

King's College Hospital NHS Foundation Trust

King's College Hospital

Quality Report

King's College Hospital NHS Foundation Trust
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This report describes our judgement of the quality of care at this hospital. 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.

Summary of findings

Letter from the Chief Inspector of Hospitals

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

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

We inspected the King's College hospital Denmark Hill site and the Princess Royal University hospital on the 13 October 2016. The inspection was a focused inspection, carried out to review the progress made by the trust following our comprehensive inspection in April 2015. We had asked the trust to make improvements in a number of areas and issues requirement notices explaining how the regulations were not being met.

We did not visit the Orpington Hospital site but we spoke with staff and reviewed information provided to us by the trust.

Following this inspection we did not change the rating of the trust. Although there had been many improvements, there were areas still requiring further attention, as indicated below.

Princess Royal University Hospital

- Continue to work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges.
- Review and improve patient record documentation to ensure it is fully completed, and in line with national guidance. This includes the recoding of do not attempt cardio-pulmonary resuscitation (DNACPR) orders.

King's College Hospital – Denmark Hill

- Improve safeguarding training completion rates.
- Ensure the documentation of the use of mechanical restraints mittens in CCU is recorded in patient care records.

Professor Sir Mike Richards

Chief Inspector of Hospitals

King's College Hospital

Detailed findings

When we inspected King's College NHS Foundation Trust in April 2015, we told the trust that it must make improvements, which included:

At King's College Hospital - Denmark Hill

- Reviewing the facilities within critical care so they met both patient needs, and complied with building regulations. This included bed spacing and storage facilities, particularly for intravenous (IV) fluids, and blood gas machines on some wards.
- Ensure the trust complied with the Mental Capacity Act 2005 in regard to mental capacity assessments, particularly in the use of restraint, and that staff were trained and aware of their responsibilities in critical care.
- Ensure the 'Five steps to safer surgery' checklist was always fully completed for each surgical patient.
- Re-configure the outpatients services for patients with liver disease clinic in order to avoid overcrowding.
- Review the capacity of the maternity unit so women and their babies were receiving appropriate care at the right place at the right time.
- Implement a permanent solution to the periodic flooding of the renal dialysis unit and endoscopy suite areas following heavy rain.
- Ensure the trust policy around syringe drivers afforded optimum protection for patients against the risk of adverse incidents.
- Ensure the cover for the concealment trolley for deceased patients was in good repair and not an infection control risk.

At The Princess Royal University Hospital

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

Detailed findings

- Review and improve record documentation to ensure it is fully completed and in line with national guidance including DNACPR orders.

At Orpington Hospital

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

Detailed findings

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Our inspection team

The inspection was led by Stella Franklin, Inspection Manager, along with two inspectors at Kings College Hospital, Denmark Hill site, and two inspectors at the Princess Royal University Hospital.

How we carried out this inspection

King's College Hospital Denmark Hill, Princess Royal University Hospital and Orpington Hospital are part of King's College Hospital NHS Foundation Trust. The trust provides local services primarily for people living in the London boroughs of Lambeth, Southwark, Bromley and Lewisham. King's College Hospital sites provide acute services to a population of 700,000 in the London boroughs of Southwark and Lambeth. The trust also serves as a tertiary referral centre in certain specialties to millions of people in southern England.

King's College Hospital NHS Foundation Trust employs around 11,723 whole time equivalent (WTE) members of staff, with approximately 8,785 staff working at King's College Hospital Denmark Hill Site.

This was a focused inspection to follow-up on several requirement notices, which were issued to the trust in April 2015, after our comprehensive inspection in April 2015. After the previous inspection the Denmark Hill site was rated as requires improvement for surgery, critical care, maternity, and gynaecology, as well as end of life care. It was rated good for outpatients and diagnostic imaging.

The Princess Royal University Hospital was rated requires improvement for urgent and emergency services, medical care, surgery, critical care, and end of life care, as well as outpatients and diagnostic imaging. It was rated good for maternity and gynaecology and services for children and young people.

Orpington Hospital was rated good for surgery and outpatients and diagnostic imaging.

For this focused inspection, we reviewed the progress made with regard to the areas outlined in the requirement notices we had issued.

