan of how to reduce or eliminate risk.
- The trust should engage with local communities to help improve services.

Surgery:

- The trust should ensure cross infection practices within theatres and the recovery area are improved upon.
- The trust should ensure it improves waiting times from referral to treatment and arrangements to admit, treat and discharge patients.
- The trust should consider how it improves the storage space and facilities within main theatres.
- The trust should consider how it can improve the nutritional risk assessment records.
- The trust should consider how it improves communication and decision making between the senior executive team and clinical leaders within the surgery division.

Summary of findings

Maternity:

- The trust should ensure all patient complaints are investigated and closed within the trust's published policy timescales.
- The trust should ensure data is recorded regularly in the obstetrics scorecard without omission.
- The trust should ensure actions are recorded at review on the maternity risk register, including dates and progress of actions.
- The trust should ensure all policies and procedures are reviewed, updated and contain a next review date.
- The trust should consider having tailgating notices on all maternity wards and departments to avoid unauthorised access.
- The trust should improve patients and visitors access to drinking water.
- The trust should consider how it can improve maternity staff appraisal rates to meet trust targets.
- The trust should consider how it can improve maternity staff training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards to meet trust targets.
- The trust should consider developing a specific, measurable strategy for maternity.
- The trust should consider how it may engage with local communities to help improve services.
- The trust should consider how leadership teams within Maternity develop their respective vision and strategies with the involvement of staff.

Outpatients:

- The trust must ensure suitable equipment is provided and subject to regular checking procedures.
- The trust should continue work to improve referral to treatment times and other targets.
- The trust should continue its work related to improving vacancies, turnover and sickness rates to bring them into line with the trust target.
- The trust should make consideration of measures to improve the storage of patient records at Dartford Dialysis Unit.
- The trust should continue to address the issues caused by unsuitable Outpatient clinic environments, which impact upon patient safety and privacy.
- The trust should increase support for administrative staff across Outpatients, particularly those taking calls from patients.

End of Life:

- The trust should ensure there is dedicated consultant cover for weekends.
- The trust should ensure there is a dedicated face to face registrar cover during out of hours and at the weekends.

Princess Royals University Hospital:

Emergency Department:

- The trust must ensure patients have their clinical needs assessed and care delivered in accordance with national best practice standards, and within nationally defined timescales.
- The trust must ensure the environment and equipment is suitable and fit for purpose.

Summary of findings

- The trust must ensure staff comply with trust infection control protocols.
- The trust must ensure medicines are managed, stored, supplied and administered in accordance with trust and national policy.
- The trust must ensure learning from incidents is identified, and actions instigated, without delay to reduce the likelihood of similar incidents occurring again.
- The trust must ensure the service consistently complies with the regulatory requirements of the duty of candour
- The trust must ensure guidelines are up-to-date and reflect national best practice.
- The trust must ensure patients and visitors are treated with kindness and compassion.
- The trust must ensure the governance arrangements are reviewed so that reporting is consistent with defined trust governance structures. Information must be considered in the round and used to improve the quality and safety of care delivered across the emergency pathway.
- The trust should ensure staff are appraised in accordance with trust policies.
- The trust should ensure speciality doctors review their patients within defined timescales to reduce the occurrence of breaches associated with delayed speciality reviews.
- The trust should consider how it can introduce a robust action plan which addresses the multi-factorial flow challenges within the emergency care pathway.
- The trust should ensure there are enough nursing and medical staff working in the ED to meet patient needs.

Surgery:

- The trust should ensure there are suitable endoscopy facilities to meet the demands for the service.
- The trust should consider how it may improve referral to treatment times to ensure they are in line with national standards.
- The trust should ensure patients are cared for in areas that are appropriate and meet all their needs.
- The trust should work to improve access and flow within surgical services.
- The trust should work to improve medicines audit ratings for surgical services.

Outpatient services:

- The trust must ensure that all rooms where patients are seen and treated have call bell facilities, specifically the plaster room at Princess Royal University Hospital.
- The trust should consider how it may increase the visibility of the executive team to outpatient staff.
- The trust should consider how it can improve the consistency of feedback from incidents and complaints, so staff can learn, and services can improve.
- The trust should consider how it can improve the consistency and clarity of management and governance structures across services and sites to ensure that oversight and lines of accountability are clear.
- The trust should consider how it may promote the value of regular team meetings being held so staff are informed, learning is shared, and staff can raise issues.
- The trust should consider how it may further improve routes by which patients are able to give feedback and engage with local services.

Summary of findings

- The trust should continue work to address the issues caused by unsuitable clinic environments, which impact upon patient privacy and dignity.

End of Life:

- The provider should ensure that all aspects of NICE guidance NG31 'Care of dying adults in the last days of life' are followed.
- The trust should ensure there is a plan to integrate an end of life care plan into the electronic patient record as soon as possible to adapt to the needs of the service.
- The trust should ensure there are individualised care plans to enable staff to identify appropriate end of life care specific to each patient.
- The trust should ensure staff complete and update risk assessments for each patient such as a malnutrition universal screening tool (MUST) risk assessment score.
- The trust should ensure that there is improved documentation of 'do not attempt cardio pulmonary resuscitation' status on patient treatment escalation plans (TEP).
- The trust should ensure there is improvement in recording of preferred place of care and preferred place of death within the palliative care database.
- The trust should ensure patients are offered the opportunity to meet with a member of the chaplaincy in accordance with the 'priorities of care of the dying patient'.

Action we have taken

We issued three requirement notices to the trust and took three enforcement actions. This meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches of one legal requirement at a trust-wide level and seven in a number of core services or locations. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

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

Outstanding practice

Trust wide:

- The trust had worked closely with stakeholders to improve services for patients experiencing mental health and challenging behaviour related matters. King's had led work in south east London to reduce the length of stay for patients with mental health conditions in crisis attending the ED.
- The trust had developed a training scheme where staff had the opportunity to develop their leadership and quality improvement project skills.
- The trust had trained 2000 staff in LEAN quality improvement methodologies.
- The trust is acknowledged for its innovative work and project developments, including frailty pathways and its collaboration on aseptic services in the wider south-east London area.

Summary of findings

- The trust is recognised for the outstanding contribution of volunteers who help and support staff, patients and those who visit the hospitals.

Maternity:

- Staff in the fetal medicine unit (FMU) were involved in research into acute kidney injury (AKI) in pregnancy.
- Maternity services advertised and participated in an umbilical cord blood donation scheme. Women were encouraged to donate their umbilical cord blood for use in the treatment of people with blood cancer.
- Staff were nominated in three categories for the London Maternity and Midwifery Festival awards.
- Staff had been shortlisted in two categories for the Royal College of Midwives annual awards.

Areas for improvement

We issued the trust with a section 31 letter of intent and requested an action plan to be provided within an agreed timeframe. The trust provided the action plan and we returned to the trust to review some of the actions and were assured the action plan would be implemented.

We issued three warning notices and four requirement notices to the trust which are detailed in the regulatory action section of the report.

Is this organisation well-led?

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

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

- The Board Assurance Framework required work to make its core purposes clear, and to identify its principle risks, and a structured approach and assurance of their management.
- Risks were not always identified on risk registers, and risks which were successfully managed through the mitigations or actions were often not removed. Some risk registers at divisional level still required work to demonstrate how they successfully mitigate and manage each risk.
- Risks related to the altered use of clinical areas were not always fully considered or monitored. Where staff were required to follow mitigative actions, these were not always checked.
- The trust and board members recognised they had work to do to improve diversity and equality across the trust and at board level. There was recognition of the work to be done to improve negative behaviours in a small number of clinical areas to change the culture.
- The non-executive team did not always provide enough level of challenge. There were many governance meetings but the timing of these did not always enable enough discussion and debate.
- The leadership team were viewed negatively in respect to the expectation around completion of mandatory training. Staff reported having to do this training in their own time, and as a result expected targets were not being met in some areas.

Summary of findings

- Leaders in some areas did not always ensure their staff had opportunities to review their performance and appraise their work.
- There was disparity between what the executive team were doing to engage with staff to that perceived by staff working in several core service areas.
- Low morale and perceived bullying and harassment continued to be reported from some groups of staff, including at managerial level. Staff did not always recognise the leadership team as dealing with their concerns around these matters. There were still some staff who did not feel able to express their concerns or speak up for fear of reprisal.
- There was still work to be done to ensure all committees had clarity around the purpose and focus of meetings.
- The governance arrangements around safeguarding needed to be strengthened to ensure matters reported were followed up sooner, that delays in update of information were escalated to the trust board, so they had the opportunity to fully analyse and consider information.

However:

- Although the trust had experienced several changes in membership of the executive leadership team, they had the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The recently refreshed trust strategy was directly linked to the current vision and values of the trust. Work was progressing well on the development of a new strategy, which involved the engagement of clinicians, staff, patients and groups from the local community as well as other stakeholders. The trust's focus was clearly set out with aims focused on high-quality care with financial stability.
- The trust was aware of areas of concern around its financial situation, performance, most risks, and matters which impacted on its staff. There was focus on improving and managing these well.
- Although visibility was sometimes difficult to achieve, senior leaders and non-executive directors were approachable and visited some areas of the trust. They fed back to the board to discuss challenges staff and the services faced.
- The trust worked hard to promote a culture which enabled staff to speak up about concerns or matters which affected their working. The freedom to speak up arrangements had been enhanced since our previous inspection.
- Equality, diversity and the health and well-being of staff continued to be a focus of the leadership team. Measures had been established to address these important aspects of working within the trust.
- The trust had a clear structure for overseeing performance, quality and risks, with board members represented across the divisions and some specialty areas. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The leadership team worked well with clinical leads and encouraged divisions to share learning across the trust.
- The trust made sure the views of patients, staff, the public, and local organisations were fully considered. Divisions were encouraged and supported to develop their own communication and engagement strategies, and staff were actively involved with projects affecting the future of the trust.
- The board reviewed performance reports and data about the services, which they and the divisional leads could challenge.

