

# King's College Hospital NHS Foundation Trust

## Quality Report

King's College Hospital NHS Foundation Trust  
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

King's College Hospital NHS Foundation Trust is a large provider of acute and specialist services that serves a population of over 1,000,000 in south east London and Kent. The trust operates from three acute sites; King's College Hospital Denmark Hill, Princess Royal University Hospital Bromley and Orpington Hospital.

The trust has over 1300 beds including 1050 acute, 125 maternity and 144 critical care beds. The trust receives over 250,000 emergency attendances, 115,000 inpatient spells and 960,000 outpatient attendances. All core services are provided from King's College Hospital Denmark Hill and Princess Royal University Hospital while outpatient and surgical services are provided from Orpington Hospital.

The trust provides services to a population from the significantly deprived boroughs of Lambeth and Southwark and also the more affluent borough of Bromley. Specialist services are also provided on a regional and national basis.

We carried out an announced inspection between 13 and 17 April 2015. We also undertook unannounced visits to the hospital on 25 and 28 April 2015. This was the first inspection of the Denmark Hill location under the new methodology, however we had previously inspected the Princess Royal University Hospital in December 2013 detailing specific concerns around the emergency department, patient flow and the overall engagement of staff in service improvement. Just prior to the 2013 inspection Princess Royal University Hospital and Orpington Hospital were acquired by King's College Hospital NHS Foundation Trust as a consequence of south east London service re-configuration.

Recently the trust has been placed under investigation by the foundation trust regulator Monitor as a result of a deterioration in both financial and access target performance.

Overall, this trust requires improvement. We found that King's College Hospital Denmark Hill and Princess Royal University Hospital require improvement and that

Orpington Hospital is rated as good. Overall the trust requires improvement in the safe, effective, responsive and well led domains whilst caring was rated overall as good.

Our key findings were as follows:

### Safe

- Incident reporting processes were well developed but feedback was reported as intermittent by staff in some areas..
- Infection control policies and procedures were in place and adhered to however the design of some patient areas compromised patient care and experience.
- Duty of candour was well developed and communicated.
- Safeguarding processes and resource largely provided for the protection of vulnerable patients and would be enhanced by increased training uptake, particularly from medical staff.
- Staffing levels across the trust were largely appropriate, however some areas had high vacancy rates and agency usage.

### Effective

- Best practice protocols and policies were in place and accessible.
- National audit performance was largely positive.
- Staff appraisal levels were below target in some areas.
- Processes and documentation for DNA CPR require standardisation across the trust.

### Caring

- Care was largely compassionate and afforded patients and carers privacy and dignity.
- The approach to improving dignity and ward based care was well developed and having impact.
- Patients and carers indicated that they were appropriately involved in planning care.

# Summary of findings

## Responsive.

- Some services require attention in terms of future capacity planning.
- Services take good account of individual needs particularly for vulnerable patients, however information designed for the locally diverse population needs consideration.
- The trust has significant challenges in terms of access and flow through both emergency and planned services.
- The quality and timeliness of complaints inhibits the learning opportunities from such events.

## Well-led

- Acquisition has led to significant improvements in governance and staffing at Princess Royal Hospital however, further investment in leadership and engagement is required to further the achievement of the trust vision.
- A positive and proud attitude with a focus on clinical excellence are features of the organisational culture of the trust.
- A strong governance structure is in place that could potentially benefit from a structure that supports greater non executive challenge.
- The trust delivers innovative care in a number of clinical areas.

We saw several areas of outstanding practice, including:

At King's College Hospital Denmark Hill

- Trauma nurse coordinators tracked pathways and the progress of trauma patients by visiting them daily on the wards. This role also included networking with other trusts and coordinating repatriation in advance.
- The ED had an established youth worker drop in scheme operated by a London-based organisation, which was effective in supporting vulnerable young people. Staff could refer young people to the service, although engagement was voluntary. The service also supported young people to access specialist services, such as housing support and access to social workers.
- The iMobile outreach service was innovative and there was evidence that it was producing positive outcomes both for patients and the critical care service as a whole.
- The pioneering work being done by neurosciences, liver and haematology specialist services.

- The surgical directorate had set up the first national training for a trauma skills course in the country.
- There were well-established pathways for pregnant women, which provided appropriate antenatal care, including access to specialist clinics for women with medical needs.
- The foetal medicine unit provided interventions, such as foetal blood transfusions, fetoscopic insertions of endotracheal balloons and laser separation procedures of placental circulations for complicated monochorionic twin pregnancies.
- The enhanced scanning programme included combined screening for chromosomal abnormalities at 12 weeks, with women being given the results on the same day.
- The gynaecology and urogynaecology services offered a one-stop service with diagnostics carried out by a specialist doctor. The hospital was a regional training unit for this service and the unit was recognised as a gold standard unit by The British Society of Urogynaecologists.
- For children with complex liver conditions and those who required surgery as neonates, staff developed and advocated the use of innovative and pioneering approaches to care.

At Princess Royal University Hospital

- Recent data from the Royal College of Physicians' Sentinel Stroke National Audit Programme (SSNAP), had given the PRUH stroke service a Level A ranking. This is the highest possible rank and only eight per cent of stroke units in the country currently achieve it. This is a significant achievement as the hospital was previously rated as Level D and has risen to level A in just 18 months, making it one of the most improved stroke services in the country.
- Pets as Therapy (PAT) dogs is an initiative to help patients who may be feeling low after suffering a disability following a stroke, or who may have been in hospital for a long period of time. The stroke ward had introduced pet therapy and a dog and their owner visited the ward weekly. They visited patients who were unable to communicate and found they often made huge efforts to communicate with the dog.

However, there were also areas of poor practice where the trust needs to make improvements.

