

# Maidstone and Tunbridge Wells NHS Trust

## Inspection report

Maidstone District General Hospital  
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February 2018  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital trust in the south east of England. The trust was legally established on 14 February 2000 and provides a full range of general hospital services and some areas of specialist complex care to around 560,000 people living in the south of West Kent and the north of East Sussex.

The trust has three registered locations:

- Maidstone Hospital
- The Tunbridge Wells Hospital at Pembury
- The Crowborough Birthing Centre

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

Maidstone and Tunbridge Wells NHS Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs, and it operates from two main clinical sites: Maidstone Hospital and Tunbridge Wells Hospital at Pembury. The latter is a private finance initiative hospital and provides single bedded en-suite accommodation for inpatients. It also operates a birthing unit: Crowborough Birthing Centre, which was newly acquired in January 2016 and has other small community and satellite services. The trust has around 912 beds across two sites and employs around 5,000 staff.

In addition, the trust provides specialist cancer services to around 1.8 million people across Kent, Hastings and Rother, via the Kent Oncology Centre, which is sited at Maidstone Hospital and at Kent and Canterbury Hospital in Canterbury. The trust also provides outpatient clinics across a wide range of locations in Kent and East Sussex.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We carried out two day inspections of five core services at two locations from 18 October 2017 to 1 February 2018. At the last inspection in 2015, one of these core services was rated inadequate and four were rated as requires improvement.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 12 and 13 December 2017.

## What we found

### Overall trust

We found there had been significant and sustained improvement throughout the trust. Overall, the trust rating stayed the same. We rated it as requires improvement because:

- At our last inspection in 2015, we rated safe as requires improvement at Maidstone Hospital and The Tunbridge Wells Hospital at Pembury. At this inspection, the rating stayed the same.
- We rated effective as requires improvement in 2015 at Maidstone Hospital and The Tunbridge Wells Hospital at Pembury. At this inspection, the rating stayed the same.
- The trust was rated as good for caring at both locations and remained unchanged from the last inspection.
- The rating for responsive had stayed the same at requires improvement at both locations.
- There was improvement in the well led domain at one site and overall for the trust. At the last inspection, we rated the trust as inadequate for well led, but it had improved to requires improvement at The Tunbridge Well Hospital at Pembury and improved to good at Maidstone Hospital at this inspection.
- We did not inspect maternity and gynaecology, end of life care or outpatients and diagnostic imaging. We are monitoring the progress of improvements to these services and will re-inspect them as required.

### Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- Urgent and emergency services and surgery had stayed the same and were rated as requires improvement. Medical care, critical care, services for children and young people had improved from requires improvement and were rated as good.
- We found overall trust services had adequate numbers of staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment. However, not all staff were trained to the appropriate level of safeguarding to look after children if they were on an adult ward.
- Areas we visited were visibly clean; staff demonstrated good infection control practices and procedures. Management of medicines was in line with best practice guidance and legislation.

### Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- The trust had recruitment policies and procedures together with job descriptions to help ensure staff were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.

# Summary of findings

- The trust provided care and treatment to patients based on national guidance and evidence of its effectiveness, monitored through dashboards and audits.
- Staff from different departments and disciplines worked together as effective multidisciplinary teams for the benefit of patients.

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment. Staff considered all aspects of a patient's wellbeing, including the emotional, psychological and social aspects.
- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes.
- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- The trust worked with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- Access and flow had improved in the emergency department, which improved flow through the hospital.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. Where there were learned lessons or changed practices as a result, these were shared with all staff.

## Are services well-led?

Our rating of well led improved. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- At Maidstone Hospital well led had improved from inadequate to good and at The Tunbridge Wells Hospital at Pembury, the rating for well led had improved from inadequate to requires improvement.
- The trust had made improvements whilst experiencing significant financial challenge.
- The trust had a clear vision and strategy that all staff understood and they put this into practice by displaying and working in line with the trust's values.
- The trust had arrangements for continually improving the quality of care and promoting high standards. Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- The trust involved staff, patients and the public in decisions on how services were run and improved.

## Maidstone Hospital

# Summary of findings

Our rating of this hospital stayed the same. We took into account the ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated safe, effective and responsive as requires improvement. We rated caring and well led as good.
- Urgent and emergency services and surgery remained the same and were rated as requires improvement.
- Critical care improved and was rated as requires improvement.
- Medical care and children's and young people services improved and were rated as good.

