

East Kent Hospitals University NHS Foundation Trust

Quality Report

Kent and Canterbury Hospital
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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?

Inadequate



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

East Kent Hospitals University NHS Foundation Trust is a large provider of acute and specialist services that serves a population of over 750,000 across Dover, Canterbury, Thanet, Shepway and Ashford. The trust operates from three acute sites; William Harvey Hospital (WHH) Ashford, Queen Elizabeth the Queen Mother (QEQM) Hospital Margate and Kent and Canterbury Hospital. In addition local services including outpatients and diagnostics are provided from the Buckland Hospital Dover and The Royal Victoria Hospital, Folkestone.

The trust has over 1000 beds including 27 critical care beds and 67 children's beds. The trust receives over 200,000 emergency attendances, 94,000 inpatient spells and 727,000 outpatient attendances. There are 138,000 day case attendances. All core services are provided at both William Harvey Hospital and QEQM Hospital whilst at Kent and Canterbury Hospital there are no maternity beds and a minor injuries unit with an emergency care centre rather than a full emergency department service.

The trust provides services to a population that has lower than England average black Asian and ethnic minority representation and only Thanet has levels of deprivation below the England average. However, Dover, Thanet and Shepway are all below the national average for child poverty.

We carried out an announced inspection between 13th and 17th July 2015. We also undertook unannounced visits to the trust on the 29th of July.

This is the second inspection of this trust. The first in March 2014 led to an overall rating of inadequate and as a consequence the trust was placed into special measures by Monitor. A supporting performance management structure has been placed around the trust including the placement of a Monitor director of improvement.

Overall this trust requires improvement. Whilst caring was rated as good, safe, responsive and well led were all found to require improvement and effective was found to be inadequate. We found that William Harvey Hospital, QEQM Hospital and Kent and Canterbury Hospitals as individual locations also all require improvement. Both Buckland Hospital and Royal Victoria Hospital were rated as good.

Our key findings were as follows:

Summary of findings

SAFE

- There has been significant improvement in the culture and processes surrounding the reporting of incidents although we found practice within the emergency departments that was inconsistent with trust policies.
- Infection control policies and procedures were in place and adhered to and the environment was clean. We did find that the escalation ward at QEQM was not fit for purpose and that appropriate fire safety planning and processes were not in place in some areas.
- Equipment was largely available as required by the staff but there was inconsistent practice in the identification of equipment that had been cleaned and was ready to use.
- Despite recruitment challenges staffing levels had improved. However, the increased use of agency and locum staff requires diligence to ensure that competency levels are identified and workloads are not excessive.
- The standard procedures for the placement of nasogastric tubes requires clarification with a supporting communication and training package to ensure consistent safe practice across all locations within the trust.

EFFECTIVE

- Although national audit performance was largely adequate we are concerned about the deteriorating performance in the emergency department in some audits without the development of action plans. The trust had also not made appropriate provision for the end of life care pathway and had not completed the 2015 national care of the dying audit.
- Best practice protocols and policies were in place and accessible via information technology, although we identified occasions where printed copies in use but were out of date.
- Staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards could be improved.
- Corporate induction, local induction, appraisal and supervision along with specialist nurses provided a suitable framework for maintaining a competent workforce.

Summary of findings

CARING

- Care was largely compassionate and afforded patients and carers dignity and privacy although there was a shortage of private areas to support confidential discussions.
- Patients and carers were kept informed and engaged regarding care plans and emotional support was well provided to patients and staff.

RESPONSIVE

- Service planning is required to address the congested emergency pathway and in maternity services to appropriately manage the demand for beds.
- Facilities and support for dementia patients and patients with mental health needs are not at the level required.
- The trust has a well developed approach to the management of learning from complaints.

Summary of findings

WELL LED

- A suitable board structure is in place which is underpinned by a governance structure that has been revised following external review.
- Despite some inconsistencies in risk assessment at directorate level, risks are reviewed regularly and escalated through the governance structure. The board understands its three key risks.
- Improvements in culture and staff engagement have been identified, however there remains pockets of behaviour and practice that do not support the continued improvement aspiration of the trust.
- Some departments do not have clear sight of strategy, however the development of, and engagement with, the trust clinical strategy will facilitate resolving this.

We saw several areas of outstanding practice including:

- The outpatient improvement plan had significantly improved the service for patients. This transformational change has been well structured and designed to deliver improvements in access, notes availability and overall patient experience. Its success is an example of outstanding nurse leadership.
- The trust had introduced an innovation and improvement hub where staff could meet and discuss improvement initiatives and this is generating ideas, enthusiasm and heightened staff engagement.
- The pre-operative joint clinic for patients is recognised as enhancing patient outcomes.
- The care pathway for patients discharged with a rigid cervical collar in place is acknowledged for contributing to on-going care to individuals.

