Agenda

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Health Overview Panel

Date: Wednesday 28 September 2016
Time: 7:30 pm
Place: Guildhall, Kingston upon Thames

Members of the Committee

Councillor Andrew Day (Chair), Councillor Raju Pandya (Vice Chair), Councillor Sushila Abraham, Councillor Mary Clark, Councillor Linsey Cottington, Councillor David Fraser, Councillor Shiraz Mirza, Councillor Rachel Reid, Councillor Paul Bedforth and Councillor Ken Smith

Advisory Members

Grahame Snelling – Kingston HealthWatch
Patricia Turner – Kingston Voluntary Action
Dr jane D’Souza – GP Advisory Member

Everyone is welcome to attend the meeting

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AGENDA

Questions and public participation

- a 20 minute question and answer session at the start of the meeting – advance notice of questions is encouraged.

- contributions during the debate on items may be made at the discretion of the Chair

1. Questions
   
   To consider questions from the gallery on items which are not on the agenda

2. Apologies for absence and attendance of substitute members

3. Declarations of Interest

4. Minutes

5. Update from the Chair
   
   To receive a verbal update

6. Care Quality Commission Inspection of Kingston Hospital NHS Foundation Trust (January 2016) Appendix A
   
   To consider a briefing report on the CQC inspection and Kingston Hospital’s action plan to address identified shortcomings

7. Mums for Mums Scheme at Kingston Hospital Appendix B
   
   To receive details of this scheme

8. Copying letters to patients initiative
   
   To receive a verbal update on this initiative

9. Minutes of the Health and Wellbeing Board Appendix C
   
   To consider the minutes of the Health and Wellbeing Board held on 7 June 2016
10. **Urgent Items authorised by the Chair**

11. **Work Programme**

To consider the proposed work programme and discuss any suggestions

12. **Exclusion of the Press and Public**

This item is included as a standard agenda item which will only be relevant if any exempt matter is to be considered at the meeting:

To exclude the public from the meeting under Section 100(A)(4) of the Local Government Act 1972 on the grounds that it is likely that exempt information, as defined in Part I of Schedule 12A to the Act *, would be disclosed. (*relevant regulatory paragraph to be indicated eg paragraph 1 for information relating to any individual)

**DATES OF FUTURE MEETINGS**

Meetings are held at the Guildhall, High Street, Kingston upon Thames and start at 7.30pm unless otherwise stated on the agenda.

- Tuesday 22 November 2016
- Thursday 12 January 2017
- Tuesday 14 March 2017
Welcome to this meeting.

The following information explains the way some things are done at the meeting and some of the procedures.

**Information about the Health Overview Panel**

The Panel is made up of your local elected Councillors plus Advisory Members who have been co-opted to represent specific interests. Its role is outlined below:

The Panel may review and scrutinise any matter relating to the planning, provision and operation of the health service commissioned or delivered in this authority’s area. It may make reports or recommendations to the Council, Health and Wellbeing Board or the appropriate Strategic Committee, health bodies, other relevant agencies and providers of services on any matter it has reviewed or scrutinised. The Panel may review:

- arrangements made by NHS bodies to secure hospital and community health services to the local residents
- the provision of such services to local residents
- the provision of family health services, personal medical services personal dental services, pharmacy and NHS ophthalmic services
- the public health arrangements in the area
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population
- the plans, strategies and decisions of the local Health and Wellbeing Board
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006
- any matter referred to the Panel by Healthwatch under the Health and Social Care Act 2012
- social care services and other related services delivered by this authority.

The Panel may respond as a consultee to NHS bodies in respect of proposals for substantial development of the health service in the authority’s area; and any proposals to make any substantial variations to the provision of such services.

**Public participation during the meeting**

There is a Question Time of up to 20 minutes from 7.30pm – 7.50pm. Questions may be submitted in writing before the meeting or handed in at the start of the meeting on the green forms provided. (There are some green slips on the chairs and there are more copies.) Please fill in the relevant part and hand this in to the Committee Secretary at the top table.

Questions sent in before the meeting will be answered at the meeting. Depending on officers and health representatives present it may not be possible to answer questions handed in at the meeting and these will be replied to in writing to the questioner where address or email details are provided and members of the committee. The Chair may disallow any question which, in his/her opinion, is scurrilous, capricious, irrelevant or otherwise objectionable.

**Running order**

Are you here for a particular item? Items may be taken in a different order depending on the interests of the members of the public present at the meeting. Please fill out a pink form at
the start of the meeting and hand this to the Committee Secretary if you would like to request that a particular item is heard earlier in the meeting.

Taking part in the meeting

During the course of the meeting, the Chair, at his/her discretion, may allow contributions, on items listed on the agenda. To attract the Chair’s attention, please raise your hand.

Speaking at meetings

Speaking at a meeting can be a daunting prospect and every effort is made to make this as easy as possible. Speech friendly arrangements will take account of people who may have a speech impairment, e.g. they may have a stammer. If you have any individual requirements or feel that standing or addressing the meeting may present a difficulty, please let us know beforehand. Arrangements will be made to help you as far as reasonably possible.

Accessibility

- All meetings have access for people who may have mobility difficulties. If there are stairs, a lift or stairlift is available. Disabled parking spaces are available on site.
- Toilet facilities will be easily accessible from the meeting room.
- For people who are deaf or have hearing impairments, there is an induction loop (depending on the building, this may only be available in the first 2 or 3 rows).
- A large print copy of the agenda can be requested in advance.

Emergency evacuation arrangements

If the fire alarm sounds, please leave the building by the nearest exit. If you require assistance, please remain seated and an Officer will assist you from the building.

Recording of the meeting

This meeting will be recorded and the recording will be available on the web site (www.kingston.gov.uk) with the agenda and minutes.

Filming

Residents and journalists/media wishing to film meetings are permitted to do so but are asked to give advance notice of this and respect any concerns expressed by people on being filmed.

Phrases used at meetings

Like all organisations, the Council has its own ‘jargon’. On the agenda and during debates you will see/hear the following phrases:

- **Interests** - Councillors must say if they have an interest in any of the items on the agenda. Interests may be personal or pecuniary. Depending on the interests declared, it might be necessary for the Councillor to leave the meeting. The detail on interests is in Part 5A of the Constitution - Members’ Code of Conduct.
- **Health Terminology** – we endeavour to ensure that reports are as accessible as possible and explain unusual terminology

Minutes

Unlike minutes of other committees the Panel’s minutes capture the item and main points of discussion and record any decision or recommendations agreed by the Panel at the meeting.
The Care Quality Commission

1. The Care Quality Commission (CQC) is the independent body which has responsibility for monitoring, inspecting and regulating all providers of health and social care in the NHS, Local Authority or privately run including hospitals, residential care homes, GPs and Dentists.

2. All providers have to be registered with the CQC before they can offer regulated care activities. The registration process ensures that providers reach specified standards including the design and layout of care facilities, policy systems and procedures, and how they are run and plan to make decisions.

3. Once registered, all providers of care are regularly monitored by the CQC. In preparing for an inspection the CQC considers a range of information including hospital episode statistics, incidents, near events, avoidable infections, national inpatient survey, A&E survey, A&E waiting time, referral to treatment time (RTR), cancer waits, discharge times, complaints, NHS staff survey and whistle-blowing information, plus staff and patient experience. Governance, financial, operational performance, HR and continuity of service metrics are also included.

4. Five key questions are pursued in all inspections:

   Are services:
   - Safe – protecting patients from abuse and avoidable harm
5. Inspections are led by a team which can be as many as 50 people including specialists eg medical practitioners, senior nurses and pharmacists and can include experts by experience (who have personal experience of care or have cared for someone who has).

The Inspection at Kingston Hospital

6. The inspection of Kingston Hospital took place in January 2016 and was led by David Throssell, Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust and Nick Mulholland, Head of Hospital Inspection. The team included CQC inspectors and specialists with the following expertise – consultants in oral surgery, anaesthetics, medicine, rheumatology, cardiology, paediatrics, fetal medicine and obstetrics. Nurse expertise included a modern matron for emergency services, head of nursing in critical care, a theatre nurse, a senior manager in paediatrics, nursing sister for medicine and a care of older person’s nurse. Support was also given by a senior quality and risk manager, national professional adviser for maternity, a safeguarding lead, a senior radiographer and national medical director clinical fellow. Analytical support was also provided.

7. Information about the provider was gathered prior to the inspection. The Kingston inspection team sought information from Monitor, the General Medical Council, the Nursing and Midwifery Council, the Royal College of Nursing and the Royal College of Anaesthetists. Information was received from the NHS England Quality Surveillance Team, NHS Specialist Commissioning and NHS Health Education England. Submissions from members of the public, including notifications of concern and safeguarding matters, were also considered.

8. The inspection covered the eight core services:
   - 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
   - Outpatient services and diagnostic imaging

CQC Inspection Report for Kingston Hospital (published 14 July 2016)

9. The full inspection report for Kingston Hospital (194 pages) can be viewed on the CQC website and a link is given at the end of this report. A letter from the Chief Inspector of Hospitals, i.e. summary of findings, is on pages 2 – 6 (see Annex 1).