Summary of findings

- The trust recognised and managed the risks related to the use of its information technology systems. The board was regularly sighted on activities related to the digital and technological programme, cyber security and compliance with data protection.
- The trust was committed to improving services by learning from when things went well and when they did not. There was awareness of the need to improve complaints response times in some areas.
- The trust actively promoted training and development opportunities, research activities and innovation across service areas.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
King's College Hospital	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019
Princess Royal University Hospital	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
Overall trust	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

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

Ratings for King's College Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Good ↑ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017
Surgery	Requires improvement ↓ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↔ May 2019
Critical care	Requires improvement ↔ Sept 2017	Good ↔ Sept 2017	Good ↔ Sept 2017	Good ↑ Sept 2017	Good ↑ 2017	Good ↑ Sept 2017
Maternity	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 2019
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Requires improvement May 2019	Good May 2019	Requires improvement May 2019
Overall*	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019

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

Ratings for Princess Royal University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Inadequate ↓↓ May 2019	Inadequate ↓ May 2019	Inadequate ↓ May 2019
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 ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
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 ↔ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
HIV and sexual health services						
Overall*	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

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

King's College Hospital

Denmark Hill
London
SE5 9RS
Tel: 020 3299 9000
www.kch.nhs.uk

Key facts and figures

King's College Hospital is located on Denmark Hill, Camberwell in the London Borough of Lambeth, and is referred to locally and by staff simply as "King's" or abbreviated internally to "KCH". It is managed by King's College Hospital NHS Foundation Trust.

The hospital provides a full range of general and specialist services for both inpatient and outpatients. This includes a 24-hour emergency department, critical care, acute and investigative medicine, elective and emergency surgery, paediatrics, maternity and outpatient clinics. Specialist services in liver disease and transplantation, neurosciences, haemato-oncology and fetal medicine are also provided.

There are 47 inpatient wards, with approximately 1,126 beds. A full range of outpatient services are provided for both adults and children and there is access to on-site diagnostics. This includes plain x-ray, computerised tomography (CT) scans and magnetic resonance imaging (MRI) scans. Other services, such as pathology and pharmacy are provided along with dietetics, physio and occupational therapists.

Across the whole trust there were 176,545 inpatient admissions and 1,867,207 outpatient appointments between July 2017 and June 2018.

During the inspection we spoke with more than 137 staff from different roles and reviewed the records of 58 patients. We spoke with 58 patients and relatives. We reviewed formal documentation requested prior to and during the inspection.

Summary of services at King's College Hospital

Requires improvement   

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

- Not all staff had completed the required safety related mandatory training, which was as we found on our previous inspection.
- The environment in which patients received treatment and care was not always suitable or risk assessed. Privacy was not always achieved in some areas, and equipment had not been checked in a consistent manner.
- Medicines optimisation was not always achieved, and standards related to infection prevention and control were inconsistent.
- Patient risk assessments were not always completed and updated.

Summary of findings

- Expected patient outcomes were not always met in some specialties.
- Access to some services were not meeting some of the expected targets in outpatients and once referred for admission. Waiting times from referral to treatment, arrangements to admit, treat and discharge patients was not always in line with good practice.
- Communication and engagement with staff by leaders was not always as strong as it could be, and some staff reported low morale.

However:

- There were enough staff with the right skills and experiences and staff had access to professional development, were competent for their roles, and had opportunities for a review of their performance.
- Care and treatment was delivered by a multidisciplinary team, in line with evidence based national guidance such as National Institute for Health and Care Excellence (NICE) and professional colleges.
- The staff recognised the importance of reporting and learning from incidents. Investigations led to the sharing of information learned and improvements.
- Patients were treated with respect and dignity, were involved in decisions about their care and were provided with information and choices.
- The co-ordination and delivery of services took account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- Most clinical areas were led by staff who had the right experience, skills and knowledge. They understood the trusts values and strategic aims and fostered a culture where staff could do their best.

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

- Not all staff had completed the required safety related mandatory training, which was as we found on our previous inspection.
- The environment in which patients received treatment and care was not always suitable or risk assessed. Privacy was not always achieved in some areas, and equipment had not been checked in a consistent manner.
- Medicines optimisation was not always achieved, and standards related to infection prevention and control were inconsistent.
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- Communication and engagement with staff by leaders was not always as strong as it could be, and some staff reported low morale.

However:

- There were enough staff with the right skills and experiences and staff had access to professional development, were competent for their roles, and had opportunities for a review of their performance.
- Care and treatment was delivered by a multidisciplinary team, in line with evidence based national guidance such as National Institute for Health and Care Excellence (NICE) and professional colleges.

Summary of findings

- The staff recognised the importance of reporting and learning from incidents. Investigations led to the sharing of information learned and improvements.
- Patients were treated with respect and dignity, were involved in decisions about their care and were provided with information and choices.
- The co-ordination and delivery of services took account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- Most clinical areas were led by staff who had the right experience, skills and knowledge. They understood the trusts values and strategic aims and fostered a culture where staff could do their best.

Urgent and emergency services

Requires improvement  

Key facts and figures

The Emergency Department (ED) at King's College Hospital is a Major emergency centre for the south east. It is a major trauma centre, hyper acute stroke unit, cardiac arrhythmia and cardiac arrest centre. It also fulfils its obligations as a type 1 emergency department for the local population. The department has different areas where patients are treated depending on their needs, including a resuscitation area, one major's areas, and a 'sub-acute' area 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.

There are over 350 staff, including 80 doctors and 180 nurses. From August 2017 to July 2018 there were 230,385 attendances at the trust's urgent and emergency care services.

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.

We visited adult majors, resuscitation, paediatric and minor injury/illness areas. We inspected ED from 30 January 2019 to 1 February 2019. We spoke with eight patients and six relatives. We looked at 20 sets of patient records. We spoke with 28 members of staff, including nurses, doctors, allied health professionals, managers, support staff and ambulance crews. 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 went down. We rated it as requires improvement because:

- The service did not ensure staff had completed mandatory training, and expected targets were not always being achieved. Staff we spoke with felt mandatory training was ineffective and did not help them in their role.
- The service did not have suitable premises and equipment was not looked after well. The design and layout of the emergency department (ED) did not always protect patient's privacy and dignity. There was no dedicated paediatric mental health assessment room available and there was a lack of consideration given to ligature points. Safety checks on equipment were not carried out consistently across all areas and we found several items within resuscitation trolleys which were out of date.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. We could not be assured patients received the right medicines at the right dose at the right time. Patient records were inconsistent in their recording of administered medicines and dosage amounts.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Urgent and emergency services

- Staff we spoke with felt leadership within the ED was not always effective and staff did not always feel their ideas were listened to.

Is the service safe?

Requires improvement  → ←

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

- **Although the service provided mandatory training in key skills, they did not ensure everybody had completed it.** Mandatory training rates were not always being achieved to the expected target.
- **The premises were not designed to meet the needs of all its patients. People's privacy and dignity could not always be maintained, and there was no dedicated paediatric mental health assessment room available.** Equipment was not always checked in accordance with the trust's policies.
- **The Emergency Department did not always have enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff did not always keep detailed records of patients' care and treatment.** Records we viewed were inconsistent in their recording of information.
- **Medicines fridges were unlocked, and controlled medicines were not always signed out according to best practice.**

However:

- **Staff understood how to protect patients from avoidable harm and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**
- **The service-controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**

Is the service effective?

Good  → ←

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

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed best practice guidance.

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- **Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.**
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.**

Urgent and emergency services

- **Staff from different disciplines worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.**

However:

- **It was unclear if patient's pain had been properly assessed and treated due to the inconsistencies in recording pain information in a patient's medical record.**

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Requires improvement ● → ←

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

- **People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice.**
- **The individual needs of patients were not always assessed or delivered. Poor patient flow across both the department and wider hospital meant patients often had a long wait in the ED before being admitted.**

However:

- The ED planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Requires improvement ● ↓

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

- **The ED had a vision for what it wanted to achieve, however staff were unaware of this vision and any workable plans to turn it into action.**
- **Managers across the department did not always promote a positive culture within the ED that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us that some managers did not value their opinion and showed little willingness to support new ideas.

Urgent and emergency services

- **The ED did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **Staff we spoke with felt senior leaders including executives did not have a clear understanding of the challenges within the ED.**
- **Senior staff told us that business cases and action plans were not always signed off by executives despite prior discussion. Staff felt they had wasted time giving possible solutions to flow issues with no interest from senior executives.**

However:

- **The ED collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The ED was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.**

Areas for improvement

Action the provider **MUST** take to improve:

- The trust must ensure sure medical and nursing staff working in the emergency department have enough time to complete mandatory and safeguarding training.
- The trust must ensure they follow best practice when prescribing, giving, recording and storing medicines.
- The trust must ensure patient records are completed in line with trust policy.
- The trust must make sure there is a suitable environment for assessing children and young people presenting with mental health needs.
- The trust must ensure that resuscitation trolleys in ED are fully stocked with in-date medication and equipment and checked in line with trust policy.
- The trust must ensure there is a safe, confidential environment for patients to speak to staff without being over heard by members of the public and other patients.
- The trust must ensure that patients are admitted, transferred or discharged within four hours of arriving in the emergency department.

Action the provider **SHOULD** take to improve:

- The trust should ensure there are enough nursing and medical staff working in the ED to meet patient needs.
- The trust should ensure people's pain is properly assessed and clearly recorded in patient records.
- The trust should make sure they have clear systems for identifying risks and a clear plan of how to reduce or eliminate risk.
- The trust should engage with local communities to help improve services.