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

Importantly, the trust must:

- Make arrangements for the replacement of the Liverpool Care Pathway and ensure that appropriate national audit is undertaken.
- Ensure that where deficiencies in audits are identified that clear action plans are developed that are subsequently managed within the trust governance framework.
- Ensure that there are sufficient numbers of suitably qualified, skilled, and experienced staff available to deliver safe patient care in a timely manner.

- Ensure that the environment and facilities in which patients are cared for must be safe, well maintained, fit for purpose and meet with current best practice standards.
- There must be sufficient equipment in place to enable the safe delivery of care and treatment, that the equipment is regularly maintained and fit for purpose to reduce the risk to patients and staff.
- The trust must ensure the hospital has sufficient capacity to cope with the number of women in labour and new born babies on a day to day basis.
- There must be robust systems in place to monitor the safe management of medicines to ensure that national guidelines are reviewed appropriately and their implementation monitored.
- Ensure that there are clear trust wide protocols for the placement of nasogastric tubes.
- Ensure that medicines and intravenous fluids are stored safely and securely.
- Ensure that suitable arrangements are made for patients with mental health issues whilst awaiting assessment.

In addition, the trust should:

- Clarify emergency care services provided at Kent and Canterbury and provide clear protocols for the ambulance service about what patients can be admitted.
- Review the training provided to clinical staff on the Mental Capacity Act and DoLS to ensure all staff understand the relevance of this in relation to their work.
- Ensure that all staff undertake required training in safety related subjects.
- Continue to improve referral to treatment times across all specialities to ensure that patients are treated in an acceptable timeframe following referral to the service.
- Standardise inotropic infusions to avoid the risk of potential drug errors when staff engage in cross site working.
- Develop a formal vision and strategy for women's health services to enable the development of a modern maternity service which is woman centred, underpinned by a sound evidence base and benchmarked against best practice standards.
- Review the routine administrative burden on maternity staff at weekends and out of hours should be reduced in order to free midwifery staff to look after patients.

Summary of findings

- Encourage the reporting of non-clinical incidents in order that action can be taken to protect patients from avoidable harm.
- Ensure that the electronic system for allocating NHS numbers to new born babies should be functioning, in order to avoid the risk of babies missing screening tests through a manual process with insufficient printers available.
- Ensure there is a robust system in place to measure, monitor and analyse common causes of harm to women during pregnancy and childbirth.
- Review its medical bed capacity to ensure that the majority of patients are cared for in the correct speciality bed for the duration of their hospital admission. It should also review its arrangements for the management of patients outlying in non-speciality beds to ensure the quality and safety of their care is not compromised.
- Review the processes in place that provide assurance that equipment shared between patients is clean and ready for use.
- Review the pharmacy service and how staff shortages are impacting on patient's timely discharge.
- Review its care planning arrangements for summarising and recording the individual needs of patients when individual risks have been identified.
- Review pain management tools to assist patients living with a disability or dementia.
- Ensure that all confidential patient records are fit for purpose and securely stored in clinical areas to minimise the risk of unauthorised access.
- Consider the support available to people living with learning disabilities is provided when they are patients, and to its staff to ensure they can meet individual needs.
- Continue to improve referral to treatment times across all specialities to ensure that patients are treated in an acceptable timeframe following referral to the service.
- Consider how the environment in which surgical services are provided would be suitably maintained.
- Ensure that staff are afforded the opportunity to have their performance formally reviewed.
- Ensure staff in all areas complete all the required mandatory training.
- Ensure that patient risk assessments were completed and acted upon.
- Consider how it may improve the environment in the day surgical unit.
- Consider how it may move forward with the implementation of the dementia care work to bring it to fruition.
- Continue to work with commissioners to ensure there is adequate funding and resources for the End of Life service.

Significant progress has been made over the last six months following the appointment of new executive team members, in particular in terms of staff and stakeholder engagement. However, the team is still very new and further improvement in quality and safety is still required across multiple services before they can be considered good. I am therefore recommending that the trust should remain in special measures. CQC will re-inspect key aspects of care within the next six months to make a further determination on this.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to East Kent Hospitals University NHS Foundation Trust

East Kent Hospitals University NHS Foundation Trust comprises five hospitals: William Harvey Hospital Ashford, Queen Elizabeth The Queen Mother Hospital Margate, Kent and Canterbury Hospital, Buckland Hospital Dover and Folkestone Hospital. Services are provided to the populations of Dover, Canterbury, Thanet, Shepway and Ashford. Services are commissioned via NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.

The population served exceeds 750,000 with an unremarkable age distribution when compared with the England average. The number of BAME (Black Asian and Minority Ethnic) residents is highest in Canterbury but all areas are significantly below the England average. In terms of deprivation only Thanet is below the England average with 13/30 indicators in the area health profile being below the average (worse) including male and female life expectancy. Dover, Thanet and Shepway are all below the England average (worse) for child poverty.

The average rate of GP registration per 1,000 residents in England is 12. Whilst Canterbury is above that rate (18), Dover, Thanet, Shepway and Ashford are all significantly below the England average.

Provision of adult social care is challenged in Kent leading to a lack of capacity in the community to fully support the areas needs.