10. The CQC report describes the hospital as a single site, medium sized hospital, approximately 12 miles from Central London which provides a full range of diagnostic and treatment services to approximately 350K people (Kingston, Richmond and parts of Wandsworth and Elmbridge). It has 534 beds, 450 of which
are general and acute, 72 within maternity and 12 for critical care. It employs 2738 staff.

11. The health of people in Kingston and Richmond is generally better than the England average but statutory homelessness is worse than the England average in Kingston, Richmond and Wandsworth. Excess winter deaths is worse in Kingston than the England average.

12. **The overall rating for the hospital** Requires Improvement

13. **The ratings for the 8 core services are:**
   - Urgent and emergency services Requires Improvement
   - Medical care (including older people’s care) Requires Improvement
   - Surgery Good
   - Critical care Good
   - Maternity and gynaecology Good
   - Services for children and young people Good
   - End of life care Good
   - Outpatient services and diagnostic imaging Requires Improvement

14. **Annex 2** is an extract of the final pages of the CQC report which details areas of outstanding practice including the dementia strategy, the Specialist Palliative Care Team Audit achievements and engagement of volunteers to support service delivery. It also lists actions that the Trust “must” and “should” take. Finally a table is given which lists the legal requirements which were not being met concerning:
   - Equipment checks
   - Medicine storage and access
   - The need to give an apology following a safety incident review
   - Patients who lack capacity need to always have a mental capacity assessment
   - Restraint without mental capacity assessment or best interest decisions must be recorded
   - Adequate training in Mental Capacity Act and Deprivation of Liberties
   - Systems and processes related to quality and safety of services in the emergency department

15. Further details of the findings for the core services are presented later in this report.

**Kingston Hospital Foundation Trust’s response to the CQC findings**

16. Kingston Hospital Foundation Trust considered a report at the July 2016 board meeting (see Annex 3). The report states that the CQC has identified seven “Must do” actions and that actions have commenced on all of these areas:

   1. Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint and that this information is recorded in the patient record.
   2. Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely and in accordance with recommended temperatures.
   3. Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
   4. Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and records kept.
5. Ensure the management, governance and culture in A&E, supports the delivery of high quality care.
6. Improve the quality and accuracy of performance data in A&E and increase its use in identifying poor performance and areas for improvement.
7. Ensure all identified risks are reflected on the A&E risk register and timely action is taken to manage risks.

17. The CQC has also identified a number of “should do” items (see Annex 2). Again, these are being taken forward but the Trust notes that priorities need to be balanced within the requirements released by NHS Improvement and NHS England in July 2016 about strengthening NHS Finances and Performance.

18. KHFT’s report outlines the next steps that will be taken by the Trust which include a Programme Board, communications actions and a Quality Summit in September with stakeholders including the CCG, Healthwatch and the Chairs of the Health and Wellbeing Board and Health Overview Panel. A detailed action plan is expected to be presented to the Trust Board on 28 September 2016.

Findings about the core services

19. This sections provide some highlights from the full CQC inspection report.

Areas rated as REQUIRING IMPROVEMENT:

20. **Urgent and Emergency Care Services** – The Emergency Department (ED) i.e. Accident and Emergency, provides a 24 hour 7 day a week service. It is divided into six areas – resus, majors, minors, children’s, minor injuries GP service and X-ray. In 2015 83K adult patients and 26K paediatric patients were seen. About 20% of ED patients are admitted as in-patients. It does not treat patients with severe head injuries or unstable spinal injuries.

21. Majors has spaces for 14 patients with acute illnesses and a room for psychiatric assessment. Minors for non-life threatening illnesses has 10 cubicles 4 with trolleys and 6 with chairs. The separate children’s ED has 8 cubicles, 5 with beds and three with seats. There is one GP consulting room and two treatment rooms for minor injuries. The x-ray unit is open 24 hours a day. CT scans are available nearby in radiology until 8pm and then on call. The Eye department has a separate emergency eye unit until 4pm. Out of hours service is provided by the ED and more serious conditions are referred to specialist eye departments at other hospitals. A 4 bay rapid assessment area assesses people arriving by ambulance and very serious patients are taken to resus.

22. Ratings for the ED service – OVERALL Requires improvement

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

23. Key issues include:
- Staffing – not enough permanent experienced staff who understand emergency department systems to lead the many newly qualified staff, agency and locum staff. Below average number of middle grade doctors.
Some staff felt that there should be 24 hours consultant presence in ED rather than on-call arrangement between midnight and 8.00am.

- Nursing staff, including shift leaders and care assistants have been lower than planned levels although improvements were made recently
- The department is not meeting consistently the national target of seeing and treating 95% of patients within four hours of arrival.
- Recommended systems and processes for keeping people safe were not routinely followed on a range of areas eg staff training in fire training and infection control was below target, sharps management, equipment checks, hazardous substances not locked away, slow passing on of child safeguarding information. There was no structured induction checklist for agency staff.
- Cleanliness issues – hand hygiene, uncovered linen trolley, cloth curtains in use rather than disposable ones. Toilets in ED not working at time of one inspection. However the overall ED was clean and tidy and high scores for cleaning audit.
- Shortcomings in the dedicated room for people with mental health difficulties
- Medicines store included out of date British National Formulary. Evidence of medicines discarded in inappropriate places.
- IT system did not fully meet the needs of the department but would be upgraded shortly

Strengths included:
- Well-designed majors area
- Well-organised paediatric area
- Caring and compassionate approach from staff including care for those with dementia
- Staff were introducing processes to help staff meet national targets
- Some of the senior medical staff vacancies had been filled
- Most aspects of child and adult safeguarding
- Care records were generally complete.
- GPs are present in ED to treat non-serious injury or illness from 6pm to 11pm, 10am to 10pm at weekends and some weekdays from 11am to 5pm.

24. **Medical Care** – At Kingston Hospital the Medical Care services include cardiology, gastroenterology, respiratory medicine, general medicine, stroke and geriatric medicine. 54% of all in-patients in the 12 months to June 2015 were general medicine cases and 22% were gastroenterology.

25. Ratings for this service – OVERALL Requires improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Safe</td>
<td>Requires improve</td>
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<tr>
<td>Effective</td>
<td>Requires improve</td>
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<tr>
<td>Caring</td>
<td>Good</td>
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<tr>
<td>Responsive</td>
<td>Good</td>
</tr>
<tr>
<td>Well-led</td>
<td>Good</td>
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</table>

Key issues include:
- Where patients were unable to consent to mechanical restraint, no mental capacity assessment had been undertaken and staff reported that they had no specific training in Mental Capacity Act 2005 and Deprivation of Liberties Safeguards training (DoLS).
- Patient outcomes measures on three national audits were below the England average (Heart Failure, Myocardial Ischemia and Diabetes inpatient audits).
For elderly and cardiology (representing the majority of activity) the average length of stay was worse than the England average. For the elderly it was 15 days compared to the England average of 10 days and for cardiology it was 9 days compared for the England average of 5.6 days.

Strengths included:
- Staff were kind caring and compassionate
- Patients and relatives were positive about the experience of care and kindness
- The service had responded to the needs of an ageing population and were developing services improve the experience of patients living with dementia
- There are a number of initiatives to ensure the service meets people’s individual needs and those of vulnerable groups
- Wards were visibly clean
- No incidents of MRSA and 14 incidents of C Difficile for the 12 months ending December 2015
- Medicines were stored securely
- A dedicated pharmacist was available on weekdays and an out of hours service is available on evenings and weekends
- Electronic patient record system and audit of 10 records showed appropriate documentation of assessments, care plans and risk of falls.
- Good safeguarding systems and patients felt safe in hospital

26. **Outpatients and Diagnostics** – Almost 600K first and follow up appointments were booked in the past year Ophthalmology, trauma, orthopaedics, obstetrics, physiotherapy and genito-urinary medicine account for 39% of all appointments. The inspection took place over three days and covered the Royal Eye Unit, the William Rouse Unit (cancer care, general surgery and haematology), plus orthopaedics, dermatology, ear, nose and throat (ENT), pain clinic, sexual health and the range of diagnostic departments. An unannounced inspection also took place at the end of January to check and review medical records, equipment, staffing levels and staff training records.

27. **Ratings:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Overall</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Safe</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Effective</td>
<td>Not rated – insufficient evidence</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Requires improvement</td>
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<tr>
<td>Well-led</td>
<td>Good</td>
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28. Issues included:
- Some problems with safe storage of medicines in one area and shortfalls in routine checks on emergency resuscitation, fridge temperatures and other equipment. Some out of date syringes and fire equipment were identified. Whilst incidents and adverse events were reported, investigated and lessons learned, people did not always receive a written apology in accordance with the duty of candour. The report highlights learning from ophthalmology incidents.
- Medical records were not always available prior to appointments although a temporary set including test results was made up.
- People’s privacy was not always achieved in outpatient and diagnostic areas
- There was no designated outpatient area to meet the needs of people with dementia.
Shortfalls in nurse staffing and an issue about nursing turnover
7 day services – were not routinely provided but some outpatient services did undertake additional evening and Saturday clinics to deal with backlogs. Radiology has systems to ensure 24/7 cover but there are no out of hours porters which leads to delays for out of hours access.

