Health Overview Panel
28 September 2016

Kingston Hospital NHS Foundation Trust – Care Quality Commission report of inspection in January 2016

Report by Head of Corporate Governance

Purpose

This report provides a summary of the CQC inspection report, published on 14 July 2016 following the CQC’s visit in January 2016.

Annex 1 sets out the Letter from the Chief Inspector of Hospitals which identifies findings under the headings Safe, Effective, Caring, Responsive and Well-led.

Annex 2 lists what the CQC identifies as outstanding practice and areas for improvement – the “musts” and “shoulds” and Requirement Notices.

Annex 3 is the Kingston Hospital report to the July meeting of the Board setting out actions and next steps.

Kingston Hospital will give an update on progress at the meeting on their response to the CQC report.

Annex 4 (a to e) sets out the CQC ratings by individual provider and service area. Annex 4f provides a summary of ratings.

Recommendations

The Panel is requested to note the report, and scrutinise the action being taken by

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
Effective – care, treatment and support achieves good outcomes, maintaining quality of life and is based on best available evidence
Caring – patients are treated with compassion, kindness, dignity and respect
Responsive – services are organised to meet the needs of patients
Well-led – leadership, management and governance enable provision of high quality care based on individual needs and encourages learning and innovation and promotes a fair and open culture.

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 give 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

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

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 to 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:**

- **OVERALL**
  - Requires improvement

- **Safe**
  - Requires improvement

- **Effective**
  - Not rated – insufficient evidence

- **Caring**
  - Good

- **Responsive**
  - Requires improvement

- **Well-led**
  - Good

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 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 life 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>
</tr>
</thead>
<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>Service</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>
</tr>
<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.  

41. **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?

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References and further reading:

Care Quality Commission website  www.cqc.org.uk

Kingston Hospital NHS Foundation Trust CQC Inspection report 14 July 2016  

Intelligent Monitoring NHS acute hospitals – indicators and methodology Guidance, CQC May 2015 
http://www.cqc.org.uk/sites/default/files/20150526_acute_im_v5_indicators_methodology_guidance.pdf

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

St George’s Healthcare NHS Foundation Trust CQC Inspection report 24 April 2014 

Epsom and St Helier University Hospital NHS Trust CQC Inspection report 27 May 2016 