Surgery

Requires improvement   

Key facts and figures

Surgical services at Kings College Hospital NHS Foundation Trust comprised of general, tertiary, neurosurgery, paediatric, liver and cardiothoracic surgery. The hospital carries out major trauma surgical treatment for the south east of England, and the trust as a whole had 63,084 surgical admissions from June 2018 to May 2018. Emergency admissions accounted for 11,554 (18.3 %), 41,763 (66.2%) were day case, and the remaining 9,767 (15.5%) were elective.

During our inspection we visited the main theatres and several surgical wards within different specialties. We visited the day surgery unit, pre-assessment and the surgical assessment unit. We spoke with approximately 30 members of staff including nurses, healthcare assistants, doctors of all grades, managers and allied health professionals. We spoke to nine patients and their relatives. We observed care throughout surgical services and looked at 12 sets of patient records, and other requested documentation prior to, during and following our visit.

Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not make sure everybody had completed it. Compliance rates for medical staff were poor and we issued the trust with a requirement notice for them to address this matter.
- The service did not always control infection risks well. Staff did not always keep premises and equipment clean. They did not always use control measures to prevent the spread of infection.
- Staff did not always complete an updated risk assessment for each patient. The completion of malnutrition universal screening tool (MUST) scores did still not reach the trust target of 100% and this had not improved since our last inspection.
- Patient outcome targets did not meet the national benchmark and the trust were not performing well in key areas.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.
- Most managers at all levels in the surgical division had the right skills and abilities to run a service providing high-quality sustainable care. However, there was a distinct lack of communication and strategic level engagement with clinical staff from the senior executive team.

However:

- The trust had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff cared for patients with compassion and took account of their individual needs. Feedback from patients confirmed that staff treated them well and with kindness.
- There were systems and processes for effective learning, continuous improvement and innovation.

Is the service safe?

Requires improvement ● ↓

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

- The service provided mandatory training in key skills to all staff but did not make sure everybody had completed it. Medical staff compliance rates were poor, and these included key modules, such as infection control, safeguarding, mental capacity and consent and resuscitation.
- The service did not always control infection risks well. Staff did not always keep premises and equipment clean. They did not always use control measures to prevent the spread of infection. We found dust in theatres and the recovery area and storage space within theatres was limited.
- Staff did not always complete an updated risk assessment for each patient. However, the completion of malnutrition universal screening tool (MUST) scores did still not reach the trust target of 100% and this had not improved since our last inspection.

However:

- Overall, the service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. We found a good level of nursing clinical and medical staff cover across all surgical wards and within theatres
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Requires improvement ● → ←

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

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. However, some patient outcomes indicators did not meet the national benchmark and the trust were not performing well in key areas.
- Staff did not always access the correct up to date policy on the trusts computer system. This meant some staff may not have been following current guidelines.

However:

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Surgery

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice. Referral-to-treatment time (RTT) performance remained below the England average.
- The trust did not always plan and provide services in a way that met the needs of local people. There were frequent on the day cancellations.

However:

- The service took account of patients' individual needs and made arrangements to meet these in a responsive manner.

Is the service well-led?

Requires improvement ● ↓

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

- Most managers at all levels in the surgical division had the right skills and abilities to run a service providing high-quality sustainable care. However, there was a disconnect and lack of effective communication between the senior executive team and the surgical clinical team.
- The trust had a vision for what it wanted to achieve, however there was a lack of engagement with staff to turn it into action. There was a lack of executive level strategic engagement with clinical staff to help improve the service.

However:

Surgery

- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There were strong systems and processes in use to learn, continuously improve and be innovative.
- The trust ensured that patients, and their relatives and carers, the public, and external partners were actively engaged and involved in identifying and driving improvements in services.

Areas for improvement

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

The service **MUST**:

- The trust must ensure all medical staff are compliant with mandatory training.

The service **SHOULD**:

- The trust should ensure cross infection practices within theatres and the recovery area are improved upon.
- The trust should ensure it improves waiting times from referral to treatment and arrangements to admit, treat and discharge patients.
- The trust should consider how it improves the storage space and facilities within main theatres.
- The trust should consider how it can improve the nutritional risk assessment records.
- The trust should consider how it improves communication and decision making between the senior executive team and clinical leaders within the surgery division.

Maternity

Good  

Key facts and figures

King's maternity service is divided on two sites the Kings College Hospital (KCH) site; and the Princess Royal University Hospital (PRUH) site); both sites provide full range of maternity services. In addition, KCH site is a tertiary unit taking referrals for fetal medicine, women with abnormally invasive placenta, hypertension, liver disease, renal disease and other co-morbidities.

Women have a wide range of choices for each part of their maternity pathway- antenatal, post-natal and intrapartum care. Women can choose their place of birth from a homebirth, alongside birth centre at the Oasis birth centre, PRUH site and along- side birthing rooms at KCH.

The midwifery team provide midwifery services in a wide range of community settings and has specialist staff supporting women with issues with such as perinatal mental health, migrant women, safeguarding and substance misuse. Other initiatives include a successful continuity of carer case-load model for women with 17% of our women receiving this model of care.

The trust is a teaching centre for both medical and midwifery students.

Between July 2017 to June 2018 there were 9,134 deliveries at the trust, with 98.3% being single births, this was close to the England average of 98.6%.

During our inspection we spoke to 12 women who used the service and their relatives. We observed care in outpatient clinics and looked at 10 sets of women's records. We spoke with 20 members of staff.

We last inspected Kings College Hospital NHS Foundation Trust maternity services in April 2015 as part of a joint maternity and gynaecology inspection. We found combined maternity and gynaecology services maternity services required improvement overall. The purpose of this inspection was to see if maternity services performance had been maintained or if any improvements had been made by the service in the interim. We did not inspect gynaecology during this inspection.

Summary of this service

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

- There had been an improvement in the visibility of senior management since the director of midwifery and women's health had taken up their post six months earlier. Maternity had a clearly defined accountability structure.
- Medicines optimisation was managed well. The pharmacist visited daily and checked drugs and administration charts.
- Staff kept detailed records of women and babies care and treatment. There had been action to improve assessment of risks to women and their babies since our previous inspection. Staff completed and updated women and babies risk assessments and care records.
- All staff we spoke to were aware of their responsibilities relating to duty of candour under the Health and Social Care Act (Regulated Activities Regulations) 2014.

Maternity

- Care was being provided in accordance with the National Institute for Health and Care Excellence (NICE) quality standards. All guidance and policies within maternity services had been reviewed and were based upon current guidance.
- The antenatal unit was midwife led. We found staff were committed to providing and promoting normal birth.
- The trust was working towards United Nations (UN) Children's Fund Baby Friendly accreditation. The Baby Friendly Initiative is based on a global accreditation programme of United Nations Children's Fund and the World Health Organisation.
- There were good training and education opportunities available to staff. The trust employed a dedicated maternity education team. New midwives joining the trust completed a preceptorship programme.
- Most women we spoke with told us they felt involved in planning and making decisions about their care.
- The maternity service had completed actions to meet the requirements of the 'saving babies lives' care bundle, with the aim of reducing stillbirths, neonatal deaths, and intrapartum brain injuries.

However:

- There were a range of outcome indicators that were not meeting the trust's standards and actions in response were not always timely. The trust's key performance indicator (KPI) for all caesarean sections (CS) was above the trust's KPI standard.
- Rates of Hypoxic Ischemic Encephalopathy (HIE), this is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood, from January to December 2018 were worse than the trust's target of zero.
- The service provided mandatory training in key skills to all staff. However, mandatory training targets were not being met.
- Some staff had not had updated training in safeguarding vulnerable adults and children in accordance with the trust's training schedule.
- The maternity department had been closed on eight occasions between January and December 2018 due to labour ward capacity.
- Although some staff understood how and when to assess whether women had the capacity to make decisions about their care. Training rates for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were low.
- Staff recognised incidents, reported them appropriately, and managers investigated them. However, lessons learnt were not always shared with the whole team and the wider service.
- The service took concerns and complaints seriously, investigated them and learnt lessons from the results. However, the time taken to respond to complaints was not always achieved in accordance with the trust's complaints policy.
- The service did not have a defined vision and strategy for what it wanted to achieve and workable plans to turn it into action.

Is the service safe?

Requires improvement ● → ←

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

Maternity

- The service provided mandatory training in key skills to all staff. However, mandatory training targets were not being met. Staff had not met the trust's compliance target of 80% for any of the 19 required mandatory courses.
- All staff did not have up to date training in safeguarding. As a result there was risk that staff would not know how to recognise and report abuse. In February 2019 the trust's target for level three safeguarding children training was not being met.
- From January to December 2018 there had been 27 cases of Hypoxic Ischemic Encephalopathy (HIE), this is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood, this was worse than the trust's target of zero.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents. However, lessons learnt were not always shared with the whole team and the wider service. Some staff told us the incident reviews were not always timely.

However:

- The service-controlled infection risks well. Staff followed infection prevention and control procedures to minimise and prevent the spread of infection.
- The environment in which services were provided was suitable. There had been improvements since our previous inspection with two dedicated lifts for staff use. Staff had access to a range of equipment and kept these items serviced and checked before use.
- There had been action to improve assessment of risks to women and their babies since our previous inspection. Staff completed and updated most risk assessments. Where additional help was required they requested this from suitably skilled and experienced colleagues.
- Staff kept detailed records of women and babies care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Maternity followed best practice when prescribing, giving, recording and storing medicines. Women received the right medication and dose at the right time.
- Maternity had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. All women had a named consultant (for high-risk pregnancies) or a named midwife (for low risk pregnancies).

Is the service effective?