## **The Tunbridge Wells Hospital a Pembury**

Our rating of this hospital stayed the same. We took into account the ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated safe, effective, responsive and well-led as requires improvement and we rated caring as good.
- We rated urgent and emergency services and surgery as requires improvement, which stayed the same since the last inspection. Critical care improved to requires improvement. Services for children and young people improved to good.

## **Ratings tables**

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## **Outstanding practice**

We found examples of outstanding practice in urgent and emergency care, surgery, critical care services and services for children and young people throughout the trust.

For more information, see the outstanding practice section in this report.

## **Areas for improvement**

We found 17 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement or to improve a service quality.

For more information, see the areas for improvement section of this report.

## **What happens next**

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### **Urgent and emergency services**

- Staff had opportunities for training and development including joining network training days, taking part in simulated exercises and engaging with emergency care nurses in other trusts as part of facilitated multi-professional learning events.

# Summary of findings

## **Surgery**

- The trust promoted training, research and innovation which staff took pride in.
- The department had a simulation machine which provided staff the opportunity to practice scenarios in a realistic setting with no risk to patients.

## **Critical care**

- The Maidstone Hospital critical care unit had set up a memory keepsake service for relatives of patients who passed away on the unit. Relatives could choose a hand print, a hand cast or a lock of hair; all in presentation keep sake boxes, to take home with them.

## **Services for children and young people**

- The service used play specialists through the whole of the child's inpatient journey, from outpatients' right through to theatres applying distraction techniques.
- The matron had initiated and led on bringing together a children services matron's professional group across the region. The group was also used as supervision with peers and benchmarking how services could be improved in all areas.

## Areas for improvement

Action a trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust SHOULD take to improve**

We told the trust it should take action to either comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to four core services:

#### **Urgent and emergency services**

- The service should ensure significant and sustained improvements in the quality of patient records, including in relation to: risk assessments; triage assessments and observations; documentation of patient outcomes at the triage stage; use of the early warning score tools; pain relief; overall compliance with trust standards

#### **Surgery**

- The trust should implement systems to ensure that learning from incidents and complaints is shared and embedded.
- The trust should embed a system of prioritisation to ensure holes in theatres department walls and doors are addressed in a timely fashion to minimise infection risk.
- The trust should embed a system to ensure all staff meet mandatory training targets.
- The trust should take steps to ensure all shifts are staffed in line with staffing requirements.
- The trust should implement a system to respond to patient complaints in compliance with timelines set out in the trust's complaint policy.
- The Tunbridge Wells Hospital at Pembury should put a system and policy in place to ensure only clinically suitable patients are cared for on the escalated short stay surgery unit.

# Summary of findings

- The Tunbridge Wells Hospital at Pembury should put a system in place to ensure all patients on the short stay surgery unit, including medical patients, have regular access to consultant care and consultants respond to requests for care on that ward.
- The Tunbridge Wells Hospital at Pembury should work to retain and recruit staff members to address the vacancy rate of 26.6%, more than three times the hospital's target.
- The Tunbridge Wells Hospital at Pembury should ensure patient starvation times are not longer than clinically necessary, and actively manage starvation times when there are delays.
- The Tunbridge Wells Hospital at Pembury should implement systems to ensure patient's pain levels are pro-actively assessed and treated.
- The Tunbridge Wells Hospital at Pembury should put a system in place to address paperwork issues which delay patient discharges.

## Critical care

- The trust should ensure that there is a standard operating procedure in place for children who may be treated on the unit.
- The trust should ensure all patient deaths are discussed at morbidity and mortality meetings.
- The trust should ensure that overnight discharges are reduced.
- The trust should ensure that all staff receive an appraisal.

## Services for children and young people

- The trust should ensure children admitted to adult wards are cared for by staff with level 3 safeguarding training.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services; in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

The trust had made significant improvements across the services. Well-led at Maidstone Hospital had improved to good and well-led at the Tunbridge Wells Hospital at Pembury had improved to requires improvement.

We rated well-led overall at the trust as good because:

- The trust had systems in place to share learning from incidents and complaints. However, we had concerns there were no monitory systems to indicate learning had been shared.
- The trust had made improvements in several service areas since the last inspection, despite being put in financial special measures.