# Summary of findings

## Importantly, the trust must:

### Trust Wide

- Work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges
- Improve the documentation of patient care including Do Not Attempt Cardio Pulmonary Resuscitation orders.

### At King's College Hospital Denmark Hill

- Review its facilities within critical care so that it meets both patient needs, and complies with building regulations. This includes bed spacing and storage facilities, particularly for IV fluids and blood gas machines.
- Ensure that the 'Five steps to safer surgery' checklist was always fully completed for each surgical patient.
- Re-configure the Liver outpatient clinic in order to avoid overcrowding.
- Ensure patients referral to treatment times do not exceed national targets.
- Improve patient waiting times in all outpatients' clinics.
- Review the capacity of the maternity unit so that women and their babies are receiving appropriate care at the right place at the right time.
- Implement a permanent solution to the periodic flooding following heavy rain of the renal dialysis unit and endoscopy suite areas.
- Ensure that the trust policy around syringe drivers affords optimum protection for patients against the risks of adverse incidents.
- Ensure the cover for the concealment trolley for deceased patients is in good repair and not an infection control risk.

### At Princess Royal University Hospital.

- Continue to work to improve the availability of medical records in the outpatients department and medical care wards.
- Work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges.
- Improve the system for booking and managing waiting times in outpatient clinics to reduce delays for patients and clinics running over time.

- Improve the environment in the surgical assessment unit.
- Review and improve record documentation to ensure it is fully completed and in line with national guidance including DNACPR orders.

### At Orpington Hospital

- Ensure patients are seen in outpatient clinics, with their full set of medical notes.

# Summary of findings

## In addition, the trust should:

At King's College Hospital Denmark Hill

- Fully complete controlled drug registers in the ED.
- Complete safeguarding flowcharts for children attending the ED.
- Improve the number of senior ED medical staff trained in safeguarding children training at level 3 to meet Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings recommendations.
- Identify and mitigate risks to patients attending the ED, such as the development of pressure sores, falls and poor nutrition.
- Improve the uptake of training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for staff working in the ED, medical care, surgery and services for children and young people.
- Review staff understanding of the Mental Capacity Act 2005 in critical care and end of life care, to ensure their practice and documentation reflects the legislation.
- Develop guidelines for admission to the children's clinical decision unit (CDU).
- Review the area used for the children's CDU to ensure the environment fulfils the criteria for a ward area.
- Review the practice of undertaking adult consultations in the children's ED.
- Improve patient flow and waiting times in the ED, including their arrangements for making decisions to admit patients.
- Take action to improve the percentage of ED patients seen, treated and discharged within four hours.
- Consider ways of improving the documentation of patient safety checks.
- Improve attendance at mandatory training.
- Improve theatre utilisation and a reduction in cancellations.
- Improve the referral to treatment times.
- Improve patient flow through the surgical pathway.
- Consider ways of improving the discharge process by engaging with external agencies.
- Consider how staff can be made aware of the broader strategy for the surgical division.
- Review the systems for checking equipment to ensure that they are in date, in working order and stock is effectively rotated.
- Ensure it continues to review its critical care bed capacity so that it can meet its expected admissions.

- Review its patient record documentation to ensure it is fully completed and information between wards is seamless.
- Review its use of the Waterlow assessment to ensure those patients that need pressure-relieving support, receive it.
- Review the nursing, consultant and junior doctor levels on the neonatal intensive care unit.
- Review the space between cot spaces on the neonatal intensive care unit as they were sometimes restricted or limited.
- Provide clear and up-to-date information on outpatient clinic waiting times.
- Monitor the availability of case notes/medical records for outpatients and act to resolve issues in a timely fashion.
- Review medical cover for gynaecology and obstetrics.
- Stop overbooking outpatient clinics including the liver outpatients department clinic.
- Share outpatients and diagnostic imaging performance data with clinical staff.
- Make sure the preferred place of care/preferred place of death, or the wishes and preferences of patients and their families is documented.
- Ensure there is a unified DNA CPR policy and orders are consistently completed in accordance with trust policy.

At Princess Royal University Hospital

- Continue to recruit to substantive posts and ensure that there is always an appropriate skill mix of staff on duty
- Continue to embed the processes for monitoring and improving the quality and safety of care provided including incident reporting and learning from incidents
- Continue to improve the rate of staff appraisal and attendance at mandatory training
- Ensure all medicines are stored and secured in line with trust policy
- Improve the monitoring of hand hygiene in services for children and young people
- Ensure all equipment (including resuscitation trolleys) is cleaned, maintained, checked and secured in line with trust and national policies
- Continue to work to resolve the problems with IT system to ensure patient information is managed effectively and safely.

# Summary of findings

- Improve multidisciplinary working in medical care and services for children and young people.
- Improve staff awareness and understanding of their role and responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Continue to work with commissioners to ensure there is adequate funding and resources for the End of Life service
- Undertake medication audits in the outpatients and diagnostic imaging department.
- Ensure that a radiation protection supervisor is onsite.
- Conduct audits of the radiology reporting times.
- Undertake daily safety checks of the imaging and diagnostics department

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

At Orpington Hospital

# Summary of findings

## Background to King's College Hospital NHS Foundation Trust

King's College Hospital NHS Foundation Trust operates from three acute hospital locations whilst also providing community services from Dulwich Community Hospital, Queen Mary's Hospital Sidcup, Beckenham Beacon, Camberwell Sexual Health Centre and the Frank Cooksey Rehabilitation Centre.

The three acute locations, King's College Hospital Denmark Hill, Princess Royal University Hospital and Orpington Hospital, provide services to a population of approximately 1,000,000 from the boroughs of Southwark, Lambeth and Bromley. However tertiary specialist services sited on the Denmark Hill site also serve patients on a regional and national basis. King's College Hospital Denmark Hill is a designated trauma centre.