Strengths included:
- Cleanliness and infection control procedures were followed including hand hygiene and removal and disposal of clinical waste
- There were sufficient staff and with the right skills to care for people and staff had had the appropriate training specific to their roles, including safeguarding. A multidisciplinary team approach was provided across services.
- The hospital had significantly better than the national average for new to follow up ratios for the past year. Cancer referral targets had improved and were mostly met, referral to treatment times (RTT) were better than the England average. Waiting times for cardiac monitoring was good compared to other hospitals
- Good evidence of caring staff, particularly from patients and relatives
- The Wolverton Centre was identified as providing outstanding practice for providing a comprehensive sexual health service

Areas rated as GOOD:

29. Surgery – 19,584 surgical procedures were carried out in 2014 (but in the lower quartile of trust surgical activity nationally). In 2014/15 61% of procedures were day case, 25% emergency/non elective and 14% elective. There are ten main operating theatres which operate Monday to Friday with additional availability for elective lists at weekends. One theatre is designated for emergencies and is available 24/7. Five theatres are in the day surgery unit. Theatre utilisation was 73% (July to September 2015) and reportedly much higher more recently. There are 890 surgical in-patient beds across four wards. The inspection looked at the care pathway, visited the four wards, surgical admissions, operating theatres and recovery area plus interviews with staff and patients. Full services are provided on 6 days a week.

30. Ratings – OVERALL good
Safe, Effective, Caring, Responsive, Well-led - all good

31. Strengths include:
- Good patient outcomes across surgical specialities and care delivered in line with relevant national guidelines and within the 18 week RTR. Better than national average on cancelled operations
- Stable cohort of consultant surgeons and low level of temporary (locum) doctors
- Arrangements in place to ensure adequate surgical out of hours and weekend cover. Resident trauma surgeons on site at weekends but other consultant surgeons are on call during out of hours
- One of the first to be accredited by the Royal College of Anaesthetists
- Evidence of innovation for new models of working and building capacity in medical rota.
- Good clinical direction, good culture and 5 year strategy for each surgery service line
Well-managed pain relief including patient controlled analgesia for nil by mouth patients. Dedicated pain relief team and mandatory pain relief training for nurses.

Matrons and ward managers had high visibility on wards

Patient flow from admissions through theatres and on to surgical wards was satisfactory

Bed availability was managed effectively

Good systems in place for people with complex needs – dementia and learning disabilities

Good performance in clinical audits

Good multidisciplinary working

Doctors in training and newly qualified nurses felt well supported

Generally low numbers of pressure ulcers and patient falls and catheter acquired urinary tract infection

Low rates of surgical site infections

Free car parking for relatives of patients with dementia and carers can stay overnight

Patient passport system

Extensive menu which is colour coded for dietary needs.

32. Weaknesses include:

- Insufficient availability of sterile equipment and mechanical faults on equipment in theatres
- Evidence of low staff morale in theatres and a number of initiatives have been put in place to improve this with input from HR
- Some pre-assessment shortfalls leading to cancellations on the day of the operation
- Some improvements needed in provision of information for elderly people
- Occurrence of small numbers of pressure ulcers in winter months

33. Critical Care – this is a high dependency/intensive care unit caring for patients who require more detailed observation or intervention, single organ failure or post-operative care (level 2 care) and patients requiring advanced respiratory support and support of another organ (level 3 care). It can support 12 patients and can be expanded to for up to 15 in escalation situations. There were 792 admissions from April to December 2015. In October 2015 there was a 35% increase in admissions compared to the previous year but as care needs were lower i.e. level 2, there was a reduction in income. The trust reported an increase of 15% in admissions to the unit and discharges during 2014/15 compared with 2013/14.

Ratings: OVERALL - good
Safe, Effective, Caring, Well-led - all good
Responsive – requires improvement

The issues concerning the poor score for responsiveness relate to the unit environment:

- Inadequate spaces around beds
- Inadequate storage space
- Few windows and lack of natural day light
- No toilets of shower facilities for patients. Toilets are shared by staff, patients and visitors.
- Staff room is small. No changing room for staff.
- No planned action to remedy this in the longer term
- There is no critical care follow up clinic (for patients to discuss any ongoing medical problems). Funding is an issue here.
34. **Maternity and Gynaecology** – the unit has the capacity to deliver 6000 babies a year and 5,744 were delivered in 2014/15. There is a consultant led labour ward with a midwifery led unit alongside (for women who have been assessed as low risk). The labour ward has ten delivery rooms all with ensuite facilities and one has a birthing pool. There are two dedicated theatres and two bedded recovery areas. 
The midwifery unit has four delivery rooms with ensuite facilities and two have birthing pools. There is an early pregnancy and acute gynaecology ward, a day unit with treatment rooms. There is also a 15 bed ward for gynaecology in-patients. Assisted conception is also offered.

Ratings: OVERALL good  
Safe, Effective, Caring, Responsive, Well-led - all good

Whilst findings were good and positive it was noted that
- There was some pressure on bed capacity and the service was unable to increase the number of births per year without additional space in which to expand the service.
- The service would also need additional medical staff to support a greater number of births and greater support in the community.

35. **Services for Children and Young People** – Sunshine ward has 24 inpatient cots and can accept infants, children and teenagers. Dolphin ward is for ambulatory care for children who do not require admission. The neonatal unit has 20 cots with 6 for intensive care and 13 for special care babies. There is a dedicated children's out patients department

Ratings: overall good with no suggestions for improvement.  
Safe, Effective, Caring, Responsive, Well-led - all good

36. **End of Life Care** – is for patients identified as entering the last 12 months of their life or less. It is the provision of health care in the final hours or days of live and the care for those with terminal illness which is now advanced, progressive and incurable. The focus is on relief of symptoms, pain, physical and mental stress of a serious illness and to improve the quality of life of the patient and family. In the year to March 2015 there were 697 referrals to the Specialist Palliative Team (SPT), 57% of which were cancer patients. Non-cancer patients had a range of illnesses such as heart conditions, dementia, renal failure and respiratory disease. During the same period there were 746 deaths on wards at the Hospital, 284 (38%) of which were known to the SPC Team. Where possible patients who are dying are cared for in a side room on the main wards.

Ratings: OVERALL good  
Safe, Effective, Responsive, Well-led - all good  
Caring rated as OUTSTANDING

The rating of outstanding was because hospital services were arranged for end of life care to be delivered holistically with care and compassion. All staff demonstrated an impressive understanding of their role and members of the SPD were highly effective communicators.

Whilst the findings were good and positive the CQC did identify three areas for improvement:
- No allocated funds to increase specialist palliative consultant and nursing presence at the hospital required to maintain progress in providing excellent end of life care.
- The environment of the chapel and multi-faith facilities needs improvement
- Staff sometimes use relatives rather than interpreters to have important conversations with people at the end of their lives

Headline findings from CQC inspection reports of other nearby Hospitals

37. Headline findings for the following hospitals are reproduced at Annex 4 (and Kingston’s added for convenience):

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Date of Inspection</th>
<th>Overall rating</th>
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<tbody>
<tr>
<td>Croydon University Hospital</td>
<td>7 October 2015</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>St Helier Hospital</td>
<td>27 May 2016</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Epsom Hospital</td>
<td>27 May 2016</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>

38. Comparisons of overall service ratings for Kingston, Croydon, Epsom, St Helier hospitals:

<table>
<thead>
<tr>
<th></th>
<th>Kingston</th>
<th>Croydon</th>
<th>Epsom</th>
<th>St Helier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Critical care</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Maternity &amp; Gynaecology</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
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<tr>
<td>Children &amp; Young people</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>End of Life</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Outpatients &amp; diagnostics</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Renal</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Good</td>
</tr>
<tr>
<td>Elective Orthopaedic Centre</td>
<td>n/a</td>
<td>n/a</td>
<td>OUTSTANDING</td>
<td>n/a</td>
</tr>
<tr>
<td>Overall</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
</tbody>
</table>

39. A numerical summary of ratings by provider is given in Annex 4f.

40. **St George’s Healthcare** last published CQC inspection was in 2014. A more recent inspection has been undertaken and the report will be published shortly. In
the 2014 inspection shortfalls were around safety. The 2014 report does not include a tabulated analysis of the findings.

42. **Croydon University Hospital’s** shortfalls are primarily around safety and improvements for other domains are required in a number of service areas. Notably Surgery was rated as **inadequate** for “well-led”. Urgent and emergency, Maternity & gynaecology and end of life care and children and young people are rated as good.

43. **Epsom Hospital** also has issues in 6 out of 9 services for safety. It was rated as inadequate for “well-led” for maternity and gynaecology. Improvements are required in 6 of the 9 service areas for “safe, effective, responsiveness and well-led”. However it was rated as good for three service areas: medical care, end of life care, outpatients and diagnostics. The Elective Orthopaedic Centre (EOC) was rated as **outstanding** overall and particularly for being “effective” and “well-led”.