# Summary of findings

- The trust board had been through a period of significant change since the last inspection, which had not affected patient care or the delivery of improvement.
- The trust had a leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The trust's strategy had been developed in line with the National Health Service Five Year Forward View and was aligned to local plans in the wider health and social care economy.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- We found an open and honest culture throughout the organisation. Staff felt able to raise concerns amongst their peers and with leaders. Leaders and staff understood the importance of staff being able to raise concerns.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The trust used information from a variety of data sources to gain assurance and measured improvement in the quality of its services. The board reviewed performance reports regularly.
- Processes were in place to ensure the trust included and communicated effectively with patients, staff, the public, local organisations and local health and care services.



## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maidstone Hospital	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↔ Feb 2018
The Tunbridge Wells Hospital at Pembury	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018
<b>Overall trust</b>	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Maidstone Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↔ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018
Surgery	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Requires improvement ↑ Feb 2018	Good ↑↑ Feb 2018	Good ↑ Feb 2018
Maternity	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
Services for children and young people	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑↑ Feb 2018	Good ↑ Feb 2018
End of life care	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015
Outpatients	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015	Requires improvement Feb 2015	Requires improvement Feb 2015
<b>Overall*</b>	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↑ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for The Tunbridge Wells hospital at Pembury

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement ↑ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018
Surgery	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Critical care	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement ↑ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018
Maternity	Requires improvement Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Good Feb 2015	Requires improvement Feb 2015	Requires improvement Feb 2015
Services for children and young people	Good ↑ Feb 2018	Good ↑ Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
End of life care	Requires improvement Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015
Outpatients	Good Feb 2015	N/A	Good Feb 2015	Requires improvement Feb 2015	Requires improvement Feb 2015	Requires improvement Feb 2015
<b>Overall*</b>	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement →← Feb 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Maidstone Hospital

Hermitage Lane  
Maidstone  
Kent  
ME16 9QQ  
Tel: 01622224796  
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## Key facts and figures

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital Trust in the south east of England. The Trust was legally established on 14 February 2000 and provides a full range of general hospital services, and some areas of specialist complex care to around 560,000 people living in the south of West Kent and the north of East Sussex.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs, and it operates from two main clinical sites: Maidstone Hospital and Tunbridge Wells Hospital at Pembury. The latter is a Private Finance Initiative (PFI) hospital and provides wholly single bedded en-suite accommodation for in-patients.

The Trust employs a team of over 5000 full and part-time staff. In addition, the Trust provides specialist cancer services to around 1.8 million people across Kent, Hastings and Rother, via the Kent Oncology Centre, which is sited at Maidstone Hospital, and at Kent and Canterbury Hospital in Canterbury. The Trust also provides outpatient clinics across a wide range of locations in Kent and East Sussex.

## Summary of services at Maidstone Hospital

**Requires improvement** ● ↑

Our rating of these services stayed the same. We rated them as requires improvement.

A summary of services at this hospital appears in the overall summary above.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency care centre at Maidstone Hospital includes a four-bedded resuscitation unit, a nine-bedded majors unit, a five-bedded minors unit and a rapid assessment point with five bed bays. A seating area is available in the majors unit and provides additional capacity for patients who do not need a trolley to be observed. A clinical decision unit is located in a dedicated room in the minors area with nurse cover and five comfortable chairs. The resuscitation unit has a dedicated paediatric bay. A rapid assessment point with three trolley bays and two chair bays provides additional capacity. A diagnostic radiology unit is available adjacent to the emergency care centre and a plaster room is located in the department.

A paediatric waiting area and two treatment rooms are located in the emergency care centre and staffed by a team of paediatric nurses.

A multidisciplinary team of emergency department doctors, nurses, emergency nurse practitioners, emergency department practitioners and clinical support workers provide care and treatment. The wider multidisciplinary team includes a high impact therapy team, extended scope physiotherapists and psychiatric liaison team.

At our last inspection we told the trust they must:

- Ensure security staff have the knowledge and skills to safely work with vulnerable patients and those with mental health needs

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

- Between October 2016 and September 2017 there was an upward trend in the monthly percentage of ambulance journeys with turnaround times over 30 minutes at Maidstone Hospital.
- Over the period an average of 42% of ambulance journeys had a turnaround time over 30 minutes.
- From August 2016 to July 2017 the trust reported 364 “black breaches”, with an upward trend over the period. A black breach occurs when a patient spends more than 60 minutes on an ambulance waiting to be seen in the emergency department.
- A significant backlog of incident investigations and limited evidence of learning from incidents meant we were not assured safety improved as a result.
- Triage processes were inconsistent and did not always keep people safe. In addition the results of triage records indicated a need for improved quality.
- Audits identified a need for improvement in the quality of patient records.
- There was very limited evidence of health promotion work or intervention despite a significant number of patients presenting with alcohol or drug overdoses, or with suicidal intent.