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

King's College Hospital has approximately 836 beds including a major critical care service (122 beds) and maternity services (103 beds). Princess Royal University Hospital has 455 acute beds, 22 critical care and 22 maternity beds (plus a midwifery led birthing centre) whilst Orpington provides 29 acute beds. Emergency Department services are provided at both King's College Hospital Denmark Hill and Princess Royal Hospital.

The trust as a whole employs in excess of 10,500 staff and receives over 250,000 emergency attendances, 115,000 inpatient spells and 960,000 outpatient attendances.

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

King's College Hospital Denmark Hill is a well established foundation trust and has not been subject to a comprehensive inspection under new methodology prior to this visit. Princess Royal Hospital, following the reconfiguration of south east London, was acquired alongside Orpington Hospital by King's College Hospital Foundation Trust in October 2013. Princess Royal University Hospital was at that time facing financial and operational challenges. Princess Royal University Hospital was previously inspected in December 2013 and significant issues were identified relating to emergency department services, patient flow and need to enhance engagement with all staff to enhance local ownership of improvement plans.

The trust has a revenue budget of £892 million and in 2013/14 attained an operating surplus of £60 million. However, the trust is currently predicting a deficit in excess of £50 million and as a consequence of this, and non attainment of access targets, is currently subject to investigation by the foundation trust regulator Monitor.

The trust was inspected as part of our planned comprehensive programme of inspections.

## Our inspection team

### **Our inspection team was led by:**

**Chair:** Kathy Mclean, Medical Director, NHS Trust Development Authority

**Head of Hospital Inspections:** Alan Thorne, Care Quality Commission (CQC)

The hospital was visited by a team of 56 people, including: CQC inspectors, analysts and a variety of specialists. There were consultants in emergency



# Summary of findings

medicine, medical care, surgery, haematology, cardiology and palliative care medicine, an anaesthetist and two junior doctors. The team also included midwives, as well

as nurses with backgrounds in surgery, medicine, paediatrics, critical care and palliative care, board-level experience, a student nurse and two experts by experience.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care

- Outpatients and diagnostic imaging
- 

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, Monitor, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups with a range of staff in the hospital, including doctors, nurses, allied health professionals, administration and other staff. We also interviewed senior members of staff at the hospital.

## What people who use the trust's services say

### Public Listening Events

We held public listening events within the catchment area for all locations. The events were not particularly well attended however the following summarises comments we received during the events.

- The haematology service at King's College Hospital, Denmark Hill was considered highly responsive and provided good communication and the medical response to osteoarthritis was good.
- More generally we heard concerns regarding poor communication by staff particularly around discharge processes and a lack of understanding relating to patients with learning disabilities and dementia.

- Patients and carers at the events described both examples of kind, supportive and accessible care and also incidents when staff behaviour was considered rude and unhelpful and communication was not of the standard they expected.

### Friends and Family Test

- The percentage of patients who indicated they would recommend the trust was slightly below the England average but had exceeded 92% from February 2014 to November 2014

### Cancer Patient Experience Survey

- The cancer patient experience plan had a high number of indicators that were in the bottom 20% of all trusts within England. These included issues relating to information provision and communication.



# Summary of findings

## Patient led assessments of the care environment (PLACE)

- Comparing the trusts PLACE results against the England average showed that responses relating to hospital food were comparable, however cleanliness, privacy, dignity and well being and facilities all scored significantly below the average.

## Commissioning Groups

- The trust is considered to be both open and transparent in its dealings with commissioners that positively engages in quality review.

## General Medical Council

- The trainee survey identified concerns relating to workload and behaviour in haematology and anaesthesia. An action plan is in place.

## Healthwatch

- Concerns were raised regarding the discharge of elderly patients without appropriate care plans being in place and the lack of communication between staff within the discharge process.

## Facts and data about this trust

### Context

- King's College Hospital NHS Foundation Trust is based in South East London and Kent and serves an inner city population of 1,000,000 in the London boroughs of Southwark, Lambeth and Bromley and also serves as a tertiary referral centre for certain specialties to millions of people in southern England.
- The trust offers a range of local services, including: a 24-hour emergency department, medicine, surgery, paediatrics, maternity and outpatient clinics. Specialist services are available to patients, which provide nationally and internationally recognised work in liver disease and transplantation, neurosciences, haemato-oncology and foetal medicine.
- In the 2011 census the proportion of residents who classed themselves as white British was 40.1% in Southwark, 39.6% in Lambeth and 78% in Bromley.
- Lambeth ranks 29th out of 326 local authorities for deprivation (with the first being the most deprived). Southwark ranks 41st and Bromley 203rd.
- Life expectancy for women in Southwark (83.1) is slightly higher (better) than the England average (83). However, life expectancy for men in Southwark (78) is slightly lower (worse) than the England average (79.2). In Bromley life expectancy is higher at 85.
- Life expectancy for women in Lambeth (83) is the same as the England average (83). However, life expectancy for men in Lambeth (78.2) is slightly lower (worse) than the England average (79.2).

- In Southwark and Lambeth rates of obese children, acute sexually transmitted infections, smoking-related deaths and the incidence of tuberculosis are worse than the England average. In Bromley the same indicators are above the national average.

### Activity

- The trust has approximately 1,320 beds.
- The trust employs 10,827 staff that includes 1,900 Medical, 3,668 Nursing and 5,261 others.
- There are approximately 115,000 inpatient admissions, including day case activity per annum.
- There are approximately 960,000 outpatient appointments per annum.
- There are approximately 250,000 urgent and emergency care attendances per annum.
- There were 3,983 births in the first three quarters of 2014/15.
- There were 805 deaths at the hospital between April and December 2014.