Good   

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

- The service made sure staff were competent for their roles. Appraisal rates had improved since our previous inspection in April 2015. Managers held supervision meetings with staff to provide support and monitor the effectiveness of the service. The trust employed a dedicated practice development team for midwifery. New midwives joining the trust completed a comprehensive preceptorship programme.
- Staff from different roles worked together as a team to benefit women and babies. Doctors, midwives and other healthcare professionals supported each other to deliver the right treatment and care. There were joint monthly maternity risk multidisciplinary meetings between Kings College Hospital (KCH) and Princess Royal University Hospital (PRUH).

Maternity

- There was a range of training and educational development opportunities available to staff. The trust employed two dedicated maternity education lead midwives. New midwives joining the trust completed a preceptorship programme. However, the trust only had one professional midwifery advisor (PMA) to roll out the new model of midwifery supervision.

However:

- Although managers monitored the effectiveness of care and treatment, there were a range of outcome indicators that were not meeting the trust's standards. Actions in response to these indicators were not always timely.
- Although staff we asked understood how and when to assess whether women had the capacity to make decisions about their care, training rates for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were low.

Is the service caring?

Good   

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

- Staff cared for women and babies with compassion, dignity and respect. Feedback from women and those close to them confirmed that staff treated them with kindness and respect.
- Staff provided emotional support to women and those close to them to minimise their distress. Maternity had two named bereavement midwives who supported women and their families following stillbirth or neonatal death.
- Staff involved women and those close to them in decisions about their care and treatment. Women we spoke with told us nurses and midwifery staff involved them in their care planning and decision making.

Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people, and they could access the service when they needed it. There had been improvements in managing the capacity of maternity services with the introduction of a maternity triage and a system of flexing available space on the wards.
- The service took account of women's individual needs. Women were given choices to give birth at home or in a midwifery unit. Maternity had pathways of care for women with learning disabilities. Maternity had a strategy for women with mental health needs.
- There were arrangements to admit, treat and discharge women and babies to manage the access and flow through maternity

However:

- The maternity department had been closed on eight occasions between January and December 2018 due to reduced labour ward capacity.
- Although the service treated concerns and complaints seriously, investigated them and learnt lessons from the results. The time taken to respond to complaints was not in accordance with the trust's complaints policy.

Maternity

Is the service well-led?

Good  

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

- Managers in the maternity services had the right skills and abilities to run a service providing high-quality sustainable care. There were appointed clinical leads in all maternity and obstetric departments, the role of the clinical leads was spoken about positively by most staff. Staff told us there had been an improvement in the visibility of senior management since the director of midwifery and women's health had taken up their post six months earlier.
- The maternity services collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Maternity staff engaged well with women using the service and those close to them. Staff, the public and local organisations were involved in planning and managing maternity services.
- Staff Maternity staff were engaged in a range of research projects.

However:

- The service did not have a defined vision and strategy for what it wanted to achieve and workable plans to turn it into action. Maternity had an action plan in response to national maternity strategies, but, there were no timescales for implementing the planned actions.
- Although managers promoted a positive culture which supported and valued staff, some staff reported the culture in maternity as hierarchical.
- The systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were not always updated in a timely way.

Outstanding practice

- Staff in the fetal medicine unit (FMU) were involved in research into acute kidney injury (AKI) in pregnancy.
- Maternity services advertised and participated in an umbilical cord blood donation scheme. Women were encouraged to donate their umbilical cord blood for use in the treatment of people with blood cancer.
- Staff were nominated in three categories for the London Maternity and Midwifery Festival awards.
- Staff had been shortlisted in two categories for the Royal College of Midwives annual awards.

Areas for improvement

Actions the provider must take

The trust must should ensure staff mandatory training rates meet trust targets.

Actions the provider SHOULD take to improve

- The trust should take action to follow up the Hypoxic Ischemic Encephalopathy (HIE) in audit and audit recommendations with a further audit to assess the impact of the recommendations from the HIE audit.
- The trust should ensure all complaints are investigated and closed within the trust's published policy timescales.

Maternity

- The trust should ensure data is recorded regularly in the obstetrics scorecard without omission.
- The trust should ensure actions are recorded at review on the maternity risk register, including dates and progress of actions.
- The trust should ensure all policies and procedures are reviewed and updated, and contain a next review date.
- The trust should ensure tailgating notices are displayed on all maternity wards and departments to avoid unauthorised access.
- The trust should ensure women and visitors have access to drinking water at all times.
- The trust should ensure appraisal rates meet trust targets.
- The trust should ensure maternity staff training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards meets trust targets.
- The trust should develop a measurable strategy for maternity.

End of life care

Good  

Key facts and figures

Kings College Hospital provides end of life care to patients across all clinical areas and treats patients with a variety of conditions, including cancer, liver disease, stroke, cardiac and respiratory disease.

The hospital does not have a dedicated ward for end of life care. The specialist palliative care team (SPCT), which consists of specialist consultants and nurses, provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of life.

The trust had 2,370 deaths from August 2017 to July 2018.

The SPCT was available five days a week, from 9am to 5pm, Monday to Friday. There is an on-call telephone service by the registrar outside of these hours. A consultant provided on-call cover twenty-four hours a day.

A bereavement team provided support to relatives from Monday to Friday 9am to 5pm and a chaplaincy service was available to patients, relatives and staff, 24 hours a day, seven days a week. There is a clinical director with responsibility in their portfolio for end of life care.

The service was previously inspected in May 2015 and was rated overall as requires improvement.

We carried out the announced inspection of the end of life care service on the 30 and 31 January 2019 to enable us to observe routine activity. We visited medical and surgical wards, including the intensive care unit, accident and emergency department. We also visited the mortuary and the chapel. We spoke with five patients. We spoke with 25 members of staff including medical and nursing staff, allied health professionals, the SPCT, porters, mortuary and chaplaincy staff. We reviewed 10 patient care records and Do Not Attempt Cardiopulmonary Resuscitation orders on the medical records.

Summary of this service

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

- The trust provided mandatory training in key end of life skills to all new staff at induction and at regular updates.
- There were enough staff with the right skills and experiences to ensure the delivery of care. Staff had access to professional development, were competent for their roles, and had opportunities for a review of their performance.
- Risk assessment of equipment and its availability had improved since the last inspection. There was greater oversight of competence for the use of specialised equipment.
- There was good multidisciplinary working. The specialist palliative care team worked closely with the local hospice and there was access to clinical expertise within the hospital.
- Care and treatment was delivered in line with evidence based national guidance such as National Institute for Health and Care Excellence (NICE) guidance.
- Patient outcomes were monitored and improved through participation in the national care of the dying audit and subsequent internal audits relating to the end of life care for the dying patient.

End of life care

- There were a range of training initiatives available for a variety of staff groups involved in end of life care so that staff had the skills, knowledge and experience to deliver effective end of life care.
- Patients at the end of life and those close to them were treated with kindness, respect and compassion. They were involved in making decisions about their care.
- There was a clear vision and strategy in place with identified priorities and monitoring of action taken by the end of life care team.
- Governance structures around end of life care were in place to ensure continuous improvement.
- There was a strong culture of quality end of life care across the trust, with active engagement, involvement, commitment and representation from a range of staff groups.

Is the service safe?

Good ● ↑

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

- The trust provided mandatory training in key end of life skills to all new staff at induction. The specialist palliative care team were trained in the safety systems, processes and practices needed to deliver safe care.
- The service managed patient safety incidents well. Staff understood how to report incidents and shared lessons learned with the whole team and the wider hospital.
- The hospital-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The clinical areas we visited were visibly clean and well maintained by the staff.
- Records were generally clear, up-to-date, and available to all staff providing care.
- Staff within the service had all completed appropriate safeguarding training and all were up to date with their required mandatory training.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicines at the right dose and at the right time. There was timely and appropriate prescribing of anticipatory medicines.

Is the service effective?

Good ● ↑

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

- Patient's needs were assessed, and care and treatment provided in line with evidence based guidance to achieve effective outcomes. End of life care was based on relevant National Institute for Health and Care Excellence (NICE) guidance and there was evidence of the review of national guidance as part of governance processes within the hospital.
- Patient's nutrition and hydration needs were identified and met in relation to national guidance for caring for people in the last days and hours of life.

End of life care

- Patient's care and treatment outcomes were monitored through trust participation in the national end of life care audit.
- The hospital ensured that staff had the skills, knowledge and experience to deliver effective end of life care.
- There was evidence of good multidisciplinary working. Clinical staff worked together across the hospital to deliver effective end of life care. This included engagement with a wide range of specialist services that provided end of life care services.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They collected and compared local results with those of other services to learn from them.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was good documentation of do not resuscitate decisions which was available electronically in the EPR system. We were given examples of best interest decisions that had been held with patients.

However:

- The trust did not provide twenty-four-hour face to face service to support the care of patients at the end of life. They provided a seven-day visiting service for dying and palliative care patients and twenty-four-hour telephone advice service.

Is the service caring?

Good   

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

- Staff provided a caring, kind and compassionate care to end of life care patients. We saw examples of staff being supportive and kind to patients and their relatives.
- Feedback from patients and their relatives were positive.
- Observations of care showed staff-maintained patients' privacy and dignity, and patients and their families were involved in their care.
- The chaplaincy team offered emotional support to patients of all faith. Families could also access the bereavement team for support and follow up.
- Staff recognised and respected the totality of patient's needs. They always considered patient's personal, cultural, social and religious needs, and found innovative ways to meet them.
- Staff saw patient's emotional, psychological and social needs as being as important as their physical needs.
- Staff consideration of patient's privacy and dignity was consistently embedded in everything they did, including awareness of any specific needs as these were recorded and communicated.

Is the service responsive?