44. **St Helier** is rated as requiring improvement in a lot of areas for “safe, effective, responsiveness and well-led”. Surgery is rated as **inadequate** for “safety and well-led”. Maternity and gynaecology is also rated as **inadequate** for “well-led”. However, end of life care, outpatients and diagnostics and renal are rated as good for all 5 areas.

45. Further afield, CQC inspections in 2014 rated Royal Surrey at Guildford as “good” overall and St Peter’s at Chertsey “requiring improvement” but St Peter’s has fewer areas requiring improvement than the South West London hospitals. East Surrey Hospital at Redhill was rated as “good” in March 2016.

**Closing Comments and Questions – Kingston Hospital**

46. Whilst there are some shortfalls identified notably in the ED, and to a lesser extent in medical care and outpatients and diagnostics, the CQC inspection has highlighted a lot of good and excellent practice. The inspection has identified the strengths of the surgery department (compared to Epsom, Croydon and St Helier), the success of the Dementia strategy and the professionalism, care provided by the Specialist Palliative Care Team and sexual health services at the Wolverton Clinic. Taken with the action plan to address shortfalls this should put the Trust in a strong position for responding to the demands of the South West London Sustainability and Transformation plan.

47. The success of a general hospital is dependent on all departments working optimally and following questions could be pursued at the meeting:

1. There are a lot of “should dos” for the Emergency Department. With the recent appointments of senior clinical staff have many of these issues been addressed?

2. Are the plans to expand the areas in the ED (delayed by the financial deficit) being progressed?

3. Are there any plans for a reminder campaign about hand hygiene – especially in ED?

4. Are there plans to enlarge the Critical Care Unit to meet good practice standards for bed space and also to provide “daylight”?
5. Is there opportunity for the Maternity unit be enlarged to meet the expected increase in birth capacity? Also, in view of the “inadequate” and “requires improvement” ratings for maternity and gynaecology services at Epsom and St Helier (both sites) is there the possibility of expansion to take on additional activity for women living relatively close to Kingston Hospital?

6. What are the causal factors for longer length of stay of medical and cardiology patients than the national average? How can these be addressed?

7. Can funding be identified to strengthen the end of life consultant and nursing presence?

8. The reports makes a number of comments about 7 day services and whilst this may not be possible or necessary for all specialisms, the CQC’s comment about porter service being available to support patient movements to and from radiology at weekends needs to be addressed. Have arrangements been put in place?

9. What steps are being taken to improve nurse responsiveness to patient call bells at weekends?

10. In view of the problems with “Safe”, “Responsive” and “Well-led” surgical services at Epsom, St Helier and Croydon, is there any room for expansion of surgical activity at Kingston?

11. Has the hospital considered CQC reports of nearby hospitals where performance has been stronger for key service areas, eg Croydon for urgent and emergency, Epsom for medical care and Epsom and St Helier for outpatients and diagnostics, plus East Surrey’s which was rated as good earlier this year?

Author of report – Marian Morrison, Democratic Services Officer, Tel 020 8547 4623, marian.morrison@kingston.gov.uk

References and further reading:

Care Quality Commission website   www.cqc.org.uk


What we do on an inspection   http://www.cqc.org.uk/content/what-we-do-inspection#population-groups


Epsom and St Helier University Hospital NHS Trust CQC Inspection report 27 May 2016   http://www.cqc.org.uk/sites/default/files/new_reports/AAAE5976.pdf
Summary of findings

Letter from the Chief Inspector of Hospitals

Kingston Hospital NHS Foundation Trust provides local services, primarily for people living in and around Kingston-Upon-Thames. The trust provides services to approximately 350,000 people and provides a full range of diagnostic and treatment services, including emergency care, day surgery and maternity services. Our key findings were as follows:

Safe
- Improvements were required for the safe storage of medicines in outpatients, theatres, some wards, and the emergency department. In particular with regard to recording of fridge temperatures, and restricting accessibility to storage facilities.
- Improvements were required to ensure equipment used for patient treatment and care had routine safety and maintenance checks.
- Improvements were required to ensure there was enough surgical instrumentation available in theatres.
- Staff understood their responsibilities to raise concerns, to record safety incidents, and near misses, and to report them. However, incident reporting was not fully embedded in everyday practice within the emergency department.
- Safety goals were set and performance was monitored using information from a range of sources.
- People who used the services were told when they were affected by something that went wrong, and were informed of any actions taken as a result. However, letters written to people did not always contain a formal apology.
- Staff and relevant individuals were involved in thorough and robust investigative reviews, where incidents or adverse events arose.
- With the exception of the emergency department, lessons learned and action taken as a result of investigations were shared with staff and changes in practice implemented.
- The environment in which people received treatment and care was clean and there were reliable systems to prevent and protect people from a healthcare-associated infection. Despite this, staff working in the emergency department did not always follow recommended hand hygiene practices.
- The majority of staff had received effective mandatory training in the safety systems, processes and practices.
- Risk management activities and procedures used by staff helped to ensure peoples safety needs were identified and responded to.
- There were sufficient staff with appropriate skills to ensure the safe delivery of treatment and care in most areas.
- There was a high number of new and inexperienced nursing staff in the emergency department and not enough permanent shift leaders or doctors to cover the rota.

Effective
- People’s consent to treatment and care was sought in line with legislation and guidance. People were supported to make decisions and where a person lacked mental capacity to consent to treatment or care staff made ‘best interest’ decisions. However, mental capacity assessment were not always carried out where patients required mechanical restraint on medical wards. Best interest decisions had not always been recorded for the interventions taken.
- Staff generally had an understanding and awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS), but some staff reported not having formal training in either subject.
- People’s needs were assessed and care and treatment was delivered in line with legislation, standards and evidence based guidance.
- A multidisciplinary team of staff worked collaboratively, and were supported to deliver effective treatment and care by relevant and current evidence-based guidance, standards, best practice and legislation.
- Monitoring of the effectiveness of services was taking place and outcomes from such activities were generally used to improve standards and quality.

Kingston Hospital Quality Report 14/07/2016
Summary of findings

- People receiving treatment and care were not discriminated against. Individual care needs took into account; age, disability, gender, pregnancy and maternity status, race, religion or belief and sexual orientation.
- People's nutrition, hydration and pain needs were assessed and action was taken by staff to meet their immediate and changing needs.
- Technological equipment was generally available and used by staff to monitor and deliver treatment and care.
- Staff had the right qualifications, skills, knowledge and experience to undertake their roles and responsibilities. They had access to appropriate developmental training and were supported by senior staff through a range of approaches. Staff had opportunities to receive feedback on their performance.

Caring
- People were treated with kindness, dignity, respect and compassion whilst they received care and treatment from staff.
- Staff took into account and respected people's personal, cultural, social and religious needs.
- Staff were observed to take the time to interact with people who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude towards people receiving treatment and care, and those close to them.
- People who used the services and those close to them were involved as partners in their care. Staff communicated with people so they understood their care, treatment and condition. They recognised when people needed additional information and support to help them understand and be involved in their care and treatment and facilitated access to this.
- People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- Staff encouraged participation from those close to people who used the services, including carers and dependents. People were encouraged and supported to manage their own health, care and wellbeing and to be as independent as able.

Responsive
- Services had been planned and delivered to meet the needs of people within the local population. Stakeholders and other providers were involved in planning and delivering services.
- The emergency department was not meeting the national target of seeing and treating 95% of patients within four hours of arrival. Ambulance handover times were not always achieved.
- The facilities and environment were being developed in some areas in order to meet the changing needs of the population using the services. Further improvements were needed in some areas to ensure privacy was not compromised and to meet the needs of particular groups of people. This including patients attending the emergency department with mental health related matters. The Critical Care Unit environment was not conducive to meeting the needs of patients, visitors and staff.
- Services were accessible and took into account the individual needs of people who used them. This included vulnerable individuals and people with a physical disability, learning disabilities, and those living with dementia. Some environmental improvements were needed to areas where people living with dementia were receiving treatment and care.
- People were given the help and support they needed to make a complaint. With the exception of the emergency department, complaints were handled effectively and confidentially, with a regular update for the complainant and a formal record was kept. The outcome was explained appropriately to the individual in an open and transparent manner. Lessons learned from concerns and complaints were acted upon by staff.
Summary of findings

Well-led

- There was a clear vision and a set of values, with quality and safety the top priority, which was understood by staff. Core services had robust, realistic strategies targeted towards achieving the clinical priorities set by the trust and aimed at delivering good quality care; staff knew what their responsibilities were for delivering this. Targets were continuously reviewed.
- The majority of clinical areas were well led, with strong and effective governance arrangements to oversee quality, safety and risk management.
- Most staff reported effective leadership, with approachable and supportive line managers, who operated in an open and responsive culture. Some theatre staff reported challenges with visibility and direction of the main theatres leadership, with a need for more constructive engagement. Theatre leaders had recognised staff morale was an area for improvement and had put in place a number of interventions.
- Staff in the majority of areas reported feeling respected and valued, and were enabled to contribute to service delivery and improvements.
- There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken. There were arrangements for identifying, recording and managing the majority of risks, along with mitigating actions.