During the follow up inspection we visited the Denmark Hill site, endoscopy and renal dialysis, maternity, theatres, four critical care units, liver outpatients, the mortuary and one surgical ward. We spoke with 20 members of staff including consultants, matrons, senior nurses, junior nurses, technicians and heads of nursing. We reviewed two sets of notes and spoke to one patient.

At the Princess Royal University Hospital site we visited, A&E, out patients, the surgical assessment unit, critical care unit and one ward. We spoke with 16 members of staff including consultants, matrons, senior nurses, junior nurses and senior management. We reviewed six Do not Attempt Cardio Pulmonary Resuscitation records.

We did not visit Orpington but had access to information and spoke to a member of staff on the telephone. They confirmed medical records were available for patients when they attended clinics.

Detailed findings

Notes

Safe

As a result of the inspection, which was carried out from 13 to 17 April 2015, the trust was required to make improvements in a number of areas.

We asked the trust to provide us with details of the progress made on the required improvements for its locations at Denmark Hill (King College Hospital), Princess Royal University Hospital in Farnborough, and Orpington Hospital, Orpington, Kent.

Infection prevention and control

King's College Hospital - Denmark Hill

- There were concerns around the cramped conditions within the critical care units (CCUs). There were risks that it could lead to spread of infection. On our follow up inspection we found all areas visited were visibly clean and free of clutter. Storage was clean, tidy and it was easy to identify the pieces of equipment required.
- Hand gels and hand washing facilities were available both outside and inside the units, and we observed staff using these appropriately.
- Frank Stansil (FS) Ward hand hygiene audits showed a compliance rate of 98.5% in September 2016, and rates of compliance of 99.2% and 97.6% in the previous two months. Christine Brown (CB) CCU and the Liver Intensive Care Unit (LICU) were 84% compliant in September 2016. Jack Steinberg (JS) CCU was 94% in the last two recorded months prior to the inspection. Staff told us they were working with the Infection Prevention and Control (IPC) team to improve this by further teaching.
- To prevent the risk of infection within the CCU we were told strict cleaning regimes had been set up. Cleaning schedules were audited by the matron and head of nursing and inputted into the monthly CCU scorecards. We reviewed these audits for JS, FS and CB. They showed that from April 2016 to September 2016 there was between 90% and 100% compliance with cleaning in the departments. Where low percentages were achieved this was mostly due to estates and nursing not completing or not always documenting their assigned cleaning. We saw this issue was on an action plan for the back to basics audit completed by heads of the units.
- We observed cleaning schedules on the doors of rooms in which infected patients were being nursed. We saw appropriate signage reminding both staff and relatives that infection prevention precaution should be taken, including the use of long sleeved gowns, gloves and masks if required. These were stored outside the rooms. We observed all equipment was disposed of safely when the patient was discharged.
- The Back to Basics audit (B2B) was introduced trust wide to address compliance in several areas, including cleanliness the environment. We saw that in CCU there was a set of seven audits, which were rotated so one was done each week. The audit from July 2016 showed bedside trolleys were occasionally overstocked and damp dusting was not always signed for. Results of these were uploaded so the matrons and heads of nursing could review them. We saw action plans noted the problems including the daily recording of damp dusting and overstocking of trolleys. There were actions to be taken and timescale for these to be followed up.
- We reviewed infection rates across the three CCUs and saw that in August 2016 there was one acquired vancomycin resistant Enterococcus (VRE) bacteraemia, two meticillin sensitive Staphylococcus Aureus (MSSA) bacteraemia and Clostridium Difficile Toxin (CDT) acquired, and one Carbapenum Resistant Organism (CRO/CRE/CPO) acquired. Root cause analysis had been completed for these infections, which we reviewed. The IPC team was involved in recording and following up on this data via the monthly IPC meetings.
- Prior to inspection we were told staff would nurse any patients with known infections on a 1:1 basis to prevent infection spread. Whilst on inspection one matron told us there was one nurse allocated to each infected patient, which we did see on this inspection. To assist with infected patient's personal care, turning and other needs that required two people, a nurse would be allocated to assist. Senior staff tried to have a floating nurse on shift available to assist without having their own patient; however, this was not always possible. In this case nurses were expected to adhere

Detailed findings

to strict infection prevention measures to prevent infection spread. We saw prompts for hand washing and personal protective equipment (PPE) equipment in poster form on the units.