However:

# Urgent and emergency services

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust met the standard for all months over the 12 month period between September 2016 and August 2017 although this did not include patients who arrived by ambulance.
- The unit performed consistently well in the national patient-led assessment of the care environment (PLACE) and in weekly environmental audits. In the previous 12 months, the unit performed better than national and trust averages in all categories.
- From September 2016 to August 2017, the trust reported no incidents classified as never events for urgent and emergency care.
- The recruitment of practice development nurses had significantly improved the training and professional development opportunities for staff. This improved tracking and assessment of staff competencies and enabled individuals in different roles to work and develop together.
- There was a demonstrable track record of well-coordinated multidisciplinary working that contributed to patient outcomes.
- From January 2017 the trust showed a general trend of improvement in performance against Department of Health access and flow metrics, including the national standard to be seen, discharged or admitted within four hours.
- There were clear and demonstrable improvements in clinical governance and leadership, and this was reflected in the morale of staff and initiatives to improve performance and risk management.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- There were very high usage rates for bank, agency and locum staff including in the paediatrics team. In addition, although staffing cover per shift, including consultant cover, met Royal College of Emergency Medicine standards, supernumerary staff were often relied on to take patients.
- A backlog of 400 incidents for emergency care had been entered onto the department's risk register with Maidstone Hospital and there was limited evidence staff in the department had capacity to address this. The incidents had not been fully investigated or closed, which meant the senior team had not yet identified learning from them.
- There was very limited evidence of health promotion work or intervention despite a significant number of patients presenting with alcohol or drug overdoses or with suicidal intent.
- Although infection control and environmental standards in the main department were consistently good, there were unresolved risks in the paediatric area. These included damaged flooring, dirty and dusty repairs and damaged fixtures.
- Documented checks on resuscitation equipment were inconsistent and did not always meet trust standards.
- Audits of patient notes indicated areas for improvement. However, records we saw during our inspection were of a high standard.
- There was limited evidence of learning and improvements to practice as a result of incident investigations.

However:

# Urgent and emergency services

- In the patient-led assessment of the care environment, the department scored better than the national average in all five categories.
- Maidstone Hospital had an 87% average mandatory training completion rate, which met the trust target of 85%.
- Where incidents had been investigated and closed, there were demonstrable learning and structured actions plans in place.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- Staff did not always document pain scores for each patient and audits demonstrated wide variations in practice.
- The department did not meet any of the Royal College of Emergency Medicine standards for consultant sign-off in the latest audit. In the four audit criteria, the department performed at least 80% worse than the national average.
- Staff did not demonstrate consistent awareness of health promotion opportunities and did not always engage with initiatives launched by colleagues elsewhere in the hospital.

However:

- A practice development nurse had implemented a range of new training and development opportunities for staff. This represented a targeted improvement in increasing clinical competencies in the team.
- There were significant opportunities for staff to work as part of multidisciplinary teams in rotational posts and secondments and this had a demonstrably positive impact of skill mix and morale.
- Multidisciplinary working was embedded in the care and treatment provided. This included from a high impact therapy team and a psychiatric liaison team.
- Although 95% of staff had up to date Mental Capacity Act (2005) training, staff did not consistently complete mental capacity or consent assessments in patient records.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- The trust performed better than the national average in the NHS Friends and Family Test, including a recommendation rating consistently above 90% between February 2017 and November 2017.
- The parents of children we spoke with said all staff had been kind and they would like to be more involved in understanding emergency care centre processes such as how referrals worked.
- The results of the Care Quality Commission, Emergency Department Survey 2016 showed that the trust scored about the same as other trusts in all 24 questions relevant to caring.
- Staff took the time to involve patients in decisions about their care and worked to find alternatives when requested.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive stayed the same. We rated it as requires improvement because:

- From September 2016 to August 2017, the trust's unplanned re-attendance rate to accident and emergency within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- From October 2016 to September 2017 the trust's monthly median total time in accident and emergency for all patients was consistently higher the England average.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in accident and emergency. Between October 2016 and September 2017 did not meet this target in any month. In this period results varied from 76% to 92%.
- Between October 2016 to September 2017 Maidstone and Tunbridge Wells NHS Trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted for this trust was worse than the England average. However there was a trend of improvement during this period.