A broad range of acute services are provided from the Ashford, Canterbury and Margate sites whilst Buckland and Folkestone Hospitals deliver day case and outpatient services.

Activity at the trust is in the region of 94,000 inpatient admissions, 138,000 day cases with 727,000 outpatient and 205,000 emergency attendances. The trust employs around 7,500 staff. In 2014-15 the trust had a revenue budget of £534 million and closed with a deficit of £7.7 million.

The trust was previously inspected in March 2014. The overall rating following that inspection was inadequate. The domains of safe and well led were judged inadequate, effective and responsive as requires improvement whilst caring was rated as good. The trust was subsequently placed in special measures and has reported monthly on a detailed action plan for the last twelve months.

The trust was comprehensively inspected as a planned follow up on a trust in special measures.

Our inspection team

Our inspection team was led by:

Chair: Professor Edward Baker, Deputy Chief Inspector of Hospitals, Care Quality Commission

Head of Hospital Inspections: Alan Thorne, Care Quality Commission

Inspection Managers: Elaine Biddle (Planning), Sheona Keeler (Inspection and Reporting)

The hospital was visited by a team of 50 people including: CQC inspectors, analysts and a variety of specialists including consultants, nursing, midwives, radiographers, student nurse and junior doctor. We also included managers with board level experience and experts by experience (lay people with care or patient 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?

Summary of findings

- 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, 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 hospital staff.

What people who use the trust's services say

Public Engagement Events and Healthwatch

Healthwatch Kent were engaged by EKHUFT to provide a set of engagement activities and report. The key findings included:

- High percentage of public comments were of a positive nature highlighting all round service, polite staff and improved waiting times. Negative comments related to appointment delays, level of care, poor communication and emergency department.
- Public support existed for improvements in frail and elderly people and the placement of services in primary care or community settings.
- Positive public response to increased trust engagement.
- A clear public understanding of the current pressures on services and the need to change.

National Department of Health Staff Survey 2014

- The 2014 Department of Health staff survey results showed that of 21 of the 32 indicators provided a negative finding with 16 of these showing a deteriorating trend. These included bullying and harassment, discrimination and incident reporting.

Summary of findings

Cancer Patient Experience Survey

- Of the 34 indicators in the cancer patient experience survey 4 were in the top 20% of trusts (contact post discharge, information, and social care support) and 4 were in the bottom 20% (control of chemotherapy side effects, privacy, approach to treatment and clear explanation of what will happen).

Patient led assessments of the care environment (PLACE)

- Performance in the 2014 PLACE indicated and improvement in cleanliness, food and facilities. However, privacy and dignity deteriorated and was below the England average.

Summary of findings

Commissioning Groups and HEE

- The change in executive team has led to renewed collaboration and good communications. Trust has a good safety focus. There has been a significant improvement in ward based performance information. Some concern around maternity leadership.

General Medical Council

- The 2014 GMC report indicated that clinical supervision and feedback to be worse than expected.

Facts and data about this trust

Context

- East Kent Hospitals University NHS Foundation Trust comprises five hospitals: William Harvey Hospital Ashford, Queen Elizabeth The Queen Mother Hospital Margate, Kent and Canterbury Hospital, Buckland Hospital Dover and Folkestone Hospital. Services are provided to the populations of Dover, Canterbury, Thanet, Shepway and Ashford. Services are commissioned via NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.
- The population served exceeds 750,000 with an unremarkable age distribution when compared with the England average. The number of BAME (Black Asian and Minority Ethnic) residents is highest in Canterbury but all areas are significantly below the England average. In terms of deprivation only Thanet is below the England average with 13/30 indicators in the area health profile being below the average (worse) including male and female life expectancy. Dover, Thanet and Shepway are all below the England average (worse) for child poverty.
- The average rate of GP registration per 1,000 residents in England is 12. Whilst Canterbury is above that rate (18), Dover, Thanet, Shepway and Ashford are all significantly below the England average.
- A broad range of acute services are provided from the Ashford, Canterbury and Margate sites whilst Buckland and Folkestone Hospitals deliver day case and outpatient services.
- Activity at the trust in the region of 94,000 inpatient admissions, 138,000 day cases with 727,000 outpatient and 205,000 emergency attendances. The trust employs around 7,500 staff. In 2014-15 the trust had a revenue budget of £534 million and closed with a deficit of £7.7 million.

Key Performance Indicators

Safety

- There were no never events across the trust between June 2014 and May 2015. 71 serious incidents were also reported in that time period. These included 12 pressure ulcers, 11 falls 9 unexpected admissions to NICU, 8 sub optimal care of the deteriorating patient. There were 7 unexpected adult deaths and 4 unexpected neonatal deaths.
- The prevalence of pressure ulcers has continued the trend of reduction in 2015, however an increase in falls prevalence has been seen since January 2015.
- Between April 2014 and March 2015 there was one case of MRSA bacteraemia and 21 cases of MSSA bacteraemia. 47 cases of Clostridium difficile were detected in the same period, a figure below the England average.