Good  

End of life care

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

- Staff were proactive in their approach to understanding individual patients' needs and wishes. They were positive in their approach to meeting the needs of vulnerable people.
- The end of life care team reacted promptly to referrals, usually within one working day. This meant that end of life care was begun appropriately and engaged those close to the patient.
- Rapid discharge was provided for patients when the appropriate packages of care or placements were available in the community.
- The bereavement and mortuary services provided a flexible and compassionate approach to meeting the individual needs of patients and their families.
- Patients were provided with good written information and appointments were arranged flexibly to meet individual needs.
- All clinical staff and volunteers who worked within the chaplaincy service, bereavement office and the mortuary were aware of and acted accordingly on cultural and religious differences in end of life care.
- Where possible patients approaching the end of their life were cared for in side rooms.
- Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks.
- Visitors to the trust had access to a variety of information leaflets pertaining to end of life care.

Is the service well-led?

Good  

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

- The leadership of the service and staff at all levels had the right skills and experience to run a service providing high-quality sustainable end of life care.
- There was strong medical and nursing leadership in the service which was supported by the other partners in the delivery of end of life care to patients.
- The service had a vision for what it wanted to achieve. End of life priorities had been identified and there was an action plan in place for the service based on these priorities.
- Managers of the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that there was a positive culture within the service and that they enjoyed working at the hospital.
- Staff told us they enjoyed caring for end of life patients and were aware of the end of life care strategy.
- Staff were aware of improvements which had taken place since our previous inspection. They saw these as positive recognitions of the importance of the service.
- End of life care had a clear governance framework, which ensured responsibilities were identified from the trust board, directors and managers through to ward staff. Performance measurements were monitored and addressed through the divisional and organisations' dashboard.

End of life care

- Clinical staff had access to accurate and comprehensive information on patients' care and treatment and could always access electronic records .
- The end of life care team and the bereavement office staff provided practical information and advice for relatives of the bereaved.

Outpatients

Requires improvement 

Key facts and figures

Kings College Hospitals NHS Foundation Trust had 1.3 million outpatient attendances a year across four main sites and other community centres. This report relates to outpatient services at the King's College Hospital site. The service provided outpatient care and treatment for people of all ages.

The trust also provided several satellite dialysis units, for patients receiving dialysis treatment in the community. Staff at the units were employed by the trust, and medical staff from the King's College Hospital site visited the units at specified times to see patients.

Our inspection was announced (staff knew we were coming) on a short-notice basis, to ensure that everyone we needed to talk to was available.

The trust ran a wide range of outpatient clinics. During our inspection we visited clinics in the following specialities: clinical gerontology, dermatology, ophthalmology, stoma care, diabetic foot care, gastroenterology, general surgery, breast, cardiology, haematology, neurology, endocrinology and the pain clinic. We visited two satellite dialysis units – Dartford and Sydenham. We spoke to 54 members of staff including nurses, healthcare assistants, doctors of all grades, administrators, technicians, therapists and managers. We spoke to 16 patients and their relatives. We observed care in outpatient clinics and looked at six sets of patient records.

Summary of this service

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

- The service did not take steps to ensure all staff completed the required mandatory training. Compliance rates for required safety related training amongst medical staff was poor.
- The service did not always have suitable premises or equipment and did not always look after them well.
- Patient's privacy and dignity was not always maintained due to the environments staff were working in, although staff tried their best to maintain standards where possible.
- Outpatient services showed generally poor performance in referral to treatment (RTT) and cancer waiting times. The trust was performing worse than the England average and national standard for both the RTT incomplete pathway, where patients should be seen within 18 weeks, and for urgent cancer referrals, where patients should be seen within two weeks. This meant the service was not always responsive and could not always meet patient urgent clinical needs in a timely manner.
- Services did not always provide the right information to service users prior to their appointments. Incorrect telephone numbers were often printed on appointment letters.
- Morale amongst administrative staff across most services was low.
- Not all risks on the risk register for OPD had not been reviewed recently, and it was not clear if all risks were being addressed.

Outpatients

- There were some additional plans for the long-term future of the OPD, but these were not an immediate priority due to the current challenges faced by the department. Plans did not always have clear timescales, and staff could not give examples of being involved in such plans.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Services were delivered and co-ordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The trust used a mostly systematic approach to continually improving the quality of its service, with clear escalation and reporting structures.

Is the service safe?

Requires improvement

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

- The service did not take robust steps to ensure all staff completed mandatory training. Compliance rates for required safety related training amongst medical staff were poor. This meant that not all medical staff had received training essential to providing safe patient care.
- The service did not always have suitable premises or equipment and did not always look after them well. For example, daily checking of resuscitation trolleys was inconsistent, and some items were out of date.
- Vacancy, turnover and sickness rates for nursing staff were higher (worse) than the trust target. This meant there were not always enough permanent nursing staff to care for patients in outpatients. It should be noted this varied by clinical speciality as outpatients was managed by several divisions.
- In Dartford Dialysis Unit, records were not always stored securely due to a lack of storage space. Staff remained vigilant to try to mitigate the risk of unauthorised persons accessing records, but this was not a reliable or long-term solution.

However:

- There were clear pathways and processes for the assessment of people within outpatient clinics who became unwell and needed hospital admission.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Outpatients

Is the service effective?

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We do not rate effective. However, we found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good ●

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff at all levels understood the impact that a patient's care, treatment or condition would have on their wellbeing and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- Patient's privacy and dignity was not always maintained due to the environments staff were working in, although staff tried their best to maintain standards where possible.

Is the service responsive?

Requires improvement ●

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

- The facilities in clinic areas we visited were not always appropriate and patient centred, due to restrictions on space. For example, the ophthalmology waiting area often became crowded, and about half of the self-check in screens we saw were broken.

Outpatients

- Patients we spoke to told us they did not always have a choice of appointment times, and they were not kept informed of waiting times when they arrived at clinics.
- Outpatient services showed generally poor performance in referral to treatment (RTT) and cancer waiting times. The trust was performing worse than the England average and national standard for both the RTT incomplete pathway, where patients should be seen within 18 weeks, and for urgent cancer referrals, where patients should be seen within two weeks. This meant the service was not always responsive and could not always meet patient urgent clinical needs in a timely manner.
- Services did not always provide the right information to service users prior to their appointments. For example, administrative staff told us that incorrect telephone numbers were often printed on appointment letters, meaning patients would often call through to the wrong department. Staff told us this was frustrating for patients and was the source of complaints.

However:

- The trust provided some specialist clinics for the local population.
- Services were delivered and co-ordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Requires improvement ●

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

- Whilst there was work in progress to improve the outpatients service, there were several issues that remained outstanding. Many managers were new in post and motivated but had not had time to make any impact or improvement at the time of the inspection.
- Morale amongst administrative staff across most services was low. Administrative staff told us they were carrying a lot of stress and felt “drained”.
- Not all risks on the risk register had been reviewed recently, with the oldest review date being February 2018. This meant risk status may not have been addressed or updated for long periods of time, which was not good practice.
- There were some additional plans for the long-term future of the OPD, but these were not an immediate priority due to the current challenges faced by the department. Not all plans had clear timescales, and staff could not give examples of being involved in such plans.
- IT systems could be slow and caused problems with printers when trying to print appointment letters. This meant administrative staff had to make a note of the appointment made and reminders to send the letter out at a later date.
- Staff both on the main outpatient site and the dialysis units we visited told us they often had issues accessing mandatory training, due to slow running information technology systems.

However:

Outpatients

- The trust had a vision for what it wanted to achieve in the short term and workable plans to turn it into action, developed with some involvement from staff.
- The trust used a mostly systematic approach to continually improving the quality of its service, with clear escalation and reporting structures.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found six things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the Areas for improvement section of this report.

The service **MUST**:

- Improve medical staff compliance rates with mandatory training.
- Ensure that daily and weekly checks of resuscitation trolleys are consistently completed.

The service **SHOULD**:

- The trust should ensure it continues work to address the issues caused by unsuitable clinic environments, which impact upon patient safety and privacy.
- The trust should ensure it continues work to improve upon referral to treatment times.
- The trust should consider ways to improve vacancy, turnover and sickness rates to bring them into line with the trust target.
- The trust should ensure patient records cannot be accessed by unauthorised persons in Dartford Dialysis Unit.
- The trust should consider ways to develop a longer-term vision and strategy for the service and involve staff in this.
- The trust should consider ways to increase support for administrative staff across outpatients, particularly those taking calls from patients.

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Key facts and figures

Princess Royal University Hospital is located in Farnborough Common, Kent. It is managed by King's College Hospital NHS Foundation Trust. The hospital has 33 inpatient areas with 512 in patient beds. The hospital has an Accident and Emergency department, intensive care and other clinical areas, such as a planned investigation unit and special care baby unit. Outpatient services are provided at the hospital along with its south site; Beckenham Beacon and Queen Mary's Hospital in Sidcup and at Orpington Hospital. There is provision for diagnostic services, including x-ray, computerised tomography (CT) scans, magnetic resonance imaging (MRI) scans, ultrasound scans, mammography and interventional radiology. Nuclear medicine including diagnostic tests for a range of conditions are also available.

Allied health professions including physio and occupational therapists and dietitians are provided.

Services are available in most clinical areas 24 hours, seven days a week.

During the inspection we spoke with 156 staff from a range of roles and spoke with 57 patients and/or relatives. We reviewed 59 patient related records and considered other formal documentation.

Across the whole trust there were 176,545 inpatient admissions and 1,867,207 outpatient appointments between July 2017 and June 2018.

Summary of services at Princess Royal University Hospital

Requires improvement   

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

- Although the mandatory training completion rates had improved since our previous inspection, some subjects including the safeguarding of vulnerable people had not been completed by all the required staff.
- The environment in which people received treatment and care was not always suitably safe and risks had not been fully considered in some areas. The privacy of patients in some areas was less than expected.
- Equipment was not always checked, and some consumable items were out of date.
- Staffing in some areas was not always ideal, which impacted on the ability of staff to deliver timely holistic care. In some areas staff did not work effectively together and there were some variations in leadership style and department culture.