However:

- Systems had been implemented to improve access and flow such as a dedicated flow coordinator and discharge coordinator per shift. This contributed to a general improvement against Department of Health targets since January 2017.
- A new head of security had introduced behaviour contracts for patients who behaved violently towards staff.
- The emergency care centre team worked closely with community organisations to speed up discharges into rehabilitation and community beds.
- Staff aimed to meet individual needs during comfort rounds such as making sure a call bell was within reach and the patient had water. This meant staff met patient's holistic needs when they spent extended periods in the department.
- Tools and resources were available for patients with needs relating to dementia and learning disabilities.

## Is the service well-led?

**Good** ● ↑↑

Our rating of well-led improved. We rated it as good because:

- We saw evidence of embedded improvements in leadership.
- All of the staff we spoke with said the working culture was positive and enabled them to be confident in providing feedback and engaging with colleagues.
- Clinical governance systems had improved since our last inspection and we saw evidence meetings were held regularly with a wide range of staff.
- Although the use of the risk register was variable there was evidence in several areas that progress had been made to reduce risks.



# Urgent and emergency services

- There were significant improvements in the training and knowledge of the security team, who demonstrated how they reduced risks to patients who presented with aggression or escalating behaviour.
- Staff had contributed to the development of a vision and strategy for the department. This was clearly embedded in the work of the teams we spoke with and observed.

However:

- There was variable evidence the risk register was used effectively to mitigate all risks.

## Outstanding practice

- Opportunities for training and development including joining network training days, taking part in simulated exercises and engaging with emergency care nurses in other trusts as part of facilitated multidisciplinary learning events.

## Areas for improvement

- The service should ensure significant and sustained improvements in the quality of patient records, including in relation to: risk assessments; triage assessments and observations; documentation of patient outcomes at the triage stage; use of the early warning score tools; pain relief; overall compliance with trust standards

# Medical care (including older people's care)

## Key facts and figures

The medical care service at the trust provides care and treatment for Gastroenterology, Respiratory, Cardiology, Care of the Elderly (including stroke and transient ischaemic attack) and Diabetes & Endocrinology, as well as offering some services within the community. There is a Cardiac Catheter Laboratory focused on Electrophysiology studies, ablation and devices. There is a full cardio respiratory and respiratory physiology support service on both sites offering diagnostic procedures. Across both sites, there are 236 medical inpatient beds located within 13 wards.

## Summary of this service

Our overall rating of this service improved. We rated it as good because:

- Since our last inspection in 2015, we saw a number of changes.
- There was an improved culture of incident reporting. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour.
- Patients and relatives we spoke with gave positive feedback about the care they received on the unit.
- Staff showed compassion when dealing with patients and protected their privacy and dignity.

However:

- Although medicines were better managed and more available, some aspects of medicines management still needed improvement.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved since our last inspection. We rated it as good because:

- We found that concerns identified at the previous inspection about managing patients colonised with meticillin-resistant staphylococcus aureus medicine storage, competency checks for agency nurses, confidential medical records storage and handovers between doctors had been addressed.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The overall training completion rate exceeded the trust target and the service effectively used the newly upgraded electronic learning management system to enhance support to managers and staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The trust had systems and processes in place to help staff identify and report concerns to protect their patients. Training completion rates for Maidstone were better than trust targets.
- All of the areas we inspected were visibly clean, tidy and free from clutter. The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service maintained suitable premises and sufficient equipment to support safe care and treatment.

# Medical care (including older people's care)

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. We noted high rates of bank and agency staff usage, but the trust had sufficient controls in place to manage risk.
- There was an improved culture of incident reporting. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour.
- We found a positive focus on safety and the service was transparent about the levels of harm-free care achieved, with the prevalence rate of indicators such as pressure ulcers and catheter acquired urinary tract infections declining over the last year.

However:

- While aspects of medicines management had improved since our last inspection, we still observed instances where pharmacy stock was out of date or not stored in accordance within specified temperature ranges. Opening dates were not always on liquid medicines to ensure they were used within specified expiry dates.
- We acknowledge that the trust reacted immediately and effectively to rectify an issue we identified with tamper-evident security on resuscitation trolleys.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- We found a service that provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. New and updated guidance was evaluated and shared with staff.
- Patients at Maidstone Hospital had a lower than expected risk of readmission for elective admissions and a lower than expected risk of readmission for non-elective admissions when compared to the England average.
- Other outcome measures were in line with national averages. The trust takes part in the quarterly Sentinel Stroke National Audit programme. On a scale of A-E, where A is best, the Maidstone Hospital achieved grade A in latest audit.
- The trust had recruitment policies and procedures together with job descriptions to help ensure staff were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.
- Medical services at Maidstone achieved 94% appraisal rates, which were higher than other parts of the hospital and better than trust targets.
- At meetings, we observed positive and proactive engagement between all members of the multidisciplinary team.
- Since our last visit, the trust had introduced and successfully implemented a number of new electronic systems that improved effectiveness.