We saw several areas of outstanding practice including:

- The Wolverton Centre, for providing comprehensive sexual health services; for provision of service alerts for vulnerable patients, including young people, and those with a learning disability.
- A comprehensive dementia strategy, which enabled staff to support people living with dementia. A dedicated dementia improvement lead provided visibility and support to staff, ensuring positive interventions were implemented. The carer’s support pack, therapeutic activities and a memory café contributed to the enhancement of services.
- The trust’s engagement with ‘John’s campaign’, promoted the rights of people living with dementia to be supported by their carers in hospital. To facilitate this, there was open visiting and a free car park for respective carers and relatives. Family members and carers were offered beds to stay overnight if needed.
- The specialist palliative care (SPC) team stood out as highly skilled and effective. They supported staff to provide good quality, sensitive care to patients at the end of life and to the people close to them.
- Staff of all disciplines demonstrated an impressive understanding of their role in addressing the needs of people at the end of life and of providing sensitive and compassionate care.
- The paediatric diabetes team were a top performer in the National Paediatric Diabetes audit 2014 to 2015 due to HbA1C rates being better than the England average.
- The trust participated in the Sentinel Stroke National Audit Programme (SSNAP), and achieved an A rating for the period January 2015 to March 2015.
- The Physiotherapists in the critical care unit had reduced the length of stay for their patients through the early implementation of rehabilitation.
- The engagement and involvement of volunteers was recognised as an invaluable team to support service delivery.
- Patient pathway co-ordinators in outpatients had impacted positively on the effectiveness of appointment arrangements.

However, there were also areas of where the trust needs to make improvements. Importantly, the trust must:

- Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint. Such information must be recorded in the patient record.
- Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
- Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
Summary of findings

- Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and that such a record is retained.
- Ensure the management, governance and culture in ED, supports the delivery of high quality care.
- Improve the quality and accuracy of performance data in ED, and increase its use in identifying poor performance and areas for improvement.
- Ensure all identified risks are reflected on the ED risk register and timely action is taken to manage risks.

In addition the trust should:

- Review patient outcome measures to consider how performance can be improved.
- Staff should have timely access to regular training with respect to the Mental Capacity act (2005) and Deprivation of Liberties Safeguarding.
- Review length of stay and ways of decreasing this in care of the elderly and cardiology services.
- Take steps to embed debriefings after operating lists across all surgery services, as part of the World Health Organization (WHO) Surgical Safety Checklist.
- Ensure better compliance with hand hygiene and cleaning of clinical equipment in the emergency department.
- Review the skill mix and flexibility of staff within ED in order to respond to changes in activity levels and demand surges.
- Improve ED staffs understanding and compliance with the trust's incident reporting procedures, complaints handling and application of learning from these.
- Ensure there is accurate performance information in the ED.
- Seek ways of consistently improving patient flow through the ED.
- Ensure the systems for routine safety processes such as recording timely observations of patients, checking resuscitation equipment, and making sure medicines and cleaning chemicals were stored safely.
- Ensure adequate and safe facilities for patients with mental health needs.
- Ensure staff use computers securely in ED and do not share login cards
- Improve staff engagement in main operating theatres.
- Establish a robust system for ensuring required surgical instruments are readily available.
- Increase visibility and leadership engagement within theatres.
- Optimise pre-assessment procedures in order to limit cancellations on the day of scheduled surgery.
- Take steps to ensure all nursing staff understand how to communicate with vulnerable and elderly patients in an appropriate way.
- Improve responsiveness of nursing staff to patient call bells at weekends.
- Consider how the environment and facilities in the CCU could be improved.
- Review CCU records in order that capacity assessments can be documented.
- Explore the benefits of having a follow up services available for patients who have used CCU so they are able to reflect upon their stay and can address long term psychological concerns.
- Review maternity service bed capacity in order to address the increasing activity.
- Ensure midwifery staff have access to required equipment.
- Review staffing levels in maternity services in order to avoid delays of induction and elective caesarean sections.
- Ensure children have an appropriate waiting area in the fracture clinic.
- Review areas used by children and young people with a focus on age appropriate décor.
- Ensure staff working in children's and young people's services have access to up to date editions of the British National Formulary (BNF).
- Ensure registered nursing staff levels in children's and young people's services are in accordance with RCN and BAPM guidelines.
- Review the specialist palliative consultant and nursing presence at the hospital in order to maintain progress towards meeting the provision of excellent end of life care.
- Review the environment of the chapel and multi-faith facilities.
Summary of findings

- Consider how the environment on medical wards and in outpatients can be developed to enhance the experiences of people living with dementia.
- Provide greater privacy for inpatients who attend the CT scanning unit.
- Reinforce best practice around the use of appropriate interpreters.
- Ensure information about chaperones is made easily available in all OPD clinics.
- Ensure waiting times and clinic delays are appropriately displayed and communicated to waiting patients.
- Have a consistent approach to sending reminders to patients about their appointments, to minimise non-attendance.
- Ensure that patient examination couches are checked and maintained as appropriate in the general outpatient area.
- Address recommendations made by the Anti-Terrorism Squad for the safe monitoring of radionuclide medicine delivery.
- Ensure proper systems are in place to facilitate governance meetings in each outpatient service.
- Consider how daily cleaning schedules can be completed and quality checks and sign off of these are routinely undertaken.
- Arrangements around equipment storage should be reviewed so that shower rooms are not used.
- Utility rooms containing hazardous chemicals should be locked, with additional provision for secure storage of such products.
- Fire safety precautions should be reinforced with staff to ensure fire doors are not propped open.
- The policy for medicines management is followed to support the use of patients' own medicines.
- Review existing arrangements to ensure that suitable governance and assurance mechanisms are in place with regards to the trust's statutory duty to ensure that directors are fit and proper.

Professor Sir Mike Richards
Chief Inspector of Hospitals
Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The Wolverton Centre, for providing comprehensive sexual health services; for provision of service alerts for vulnerable patients, including young people, and those with a learning disability.
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- Patient pathway co-ordinators in outpatients had impacted positively on the effectiveness of appointment arrangements.

Areas for improvement

Action the hospital MUST take to improve

- Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint. Such information must be recorded in the patient record.
- Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
- Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
- Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and that such a record is retained.
- Ensure the management, governance and culture in ED, supports the delivery of high quality care.

Action the hospital SHOULD take to improve

- Improve the quality and accuracy of performance data in ED, and increase its use in identifying poor performance and areas for improvement.
- Ensure all identified risks are reflected on the ED risk register and timely action is taken to manage risks.
Outstanding practice and areas for improvement

- Ensure better compliance with hand hygiene and cleaning of clinical equipment in the emergency department.
- Review the skill mix and flexibility of staff within ED in order to respond to changes in activity levels and demand surges.
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- Arrangements around equipment storage should be reviewed so that shower rooms are not used.
- Utility rooms containing hazardous chemicals should be locked, with additional provision for secure storage of such products.
Outstanding practice and areas for improvement

- Fire safety precautions should be reinforced with staff to ensure fire doors are not propped open.
- The policy for medicines management is followed to support the use of patients own medicines.
- Review existing arrangements to ensure that suitable governance and assurances mechanisms are in place with regards to the trust's statutory duty to ensure that directors are fit and proper.
**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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</td>
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<tr>
<td>Surgical procedures</td>
<td>Systems and processes were not established or operated effectively to ensure the safety of service users. This was because;</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>• Equipment in use by patients had not always been serviced and safety checked.</td>
</tr>
<tr>
<td></td>
<td>• Resuscitation trolleys were not always checked to ensure they were fit for use.</td>
</tr>
<tr>
<td></td>
<td>• Medicines were not always stored safely and could be accessed by unauthorised individuals.</td>
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<td></td>
<td>• Temperature checks on storage units were not always carried out.</td>
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<td>Diagnostic and screening procedures</td>
<td>Regulation 20 HSCA (RA) Regulations 2014 Duty of candour</td>
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<td>A formal apology was not always included in all letters written to relevant persons during and following the safety incident review process.</td>
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<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 20 (1) (2) (d) &amp; (e)</td>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</td>
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<td>Nursing care</td>
<td>Individuals who lacked capacity were not always subject to a mental capacity assessment.</td>
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<td>Surgical procedures</td>
<td></td>
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Requirement notices

Individuals were being restrained without evidence of mental capacity assessment or best interest decisions having been formally made and recorded.

Systems and processes were not sufficiently established around training of staff with regard to the Mental Capacity Act (2005) and Deprivation of Liberties Safeguarding.

Regulation 13 (1) (2), (4) (b), (5) & (7) (b)

Regulated activity

Nursing care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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 improve the quality and safety of the services provided in ED because:

- The quality and accuracy of performance data and its use in identifying poor performance and areas for improvement was not adequate.
- The management, governance and culture in ED, did not support the delivery of high quality care.
- Risks in the ED service were not always identified, analysed and managed.

Regulation 17 (1) (2) (a) & (b)
CQC Inspection Report

<table>
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<td>Date: 27th July 2016</td>
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**Purpose of the Report:**

On the 14th July 2016 the CQC published its report of the planned inspection of the Trust. The inspection took place during January 2016. This report provides the Board with a copy of the CQC inspection report, and summaries its key findings and next steps.