Effective

- Analysis of the mortality tree composite indicators shows no areas of risk or elevated risk.

Caring

- Of the 34 indicators in the Cancer Patient Experience Survey 4 were in the top 20% of trusts (contact post discharge, information, post discharge information and social care) and 4 were in the bottom 20% (control of chemotherapy side effects, privacy, approach to treatment and clear explanation of what will happen).
- Performance in the 2014 Patient-led Assessments of Care Environment indicated improvement in cleanliness, food and facilities. However, privacy and dignity deteriorated and was below the England average.
- The National Inpatient Results were unremarkable with no indicators among the worst or best trusts nationally.

Summary of findings

- The overall Trust score for being recommended by respondents in the Family and Friends test
- The trust receives 1000 complaints per annum. Acknowledgment times are within standard but the trust only meets the 30 day response standard in 50% of cases.

Responsive

- In quarter four 2014/15 the trust saw 94% of cancer patient referrals within two weeks (target 93%), 97% met the 31 day target for treatment from decision to treat (target 96%) , however only 75% of GP referrals were treated within 62 days (target 85%)
- The trust is finding maintaining the emergency department four hour access target challenging and has not met the 95% target in any month since April 2014.


- The trust is currently in special measures with Monitor due to it's inability to meet the 18 week referral to treatment time. General surgery, ENT and trauma and orthopaedics are of particular concern.

Well Led

- The 2014 GMC report indicated clinical supervision and feedback to be worse than expected.
- The 2014 Department of Health National Staff Survey results showed that 21 of the 32 indicators provided a negative finding with 16 of those having a deteriorating trend. These included bullying and harassment, discrimination and incident reporting.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>Following our previous inspection in 2014 this trust was rated as inadequate for safety. This inspection has identified significant improvements and now rates the trust as requires improvement for safety.</p> <p>The incident reporting culture was good, however processes were not consistent in the emergency departments and the nasogastric tube policy had not been improved following an earlier incident.</p> <p>Some areas were not in an appropriate condition to support patient care and experience and we identified three areas that did not comply with fire safety regulations.</p> <p>Recruitment is challenging in some areas but staffing levels are maintained with locum agency staff. However, the processes for competency assessing temporary staff could be strengthened.</p> <p>Incident Reporting</p> <ul style="list-style-type: none">• During our last inspection we identified major issues with respect to the reporting of incidents by staff. There has been a significant improvement then. Most departments now have a well developed process for the reporting of incidents and also for the provision of feedback to the reporting staff.• Some of the staff told us that the incident reporting system was clunky and time consuming.• The trust has also enhanced methods to ensure that there is learning from incidents within departments. Although the trust has introduced a risk based newsletter, cross directorate learning is an area that requires development.• Importantly most departments are indicating that incident reporting is actively encouraged, with staff afforded opportunity to report both clinical and staffing related incidents.• The major exception within the organisation is the emergency departments at both William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital where we identified processes for reporting of incidents that were outside the trust standard and a resultant lack of escalation. Staff also told us that they did not have time to report incidents and that this was resulting in underreporting.	<p>Requires improvement </p>

Summary of findings

- In maternity services the culture of incident reporting had also not developed as well as other areas of the trust. In these departments we heard of under reporting from staff and, of more concern, feedback not being anonymous.
- We looked at serious incidents and found a robust process for the management and investigation of incidents with good use of root cause analysis. There were 71 serious incidents across the trust between June 2014 and May 2015. In that time period there were no Never Events.
- The trust standard procedure for placement of nasogastric tubes was not consistently applied across the trust or been appropriately improved following a previous incident.

Cleanliness, infection control, equipment and environment

- The trust had an up to date infection control policy that was largely adhered to across the trust. There was largely appropriate provision of protective equipment and we saw evidence of measurement and monitoring of practice. The board received an annual infection control report.
- Our observations and discussions with staff indicated that access to equipment was good. The introduction of an equipment library (including the use of radio frequency identification tags) has been of benefit. In some departments we saw a lack of consistency in the labelling and identification of equipment that has been cleaned. In some areas we found gaps in the checklists associated with resuscitation trolleys.
- The hospital environment was largely clean and of reasonable design. There were some areas of concern in the emergency department at William Harvey Hospital where design did not maximise the opportunity of observing patients, there were areas that lacked security and no children's specific area. A capital programme to address this was close to completion.
- A significant exception to our positive findings was the escalation ward at QEQM (St Augustine's). Here we found an environment that was not appropriate and also a lack of equipment. Appropriate consideration to evacuation and fire safety had not been taken.
- We also formally shared our concerns with the trust after the inspection with respect to other lapses in fire safety standards with respect to the buildings providing day surgery and outpatients at QEQM. The trust has responded appropriately to address the issues.
- Lack of storage for equipment and supplies was a regular theme of feedback from staff. In some areas this led to insecure storage of intravenous fluids.