Summary of findings

- Medicine optimisation was not always achieved to a consistent level.
- Infection prevention and control practices were less than expected in some areas.
- Patient risk assessments and instructions were not completed with consistency, and treatment and care was not always provided in accordance with best practice guidance. The monitoring of effectiveness of treatment and care was not always reviewed.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.

However:

- Staff were knowledgeable about the incident process and learning from incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- Staff understood their responsibilities to protect people from avoidable harm and were knowledgeable about safeguarding procedures. They were also aware of their responsibilities under the mental capacity act.
- Staff had opportunities for professional development and were competent to perform the required treatment and care in their respective areas.
- There had been improvements in palliative care provision with the introduction of a clinical nurse specialist seven-day service since April 2018.
- Services were generally arranged and delivered considering the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.

Urgent and emergency services

Inadequate ● ↓

Key facts and figures

Details of emergency departments and other urgent and emergency care services

The emergency department (ED) at the Princess Royal University Hospital (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 major's areas, and a 'sub-acute' area 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 three days during our unannounced inspection and returned unannounced during a weekend. We looked at all areas of the department and we observed care and treatment. We looked at 30 sets of patient records. We spoke with 35 members of staff, including nurses, doctors, allied health professionals, managers, support staff and ambulance crews. We also spoke with 19 patients and eight 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 went down. We rated it as inadequate because:

- Patients were not always protected from avoidable harm. There were significant handover delays for patients arriving by ambulance. The management of patients requiring resuscitation was poor due to flow challenges across the emergency care pathway.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner.
- The emergency department did not manage patient safety incidents well. Whilst staff recognised the types of incidents they should report, including near misses, lessons learned were not always effectively introduced across the department resulting in similar incidents occurring.
- The layout of the emergency department was not suitable for the number of admissions the service received. There was significant overcrowding, and, at times, patients were being cared for on trolleys along corridors. At times, two patients were nursed in cubicles designed for only one person. There continued to exist inherent ligature risks. Equipment was not consistently checked, and a range of consumable equipment was found which had expired.

Urgent and emergency services

- Staff did not always work together as a team to deliver effective care and treatment. There was not always consistency in working practices, practices would change daily, depending on who was leading the team that day. Medical staff faced challenges when referring patients to individual specialties, with patients often waiting a significant length of time to be seen.
- Patients were not always involved and treated with compassion, kindness, dignity and respect.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- There was not the leadership capacity and capability to deliver high-quality, sustainable care. Leadership within the department was not effective, there did not appear to be one individual taking overall responsibility for the day to day running of the department. Front line staff did not feel supported, respected or valued by their immediate line manager(s). Staff were not engaged and morale in the department was low; frustrations around leadership, low staffing, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

Is the service safe?

Inadequate ● ↓

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

- **The service provided mandatory training in key skills and topics to all staff but did not ensure everyone had completed it.**
- **The service failed to control infection risks fully. Whilst the environment was kept clean, control measures to prevent the spread of infections were poorly complied with.**
- **Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy. A range of consumable, single use equipment had expired but remained accessible for use.**
- **Patients were observed being treated in parts of the emergency department which were not fit for purpose.**
- **There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.**
- **There was no effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Patients at risk of falls were not always identified and therefore risks were not always mitigated in a timely way. This was despite this being an area of long-standing concerns.**
- **Staff did not always best practice when storing, supplying, preparing or administering medicines.**
- **The service did not manage patient safety incidents well. Whilst staff recognised the types of incidents they should report, including near misses, there was limited evidence of lessons being learnt following serious incidents. There was variability against compliance with the duty of candour regulations.**
- **The service did not employ or deploy enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.**

However:

Urgent and emergency services

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

Is the service effective?

Requires improvement ● ↓

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. However, a range of policies and clinical guidelines had expired.**
- **Staff gave patients on the clinical decision's unit enough food and drink to meet their needs and improve their health. However, the fluid and nutritional needs of patients in the major's area were not always assessed or met in a timely way.**
- **There were arrangements to ensure staff were appraised by managers. However, only 74% of staff had been appraised compared to a trust target of 90%.**

However:

- **Patients had their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015).**
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.**
- **The number of patients who reattended the department within seven days was general lower (better) than the England average.**
- **Staff with different roles worked together as a team to benefit patients. Nurses and other healthcare professionals supported each other to provide care within the frailty pathway.**
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.**

Is the service caring?

Requires improvement ● ↓

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

- **The trust's urgent and emergency care Friends and Family Test performance (% recommended) was worse than the England average from October 2017 to September 2018.**
- **Some staff displayed an apathy towards patients and visitors. Whilst patients were complimentary about the attitudes of staff, our observations suggested staff did not always put the needs of patients first.**
- **During times of surge and peak activity, two patients were nursed in cubicles designed for only one person. This had become accepted practice amongst staff.**
- **Staff did not always provide emotional support to relatives.**

Urgent and emergency services

Is the service responsive?

Inadequate ● ↓↓

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

- **The trust continued to fail to meet constitutional performance targets. Data suggested further deterioration in key performance indicators. Previous improvements had not been sustained.**
- **The total time in A&E the ED (average per patient) for the hospital was consistently significantly higher than the national average.**
- **Although staff could demonstrate an understanding of the needs of the local population, services were not planned or delivered in a way which met those needs. Previously introduced initiatives including a consultant-led frailty pathway was no longer delivering the same level of service due to the very limited availability of consultant geriatricians.**
- **The individual needs of patients were not always assessed or delivered. Vulnerable patients experienced delays in their care due to poor patient flow across both the department and wider hospital.**

However

- **The percentage of patients who left the department without being seen was lower (better) than the England average.**
- **Complaints were responded to in line with trust timescales.**

Is the service well-led?

Inadequate ● ↓

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

- **The department continued to be led by a level of interim cover. This led to “Change fatigue”. Managers did not always have the right skills and abilities to run a service, which impacted on the ability of the trust to provide high-quality sustainable care.**
- **There was no clear vision or strategy for the emergency department. Whilst there was several business cases and action plans, there was no strong supporting mechanisms to describe how these would be delivered.**
- **Morale across the department was low.**
- **There was a consensus amongst front line staff that organisational leadership was poor and inconsistent; and had a view the executive did not understand the challenges of the department. In comparison, organisational leaders considered the challenges of poor performance to be associated with the behaviours and attitudes of staff in the department and across the wider hospital. It was apparent through our interviews with staff that a “Done too” culture existed amongst staff in the emergency department. Learned helplessness and a lack of accountability both contributed to a lack of change across the emergency department.**

Urgent and emergency services

- **There was no clear local ownership of the non-admitted pathway breaches which occurred on a frequent basis. Data presented in the “Access and Flow” section of this report reflects the lack of impact any improvement initiatives have had in the department. Most noticeably, performance against the non-admitted pathway remains stagnant whilst performance against the number of patients in the “Majors” admitted pathway” were seeing increasingly longer waits.**
- **There was a sense of reactive firefighting across the emergency care pathway as compared to there being a joined-up approach. Escalation protocols were weak and had little impact on assisting the emergency department to decompress. Delays in specialities reviewing their patients were observed; there was a lack of escalation to more senior clinical decision makers.**
- **Minutes of the ED governance meeting were high level and often lacked any significant detail. Whilst risks were discussed, there appeared little insight in to why developments or progress had not been made. Performance and quality trajectory graphs showed consistent “yo-yo” performance, with improvements made one month and then deteriorating performance the following.**
- **Whilst staff reported actions and work plans to resolve areas of challenge and risk, sustained non-compliance and poor performance was suggestive of a lack of insight in to the real challenges of the department and wider hospital operational workings. Repeated poor performance had appeared to go unchallenged, with a level of acceptance apparent due to a lack of grip and robust action to resolve what were, long standing issues.**

Areas for improvement

The trust must ensure that:

- The trust must ensure staff receive mandatory training in accordance with trust policies
- The trust must ensure patients have their clinical needs assessed and care delivered in accordance with national best practice standards, and within nationally defined timescales.
- The trust must ensure the environment and equipment is suitable and fit for purpose.
- The trust must ensure staff comply with trust infection control protocols.
- The trust must ensure medicines are managed, stored, supplied and administered in accordance with trust and national policy.
- The trust must ensure learning from incidents is identified, and actions instigated, without delay to reduce the likelihood of similar incidents occurring again.
- The trust must ensure the service consistently complies with the regulatory requirements of the duty of candour
- The trust must ensure guidelines are up-to-date and reflect national best practice.
- The trust must ensure patients and visitors are treated with kindness and compassion.
- The trust must ensure the governance arrangements are reviewed so that reporting is consistent with defined trust governance structures. Information must be considered in the round and used to improve the quality and safety of care delivered across the emergency pathway.
- The trust should ensure staff are appraised in accordance with trust policies.
- The trust should ensure speciality doctors review their patients within defined timescales to reduce the occurrence of breaches associated with delayed speciality reviews.

Urgent and emergency services

- The trust should consider how it can introduce a robust action plan which addresses the multi-factorial flow challenges within the emergency care pathway.
- The trust should ensure there are sufficient nursing and medical staff working in the ED to meet patient needs.

Surgery

Requires improvement   

Key facts and figures

Princess Royal University Hospital (PRUH) provided care and treatment for patients undergoing general and specialist surgery. This includes urology, trauma and orthopaedics, geriatrics, gynaecology, colorectal, bariatrics, ophthalmology and endoscopy services.

Surgical services consist of 110 beds across five surgical wards, six main operating theatres and a recovery unit, the day surgery unit and the endoscopy unit.

The endoscopy unit consist of a nine-bedded admission and recovery area, and two procedure rooms.

The Alan Cumming Day Surgery Unit is a standalone unit consisting of a large reception area, 30 trolley beds, six theatres, a six-bedded recovery area, an ophthalmology waiting area, a discharge room and two pre-assessment rooms.