**For:** Information ☑  Assurance ☑  Discussion and input ☐  Decision/approval ☑

<table>
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<tr>
<th>Sponsor (Executive Lead):</th>
<th>Duncan Burton, Director of Nursing and Patient Experience</th>
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<tr>
<td>Author:</td>
<td>Duncan Burton, Director of Nursing and Patient Experience</td>
</tr>
<tr>
<td>Author Contact Details:</td>
<td>Ext 3855</td>
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<td>Reputational CQC Risk Profile</td>
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<td>Regulatory/Reputational</td>
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<tr>
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<td>Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience</td>
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**Recommendations:**

The Trust Board is asked to:

a) **Note** receipt of the CQC Investigation report and arrangements taking place for the Quality Summit
b) **Approve** the proposed Board arrangements for responding to the actions arising from the report
CQC Inspection Report

Executive Summary

1. Introduction

1.1 On 14th July 2016 the CQC published its inspection report of the Trust. This can be accessed via the following link.


1.2 The report is based on a three-day hospital-wide inspection that was carried out between the 12th and 14th January 2016. This is the first time the Trust has been through this type of CQC inspection and received a rating.

2. Report Outcome

2.1 As can be seen in the Trust's ratings grid in Table 1:

- Five out of eight services were rated as ‘Good’
- The Trust was rated as good for all areas in caring and outstanding for caring in end of life care.
- The CQC has rated Urgent and Emergency Services; Medical Care and Outpatients and Diagnostic Imaging as ‘Requires Improvement’. The Trust has already been working on all of these areas prior to and since the CQC inspection to drive improvement.
- Overall the Trust was rated as ‘Requires Improvement’.

Table 1 – Inspection Ratings grid – Kingston Hospital

2.2 The findings of the report were in line with areas that we had identified to the CQC as requiring improvement.
3. **Areas of outstanding practice**

3.1 In the report the inspectors reported that ‘people were treated with kindness, dignity, respect and compassion’, ‘People who used the services and those close to them were involved as partners in their care’ and ‘People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.’

3.2 The inspectors also reported that the organisation is well-led and found ‘there was a clear vision and set of values, with quality and safety the top priority, which was understood by staff.’

3.3 In the press statement released by the CQC the Chief Inspector of Hospitals highlighted that ‘Staff were observed to take the time to interact with people who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude towards people.’

3.4 There were a number of areas which were highlighted in the report as outstanding practice which included:

- A comprehensive Dementia Strategy in place and a dedicated dementia improvement lead supporting the enhancement of services;
- Outpatients Patient Pathway Coordinators having a positive impact on effectiveness of appointment arrangements;
- The volunteers’ invaluable contribution across all parts of the Hospital;
- The End of Life Care team and staff of all disciplines having an ‘impressive understanding’ of their role in supporting people at the end of life;
- The Wolverton Centre for providing good sexual health services for young and vulnerable people and those with a learning disability;
- The Paediatric Diabetes team who were a top performer in the National Diabetes audit last year;
- Critical Care Physiotherapists reducing length of stay through early implementation of rehabilitation;
- The Stroke team receiving an A rating in the National Stroke Sentinel Audit.

4. **Areas for improvement**

4.1 The CQC have identified seven ‘Must do’ actions in the report which are shown below:

1. Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint and that this information is recorded in the patient record.
2. Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
3. Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
4. Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and records kept.
5. Ensure the management, governance and culture in A&E, supports the delivery of high quality care.
6. Improve the quality and accuracy of performance data in A&E, and increase its use in identifying poor performance and areas for improvement.
7. Ensure all identified risks are reflected on the A&E risk register and timely action is taken to manage risks.

4.2 Actions have already commenced in all of the ‘must do’ areas and a formal action plan will be required to be produced in line with the Quality Summit, as outlined below.
4.3 The CQC has also identified in the report a number of ‘should do’ items. Draft actions for these have also been produced with service lines and are being reviewed through the CQC Programme Board structure. Timelines for these ‘should do’ items are being reviewed in line with Trust priorities, identifying which need to be completed this year and those in subsequent years.

4.4 In reviewing the ‘should do’ items the Trust will need to carefully consider the requirements issued by NHS Improvement and NHS England during July 2016, regarding the strengthening of NHS finances and performance. Those ‘should do’ recommendations which will require additional resource to achieve will need to be considered in the overall investment priorities of the organisation, and if existing funding will need to be reallocated to achieve those considered necessary.

5. **Communicating the report’s findings**

5.1 The Trust held a series of staff briefing sessions before and after publication to explain the ratings, contents of report including the areas of good and outstanding practice and those requiring improvement. Further in-depth briefings have been held with staff in the three areas which overall which ‘required improvement’. The offer of further briefings is in place to all areas of the Trust. Staff have also been sent the link to the report.

5.2 A briefing on the result was also sent to key stakeholders, the Trusts volunteers, the Trusts Membership and local media.

5.3 The Trust has 28 days from publication of the report to display the results in the entrance to the hospital and on the Trusts website. There is a set format for this which is being provided by the CQC. The communications team will be producing information on steps we are taking to improve upon the ratings in key areas.

6. **Next steps**

6.1 **Quality Summit** – The CQC will hold a Quality Summit to review the Trusts report with the Trust, NHS Improvement and key local stakeholders which includes CCG’s, Healthwatch, Health Overview & Scrutiny Panel Chairs and Health & Wellbeing Board Chairs. There is an opportunity for the Trust to respond to the report and actions taken already. An action plan in response to the findings will be produced through this summit and following this the Trust has to formally submit an action plan back to the CQC in relation to the ‘must do’ items within a set timeline. Currently the Trust is working with the CQC for the Quality Summit to take place in September 2016.

6.4 **CQC Programme Board** – The Trust has put in place a CQC Programme Board to oversee the implementation of actions arising from the report, which includes actions to ensure all areas as a minimum are rated good, but also to drive improvement from good to outstanding. The programme board is chaired by the Chief Executive and has Executive and divisional representatives. Each core service and cross cutting theme (e.g. medication safety, Mental Capacity Act etc) has an Executive lead to provide oversight of progress with actions. The CQC programme board will also oversee the development and implementation of plans to deliver a self assessment of all areas of the trust during the autumn of 2016. This is expected to include working with another Trust(s) to support peer review of services.

6.7 **Internal audit** have already been commissioned to do a review of progress in the Emergency Department during Q3 and the terms of reference for this will be reported shortly to the Audit Committee.

6.8 **Quality Assurance Committees (QAC)** has reviewed its workplan at the at the meeting on 13th July 2016 and it was agreed that each of the 8 core services would be reviewed in deep dives over the next 6 months. These have been structured on the basis of the
findings. This will include focus on areas that ‘require improvement’ as well as how services are focused on moving from ‘good’ to ‘outstanding’.

6.9 Trust Board – Following the Quality Summit the Trust Board will be provided with the agreed action plan for the ‘must do’ actions which will be monitored in line with the agreed timelines. It is expected that the action plan will be reported to the Board in September 2016, subject to the date of the Quality Summit. The Board will also undertake a self assessment exercise against the ratings at the November 2016 Board Development day as was done in 2015. This will form part of the overall self assessment approach being developed.

7. Recommendations

7.1 The Trust Board are asked to:

a) Note receipt of the CQC Investigation report and arrangements taking place for the Quality Summit
b) Approve the proposed Board arrangements for responding and monitoring the actions arising from the report
Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
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Notes
# Detailed findings

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## Notes
# Overview of ratings

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Epsom and St Helier University Hospitals NHS Trust Quality Report 27/05/2016
### Overview of ratings

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#### Notes

We are currently not confident that we are collecting sufficient evidence to rate the effective key question for outpatients and diagnostics.
St George’s Healthcare NHS Trust

Quality Report

St George’s Hospital
Blackshaw Road,
Tooting
London
SW17 0QT
Tel: 020 8672 1255
www.stgeorges.nhs.uk

Date of publication: 24/04/2014
Date of inspection visit: 10-13 & 22 February 2014

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**            | **Good** |  |
| **Are services at this trust safe?**         | Requires improvement |  |
| **Are services at this trust effective?**    | **Good** |  |
| **Are services at this trust caring?**       | **Good** |  |
| **Are services at this trust responsive?**   | **Good** |  |
| **Are services at this trust well-led?**     | **Good** |  |

1 St George’s Healthcare NHS Trust Quality Report 24/04/2014
## Summary Analysis of CQC Inspection Ratings by Provider

Note: excludes St George’s Healthcare as CQC report is still to be published

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*both ratings are for the Elective Orthopaedic Centre at Epsom Hospital*
Health Overview Panel
28 September 2016

Mums for Mums initiative at Kingston Hospital

Report by Head of Corporate Governance

Purpose
To provide information about the Mums for Mums initiative at Kingston Hospital.

Recommendations
To note the information about this scheme and ask questions.

1. Kingston Hospital has set up a volunteering scheme to provide help and support to new Mums who have given birth at Kingston Hospital

2. The attached information is presented on the hospital’s website as part of the process of recruiting Mums for Mums volunteers and gives a good description of the role.