However,

- Deprivation of liberty training rates has not been provided by the trust. We acknowledge that the service achieved 98% for Mental Capacity Act training within Medicine.

# Medical care (including older people's care)

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we saw that patient privacy and dignity was maintained at all times.
- The Friends and Family Test response rate for Medicine was better than the England average and recommendations for wards in the service ranged from 80-100%
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service took account of patients' individual needs and referral to treatment times had improved since our last visit. The trust employed specialist nurses to support the ward staff and wards had 'champions' who acted as additional resources to promote best practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The last patient-led assessment of the care environment survey showed the trust scored 92.79% for dementia care, which was significantly better than the England average of 76% and 94.53% for care of people with disabilities against an average of 82%.

However:

- Average length of stay for medical elective patients at Maidstone was 5.2 days, which is worse than England average of 4.2 days.
- For medical non-elective patients, the average length of stay was 8.6 days, which was worse than the England average of 6.6 days and referral to treatment time for admitted pathways for Medicine has been consistently worse than the England average.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- We saw examples of strong ward and department leadership. The trust had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- We found that risk management and governance processes were embedded into the service.

# Medical care (including older people's care)

- Staff told us they felt well supported, valued and that their opinions counted. At a local level, we saw that nurses in charge were clearly identified by the use of armbands, which helped ensure local leaders were visible to staff and visitors.
- There was a clear statement of vision and staff showed they understood this and how it translated to their work.
- There was a trust wide risk register for the directorate which encompassed risks, as well as a local level risk hazard log to document site level risks.

# Surgery

Requires improvement   

## Key facts and figures

Maidstone Hospital offers general and specialist surgical services including breast, limited gynaecological, oncology, ophthalmology, urology, gastro-intestinal, orthopaedics, pain management, vascular and ear, nose and throat surgery.

Maidstone Hospital provides pre-planned inpatient complex surgery and has a centre for specialist cancer services. The hospital has an Orthopaedic unit which contains a dedicated theatre and 12 beds for elective Orthopaedic activity. It also provides services to treat patients with urological emergencies.

The trust also provides cancer services at the Kent Oncology Centre, which has a base in Maidstone Hospital.

The hospital had a dedicated day surgery unit.

The hospital had three dedicated surgery recovery wards: one for men, one for women and one short stay surgical unit.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

- The hospital improved in safety, effectiveness and leadership.
- Safeguarding training levels for nursing staff met or exceeded targets and staff demonstrated good knowledge of safeguarding principles.
- Records keeping systems had improved. Records we reviewed in the hospital were complete legible and organised.
- Patient pain levels were closely monitored, staff were proactive about pain management and patients reported good pain management.
- The trust exceeded its target for Mental Capacity Act (MCA) mandatory training, staff demonstrated a thorough understanding of the MCA and records reflected that capacity was being assessed in line with guidance and consent was gained prior to care being provided.
- Patients told us they felt they were treated with dignity and respect. They noted that staff were caring, genuine, friendly and kind.

## Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Learning from incidents continued to be limited. Staff reported there had been improvement in the incident reporting culture and learning. We saw some learning from incidents was shared and there had been improvement in this area. However there was no unified method to ensure all relevant learning was shared with all staff. Staff did not know when incident reviews were completed and we saw little evidence of embedding learning from incidents. Staff and management could not be assured staff members had received learning or knew when there was new information.

# Surgery

- We saw holes in the theatres department hall walls and anaesthetic room doors which created an infection control risk.
- The theatre department had insufficient space to store equipment and supplies. Supplies were stored on shelves in the theatres hallway which limited the amount of stock which could be kept in the department.
- The department nursing staff did not meet its training target for five mandatory training modules including; basic life support, conflict resolution, information governance, moving and handling, medicine management and dementia awareness (the hospital was implementing new dementia training at the time of inspection).
- The department medical staff did not meet its training target for four mandatory training modules including; mental capacity act, safeguarding level 3 (one of three required staff had not completed the training), medicine management and dementia awareness (as above the hospital was implementing new dementia training at the time of inspection).
- Between July 2016 and June 2017, the hospital reported a vacancy rate of 11.6% in surgical care which was above their 8.5% target.
- A total of 1,919 shifts were covered by agency or bank staff; 77% covered by bank staff and 19% covered by agency. A total of 107 shifts were not covered between July 2016 and June 2017.
- Resuscitation trolleys in the department were not tamper evident which meant items could be taken from the trolley or tampered with without staff knowledge. We raised this issue with the trust. The trust reported that it reacted throughout the trust immediately and effectively to rectify the issue by putting tamper-evident security on resuscitation trolleys.