The service had 30033 surgical admissions between January and December 2018. Of these, 4782 were elective admissions, 14259 were day cases and 10992 were emergency admissions.

In addition, 7461 patients were admitted for endoscopy procedures between January and December 2018. We visited five surgical wards and theatres, the endoscopy unit and the day surgery unit during our inspection from 30 January 2019 to 1 February 2019. We spoke with 28 members of staff including consultants, junior doctors, nurses, allied health professionals and ancillary staff. We spoke with 12 patients and three relatives. We also spoke with four parents who accompanied their children to the day surgery unit at the time of our inspection. We reviewed 11 patient records and prescription charts.

Summary of this service

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

- There had been no improvements in mandatory training completion rates for medical staff since our last inspection. The 80% target was not met for any of the 22 mandatory training modules for which medical staff were eligible.
- Safeguarding training completion rates for medical staff were below the trust target with completion rates as low as 12% for level 3 safeguarding children training.
- The endoscopy unit was not suitable and there were insufficient procedure rooms to meet the demands for the service. Endoscopy decontamination took place in theatres due to space constraints. Decontamination of endoscopes was carried out in a room used for both clean and dirty equipment.
- Plans to improve endoscopy services had not been implemented since our last inspection.
- Medicine audit results showed the service performed below trust standards for a number of indicators.
- Vacancy rates for medical staff were worse than the trust's target.
- Staff felt there was a disparity in the way resources were allocated across trust sites.
- The trust did not always provide services in a way that met the needs of local people. There was a significant number of medical outliers in surgical wards. Mixed specialities were admitted on surgical wards due to bed pressures.
- Waiting times from referral to treatment were not always in line with good practice.

Surgery

However:

- Nurse staffing had improved since our last inspection. The service had enough nursing staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Staff kept records of patients' care and treatment. Staff completed risk assessments and followed escalation protocols for deteriorating patients.
- There were effective systems to protect people from avoidable harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- Staff provided evidence-based care and treatment in line with national guidelines and local policies. There was a program of local audits to improve patient care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff were aware of their responsibilities under the mental capacity act.
- There was effective multidisciplinary working, including liaison with community teams, to facilitate timely discharge planning.
- Feedback for the services inspected were positive. Staff respected confidentiality, dignity and privacy of patients.
- There was good local leadership on surgical units. Staff felt valued and they were supported in their role. There was a good governance structure, both within surgical care and within the directorate.

Is the service safe?

Requires improvement ● → ←

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

- Mandatory training completion rates for medical staff were below the trust target. The target was not met for any of the mandatory training modules. These included key modules, such as safeguarding, infection control, resuscitation, and mental capacity and consent.
- The endoscopy unit environment was insufficient to meet the demands for the service. Patients were waiting longer than they should be for endoscopies. Endoscopy decontamination took place in theatres due to space constraints.
- Although there were systems to ensure the safe supply and administration of medicines, some medicine audit results were below trust standards.
- There were high vacancy rates for medical staff.

However:

- Nurse staffing had improved since our last inspection and the service had enough nursing staff to support safe care.
- Staff understood how to protect patients from avoidable harm, and the service managed patient safety incidents well.
- Patients' care and treatment records were clear, up-to-date and easily available to all staff providing care.

Surgery

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed best practices.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Requires improvement ● → ←

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

- The trust did not always provide services in a way that met the needs of local people. There were frequent on the day cancellations. There were a significant number of non-surgical patients on surgical wards and patients were sometimes recovered in theatres.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.

However:

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

Surgery

Is the service well-led?

Good ● → ←

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

- Managers had the right skills and abilities to run a service providing sustainable care.
- Managers promoted a positive culture, which supported and valued staff. There was a sense of common purpose based on shared values and quality of care.
- The trust used a systematic approach to continually improve the quality of its services.
- The surgical team used a systematic approach to improve the quality of its services and care. Staff in surgery were committed to improving services by learning and undertaking training.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Staff felt there was a disparity in the way resources were allocated across trust sites.
- Issues regarding the provision of endoscopy services remained a risk on the risk register since our last inspection. The trust had not implemented plans regarding this service.

Areas for improvement

Action the provider **MUST** take to improve:

- The trust must make sure surgical staff complete mandatory training.

Action the provider **SHOULD** take to improve:

- The trust should ensure there are suitable endoscopy facilities to meet the demands for the service.
- The trust should consider how it may improve referral to treatment times to ensure they are in line with national standards.
- The trust should ensure patients are cared for in areas that are appropriate and meet all their needs.
- The trust should work to improve access and flow within surgical services.
- The trust should work to improve medicines audit ratings for surgical services.

End of life care

Requires improvement   

Key facts and figures

The Princess Royal University Hospital is part of Kings College Hospital NHS Trust and provides end of life care to patients across all clinical areas and treats patients with a variety of conditions, including cancer, liver disease, stroke, cardiac and respiratory disease.

The hospital does not have a dedicated ward for end of life care. The specialist palliative care team (SPCT), which consists of specialist consultants, clinical nurse specialists and a social worker provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of their life.

There were 1,175 deaths at the Princess Royal University Hospital from January 2018 to December 2018. The trust submitted data which showed there were 1,329 inpatient referrals to and seen by the specialist palliative care team (SPCT) between August 2017 to July 2018. This included 996 new referrals. Of these, 36% were for patients with a main diagnosis of cancer, and 60% were for patients with non-cancer diagnoses.

The clinical director is responsible for end of life care at the Princess Royal University Hospital and King's College Hospital. The clinical nurse specialists provide a service between 9am and 5pm Monday to Sunday, including bank holidays. Consultants provide a service between 9am and 5pm Monday to Friday and telephone on-call outside of these hours.

The chaplaincy service is available to patients, relatives and staff, 24 hours a day, seven days a week.

The service was previously inspected in May 2015 and was rated overall as requires improvement.

Our inspection was announced (staff knew we were coming) on a short-notice basis, to ensure that everyone we needed to talk to was available. We carried out the inspection of the end of life care service on the 30 and 31 January 2019 to enable us to observe routine activity. We visited medical and surgical wards, including the intensive care unit, stroke unit, discharge lounge and accident and emergency department. We also visited the mortuary and the chapel.

We spoke with two patients and four relatives. We spoke with 39 members of staff including medical and nursing staff, allied health professionals, healthcare assistants, the SPCT members, porters, mortuary and chaplaincy staff. We reviewed twelve patient care records and five Do Not Attempt Cardiopulmonary Resuscitation orders on the medical records.

Summary of this service

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

- The service did not always provide care and treatment based on national guidance or evidence its effectiveness.
- Staff did not always complete and update risk assessments for each patient or have an action plan to address any identified risk. We found little evidence of individualised planning or regular review of the dying patient in place.
- The end of life care plan was not integrated into the electronic patient record and we were not assured there was an identified date by which this would be available.
- There was incomplete documentation of discussions with relatives when recoding 'do not attempt cardio pulmonary resuscitation' status on patient treatment escalation plans (TEP).

End of life care

- There was no on-site consultant presence at weekends.
- It was not always clear whether all patients were offered the opportunity to meet with a member of the chaplaincy.

However:

- There was an improved palliative care clinical nurse specialist seven-day service introduced in April 2018. Referrals to the SPCT were responded to in a timely manner with 91% of referrals seen within one day of referral and 98% within three days.
- The specialist palliative care team (SPCT) now included a palliative care social worker who provided emotional support for patients and their families.
- There was improved weekday on-site provision of palliative care medical staff with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Patients and their family members told us staff treated them with dignity, respect and compassion. They said staff explained what was happening and were caring. There were no visiting time restrictions for family and friends in the last days or hours of a person's life.
- End of life care had a clear governance framework. This ensured responsibilities for end of life care went right up to trust board level. End of life priorities had been identified and there was an action plan for the service based on these priorities.

Is the service safe?

Requires improvement ● → ←

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

- We found little evidence of individualised care plans or regular monitoring for comfort and the end of life care plan was not integrated into the electronic patient record.
- Staff did not always complete and update risk assessments for each patient.
- There was incomplete documentation of 'do not attempt cardio pulmonary resuscitation' status on patient treatment escalation plans (TEP).

However:

- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. The service had been enhanced by having more on-site provision of medical staff with the right skills.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had training on how to recognise and report abuse, and they knew what to do in such situations.

Is the service effective?

Requires improvement ● → ←

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

- The service did not always provide care and treatment based on national guidance or evidence its effectiveness.

End of life care

- Similar to our findings at the last CQC inspection in May 2015, there were no care plans and review system for care of the dying patient readily accessible to nursing or clinical staff on the wards. As a result, not all aspects of NICE guidance NG31 'Care of dying adults in the last days of life' were followed.
- Staff did not always complete and update risk assessments for each patient. Action plans to address the identified risk were not always updated.
- Electronically recorded 'do not attempt cardio pulmonary resuscitation' status on patient treatment escalation plans did not always record discussions with family; this was similar to findings at the last CQC inspection in 2015.
- There was no seven-day week on-site consultant cover. They provided a telephone on-call service between 5pm and 9am Monday to Friday, and 24-hour telephone on-call at weekends.

However:

- Staff were regularly appraised and so the service made sure they were competent for their roles.

Is the service caring?

Good   

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

- Patients and their family members told us staff treated them with dignity, respect and compassion. We observed several examples of staff interacting with patients and those close to them with kindness and dignity.
- Staff provided emotional support to patients and their families to minimise their distress.
- Additional emotional support for patients and their families was available from the recently established palliative care social work service.

Is the service responsive?