Summary of findings

Duty of Candour

- The trust has developed training relating to duty of candour and prompts relating for duty of candour have been built into incident reporting processes. However, understanding is not consistent across the workforce.

Safeguarding

- Our overview indicated a robust approach to adult safeguarding. The trust has an adult safeguarding policy and an appropriately resourced team (People at risk team - PART) to deliver the policy. Staff knew how to assess vulnerability, how to access the team and mostly who the safeguarding lead was. Staff generally received feedback on issues raised.
- There was a clear safeguarding governance structure within the trust with appropriate representation to local safeguarding boards.
- Safeguarding training is included within mandatory training along with Mental Capacity Act and Deprivation of Liberty. Training uptake is largely acceptable, however in some areas medical staff attendance could be improved. Training related to female genital mutilation was provided.
- With respect to children's safeguarding the structure, governance and team comments relating to adults are also applicable. However, concern was expressed that there was not a trust specific children's safeguarding policy and the staff accessed the multi agency policy for Kent and Medway. Whilst the content and access to guidance was appropriate it is uncommon for a trust not to have a specific policy to give trust staff clear direction.

Staffing

- At our last inspection staffing was described as a widespread problem. The trust has undertaken a series of initiatives to improve recruitment, however recruitment in a number of areas (notably in emergency care, medicine and pharmacy) remains a significant challenge. In some cases we have seen staffing levels impact on the responsiveness of services.
- Midwifery staffing levels had improved from a midwife to births ratio of 1:33 to 1:28 since the last inspection.
- Both medical and nursing staffing was supplemented in some areas by high numbers of agency and/or locum staff. However, there was a lack of competency assessment for nursing agency staff and locum medical staff were reported to have very high workloads in some areas.

Summary of findings

Assessment of Risk

- Risk assessment tools in the form of early warning scores are in use across the trust . In addition to this the trust has implemented a tablet based clinical monitoring system. However, patient care plans did not always reflect risks identified in assessment leading to inconsistent communication of risk. Outreach services were provided to support those patients identified as deteriorating.
- In the emergency departments there was a lack of clarity in escalation processes during times of overcrowding and planned board rounds were inconsistently delivered.

Medicines

- A theme throughout the report is the delays reported by clinical teams in the preparation of drugs for discharged patients. This is connected to pharmacy team recruitment issues. The imminent appointment of a chief pharmacist is expected to provide greater leadership in resolving issues as well as enhancing the reporting of medicines management issues to trust board.
- At this inspection we have seen an improved level of medicines storage and security, however we have still identified areas where documentation and storage could be further improved.

Records and information technology

- Records were largely comprehensive with records kept in a secure manner. Notable exceptions included the emergency care departments where documents were not secure and in Medicine where we saw a lack of standardisation and poor nursing assessments as well as poor security.
- The provision of records at outpatients clinics has undergone a successful transformational change resulting in a high percentage of notes being available at clinic. The changes have been driven by a cultural change programme enhancing staff responsibility for condition and location of records.

Are services at this trust effective?

Summary

Following our previous inspection in 2014 this trust was rated requires improvement, however this inspection has found this to be inadequate.

We are concerned that there has been deterioration of some emergency care audits and that there was no evidence of effective

Inadequate



Summary of findings

action planning to address deficiencies. The trust had not moved to formally replace the Liverpool Care Pathway despite this being highlighted at our previous inspection. The trust had not engaged in the national care of the dying audit in 2015.

There had been significant improvement with relation to provision of up to date policies, we however did still identify out of date printed policies in use. The full audit cycle was not always completed.

Appropriate structures for provision of a competent workforce are largely in place.

Evidence based care and treatment

- Our previous inspection had identified a lack of up to date policies and standards. During this inspection we have seen that this has largely been addressed.
- Core services mostly had access to protocols, policies and guidelines that had been developed with reference to appropriate best practice. Policies were accessible through an information technology system, however in some departments we found printed copies of documents in use that were out of date. The emergency department policies were not consistent across sites.
- A cycle of audit was in place, however this was not always completed and tracked via detailed action plans.
- Pain relief for patients was generally assessed via appropriate tools although we did find examples where scores were not well documented. Patients received pharmaceutical pain relief but alternative therapies had not been explored. Tools for communication of pain in dementia and learning disability patients were not employed.
- In emergency department environments we also identified delays in pain relief for patients as well as incomplete scores. This was supported by the findings of the national hip fracture audit.
- Patient pathways were developed, with the stroke pathway being notable in it's high quality. However, the trust had not replaced the Liverpool Care Pathway for End of Life Care despite this being identified in our previous inspection.

Patient outcomes

- There was no evidence of risk identified in the composite indicator of in-hospital mortality, the hospital standardised mortality rate(HSMR) or the summary hospital level mortality indicator (SHMI).

Summary of findings

- The trust participated in national audit programmes. Performance was largely acceptable however our report notes that in the emergency department there had been a deterioration in sepsis, blood culture and fitting child audits. In addition, the trust had not participated in the national care of the dying audit(NCDAH) for 2014-15. Performance in the national stoke audit was above average.