- We saw staff using PPE and using the six steps of hand washing whilst on the units. There were no patients with infections being nursed outside of side rooms during our inspection.
- A microbiologist conducted daily ward rounds in the CCUs and assisted staff with any questions or concerns around nursing infected patients. IPC were made aware of any new admissions with infections or acquisitions within the hospital.
- We saw issues around the risk of infection spread in the hospital were on the risk register and rated red. These were discussed in the October 2016 risk register report meeting, which we reviewed on inspection.

Environment and equipment

King's College Hospital - Denmark Hill

- We asked the trust to provide us with progress made with regard to the environment and equipment within the hospital, as on the previous inspection there were concerns around the safe storage of IV and renal dialysis fluids in the hospital including in the CCUs and some wards.
- We saw on our follow up visit to Fisk Ward and the Renal Dialysis unit, IV fluids had been relocated to a locked room shared with another ward to ensure the temperature did not adversely affect them, and they were safe from tampering. We saw temperature checks on the rooms in which these IV fluids were stored was checked daily and were within the recommended temperature in the two weeks prior to inspection.
- There had been issues with flooding in both the renal dialysis and endoscopy areas during the previous inspection. We spoke to matrons in these areas along with staff nurses who told us maintenance had fixed these problems, which were due to poor external drainage.
- The blood gas analysers in both the High Dependency Units and CCUs were found to be positioned in line with evidence based NHS Purchasing and Supply Agency Guidance from 2010 and did not need to be relocated. Each analyser was clean and in working order. We saw there were mobile medical gas storage units on the CCUs to ensure they were stored safely.
- During the inspection in April 2015 the Liver outpatients unit was found to be over-crowded and unfit for purpose. The clinic had been moved to another part of the hospital, and this allowed appointments to be held in one area, with dedicated rooms for breaking bad news and enough rooms for families to attend with patients.
- During the previous inspection two different syringe drivers were in use at the trust and staff were not always trained in how to use both of them. Syringe drivers are pumps which deliver medication over a set time period, normally for patients at end of life. At that time, the trust policy did not ensure the use of these drivers was consistent throughout the trust, and this risked serious medication incidents occurring. Since the previous inspection a new syringe driver policy had been completed. The trust now only used one type of syringe driver.
- The new user guidelines for the one type of pump used by the trust aimed to ensure patient safety at each step of their use. Patients used only pumps which were trust property whilst an inpatient. For new admissions with drivers in place contents had to be recorded on the notes prior to discarding the syringe and it was changed over to trust approved machines.
- There was a simple online guide for staff to use when using the syringe drivers. This provided a checklist of things to do for patients who were admitted with syringe drivers. The palliative care team would be alerted by staff when the patient arrived. There were also details on how to discharge someone with a syringe pump in case no palliative care team members were available.
- Stock levels of the pumps were checked weekly
- There was a new syringe driver competency checklist for nursing staff Managers in both the emergency department and clinical site managers were trained in how to use the pumps to ensure there was always someone on duty who could safely administer the required medications via this method.

Detailed findings

- The concealment trolley and the cover for deceased patients was not fit for purpose during the previous inspection but this had been replaced and was clean. It was fit for purposes in that it prevented the spread of infection and protected the patients' dignity. There was a backup trolley in place, which staff told us they had not needed up to the time of inspection.

Princess Royal University Hospital

- We visited the newly refurbished surgical assessment unit. The design of the unit now flowed through the patient journey. Patients were greeted at the door and then shown to the single sex changing room. There were single sex waiting rooms. Patients walked from the waiting room directly through to the theatre. The environment was visibly clean and tidy. Staff were very proud of the progress made.

Staffing

King's College Hospital - Denmark Hill

- At the previous inspection there were concerns the CCU directorate was not providing adequate levels of dietetic support as there was only one permanent dietitian. This did not conform to the Core Standards for ICU 2013. This had been reviewed and another 0.5 whole time equivalent (WTE) dietitian was now available, ensuring all patients had dietitian input. We saw in two patient notes that they had input from the nutritional team.
- The maternity unit had changed its staffing so three band seven staff were on duty daily. Matron cover had been changed to 12 hours per day seven days per week. This meant if there were any problems with patient capacity or flow there were senior staff available to assist in dealing with the complexities of the service.

Princess Royal University Hospital

- Since our inspection in 2015, the trust had made improvements to the Emergency Department (ED) at the PRUH; there was increased consultant cover to 16 hours per day consistently since April 2016.