However:

- Safeguarding training levels for nursing staff met or exceeded targets and nursing staff demonstrated good knowledge of safeguarding principles.
- The hospital appeared clean and departments had met all cleaning audits except one, which was resolved the following month.
- We saw no holes in theatres walls and staff reported any damage to walls and doors in theatres was repaired as a matter of urgency.
- Hand hygiene audits results met targets. This showed improvement compared to the previous inspection.
- The service had improved their Legionella testing to ensure water at the hospital was free of the bacteria. This showed improvement compared to a previous inspection.
- The hospital had improved their use of the World Health Organisation Safer Surgery Checklist. We observed good practice during inspection and audits reflected improvement in the application of the checklist. This showed improvement compared to the previous inspection.
- Records we reviewed in the hospital were complete legible and organised. This showed improvement compared to the previous inspection.
- We saw throughout the wards and theatres medicines were stored securely and kept within their expiry dates.
- We saw patient risk assessments had improved; they were performed in accordance with policies and processes and used to manage patient care.
- The service was using the Patient At Risk Score System to evaluate and respond to patient deterioration.

# Surgery

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff provided food and drink to meet patient needs and improve their health. They used special feeding and hydration techniques as necessary and made adjustments for patient's religious cultural and other preferences.
- We saw patient pain levels were closely monitored, staff were proactive about pain management and patients reported that they had no pain or their pain was well controlled.
- Patient outcomes for national audits reflected the hospital generally performed within expected ranges.
- Most surgical patients had positive outcomes and experiences. Elective and non-elective surgical patients had a similar or lower risk or readmission than other patients when compared to the England average. The 2016 Hip Fracture Audit and 2015 Bowel Cancer audit reflected mortality rates (at 30 and 90 days respectively) in expected range. The 2015 Bowel Cancer audit reflected the hospital had a higher than expected two year post-operative mortality rate. Patient Reported Outcome Measures (PROMS) were better than the England average for hip replacements and average for knee replacements. The hospital received a green rating for all measures in the 2016 National Emergency Laparotomy Audit (the audit was based on one case).
- We saw evidence based care reflected in policies and guidelines. Staff were able to discuss the evidence base of care and we saw signs and posters in the pre assessment department and theatres break rooms reflecting the evidential basis for pre-assessment processes and care.
- Staff continued to report good support for learning and development in the preoperative department, theatre and wards.
- Staff and patients reported cohesive multidisciplinary care.
- The trust exceeded its target for Mental Capacity Act mandatory training, staff demonstrated a thorough understanding of the Mental Capacity Act and records reflected that capacity was being assessed and consent was gained prior to care being provided.

However:

- The appraisal completion rate of 81% was below the trust target of 90% and the trust average.
- National audits reflected some negative patient outcomes. The 2015 Hip Fracture Audit showed the proportion of patients having surgery on the day of or day after admission was worse than the national standard and the perioperative medical assessment rate of 98% was below the national standard of 100% (although it had improved from 94.6% the previous year). Patient Reported Outcome Measures (PROMS) for groin hernias were worse than the England average.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:



# Surgery

- Patients told us they felt they were treated with dignity and respect. They noted that staff were caring, genuine, friendly and kind. Patients also told us that staff made them feel 'safe' and well looked after. This was in line with earlier inspections.
- Patients generally stated that they received good communications about care which empowered them to make their own decisions. This was in line with earlier inspections.
- Staff understood the importance of patients' maintaining contact with their family and friends and enabled this.
- The Friends and Family Test response rates were higher than the England average.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The average length of stay for General Surgery medical elective and non-elective patients at the trust was higher than the England average.
- Cancelled operations as a percentage of elective admissions were higher (worse) than the England average and the percentage of patients not treated within 28 days was worse than average.
- The trust's referral to treatment time for admitted pathways for surgery was higher than the England average, although it fell in the last two reporting months.
- Pre-operative appointments were sometimes delayed or scheduled too close to the surgery date, which did not allow enough time to perform tests or treatments identified at the pre-operative appointment. This caused surgeries to be cancelled or delayed in some cases.
- Staff were not able to provide written information in other languages.
- There were long delays in responding to patient complaints. The target time for completing non-complex complaints was 25 days. No complaint file we reviewed met this target. We reviewed five non-complex complaint files; the response times for these matters were 55 to 183 days.