### Key intelligence indicators

# Summary of findings

## Safety

- There were seven Never Events across the Trust between February 2014 and January 2015. (Never Events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented.)
- The Strategic Executive Information System (STEIS) recorded 218 serious untoward incidents across the Trust between February 2014 and January 2015.
- Overall, there were six cases of Methicillin-resistant staphylococcus aureus (MRSA) (against a target of zero) from April 2014 to March 2015.
- Overall, there were 6.4 cases of C. difficile from April 2014 to March 2015 (against a target of 4.8).

## Effective

- The Hospital Standardised Mortality Ratio (HSMR) indicator was produced at trust level only. The ratio was 87.65, which is lower (better) than the national average of 100 from 1 July 2013 to 30 June 2014. There was no evidence of risk.
- The Summary Hospital-level Mortality Indicator (SHMI) was produced at trust level only. The SHMI was 0.91, which is lower (better) than the national average of 1.1 from July 2013 to 30 June 2014. There was no evidence of risk.

# Summary of findings

## Caring

- The NHS Friends and Family Test for urgent and emergency care (for January 2015) showed the percentage of respondents who would recommend the emergency department was 83%, which was worse than the national average of 88%. The response rate was 22%, which was better than the national average of 20%.
- The NHS Friends and Family Test for inpatients (January 2015) showed the percentage of respondents who would recommend the inpatient wards was 97%, which was better than the national average of 94%. The response rate was 37%, which was better than the national average of 36%.
- The NHS Friends and Family Test for maternity (January 2015) showed the percentage of respondents who would recommend the antenatal service was 100%, which was better than the national average of 95%. Response rate figures were not available. The percentage of respondents who would recommend giving birth at the hospital was 98%, which was better than the national average of 97%. The response rate was 16.8%, which was worse than the national average of 22.9%. The percentage of respondents who would recommend the postnatal service was 80%, which was worse than the national average of 93%. Response rate figures were not available.
- The Cancer Patient Experience Survey 2012/13 showed the trust as a whole was amongst the bottom 20% of trusts for the majority of the questions in the survey. The trust as a whole had an 83% rating for 'Patients rating of care' as being 'excellent' or 'very good' in the survey. This was lower than the 92% rating for the top 20% of trusts.
- The CQC Adult Inpatient Survey for 2013/14 showed the trust performed about the same as other trusts for all indicators in the survey.

## Responsive

- The cancer two-week wait standard for April 2014 to March 2015 was met by the hospital. The two-week standard was met for 97.7% of patients, against a target of 93%.
- The breast symptom two-week wait for April 2014 to March 2015 was met by the hospital. The two-week standard was met for 98.7% of patients, against a target of 93%.
- The 31-day first treatment for tumours for April 2014 to March 2015 was met by the hospital. The 31-day standard was met for 98.4% of patients, against a target of 96%.
- The 31-day subsequent treatment (treatment group) drug treatments was met by the hospital. This 31-day standard was met for 100% of patients, against a target of 98%.
- The 31-day subsequent treatment (treatment group) radiotherapy treatments for April 2014 to March 2015 was met by the hospital. The hospital met this 31-day standard for 99.6% of patients against a target of 94%.
- The 31-day subsequent treatment (treatment group) for surgery for April 2014 to March 2015 was met by the hospital. The hospital met this 31-day standard for 97.7% of patients, against a target of 94%.
- The 62-day standard cancer plan for tumours for April 2014 to March 2015 was met by the hospital. The hospital met this 62-day standard for 85% of patients, against a target of 85%.
- CRS The 62-day screening standard for tumours for April 2014 to March 2015 was met by the hospital. The hospital met this 62-day standard for 95.5% of patients, against a target of 90%.
- The emergency department, four-hour waiting time target of 95% was not met by the hospital between April 2014 and March 2015. Eighty-nine point five per cent of patients were seen, treated, admitted or discharged in under four hours.
- The referral-to-treatment times were as follows: 80.4% of patients who were admitted were seen within the 18-week target. Of the patients who were not admitted, 96.1% were seen within the 18-week target. Of the patients whose pathways were incomplete, 92.6% were seen within the 18-week target.

# Summary of findings

## Well-led

- The overall engagement score for the Department of Health NHS Staff Survey for 2014 (for the trust as a whole) was 3.79, which was slightly better than the England average of 3.75.
- The results of the 2014 Department of Health NHS Staff Survey demonstrated that for the King's College Hospital NHS Foundation Trust most scores were within expectations, in line the national average over the 29 key areas covered in the survey. These included the facts that the trust scores were:


- Within expectations in 13 key areas.
- Better than average in five key areas.
- Worse than average in 11 key areas.
- The response rate for the staff survey was 30%, which was lower than the national average of 42%.

## Inspection history

This is the first comprehensive inspection of King's College Hospital Denmark Hill Site. Princess Royal University Hospital was previously inspected in December 2013 but not rated.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>The trust is rated as requires improvement for safety.</p> <p>Whilst we saw good processes and culture with respect to incidents learning was not robust.</p> <p>A number of areas of the patient environment did not support patient comfort and infection control whilst the effective and secure management of medicines requires attention.</p> <p>Staffing levels in some key areas did not meet the expected standards. Staff were largely compliant with training although medical staffing attendance should be improved.</p> <p><b>Incident Reporting</b></p> <ul style="list-style-type: none"><li>• The trust had a strong culture of incident reporting. All departments had access to incident reporting systems and there was a process for providing feedback to staff that included newsletters that focussed on patient safety and governance issues. However, our interviews and discussions with staff during the inspection indicated that feedback and learning was not robust.</li><li>• Where we reviewed serious incident investigations they were of a good standard utilising root cause analysis and action planning.</li><li>• There were seven never events recorded between February 2014 and January 2015 at the trust, six of which related to surgical errors. Of the surgical errors, two related to dental surgery, two to cataract operations within day case surgery and two to ophthalmology procedures within outpatients. The seventh event occurred within critical care. All incidents were appropriately investigated and reported.</li></ul> <p><b>Cleanliness, infection control, equipment and environment</b></p> <ul style="list-style-type: none"><li>• The trust had an up to date infection control policy that was adhered to across the trust. There was appropriate provision of protective equipment and we saw evidence of measurement and monitoring of practice. The board received an annual infection control report.</li><li>• Infection control training largely met expected targets, however in some departments compliance was not maintained particularly for medical staff.</li></ul>	<p><b>Requires improvement</b> </p>