Competent staff

- Departments had a structure that largely supported the maintenance of competence. Competency frameworks were supported by an appropriate span of practice development and specialist link nurses.
- Appraisal rates were largely at trust target levels and there was a structured approach to supervision. Induction was provided at corporate and local level.
- The opportunity to attend training courses was acknowledged by staff including junior doctors and health care assistants. Some staff told us that it was difficult to attend training due to shortages of staff. New staff felt well supported and there was evidence of mentorship.

Consent, Mental Capacity Act(MCA) and Deprivation of Liberty safeguards(DoLS)

- Consent was well understood and documented across the trust. MCA and DoLS were consistently identified as areas in which staff understanding could be improved.

Are services at this trust caring?

Summary

Following our previous inspection in 2014 this trust was rated good for caring and this inspection maintains that rating.

There was a clear culture of provision of compassionate care with dignity which was supported by feedback from patients and carers. The only area in which this was inconsistent was in the emergency department where we saw decision making and behaviour that led to privacy and dignity being compromised.

Patients and carers indicated confidence in their involvement and planning of care.

Compassionate care

- Our observations, feedback from carers and patients we interviewed and survey results provided examples of

Good



Summary of findings

compassionate care. Some staff suggested that there was lack of private areas to have confidential discussions with patients. Mortuary services were particularly well practiced in the delivery of compassionate care.

Understanding and involvement of patients and those close to them

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

Emotional support

- Emotional support was provided across the trust via chaplaincy and counselling services. The use of family meetings for stroke patients, post discharge ITU support and bereavement were all noted as good practice.
- The needs of children were not always met in areas outside of paediatric wards with a lack of suitable environment and distraction methods in place.

Are services at this trust responsive?

Summary

Following our previous inspection in 2014 this trust was rated requires improvement for responsive and this inspection maintains that rating.

Service planning is required to address the congested emergency pathway and in maternity services to appropriately manage the demand for beds.

Facilities and support for dementia patients and patients with mental health needs are not at the level required.

The trust has a well developed approach to the management of learning from complaints.

Service planning and delivery to meet the needs of local people

- The trust was now working closely with commissioners to address the service design needs of local people. The development of Buckland Hospital and the role of the Royal Victoria Hospital Folkestone in providing services closer to home has been widely acknowledged by patients as positive.
- The trust has well developed stroke pathways and clinical environments with excellent multidisciplinary involvement.

Requires improvement



Summary of findings

- The trust is piloting different ways of working in order to match patient needs. An ambulatory care unit has been introduced at William Harvey Hospital to relieve emergency care demand and improve access to medicine services. Unfortunately it is only currently operating in an intermittent manner due to demand for in patient bed spaces.
- There was also significant pressure on medical beds at QEQM and as a result an additional ward (St Augustine's) had been opened. This had not been well planned leaving patients receiving care in a poor environment, with limited staffing and access to equipment.
- Emergency care is provided at Kent and Canterbury Hospital via an Emergency Care Centre (medical admissions) and a Minor Injuries Unit. The purpose of the unit lacks clarity and this is indicated by local traffic signposting of an accident and emergency unit. There is an increased risk of unsuitable patients attending for care.
- Staff of all grades at QEQM expressed concern about the potential delays that can occur due to there only being one obstetric operating theatre.
- Mothers have choice with respect to accessing midwifery led services or consultant led services. However, there is a high percentage of transfer from midwifery led services to consultant led and movement of patients between sites due to capacity issues. This minimises the impact of patient choice.

Meeting individual needs

- The trust had a dementia strategy and an approach to supporting learning disability patients and employed a team of link and specialist nurses. However, we did not find evidence of pictorial communication tools for these groups of patients whilst we found an inconsistent approach to enhancing the clinical environment to meet the needs of dementia patients. The potential impact of the 'This is me' documentation was not maximised.
- Patients requiring mental health support were not well served. We identified long waits for support, extended stays in inappropriate environments and rooms that had not been suitably risk assessed and designed for purpose.
- Appropriate equipment was in place for bariatric patients and specialist equipment was in place to communicate with deaf patients.
- Patients and carers had access to translation and sign language services, however patient information was only printed in English. There was a lack of child friendly information available.

Summary of findings

- A programme of intentional rounding and comfort rounds is in place within the trust. However, these were inconsistently applied, particularly in the emergency department, largely due to staffing pressures.

Access and flow

- The trust uses a twice daily bed meeting which is supplemented by video links across all sites. This meeting is supported by appropriate data however our observations suggested that the meetings lacked a proactive focus on patient discharge. Delayed flow impacts on delayed discharge of patients from critical care beds and surgical patients spend extended periods in post surgery recovery areas.
- Emergency departments are subject to periods of high demand on services, leading to overcrowding. The processes for escalation and management of overcrowding were not well defined and subsequently poorly implemented. Attendance after specialty referral was not as prompt as required.
- Maternity services across the trust had closed units 88 times during 2014/15 due to lack of beds or cots in supporting neonatal services.
- The surgical pathway was well designed with good use of one stop clinics leading to pre- assessment. Cancellations were below the national average but general surgery, ENT and trauma and orthopaedics were not meeting the national referral to treatment target.