3. Members requested that this be considered at a meeting of the Panel and are asked to note the information and ask any questions they may have.

Author of report – Marian Morrison, Democratic Support Officer, 020 8547 4623, marian.morrison@kingston.gov.uk
About this role
This is a busy role that can take volunteers to several parts of the Maternity Service in one session. It is designed to be flexible and mobile to direct support wherever the need is greatest. Mums for Mums provide the companionship, hands-on breast feeding support (training will be given) and mum-to-mum reassurance that only another mum who has given birth at Kingston Hospital can provide.

What you will achieve
Through a regular commitment, you will become a known and valued member of Mums-to-Mums Volunteering Network. You will gain new knowledge and skills through bespoke training and supervision from experts including Midwives, Supervisor of Midwives and Practice Development Midwives.

Training includes:
- Peer Support Skills including active listening, emotional resilience and empathy.
- Sharing your story – the value, intention, skill and boundaries of identifying with new mothers through storytelling.
- Infant feeding peer support postnatal education
- Milestones in the first few hours and days of a newborn
- Parenting skills for new families and growing families
- Supporting patients who are distressed, alone or vulnerable
- Making a hospital bed
- Policies such as Health & Safety, Infection Control and Safeguarding to prepare you to volunteer in a clinical environment
- A voice in the development of the Maternity Service as a Trust Member and opportunities to give your feedback on behalf of the mums you support.

Tasks and Responsibilities
- Helping to deliver the Infant Feeding Peer Support – 11 O’ Clock Stop
- Dining Companion – supporting the Hostess and ensuring all mothers are encouraged to eat hot meals and stay hydrated during their stay
- Conducting the Friends & Family Test and supporting parents to give honest feedback for the improvement of Maternity Services
- Helping with infant feeding (after training)
- Helping parents with parenting skills (after training)
- Providing information about services and support available for new parents in their local community
- Accompanying mothers to prepare for and visit the neonatal unit where their baby is receiving care.
- Being an active listener available to all new mothers during their stay; providing support, reassurance and helping to involve the clinical team or other patient services, e.g. PALS where needed.
- Helping women to prepare for discharge: packing, planning for returning home and discussing any concerns they have.
- Taking discharge paperwork to reception

**Commitment**

Whilst we can be flexible, we ask for a commitment of *at least* 3 hours every week. We ask for a *minimum* of 6 months commitment. This is to justify the training that Kingston Hospital Maternity Service provides. It is also the minimum commitment that we think is needed to ensure volunteers have a positive experience that delivers the benefits set out in this role profile, and meets their personal and career goals.

**Who should apply**

We welcome involvement from any volunteer with an interest in midwifery and associated professions and particularly welcome volunteers considering a career in these fields as a way to gain real-life experience of a diverse post-natal NHS environment.

No prior skills or knowledge are required as full training will be provided. However, enthusiasm and a willingness to make a regular commitment is important to patients and staff so that you accrue skills and build a strong knowledge base. We are looking for the following personal qualities and attributes to help assess whether volunteers are ready for this role:

**Personal qualities:**
- Enjoys meeting new people
- Enjoys delivering customer-services in a dynamic and changeable environment
- Takes charge of own health and wellbeing and recognises its importance when interacting with new mothers and newborn babies
- Excellent listening skills; able to provide information and support without judging people
- Known for being a reliable person and following protocols as required of them
- Has a good understanding of Equality & Diversity and applies principles of non-judgement, confidentiality and respect for people without discrimination in all they do.
- Calm, mature and patient manner

**Experience:**
- Work or voluntary experience in a health environment is helpful, but not necessary
- An interest in infant feeding is helpful, but not necessary
- Personal insight into birth and life with a newborn baby – what can go right, and what can complicate a mothers’ experience of the first few days or weeks post-birth.
- To be honest in knowing they have the maturity and resilience to deal with difficult situations and emotions which may arise during their volunteering.

**Additional requirements:**
- All maternity Volunteers must be over the age of 18 years
- To have given birth or closely supported a mother who has given birth at Kingston Hospital Maternity Service.
- A good level of written and spoken English is required for this role.
- BCG Vaccination and evidence of immunisation to chicken pox, measles, mumps and rubella (MMR) are required for this role. Occupational Health will provide guidance if you are unsure.

**Training and Opportunities for Personal Development**
- Regular Maternity Volunteer welcome evenings and training events are provided; this will help ensure you’re right for this role and have the skills and knowledge you need before you start.
- The Maternity Practice Development Team hold twice-yearly study days for volunteers considering careers in midwifery
- References can be provided by the Volunteering Service at 30 hours (10 weeks) and at 100 hours (or as required by an academic placement). Evidence of attendance will be required.
- Our Postnatal Staff are always happy to see reliable, well trained and interested volunteers; if you have questions about their roles or how to do something, they will usually make time if you wait for a quiet moment respect their need to prioritise patients when wards are busy.

**Direct Supervisors**
- Senior Sister, Post-Natal Wards
- Matron for Maternity Services

**Programme Supervisor:**
- Rebecca Board, Practice Development Midwife

**How to apply:**
At interview, please tell the Volunteering Service that you are interested in the Post Natal Volunteering. They will discuss the role with you and ensure it’s a good fit to the personal qualities set out above, your occupational health status and the commitment you can give. If agreed, the Volunteering Service will then liaise to book you onto the next Maternity Volunteer Induction event.

For further information about this role, please contact the Volunteering Service on 0208 934 2959 or email volunteering@kingstonhospital.nhs.uk to speak to our Volunteering Service Manager.

**Note for Health Overview Panel - Other details of volunteering opportunities can be found at [https://www.kingstonhospital.nhs.uk/get-involved/volunteering/volunteer-vacancies.aspx](https://www.kingstonhospital.nhs.uk/get-involved/volunteering/volunteer-vacancies.aspx)**
HEALTH AND WELLBEING BOARD

7 JUNE 2016

6:39 pm – 8:11 pm

Members of the Board

Councillors:
Councillors Julie Pickering (Co-Chair), Tom Davies, Kevin Davis, Sheila Griffin, Chris Hayes, Cathy Roberts and Margaret Thompson

Representatives from Kingston CCG, Healthwatch and the Voluntary Sector:
Dr Nazim Jivani (Co-Chair), Dr Phil Moore*, Dr Peter Smith, Grahame Snelling, Patricia Turner

Council Officers (non voting):
Dr Jonathan Hildebrand, Sue Redmond, Nick Whitfield*

Advisory Members (non voting):

* Absent

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

The following substitute members attended the meeting:

Dr Junaid Syed for Dr Phil Moore
Rob Henderson for Nick Whitfield
Gwen Kennedy for Jane Clegg
Moira Ford for Siobhan Clarke
Dr Martin Humphrey for Dr Emma Whicher

3. MINUTES

The minutes of the meeting held on 10 March 2016 were confirmed and signed as a correct record.
4. DIRECTORS AND CHIEF OFFICERS UPDATE

The Board received updates from the Directors of Adult Social Care, Public Health and Childrens Services, and the Chief Officer of Kingston Clinical Commissioning Group, on a range of issues including:

- Recent changes in the CCG’s Patient and Public Engagement function in order to strengthen its leadership and experience (a detailed report on health and care community participation and engagement was to be submitted to the next meeting of the Board, in September)
- Arrangements for the recommissioning of Healthwatch Kingston - following a soft market testing event to gauge the potential interest in the service and to seek views on shaping its outcomes the draft specification would be available by July/August with a planned contract award in December 2016.
- The Dementia Friendly Kingston Workshop held on 18 April.
- The establishment by the CCG of a Primary Care Commissioning Committee following the move to fully delegated commissioning of primary care services from 1 April 2016.
- The National Diabetes Prevention Programme – Kingston CCG, together with its London partners, had submitted a successful bid to be within the first phase of this NHS England funded preventative education programme designed to reduce risks of developing Type 2 diabetes.
- The closure of the Gosbury Hill GP Clinic – Members sought further information on the arrangements to maintain cover for residents affected by the closure and emphasised the need for clear communications to assuage any fears amongst residents that they may be left without a GP as a consequence. It was considered that there was sufficient capacity in Chessington to meet increased demand at other Practices.

5. VERBAL UPDATES FROM KINGSTON VOLUNTARY ACTION AND HEALTHWATCH KINGSTON

The Board received updates on activity from Patricia Turner of Kingston Voluntary Action and Graham Snelling of Healthwatch.

Patricia Turner reported details of the Kingston Walking Festival Guides and website, designed to encourage increased physical activity. The Health and Wellbeing Network meeting held in April had discussed, amongst other things, the Sustainability and Transformation Plan and Joint Strategic Needs Assessment while the Children’s and Young Peoples Network was due to meet later in the week. The Voluntary Sector Forum to be held at the end of June was to receive an update on Kingston Coordinated Care and the development of the mental health strategy. Work was continuing on the Health & Social Care Volunteers Fund project reported at the last meeting of the Board. The first cohort of volunteers had been identified and MIND and the Citizens Advice Bureau would be involved initially. Some of the work would be built around the volunteers supporting the Mental Health Parliament.