# Summary of findings

- At the time of inspection the trust had a significant outbreak of norovirus. This was managed effectively with clear indication and control over infected areas. The trust ensured regular and comprehensive communication with the inspection team to ensure the continuation of the inspection process.
- The departments generally had good access to equipment and worked in a clean and tidy environment. Concern was expressed regarding the bed space and design of parts of the critical care service whilst some waiting areas for patients, notably in the Liver Unit (KCH DH) and Radiology (PRUH) afforded poor patient comfort and/or compromised the ability to maintain a clean environment. The storage of intravenous fluids on Fisk Ward was inappropriate.

## **Duty of candour**

- The trust had developed policy and engaged the workforce with respect to duty of candour and we saw examples where the trust had appropriately discharged its legal obligations by writing to patients. Staff we interviewed were largely aware of the regulation. The trust had appointed a candour guardian.

## **Safeguarding**

- Our review of safeguarding processes indicates that they are safe, although delays in reporting to social care can occur at weekends.
- The trust had developed a large child and adult safeguarding teams with a named safeguarding doctor and nurse. Clinical teams were aware of how to access the team and also how to utilise flagging systems and we saw appropriate escalation processes. Staff had access to training, including volunteers, but the lack of uptake by medical staff was of concern.
- The teams are based at King's College Hospital Denmark Hill and this leads to distant service provision to Princess Royal University Hospital and Orpington Hospital with senior staff attending every 6 weeks in addition to monthly safeguarding meetings.

## **Staffing**

- Nursing and medical staffing level standards were largely met across the trust. Notably staff at Princess Royal Hospital indicated a significant improvement post acquisition.
- In some areas nursing staffing levels inhibited the provision of optimum care. This was most profoundly indicated in the high vacancy rates in emergency department (KCH DH and PRUH), the support to mothers in maternity (KCH DH), and phlebotomy services where 70% of staff are agency.

# Summary of findings

- Medical consultant staffing levels did not meet CEM standards in the emergency department (PRUH) and levels on the neonatal unit did not allow for 24/7 cover.

## Assessment of risk

- Early warning scores were utilised across the trust and escalation was supported by the innovative iMobile team whose consultant led service was viewed as outstanding practice.

## Medicines

- Electronic prescribing and medicines administration has not been fully implemented leaving Princess Royal University Hospital and critical care units at King's College Hospital Denmark Hill without access to such systems.
- Medicines security and the efficiency of approval of patient group directives requires attention and enhancing the engagement of clinical, nursing and management in medicines audit would strengthen the trusts effectiveness in addressing deficiencies. Attendance at key medicines governance meetings is poor.
- Although standards are in place for pharmacy portering staff we observed a lack of formal handover when medicines were delivered therefore increasing the risk of unsecured medicines and theft.

## Records and Information Technology

- The trust operated on a mixture of paper and electronic records. Record keeping was largely comprehensive although improvements could be achieved in critical care and for medical outliers.
- A number of areas indicated that access to computers was an issue. The trust had encountered IT issues following implementation at Princess Royal University Hospital leading to duplicate patient records. An IT strategy is in place that will lead to the replacement of the trust PAS system which is now sixteen years old and the trust has developed a portal which affords Princess Royal University Hospital access to results and images from all King's Health Partners.
- There is a need for clear communication to clinical teams of the IT strategy.

### Are services at this trust effective?

The trust was rated as requires improvement for effectiveness.

Requires improvement





# Summary of findings

The trust was delivering and auditing evidenced based care with a supportive audit programme and was performing well in terms of patient outcomes.

Appraisal rates across the trust were not consistently at the trust target level. DNA CPR documentation lacks a standard approach and does not always include the discussions held with carers and relatives.

Low attendance at training particularly amongst medical staff led to limited understanding of the Mental Capacity Act.

## **Evidence based care and treatment**

- Core services largely had access to protocols, policies and guidelines that had been developed with reference to appropriate best practice. We were also able to see appropriate involvement in audit cycles with subsequent development of improvement plans.
- In specialty services we saw examples of the trust influencing national and international best practice.
- Patients across the trust were assessed and had access to pain relief. This was particularly well provided for in children's and young persons services (KCH DH).

## **Patient outcomes**

- There was no evidence of risk identified in the composite indicator of in-hospital mortality, the hospital standardised mortality ratio (HSMR) or the Summary Hospital Level Mortality Indicator (SHMI).
- The trust performed well in a number of national audits including heart failure, diabetes and stroke although some elements of the fractured neck of femur audit require attention. Stroke services on both King's College Hospital Denmark Hill and Princess Royal University Hospital were highly rated in national audits.

## **Competent staff**

- Core services had a structure that supported the maintenance of competence. Assessment was supported by a practice development nurse structure. However a number of areas had low levels of staff appraisal.
- Induction was well developed and training was accessible and junior doctors indicated that they are well supported.