Learning from complaints

- Processes for learning from complaints were largely robust with themes and issues identified and communicated via appropriate channels. This could be further improved by enhancing the approach to learning from complaints within the operating theatre teams.

Are services at this trust well-led?

Summary

Following our previous inspection in 2014 this trust was rated inadequate for well led. This inspection has identified significant improvements and now rates the trust as requires improvement for well led. However, this improvement has only been tangible recently and the continuation of progress must be seen as a priority for the trust.

A suitable board structure is in place which is underpinned by a governance structure that has been revised following external review.

Requires improvement



Summary of findings

Despite some inconsistencies in risk assessment at directorate level, risks are reviewed regularly and escalated through the governance structure. The board understands its three key risks.

Improvements in culture and staff engagement have been identified, however there remains pockets of behaviour and practice that do not support the continued improvement aspiration of the trust.

Some departments do not have clear sight of strategy, however the development of, and engagement with, the trust clinical strategy will facilitate this.

Vision and strategy

- The trust has a clear mission of providing safe, patient focussed and sustainable health services with and for the people of Kent and has a suitably ambitious aim to be among the top ten hospitals nationally. This has been packaged within a clear acknowledgement that the organisation is on 'an improvement journey'.
- The trust consists of three district general hospitals and understands that key to achieving sustainability is a clinical strategy that maximises efficiency and patient outcomes. Work to redefine the current strategy is underway and is being suitably led by the Medical Director with planned clinical and public engagement.
- Directorates and departments have largely developed local strategies and plans, however our report highlights emergency department, maternity and end of life care as areas where this currently lacks clarity and impetus and in some cases clear board direction.

Governance, risk management and quality measurement

- At our last inspection we expressed concern regarding the trust governance structure. The governance structure is undergoing change following external review which further identified significant deficiencies. Key personnel and structural changes are now in place which will include a Quality Committee chaired by a non executive director and a number of committee terms of reference are under review. This new approach requires embedding in the organisation and the trust will need to evidence the improved assurance provided by the new structure.
- Directorates all held risk registers with a formal method of risk assessment, although the presence of risks rated at 25 on

Summary of findings

registers indicates a lack of standardisation in approach and this reflects that improvements in governance are at initial stages. Registers were largely reviewed and escalated through the governance structure. At board level the three highest risks were regulatory inspection, emergency care pathway and financial recovery.

- The board meets on a regular basis with appropriate public content. A suitable board assurance framework is in place and is reviewed on a quarterly basis.
- Associate medical directors are assigned appropriate areas of responsibility including patient safety and this will enhance the level of clinical leadership in the organisation.
- Directorates participated in performance review meetings using largely appropriate dashboards. Performance concerns were escalated.
- The trust receives about 1000 complaints per year. Complaints submitted to the trust were acknowledged within 3 days (June 2015 data), however less than 50% meet the 30 day response target and 3 current complaints were still without resolution after 90 days. The most common themes were staff attitude, communication and clinical care. The chief nurse reports performance to the board on a monthly basis.

Leadership of the trust

- The trust board and executive has recently undergone significant change with the arrival of new personnel notably in chief executive and chair positions. The chief executive and chief nurse positions are currently occupied in interim, however recruitment processes are in place to secure permanent appointments. These changes have brought a renewed energy, enthusiasm and vigour to the board and to the general workforce.
- Executive team members have appropriate experience for the positions they held and the trust described a robust approach to recruitment that meets the Fit and Proper Persons Regulations. Staff were largely positive about the increased executive visibility.
- At directorate level a triumvirate (medical, nursing and managerial) approach is taken and is largely held in high regard by the workforce.
- At departmental level leadership standards in all professional groups were more varied ranging from the outstanding in outpatients through to emergency care and midwifery where significant development is required.
- The board of governors meets regularly and also meets with executive and non executive directors. The board of governors

Summary of findings

are highly supportive of the new executive team and chair and identified the positive impact of recent new non-executive director appointments. The board of governors is however an evolving group and this is being supported by a training and development programme that will enhance challenge provided and clarify governance function.

Culture within the trust

- Following the 2014 inspection our report detailed significant concerns around the culture of the organisation particularly with respect to bullying and harassment, incident reporting and a lack openness and transparency.
- The trust initiated an organisational development programme to address these issues. The programme, although well considered, suffered from a lack of senior executive support and as a consequence lacked traction. The renewed support of the new executive and the direct leadership of the interim chief executive have significantly unlocked the potential of this initiative allowing those who have designed and developed the plan to start to make progress.
- Compared to our last inspection there was widespread positivity about the change in culture in the organisation with staff indicating that action is now being taken to address bullying. Another key indicator to the change in culture in the organisation is the approach to incident reporting which is now much more transparent and open. However, despite progress the trust must avoid complacency as our report indicates remaining pockets of behaviour, disengagement and instability that require attention.