Good  

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

- The hospital planned and provided services in a way that met the needs of local people. Referrals to the specialist palliative care team (SPCT) could be made any time during a patient's treatment. The SPCT responded quickly when asked to review a patient and were most likely to be called when a patient presented with challenging pain and symptom management needs.
- Ninety-one per cent (1,160) of referrals were seen by the specialist palliative care team within one day of referral and 98% within three days. The staff took account of patients' individual needs in planning their care.
- There was an improved seven-day service provided by the palliative care clinical nurse specialists introduced in April 2018.
- The specialist palliative care team now obtained parking permits for relatives who stayed for prolonged periods of time with their dying relative. There were no visiting time restrictions in the last days or hours of life, which allowed family and friends unlimited time with the patient.

End of life care

- The addition of a palliative care social worker (in January 2018) to the SPCT made a positive difference to patients at the end of life and their relatives. The social worker offered group and individual sessions which allowed them to explore the practical and emotional aspects of death and dying.
- Arrangements were in place to ensure documentation needed to help with the registration of death was handled swiftly.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The 2016 audit of preferred place of care and preferred place of death concluded there was under recording within the palliative care database of patient preferences. A re-audit was recommended which had not yet happened. The trust submitted data which showed that of the total number of referrals to the SPCT, 23% of patients were discharged home, 5% were discharged to a hospice and 7% were discharged to a care home. It was not always clear whether all patients were offered the opportunity to meet with a member of the chaplaincy team in accordance with the 'priorities of care of the dying patient'.
- Family members who wished to stay overnight did not always have access to a folding bed since there was just one allocated per floor.

Is the service well-led?

Good  

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

- Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care. They promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- End of life care had a clear governance framework, and the service used a systematic approach to continually improve the quality of its services. Information about end of life care, including risks and performance went up to trust board level. There was an up to date cross site palliative care risk register which reflected the risks staff told us about throughout our inspection.
- The service had a vision for what it wanted to achieve. End of life priorities had been identified and there was an action plan for the service based on these priorities.
- Staff we spoke with within the SPCT understood their role in delivering the end of life care strategy and reviewed progress against key milestones set out in the strategy document.

However:

- At the time of the inspection no assurance was given to inspectors about a timescale for when an end of life care plan would be embedded in the electronic patient record.

Areas for improvement

We found areas for improvement in this service.

Action the hospital SHOULD take to improve:

End of life care

- The provider should ensure that all aspects of NICE guidance NG31 'Care of dying adults in the last days of life' are followed.
- The provider should ensure there is a plan to integrate an end of life care plan into the electronic patient record as soon as possible.
- The provider should ensure there are individualised care plans to enable staff to identify appropriate end of life care specific to each patient.
- The provider should ensure staff complete and update risk assessments for each patient such as a malnutrition universal screening tool (MUST) risk assessment score.
- The provider should ensure that there is improved documentation of 'do not attempt cardio pulmonary resuscitation' status on patient treatment escalation plans (TEP).
- The provider should ensure there is improvement in recording of preferred place of care and preferred place of death within the palliative care database.
- The provider should ensure patients are offered the opportunity to meet with a member of the chaplaincy in accordance with the 'priorities of care of the dying patient'.

Outpatients

Requires improvement 

Key facts and figures

Kings College Hospital NHS Foundation Trust have 1.3 million outpatient attendances a year across four main sites and other community centres. Each of the trust three divisions are responsible for their own outpatient service delivery and quality. The Princess Royal and south sites had a single central booking team, while King's College Hospital had separate booking function/teams for a variety of services across the Divisions.

Between January and November 2018, the trust reported over 72,000 first and over 228,000 follow-up attendances in outpatient services across The Princess Royal and south sites

During our inspection we visited outpatient services at the Princess Royal University Hospital (PRUH), Queen Mary's Hospital at Sidcup (QMS) and Beckenham Beacon. We visited clinics in the following specialities: colorectal surgery, renal medicine, general surgery, trauma and orthopaedics, ophthalmology, dermatology, urology, haematology and the phlebotomy service. We spoke to 35 members of staff including nurses, healthcare assistants, doctors of all grades, administrators, technicians and managers.

We spoke to 10 patients and their relatives. We observed care in outpatient clinics and looked at nine sets of patient records.

Summary of this service

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

- The service did not take steps to ensure all staff completed the required mandatory training. Compliance rates for required safety related training amongst medical staff was poor.
- The service did not always have suitable premises or equipment and did not always look after them well.
- Patient's privacy and dignity was not always maintained due to the environments staff were working in, although staff tried their best to maintain standards where possible.
- Outpatient services showed generally poor performance in referral to treatment (RTT) and cancer waiting times. The trust was performing worse than the England average and national standard for both the RTT incomplete pathway, where patients should be seen within 18 weeks, and for urgent cancer referrals, where patients should be seen within two weeks. This meant the service was not always responsive and could not always meet patient urgent clinical needs in a timely manner.
- Services did not always provide the right information to service users prior to their appointments. Incorrect telephone numbers were often printed on appointment letters.
- Morale amongst administrative staff across most services was low.
- Not all risks on the risk register for OPD had not been reviewed recently, and it was not clear if all risks were being addressed.

Outpatients

- There were some additional plans for the long-term future of the OPD, but these were not an immediate priority due to the current challenges faced by the department. Plans did not always have clear timescales, and staff could not give examples of being involved in such plans.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Services were delivered and co-ordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The trust used a mostly systematic approach to continually improving the quality of its service, with clear escalation and reporting structures.

Is the service safe?

Requires improvement ●

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

- The service did not take robust steps to ensure all staff completed mandatory training. Compliance rates for required safety related training amongst medical staff were poor. This meant that not all medical staff had received training essential to providing safe patient care.
- The service did not always have suitable premises or equipment and did not always look after them well. For example, daily checking of resuscitation trolleys was inconsistent, and some items were out of date.
- Vacancy, turnover and sickness rates for nursing staff were higher (worse) than the trust target. This meant there were not always sufficient levels of permanent nursing staff to care for patients in outpatients.
- In Dartford Dialysis Unit, records were not always stored securely due to a lack of storage space. Staff remained vigilant to try to mitigate the risk of unauthorised persons accessing records, but this was not a reliable or long-term solution.

However:

- There were clear pathways and processes for the assessment of people within outpatient clinics who became unwell and needed hospital admission.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service

Outpatients

Is the service effective?

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We do not rate effective. However, we found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good ●

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff at all levels understood the impact that a patient's care, treatment or condition would have on their wellbeing and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- Patient's privacy and dignity was not always maintained due to the environments staff were working in, although staff tried their best to maintain standards where possible.

Is the service responsive?

Requires improvement ●

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

- The facilities in clinic areas we visited were not always appropriate and patient centred, due to restrictions on space. For example, the ophthalmology waiting area often became crowded, and about half of the self-check in screens we saw were broken.

Outpatients

- Patients we spoke to told us they did not always have a choice of appointment times, and they were not kept informed of waiting times when they arrived at clinics.
- Outpatient services showed generally poor performance in referral to treatment (RTT) and cancer waiting times. The trust was performing worse than the England average and national standard for both the RTT incomplete pathway, where patients should be seen within 18 weeks, and for urgent cancer referrals, where patients should be seen within two weeks. This meant the service was not always responsive and could not always meet patient urgent clinical needs in a timely manner.
- Services did not always provide the right information to service users prior to their appointments. For example, administrative staff told us that incorrect telephone numbers were often printed on appointment letters, meaning patients would often call through to the wrong department. Staff told us this was frustrating for patients and was the source of complaints.

However:

- The trust provided some specialist clinics for the local population.
- Services were delivered and co-ordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Requires improvement ●

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

- Whilst there was work in progress to improve the outpatients service, there were several issues that remained outstanding. Many managers were new in post and motivated but had not had time to make any impact or improvement at the time of the inspection.
- Morale amongst administrative staff across most services was low. Administrative staff told us they were carrying a lot of stress and felt “drained”.
- Not all risks on the risk register had been reviewed recently, with the oldest review date being February 2018. This meant risk status may not have been addressed or updated for long periods of time, which was not good practice.
- There were some additional plans for the long-term future of the OPD, but these were not an immediate priority due to the current challenges faced by the department. Not all plans had clear timescales, and staff could not give examples of being involved in such plans.
- IT systems could be slow and caused problems with printers when trying to print appointment letters. This meant administrative staff had to make a note of the appointment made and reminders to send the letter out at a later date.
- Staff both on the main outpatient site and the dialysis units we visited told us they often had issues accessing mandatory training.

However:

Outpatients

- The trust had a vision for what it wanted to achieve in the short term and workable plans to turn it into action, developed with some involvement from staff.
- The trust used a mostly systematic approach to continually improving the quality of its service, with clear escalation and reporting structures.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found six things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the Areas for improvement section of this report.

The service **MUST**:

- Improve medical staff compliance rates with mandatory training.
- Ensure that daily and weekly checks of resuscitation trolleys are consistently completed.

The service **SHOULD**:

- The trust should ensure it continues work to address the issues caused by unsuitable clinic environments, which impact upon patient safety and privacy.
- The trust should ensure it continues work to improve upon referral to treatment times.
- The trust should consider ways to improve vacancy, turnover and sickness rates to bring them into line with the trust target.
- The trust should ensure patient records cannot be accessed by unauthorised persons in Dartford Dialysis Unit.
- The trust should consider ways to develop a longer-term vision and strategy for the service and involve staff in this.
- The trust should consider ways to increase support for administrative staff across outpatients, particularly those taking calls from patients.

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

Regulated activity

Diagnostic and screening procedures

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Treatment of disease, disorder or injury

Regulation

S29A Warning Notice: quality of healthcare

Regulated activity

Treatment of disease, disorder or injury

Regulation

S29A Warning Notice: quality of healthcare

Our inspection team

Stella Franklin, Inspection Manager led the inspection. An executive reviewer, Christine Outram, supported our inspection of well-led for the trust overall.

The team included two Inspection managers, 12 inspectors, one assistant inspector, one pharmacy inspector, 18 specialist advisers and three observers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.