# Summary of findings

## Consent, Mental Capacity Act and Deprivation of Liberty safeguards

- Consent processes were well understood by staff we interviewed.
- The process and documentation of DNA CPR requires attention across the trust to ensure that standard processes are in place across all locations, staff understand the process and that all discussions with carers are appropriately documented.
- There was limited understanding of the Mental Capacity Act across the trust. A training programme was available to staff but attendance was not consistent and particularly low amongst medical staff.

## Are services at this trust caring?

The trust was rated good overall for caring.

There was clear culture of provision of compassionate care with dignity which was supported by feedback from patients and carers.

Patients and carers indicated they were involved in the planning of care and emotional support was provided to patients, carers and staff.

### Compassionate care

- Our observations and feedback from patient, relatives and carers we interviewed provided many examples of compassionate care. We saw the use of comfort rounds, pet therapy and the monitoring of care perceptions.
- Some environments did not support the provision of dignified care notably the critical care service (KCH DH)
- The trust has developed a team of dignity champions. Those we interviewed were highly enthusiastic about the role, delivery of dignity training and the programmes ability to showcase achievement and ideas to improve patient dignity.
- The trust has developed a ward accreditation scheme called commit to care. The feature of our discussion relating to this initiative was the positive impact it was having on wards who had achieved the highest standard as well as the incentive and motivation it was having on those wards requiring improvement.

Good



# Summary of findings

## Understanding and involvement in patients and those close to them

- Feedback from patients and carers and our observations during the inspection indicated that efforts were made to ensure that communication of treatment plans and that patients and carers were well informed.

## Emotional support

- Patients and carers had access to emotional support via staff and chaplaincy services.
- Children's services were well provided for with psychiatric, psychologist, play specialists and educational support.

## Are services at this trust responsive?

The trust is rated as requiring improvement in its responsiveness. Whilst good attention had been paid to the needs of individuals particularly those who are vulnerable, some elements of service are not being planned appropriately.

The trust faces significant issue in delivering access targets meaning that patients are waiting longer for services both on an emergency and planned basis.

## Service planning and delivery to meet the needs of local people

- We saw examples where service planning had taken due account of the needs of local people. Our inspection findings indicated that the enhancement of surgical services at Orpington had been welcomed by stakeholders and that patients were gaining a high level of satisfaction from the services. Other examples included the introduction of ambulatory care pathways and post discharge critical care clinics at King's College Hospital Denmark Hill and the development of a very responsive maternity service at Princess Royal University Hospital.
- Issues relating to the planning of end of life care services at Princess Royal University Hospital indicated a lack of service planning with services not having appropriate financial planning and support. The capacity planning for critical care at Princess Royal University Hospital is under developed.
- The significant growth in demand for outpatients services was not being matched in terms of service planning leading to patients experiencing long waits to access some services.

Requires improvement



# Summary of findings

- Clinical staff reported that access to the specialist services at King's College Hospital Denmark Hill greatly enhanced the quality of care provided by the trust.

## Meeting individual needs

- The trust had an extensive range of information available to patients, however some key pieces of information within departments were not available in a multilingual format. Generally there was appropriate access to translation services and staff showed an awareness and a responsiveness to cultural needs.
- A dementia strategy was in place and the trust had a dementia team. We saw the use of patient identification systems and patient passports. We were advised that the trust had given due consideration to the environmental needs of dementia patients but unfortunately, due to the outbreak of norovirus, we were unable to see the key ward in full operation.
- In a similar fashion processes were in place to identify and support patients with learning difficulties with good use of patient passports. Again, methods for identification on emergency attendance were not in place in both emergency departments. Outpatients fast tracked patients to reduce anxiety.
- During our inspection we identified a high level of awareness across departments of the needs of sickle cell patients.
- Service design to meet the needs of children was largely well developed. Of particular note was the play and educational support provided at the Princess Royal University Hospital. Arrangements to support parents who wish to stay with their children were in place. The emergency department at King's College Hospital Denmark Hill also had access to mental health and youth worker support however it did not meet the standard for provision of specialist play support.

## Access and flow

- The trust faces significant issues relating to patients accessing services and subsequent flow through services. The overall performance has come under scrutiny from Monitor.
- Both emergency departments are subject to high demand and this leads to congestion in the clinical areas. As a consequence we observed single cubicles being used for two patients, delays in transfer to wards, significant problems in attaining the four hour emergency access target and a higher than target total time spent in the emergency department. The number of 12 hour breaches recorded by the trust did not afford an accurate reflection of the excessive time periods patients were spending

# Summary of findings

in the department. A decision to admit a patient (DTA) was often delayed because the trust's policy was to have the DTA made by specialty only; emergency department consultants could not make a DTA. This meant that patients could spend an excessive amount of time in the department but a 12 hour breach was avoided.

- The trust was not attaining the 18 week referral to treatment target in a robust manner across all departments. We observed late running and over subscribed outpatients clinics leading to overcrowding. It was noted that we observed minimal delays at the Orpington Hospital outpatients department.
- Critical Care units, but particularly at Princess Royal University Hospital, were both experiencing difficulties in timely discharging of patients back to wards and admission from the Emergency Department.
- Maternity inpatient services at King's College Hospital were encountering significant pressures with the post natal ward often operating at full capacity effectively resulting in 'gridlock'. This increases the probability of mothers giving birth on the antenatal ward or the cancellation of planned procedures.
- Patients under the care of medicine do often occupy beds in surgical and other speciality areas. However, there are processes in place to ensure appropriate medical review. Patients at Princess Royal University Hospital were subject to multiple bed moves.
- Surgical services at Princess Royal University Hospital were not being delivered in a responsive manner. There was congestion within the pre admission unit and theatres were subject to a high level of late starts, low theatre utilisation and delays in returning patients to wards. As a result patients were at times held overnight in the theatre recovery area. Cancellation of operations on the day was high and there were also breaches of the requirement to rebook patients whose procedures have been cancelled within twenty eight days.