- The ED was now fully staffed using locum cover. The overnight consultant cover was provided by locum consultants. Interviews were scheduled in December 2016 to recruit the two remaining consultants required.
- Additional nursing staff had been recruited and the trust had undertaken a training programme to grow their own band 6 nurses from the newly recruited band 5 nurses, recognising the challenge to recruitment of medical staff in London. It was acknowledged the recruitment of the band 5 nurses had resulted in less agency nurses being used but that the skill level was lower.

Records

King's College Hospital - Denmark Hill

- The maternity online noting system was due to be implemented in October 2016, which aimed to improve the amount of time midwives had to care for women in labour. This had not been implemented at the time of our inspection due to wider trust IT problems, which were being addressed. We saw training was progressing well, and there were midwives who had protected time to assist in training staff to use the system. We viewed the hand held computers that had been purchased and would connect the community midwives with the 'in-hospital team'.
- During the previous inspection patients were not having a full safer surgery checklist completed. The World Health Organisation (WHO) safer surgery checklist aims to reduce the number of surgical deaths across the world.
- During the focussed inspection we spent time in theatres assessing the use of the WHO checklist and there had been several improvements since our last visit. We spoke to both senior and junior staff who told us they had been trained on the importance of the WHO checklist and the correct way it should be completed. A matron we spoke to told us the senior executive team had highlighted this as a priority and discussed its importance in board meetings. We saw evidence of its discussion in Quality and Governance meetings in the month's preceding our inspection.

Detailed findings

- We saw discussions around improving safer surgery in the patient safety report in March and June 2016. This documented quality priorities as 100% compliance with completion of the safer surgery checklist. This showed that an observational audit of over 200 procedures had a 97% overall completion rate. There was also an annual external surgical safety development morning being arranged for all consultants to attend to continue to increase awareness of the checklists importance in patient safety.
- The brief and debrief steps of the WHO checklist had now been added in as part of the theatre list on the online system. The brief happened daily for all theatres at 8.10am, and consultants and anaesthetists were expected to be present. This gave staff protected time at the beginning and end of each theatre session to discuss any safety concerns or issues that had arisen during operations. Any actions or concerns could then be documented and saved on the online system.
- We reviewed five records using the online theatre reports system, which showed the team brief and debrief were completed for all five. We observed the safer surgery checklist three steps sign in, time out and sign out in use for two patients and each was fully completed.
- One staff nurse told us of an occasion that a junior doctor was present at the brief instead of the consultant. The brief was stopped and the consultant was asked to come and be present. Staff escalated this to managers and stated they had seen a vast improvement in consultant attendance.
- Documentation audits completed and reviewed during inspection covered three steps of the WHO checklist. Two further steps, including the brief and de-brief were completed on the online system. We saw improvements from December 2015 to June 2016 in their use of the surgical safety checklist in almost all surgical areas between all sites.
- We viewed local safety standards that were being drafted from June 2016. These were around local safety standards for ophthalmology cataract surgery.

Staff had a local operating procedure checklist to ensure patients care was consistent, and were safe throughout their surgical journey. Actions included proper completion of the surgical safety checklist.

Princess Royal University Hospital and Orpington Hospital

- Much improvement had taken place since our previous inspection. Records were available in outpatients at the Princess Royal consistently at 95%, and at 92% at Orpington Hospital. The availability of records was monitored at the patient records committee. Staff we spoke with at both sites confirmed the improvement. Staff told us that they “very rarely don’t have a patient’s records in clinic”. The move to electronic records was expected to be completed by April 2017.

Safeguarding

King's College Hospital - Denmark Hill

During the previous inspection safeguarding training had been significantly below the trust target of 90%. As of September 2016, adult safeguarding training compliance was at 90% for Level 1 and 71% for Level 2-5. This was still below the trust target of 90%. Senior staff told us there were over 70 training sessions to be completed between September and December to try and improve these numbers. There were ad hoc sessions completed as required in clinical areas. We saw at the Denmark Hill site 64.6% of staff were trained in level 2 safeguarding and 75.5% were trained in level 3. This was below the trusts target of 85% but we did not see any plan to improve these numbers.