Public and staff engagement

- In our 2014 report we described a disconnect between the senior management team and the workforce. The interim chief executive has led work to address this issue and a series of meetings have afforded the opportunity for 3000 staff to meet with him. Most departments have commented positively on the visibility of the executive.
- Directorates described a number of staff acknowledgement, award and celebration events that occur within the trust. However, maintaining engagement of key elements of the workforce including administration and support staff requires focus particularly during periods of change.
- Medical workforce engagement, as measured by the Spurgeon medical engagement score, is in the lowest quartile for trusts

Summary of findings

involved. The interim chief executive, supported by the medical director, has initiated direct meetings with consultants which have been very well attended. The medical director has promoted a clear set of behavioural standards.

- The trust has recently worked hard and successfully to improve relations with all stakeholders but must now place a renewed emphasis on developing public engagement.

Innovation, improvement and sustainability

- The trust has been subject to monthly improvement meetings with Monitor and CQC in attendance. A special measures action plan is in place.
- The trust has acknowledged areas of concern and initiated external reviews of data quality, governance and the emergency care pathway.
- The trust has developed an improvement and innovation hub which affords staff space and opportunity to exchange, discuss and develop service improvement plans. We saw an example of how this approach has been replicated at departmental level within the stroke unit. In our discussions with staff they viewed this as a positive development.
- The trust faces a major financial recovery challenge and a strategy to meet this is under development. The trust has recently introduced clinical quality and equality impact assessments of schemes within the recovery plan.
- The trust has a TIPS (Team Improving Patient Safety) team, an excellent initiative which focusses on the impact of human factors on care.

Overview of ratings

Our ratings for William Harvey Hospital Ashford

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Queen Elizabeth the Queen Mother Hospital Margate

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Kent and Canterbury Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Buckland Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Royal Victoria Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	N/A	Good	Requires improvement	Good	Good

Our ratings for East Kent Hospitals University NHS Foundation Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The outpatient improvement plan had significantly improved the service for patients. This transformational change has been well structured and designed to deliver improvements in access, notes availability and overall patient experience. It's success is an example of outstanding nurse leadership.
- The trust had introduced an innovation and improvement hub where staff could meet and discuss improvement initiatives and this is generating ideas, enthusiasm and heightened staff engagement.
- The pre-operative joint clinic for patients is recognised as enhancing patient outcomes.
- The care pathway for patients discharged with ridged cervical collar in place is acknowledged for contributing to on-going care to individuals.

Areas for improvement

Action the trust **MUST** take to improve

- Make arrangements for the replacement of the Liverpool Care Pathway and ensure that appropriate national audit is undertaken.
- Ensure that where deficiencies in audits are identified that clear action plans are developed that are subsequently managed within the trust governance framework.
- Ensure that there are sufficient numbers of suitably qualified, skilled, and experienced staff available to deliver safe patient care in a timely manner.
- Ensure that the environment and facilities in which patients are cared for must be safe, well maintained, fit for purpose and meet with current best practice standards.
- There must be sufficient equipment in place to enable the safe delivery of care and treatment, that the equipment is regularly maintained and fit for purpose to reduce the risk to patients and staff.
- The trust must ensure the hospital has sufficient capacity to cope with the number of women in labour and new born babies on a day to day basis.
- There must be robust systems in place to monitor the safe management of medicines to ensure that national guidelines are reviewed appropriately and their implementation monitored.
- Ensure that there are clear trust wide protocols for the placement of nasogastric tubes.
- Ensure that medicines and intravenous fluids are stored safely and securely.
- Ensure that suitable arrangements are made for patients with mental health issues whilst awaiting assessment.

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

Treatment of disease, disorder or injury

Regulation

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

Make arrangements for the replacement of the Liverpool Care Pathway and ensure that appropriate national audit is undertaken.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Ensure that where deficiencies in audits are identified that clear action plans are developed that are subsequently managed within the trust governance framework.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Ensure that there are sufficient numbers of suitably qualified, skilled, and experienced staff available to deliver safe patient care in a timely manner. With particular note for emergency department, midwifery and pharmacy.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Ensure that the environment and facilities in which patients are cared for must be safe, well maintained, fit for purpose and meet with current best practice standards. With particular note to fire safety and carpeted areas.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

There must be sufficient equipment in place to enable the safe delivery of care and treatment, that the equipment is regularly maintained and fit for purpose to reduce the risk to patients and staff. With particular note to resuscitation equipment and obsolete equipment.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

There must be robust systems in place to monitor the safe management of medicines to ensure that national guidelines are reviewed appropriately and their implementation monitored.

Ensure that medicines and intravenous fluids are stored safely and securely.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Ensure that there are clear trust wide protocols for the placement of nasogastric tubes.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

This section is primarily information for the provider

Requirement notices

Ensure that suitable arrangements are made for patients with mental health issues whilst awaiting assessment

This section is primarily information for the provider

Enforcement actions

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.