## Learning from complaints

- We saw that complaints were discussed and shared within most departments across the trust, however we also identified delays in expected response timescales and also lapses in the quality of responses and this may impact on the degree of learning that can be obtained.

# Summary of findings

## Medicines

- We observed good examples of pharmacy practice that supported the discharge of patients including listing medicines for discharge and advanced preparation prior to doctor authorisation.

## Are services at this trust well-led?

The trust is rated as requires improvement for well led.

The trust has strategic vision but there remains work to do in terms of developing local service strategy and integration of Princess Royal University Hospital and Orpington Hospital.

A strong governance and performance structure does require improvement in terms of non executive challenge and medicines management.

## Vision and strategy

- The trust had a clear vision of 'one hospital over multiple sites'. This vision was supported by a well developed and communicated set of values and a robust approach to governance. A clinical strategy to deliver services to the local population enhanced by high profile specialist services was in place. Clinical strategy was under review subsequent to the acquisition of Princes Royal University Hospital and Orpington Hospital and some services had been reconfigured. As a result some services, particularly those at Princess Royal University Hospital lacked clear sight of strategic direction for their services.

## Governance, risk management and quality measurement

- The governance structure within the trust afforded appropriate trend analysis and action plan monitoring and included incident and risk management and mortality and morbidity monitoring. The structure ensured connection from departments to the board via the divisional structure.
- The trust had applied itself to the transfer of embedded good governance at King's College Hospital Denmark Hill to Princess Royal University Hospital and Orpington Hospital. In our interviews with staff the positive improvements in governance as a result of this strategy were acknowledged widely.

Requires improvement



# Summary of findings

- The Trust Quality and Safety sub board committee was attended by the full board. Whilst it is an understandable desire to engage all executives and non executives in patient safety, consideration should be given to the level of non-executive challenge that such an arrangement facilitates.
- There is not a clear line of board accountability from the director of pharmacy and this does not meet national standards for medicines management. This lack of formalisation impairs effective governance. The trust is in the process of procuring an external review of governance processes.

## Leadership of the trust

- The trust had a full executive comprising largely of experienced directors, many of whom had extensive service with the trust therefore providing stable and consistent leadership. The team are viewed by the staff as largely approachable, visible and appreciative. At the time of inspection the substantive chief executive had been on a period of extended leave, however the interim chief executive (the substantive chief operating officer) was providing good leadership and continuing to drive the significant change agenda the trust faced.
- The trust had appointed a new chair, who at the time of inspection had been in post for two weeks, who has extensive experience in leadership roles. Despite the relative short period of time a clarity of purpose was provided with a strong sense of delivery. The development of the board, stakeholder relationships and key strategic objectives were well articulated.
- Non-executives and executives engaged in a 'go and see' initiative to enhance connection with front line services. The staff we interviewed did not always recognise this approach or the visibility of the non-executive team and this should be considered an opportunity for development along with enhancing an associated feedback mechanism.
- Non-executive roles that support end of life care, patient safety and clinical governance had been identified.
- The trust has invested in a well developed management information system that supports the performance management structure. The current extent of performance issues across the trust may have been more accurately predicted and mitigated given the maturity of this system.
- Leadership had been enhanced on Princess Royal University Hospital by the placement of a senior member of the King's College Hospital, Denmark Hill operations team. This role has been effective in leading transformational change but would



# Summary of findings

benefit from stronger clinical leadership support and increased presence of executive team members on the Princess Royal University Hospital site. This would assist in enhancing clinical engagement and the development of local leadership.

## **Culture within the trust**

- Staff reported the culture across the trust to be supportive, enthusiastic and proud with a strong sense of clinical excellence.
- The recent acquisition and financial challenge has created some concerns among the workforce. Concern was expressed by staff that the trust executive had become overly focussed on the Princess Royal University Hospital leading to lack of development of specialist services whilst staff at Princess Royal University Hospital, despite an generally positive response to the acquisition, reported a feeling of 'the King's way or the highway'. Staff also expressed views that financial controls will have an impact on patient care and themselves personally. Senior clinical staff also had doubt about their capacity to maintain effective presence at multiple sites. The management of such concerns during a period of change constitutes a communication challenge to the trust leadership.
- A number of staff reported significant efforts by the trust in preparation for the inspection. It is important that the trust maintains improvement initiatives post inspection to maintain credibility with the workforce.

## **Fit and proper persons**

- An appropriate recruitment process was in place to ensure board members met fit and proper persons regulation.

## **Public and staff engagement**

- The trust employs a 'how are we doing?' survey to obtain feedback from patients and carers which feeds into performance scorecards. This supplements the family and friends scores which are positive for the trust as a whole and particularly good at Orpington Hospital.
- The trust issues and number of informative newsletters to engage staff with particular respect to patient safety issues. There is also a members newsletter and a number of patient user groups. Long service and excellence is celebrated at an annual awards ceremony.
- The trust has a nationally recognised volunteer programme that provides extensive support to patients and staff during their hospital stay and at discharge.

# Summary of findings

- The main reception area at the King's College Hospital Denmark Hill is poorly designed and does not afford good receipt of disabled patients and provides a poor working environment for staff whose role is to provide an initial positive engagement with visitors.

## **Innovation, improvement and sustainability**

- The trust is an active member of King's Health Partners an Academic Health Science Centre and has a record of introducing innovative approaches to care. We saw examples of this in the development of the iMobile critical care outreach service and in Liver, Haematology and Neurosciences services. However, the impact of AHSC developments was not seen within general wards and services.
- In response to the investigations of Monitor the trust had appointed a turnaround director. The trust had developed an extensive plan to address the financial deficit with a suitable control and governance process. However, a significant number of savings schemes still required full development and as a result, and given the lag phase for delivery, the trust may find fully meeting the financial target challenging.