Effective

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

King's College Hospital - Denmark Hill

- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were of concern in the CCU. Training levels at the time of our focussed inspection were 70.63% across the hospital and 92.31% in the Critical Care directorate.
- In February 2015 a Patient Safety Analysis document was introduced in the CCU. This was filled in for each patient admitted to CCU including next of kin details

Detailed findings

and risk assessments. There was a flow chart to explain MCA decision making and numbers for the safeguarding teams in the hospital. A section on Safeguarding, MCA and DoLS was included, and this had to be completed by the consultant in charge twice a day at 10am and 10pm. Two staff we spoke to had a clear understanding of how to assess for capacity and where this should be documented.

- We reviewed the notes of two patients who had physical hand mitten restraints in place at the time of the focussed inspection. Of these two patients, one patient had the restraint checklist completed each morning and this had been signed by the consultant. The other patient had a signature of the 4 October 2016 but had no further documentation until 12 October 2016. Nursing staff had not documented their use in the patient notes. Staff told us the patient had mittens on during this time but documentation had not been completed therefore we were not assured of the capacity assessment during this time.
- We saw completion of an audit of the above paperwork which was completed every month for each patient on each CCU. We reviewed an audit provided pre inspection, which showed the Jack Steinberg (JS) patient safety analysis audit. This showed that of 18 patients, two had restraint mittens fitted. Both had documentation of why the mittens were put on and a safeguarding had been documented.

Princess Royal University Hospital

- We reviewed six Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms on ward 7 and in the critical care unit. Of the six forms we reviewed none were fully completed. Review dates were not present on four of the six forms. In the two forms that had a review date completed, the review had not taken place on or near the date entered into the form. One being four weeks past the review date. Three forms had been signed by the doctor in the wrong section.
- The trust had undertaken an audit review of DNACPR completion in April 2016 and the results were consistent with our findings. There was poor documentation of discussion with patients and/or patient's family of lasting power of attorney. The documenting of patients capacity was not consistent with it only being recorded in three out of the six records we reviewed.

Staff Training

Princess Royal University Hospital

- The staff in ED told us mandatory training was mainly provided on the Denmark Hill site. Staff found the travel to the Denmark Hill site difficult. Traveling time was not paid for nursing staff but was for medical staff. There weren't enough training course spaces available to enable staff to complete the required safety training. Manual handling and paediatric life support courses had only one space per year available to the staff in the ED at the Princess Royal University Hospital.

Multidisciplinary working

Princess Royal University Hospital

- Six members of staff that we spoke within the ED told us the multidisciplinary team (MDT) working had improved greatly since our last inspections. Management were described as being visible and approachable. MDT meetings were held and all attendees were able to contribute to the discussion. The ambulatory care service was established in its new clinic and had been taking referrals from ED, the urgent care centre, community palliative care service and local GPs.

Caring

- We did not inspect this key question during our inspection. Please refer to the report for April 2015 for this information.

Responsive

Access and flow

King's College Hospital - Denmark Hill

- At the time of the previous inspection, the maternity unit had a lack of space, which meant woman and their babies were not always receiving care in the right place at the right time. Following the inspection a review of the maternity capacity issues was completed by senior management.
- We reviewed a place of birth audit which was undertaken from April 2015 to March 2016. It showed a significant reduction in the number of women giving birth on the antenatal unit from 31 to 10. We reviewed root cause analysis investigations, which took place

Detailed findings

following these births. They included the incident summary, the outcome of the incident and chronology of events. Critical analysis was documented and recommended actions completed. These were discussed at the maternity incident review meeting and risk management committee.

- We saw the lifts were in the process of being refurbished during our inspection and staff told us this had been a factor in reducing the amount of births on the antenatal ward.
- We reviewed business plans for a new triage area to be built on the antenatal ward. This would encompass a bay for women coming into the ward. It would ensure women and their families would be more comfortable, there would be more space for care to be carried out and reduce the risk of unwell patients being sat in the waiting room.
- The maternity services had completed a business case for a suitably staffed transitional care area. This would be for babies who required antibiotics and other treatment on the post-natal ward. This would stop the need for mothers and babies to be transferred to the Special Care baby Unit (SCBU) up to four times a day. It would be staffed with a neonatal intensive care trained nurse and healthcare assistant.