Graham Snelling advised the Board that Healthwatch had approved its priority areas for the coming year, namely mental health, primary care issues, social care developments and hospital discharge. Outreach work was being expanded in order
to capture the views of as many health and social care users as possible. The contract for Healthwatch was due to expire at the end of March 2017 and a soft market testing exercise had now been undertaken.

6. KINGSTON CO-ORDINATED CARE - PROGRESS REPORT AND NEXT STEPS

The Board received a report on progress in respect of the development and implementation of the Kingston Coordinated Care programme. The initiative brought together a variety of partner organisations across the borough to support the development of active and supportive communities and develop customer centred care with an increased focus on prevention, pro-active care and self reliance.

Updates were presented on the principle work strands, including the Active and Supportive Communities project designed to keep adult residents happy, healthy and resilient and a Ways of Working project in which a multi provider team of frontline staff designed new ways of working that responded to service user priorities and a commissioning and contracting approach was developed to enable implementation of the newly emerging arrangements.

The Board also received a presentation from the Ways of Working Design Team which set out the three key roles it had assumed since Christmas, namely sharing the Team’s observations and learning across the whole system, deploying the new ways of working across the system, using peoples stories and acting as a customer intelligence layer for the whole system, identifying opportunities for quick initial wins and marginal gains. Patterns of referrals to the team had revealed four key themes;

- Understanding the whole person
- A readiness and ability to engage
- Identifying the capabilities to Plan and Do with the person
- Use of a ‘Golden Ticket’ to overcome organisational criteria which put in place barriers to the full use of local capabilities

Members noted that there was a need to continue to influence thinking across the health and care community and to share learning, influence how the new ways of working could improve people’s access to care and communicate the new thinking beyond the care system. It was clear that staff were engaged and enthused by the new approaches but there remained barriers of organisational culture and resistance to change within the system which needed to be overcome. It was noted the Providers had agreed that the Design Team should now focus on those identified by GPs as high risk and would soon start working with Practices to develop this.

Positive progress had been made but the scale of transformation was recognised and there remained much to do. In response to questions on delivery it was noted that a draft Project Initiation Document had been prepared and a shadow Commissioning Board put in place. It was imperative that the programme moved forward quickly and it was hoped that a high level timeline would be in place by the time of the Board’s next meeting, in September. A balance needed to be drawn between development of the project documentation and work on actual delivery.
In a wide ranging debate issues touched upon by the Board included community pharmacy discharge, prevention of unnecessary hospital admissions, future referral arrangements for GPs and the likely order of investment required and level of achievable savings. It was noted that an economist was now seeking to quantify the savings and more detailed information was expected to be available in the coming months. Qualitative benefits were anticipated, particularly in respect of better outcomes for patients and enhanced staff satisfaction. Funding for the Design Team was due to end in July but ultimately there would be no further requirement for its services because every part of the care system would be working in the same way and have access to the same patient information.

Details of the development of the Kingston Health and Social Care Commissioning Service were also noted. The principal commissioners and supporting staff from Adult Social Care, Public Health and the CCG had now been co-located and staff were working together to develop the culture and shape of the new service. Directors from the relevant service areas were meeting together regularly as a Commissioning Management Team to support the development of the new service.

RESOLVED that -

1. the progress made in delivering the Kingston Coordinated Care programme be noted; and

2. the direction of travel in developing a transformed and sustainable health and care system be endorsed

Voting – Unanimous

7. BETTER CARE FUND PLAN 2016/17

The Board noted the Quarter 4 progress report in respect of the 2015/16 Better Care Plan and the Plan details for 2016/17.

The final report for the 2015/16 Plan summarised performance and learning. The national focus had been on non-elective admissions and evaluation demonstrated that the local expansion of the rapid response admission avoidance scheme had led to lower than an expected rate of growth in admissions for over 65s, falling just 0.2% short of meeting the BCF target. Growth in admissions for other population groups meant that there had, nevertheless, been an overall increase, primarily in medical specialities and mainly related to assessment and short stay activity.

The 2016/17 BCF Plan had the Kingston Coordinated Care programme at its heart. Of 73 Key Lines of Enquiry 62 had been fully met, three partly met (and would be addressed for the next submission) and eight relating to risk sharing agreements had not been met. It was noted that a risk share agreement planned for 2015/16 had not been implemented because it was felt to be inappropriate - schemes to reduce non-elective admissions were predominantly CCG initiatives and the risks were not shared with the Council. Discussions with the NHS England regional team on this aspect of the Plan were continuing but it was anticipated that the difference of approach would be likely to affect the final evaluation outcome. During the course of
the coming year the focus would be on continuing to build strong relationships, a joint operating model and commissioning approach that would include robust risk sharing arrangements.

The Board took the opportunity to thank Rachel Bartlett, who had now departed as the CCG Director of Integrating Care, for her hard work on the Better Care Fund Plan and a wide range of other programmes.

RESOLVED that –

the 2016/17 Better Care Fund Plan and Q4 progress report on the delivery of the 2015/16 Plan be noted.

Voting – Unanimous

8. JOINT HEALTH AND WELLBEING STRATEGY REFRESH Appendix D

The Board gave further consideration to which two outstanding actions from the Joint Health and Wellbeing Strategy should be prioritised for special focus during the course of the next twelve months. After examination of a range of suggestions it was agreed that priority should be given to implementation of the Child and Adolescent Mental Health Services (CAMHS) Transformation Strategy and the Dementia Strategy.

The consequences of poor emotional wellbeing and mental health problems in children and young people were far reaching and impacted significantly on both an individual’s life chances and potential as well as the wider community and future demand on public services. The CCG’s Transformation Plan, designed to improve relevant services and make them more responsive to the needs of children and young people through the utilisation of additional NHS England funds, had already brought about a range of improvements including enhancements of the Eating Disorder and Psychiatric Liaison Services. However, much work remained to be delivered including the introduction of post diagnosis support for children, young people and their families with Autistic Spectrum Disorder, the development of more community based models of support for children and young people with a wide range of mental health issues and commissioning of a therapeutic programme for children and young people affected by domestic violence. The Board needed to be assured that these plans were implemented and that the transformation funding was used effectively to prevent mental health problems from escalating and to improve the experience of and access to services.

The Board also required assurance that the wide range of actions involving a number of agencies in respect of the Joint Dementia Strategy were being progressed at pace. There were approximately 1,500 Kingston residents with dementia, a figure predicted to rise to 2,100 by 2027 and it was estimated that the annual costs of dementia in the UK amounted to £4.3 billion in healthcare and £10.3 billion in social care. Significant savings could be realised through the establishment of dementia friendly communities and local peer support networks that delayed admission to residential care and reduced the number of avoidable admissions to acute hospital care.
At the same time the Board agreed that the refreshed Joint Health and Wellbeing Strategy should cover a two year time period and have a focus on enhancing prevention and early intervention in four key themes (children and young people, mental health, addressing the needs of socially excluded and disadvantaged communities and older people and people with long term conditions) through empowering communities, families and individuals.

A proposal for Kingston to participate in Self Care Week in November would be pursued.

**RESOLVED** that –

1) the two outstanding actions prioritised for special focus be:

   a. Implementation of the Child and Adolescent Mental Health Services (CAMHS) Transformation Strategy *and*
   b. Implementation of the Dementia Strategy; and

2) the refreshed Joint Health and Wellbeing Strategy should cover a two year time period, continue with the current key themes and have an overarching focus on enhancing prevention and early intervention through empowering communities, families and individuals.

Voting – Unanimous

9. **PRIMARY CARE COMMISSIONING COMMITTEE APPOINTMENT** Appendix E OF REPRESENTATIVE

The Board was invited to nominate one elected Councillor member to serve as its representative on the new Primary Care Commissioning Committee formed by the South West London CCG.

**RESOLVED** that –

Councillor Julie Pickering be nominated to serve as the Board's non-voting representative on the Kingston CCG Primary Care Commissioning Committee for the remainder of the 2016/17 Municipal Year.

Voting – Unanimous

10. **URGENT ITEMS AUTHORISED BY THE CHAIR**

There were no urgent items.

11. **SUE REDMOND**

The Board noted that Sue Redmond, Director of Health and Social Care, was due to leave the Council on 22\textsuperscript{nd} June and expressed gratitude for her efforts during her
time in post, noting in particular the commitment and energy she had brought to the role.

Signed………………………………………………………………..Date…………………

Co-Chair
HOP Work Programme 2016/17

The work programme is provisional and subject to change.

Tuesday 22 November

SWL and St George's CQC Inspection March 2016 (report published 16 June 16)

Kingston Clinical Assessment Service (including access to GP appointments)

Update on preparations for winter

Thursday 12 January

Air Quality

Tuesday 14 March

Kingston Co-ordinated Care

Communications and publicity about Kingston co-ordinated care and direct payments

Community arrangements to support discharge processes

Public Health Report

Update on commissioning the integrated diabetes service

Note: Sustainability and Transformation Plan – work will be undertaken by the JHOSC which is due to meet in the Autumn onwards.

Visits to:

Community mental health team

GP surgery to consider appointment systems

Surbiton Health Centre