# Overview of ratings

## Our ratings for King's College Hospital Denmark Hill

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
<b>Overall</b>	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

# Overview of ratings

## Our ratings for Princess Royal University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Outstanding	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Inadequate	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Orpington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Overview of ratings

## Our ratings for King's College Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

# Outstanding practice and areas for improvement

## Outstanding practice

At King's College Hospital Denmark Hill

- Trauma nurse coordinators tracked pathways and the progress of trauma patients by visiting them daily on the wards. This role also included networking with other trusts and coordinating repatriation in advance.
- The ED had an established youth worker drop in scheme operated by a London-based organisation, which was effective in supporting vulnerable young people. Staff could refer young people to the service, although engagement was voluntary. The service also supported young people to access specialist services, such as housing support and access to social workers.
- The iMobile outreach service was innovative and there was evidence that it was producing positive outcomes both for patients and the critical care service as a whole.
- The pioneering work being done by neurosciences, liver and haematology specialist services.
- The surgical directorate had set up the first national training for a trauma skills course in the country.
- There were well-established pathways for pregnant women, which provided appropriate antenatal care, including access to specialist clinics for women with medical needs.
- The foetal medicine unit provided interventions, such as foetal blood transfusions, fetoscopic insertions of endotracheal balloons and laser separation procedures of placental circulations for complicated monozygotic twin pregnancies.
- The enhanced scanning programme included combined screening for chromosomal abnormalities at 12 weeks, with women being given the results on the same day.

- The gynaecology and urogynaecology services offered a one-stop service with diagnostics carried out by a specialist doctor. The hospital was a regional training unit for this service and the unit was recognised as a gold standard unit by The British Society of Urogynaecologists.
- For children with complex liver conditions and those who required surgery as neonates, staff developed and advocated the use of innovative and pioneering approaches to care.

At Princess Royal University Hospital

- The responsiveness of the Children and Young Persons service at Princess Royal Hospital received an overall rating of outstanding with the play and education support notable.
- Recent data from the Royal College of Physicians' Sentinel Stroke National Audit Programme (SSNAP), had given the PRUH stroke service a Level A ranking. This is the highest possible rank and only eight per cent of stroke units in the country currently achieve it. This is a significant achievement as the hospital was previously rated as Level D and has risen to level A in just 18 months, making it one of the most improved stroke services in the country.
- Pets as Therapy (PAT) dogs is an initiative to help patients who may be feeling low after suffering a disability following a stroke, or who may have been in hospital for a long period of time. The stroke ward had introduced pet therapy and a dog and their owner visited the ward weekly. They visited patients who were unable to communicate and found they often made huge efforts to communicate with the dog.

## Areas for improvement

### Action the trust MUST take to improve

Trust Wide

- Work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges

- Improve the documentation of patient care including Do Not Attempt Cardio Pulmonary Resuscitation orders.

At King's College Hospital Denmark Hill

# Outstanding practice and areas for improvement

- Review its facilities within critical care so that it meets both patient needs, and complies with building regulations. This includes bed spacing and storage facilities, particularly for IV fluids and blood gas machines.
  - Ensure that the 'Five steps to safer surgery' checklist was always fully completed for each surgical patient.
  - Re-configure the Liver outpatient clinic in order to avoid overcrowding.
  - Ensure patients referral to treatment times do not exceed national targets.
  - Improve patient waiting times in all outpatients' clinics.
  - Review the capacity of the maternity unit so that women and their babies are receiving appropriate care at the right place at the right time.
  - Implement a permanent solution to the periodic flooding following heavy rain of the renal dialysis unit and endoscopy suite areas.
  - Ensure that the trust policy around syringe drivers affords optimum protection for patients against the risks of adverse incidents.
  - Ensure the cover for the concealment trolley for deceased patients is in good repair and not an infection control risk.
- At Princess Royal University Hospital.
- Continue to work to improve the availability of medical records in the outpatients department and medical care wards.
  - Work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges.
  - Improve the system for booking and managing waiting times in outpatient clinics to reduce delays for patients and clinics running over time.
  - Improve the environment in the surgical assessment unit.
  - Review and improve record documentation to ensure it is fully completed and in line with national guidance including DNACPR orders.
- At Orpington Hospital
- Ensure patients are seen in outpatient clinics, with their full set of medical notes.



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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>All premises and equipment used by the provider were not:</p> <ul style="list-style-type: none"><li>- suitable for the purpose which they are being used</li><li>- properly used</li><li>- properly maintained</li></ul> <p>because;</p> <ol style="list-style-type: none"><li>1. The bed spacing and storage facilities, particularly for IV fluids and blood gas machines within critical care, did not meet patient needs or complied with building regulations.</li><li>2. The Liver outpatient clinic was overcrowded with patients.</li><li>3. The space capacity of the maternity unit was inadequate, which meant that women and their babies were not always receiving appropriate care at the right place and at the right time.</li><li>4. There was periodic flooding following heavy rain to the renal dialysis unit and endoscopy suite areas.</li><li>5. The current trust policy around syringe drivers used with end of life care patients did not afford optimum protection against the risks of adverse incidents.</li><li>6. The cover for the concealment trolley for deceased patients was not in good repair and was also an infection control risk.</li></ol> <p>Regulation 15 (1) (c) (d) (e)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulation activity because;

1. The 'Five steps to safer surgery' checklist was not always fully completed for each surgical patient.

Regulation 17 (1) (b)

### Regulated activity

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

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The nutritional and hydration needs of patients was not always met because;

1. The hospital did not comply with national guidance regarding critical care patients' access to a dietician.

Regulation 14 (2) (a) (ii) (b)