Princess Royal University Hospital

- We reviewed the divisional restructure and improvements were evident but more changes were scheduled over the coming months. The trustwide restructure was underway, with work on demand and capacity leading to development of right size clinics. Phases one and two of this work would be finished in October 2016.
- Work was underway as part of the trustwide divisional restructure to centralise the majority of outpatients clinics and the outpatients booking process. Standardised trust protocols and processes were being developed to support the changes.
- An outpatients appointment text reminder service went live in August 2016, data on the improvement to attendance was not yet available.
- A new electronic clinic waiting times and information board had been ordered for the out patients

department but had not arrived at the time of our visit. The department were writing waiting times on a white board to keep patients updated. We observed the use of the whiteboard during our visit.

- The department had patient experience survey cards. There was a very low rate of return.
- Since our inspection in 2015, the trust has made improvements to the Emergency Department (ED); there was increased consultant cover to 16 hours per day. Additional nursing staff had been recruited and the trust had undertaken a training programme to grow their own band 6 nurses from the newly recruited band 5 nurses, recognising the challenge to recruitment of medical staff in London.
- The challenge of flow from the department still remained. Patients were seen and the decision to admit was consistently done within the four hour target. However, due to lack of available beds within the hospital, patients were staying in ED sometimes in excess of 12 hours.
- On the day of our inspection we saw six ambulance crews waiting in the corridor to hand over patients but there was no available space in the ED. Once the ED was full, patients were cared for in public corridors which compromised their privacy and dignity.

Well Led

Governance, risk management and quality measurement

King's College Hospital - Denmark Hill

- The issue of bed spacing and infection prevention and control within the CCU, identified at the time of the last inspection, remained on the risk register for the hospital and we reviewed this whilst in hospital. The new CCU would help to alleviate this issue.
- Improving safety in invasive procedures was identified as a quality priority for 2016-2017 and included “% of procedures that have sign-in, time out, sign out and the brief and de-brief recorded for all theatre procedures”. Targets for year one, two and three were set and would be audited in due course.

Detailed findings

- There was a safer surgery improvement group, which reported to the trust patient safety and quality and governance committees. We saw evidence the WHO surgical checklist was discussed in these meetings.
- We saw that the “safety in surgery compromised through failure to comply with surgical safety checklist” remained on the risk register as there were still concerns about safety checks being completed.
- We saw self-assessments in compliance of the safer surgery checklist had been completed in June 2015 for both the breast and dental division. It included a description of the process used to complete the checklist; any incidents reported that could have been prevented with use of the checklist and any plans to improve care.
- The maternity department had set up a preliminary meeting to be held at the end of October 2016 to look at the provision of care of those women experiencing an early labour induction. The service improvement plan was to look at service provision to ensure women in labour were cared for in the right clinical area and ensure their care was as safe as possible.
- We reviewed minutes from the Palliative Care Governance meetings from September 2015 to September 2016, and saw the risk presented by syringe drivers had been added to the risk register and discussed at each of these meetings, held two monthly.

Leadership and culture

Princess Royal University Hospital

- There had been a number of interim managers for the ED service over the last 18 months. The staff felt this constant change to the management of the service caused uncertainty and low morale. Changes were made and then a new manager would change things again. It was felt the interim managers that had been in post had developed their plan for the service but because they did not stay with the service for more than six months, the focus changed with the new interim manager.

Staff Engagement

Princess Royal University Hospital

- Senior Staff in the ED felt they had not been involved in the development of the plan to improve the ED. They commented to us that the plans had been ‘done to them not with them.’

Innovation, improvement and sustainability

King's College Hospital - Denmark Hill

- A 60 bedded CCU was in the process of being built at the hospital. We were told this was due to finish in March 2019, and would comply with all necessary building regulations.
- Maternity were planning to open a new safer and more accessible triage area for women in labour within the Nightingale Birthing Centre. This would improve assessments of women in labour, and give them easier and safer access to the birthing centre. Funding had been approved and was awaiting allocation. We saw the business plan for this whilst on inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

The Princess Royal University Hospital

- Work with key stakeholders to improve patient flow throughout the hospital to reduce waiting times in the ED, cancellation of operations and delayed discharges.
- Review and improve record documentation to ensure it is fully completed and in line with national guidance including DNACPR orders.

Outstanding practice and areas for improvement

King's College Hospital Denmark Hill

- Improve the uptake of training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding for staff working in the ED, medical care, surgery and children and young people services.