However:

- Patients and staff provided evidence that staff responded to the individual needs of patients living with dementia. This was not noted in previous inspections.
- Staff reported using translators for patients who needed translation service rather than relying on friends or family members. They were able to demonstrate how they could contact translators. This was better than when we previously inspected the hospital.
- The substance of responses to patient complaints had improved and those we reviewed addressed the underlying complaint in most instances.
- Responses to patient complaints reviewed addressed the underlying complaint in most instances. This was better than during previous inspections.

# Surgery

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- While the service showed improvement in its leadership since the last inspection, there was not consistent learning from complaints and incidents, there were no assurances around incident reporting, not all staff were able to identify risks or locate risk registers and staff reported a mixed culture and moral.
- Some non-management staff told us they did not feel executive team were visible, accessible or supportive.
- Some staff members were not able to identify the risks that affected their departments and did not know where to find their departmental or directorate risk registers.
- Staff we spoke to had mixed reviews of the culture and moral at the trust, some felt valued and supported, while some did not.

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. This information was available to staff on their intranet. Staff had an understanding that a primary focus of the long term strategy was building to improve theatres capacity and the shorter term 2016-17 focus in theatres was staffing.
- There were clinical governance meeting at trust and directorate level. Staff members had an understanding of clinical governance issues and felt involved in clinical governance.
- The serious incident policy was comprehensive and provided detailed information. Senior departmental and trust wide staff worked together to manage risks at twice daily meetings and provide support within the hospital and to the Tunbridge Wells Hospital at Pembury.
- There were directorate and department risk registers where risks were held and managed.
- All staff we asked told us they felt their immediate supervisors were visible, accessible and supportive.

## Outstanding practice

- The trust promoted training, research and innovation which the staff took pride in.

## Areas for improvement

- The trust should implement systems to ensure that learning from incidents and complaints is shared and embedded.
- The trust should embed a system of prioritisation to ensure holes in theatres department walls and doors are addressed in a timely fashion to minimise infection risk.
- The trust should embed a system to ensure all staff in the departments meet mandatory training targets.
- The trust should take steps to ensure all shifts are staffed in line with staffing requirements.
- The trust should implement a system to respond to patient complaints in compliance with timelines set out in the trusts complaint policy.

# Critical care

Good ● → ←

## Key facts and figures

The intensive care unit intensive care unit at Maidstone Hospital provides care for the local population 24 hours a day, seven days a week.

Between 1 September 2016 and 20 September 2017, 538 patients were admitted to the unit.

There were nine beds spread over two wings, each with a bay and two side rooms.

## Summary of this service

Our overall rating of this service improved. We rated it as requires improvement because:

Since our last inspection in 2015, we saw a vast number of improvements in critical care.

- There was a good culture of incident reporting and learning, and all incidents were recorded on the trust wide electronic reporting system.
- Medicines were well managed.
- Patient outcomes were mostly in line with or better than other similar critical care units.
- Compliance with national guidelines had improved.
- Patients and relatives we spoke to gave positive feedback about the care they received on the unit.
- Staff showed compassion when dealing with patients.

However:

- The environment did not promote privacy and dignity for patients.
- It was not clear if all intensive care unit deaths were discussed at the morbidity and mortality meetings.
- Delayed discharges from the unit stayed an issue.

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- There was a good incident reporting culture on the unit and all incidents were now recorded on the trust wide system. This was an improvement from the last inspection where some intensive care unit incidents were recorded on a separate system that was not part of the hospital.
- The service had systems that managed prescribing, administering, recording and storage of medicines well.
- Safeguarding training rates were better than the trust target amongst the nursing staff on the unit.

# Critical care

- Most staff had completed mandatory training. Out of 19 mandatory training modules, only three modules had a completion rate worse than the trust target which were conflict resolution, dementia awareness and safeguarding children level three.
- The unit followed the nursing staffing standards from the core standards of the Intensive Care Society and the British Association of Critical Care Nurses guidance for the staffing of critical care units.
- An outreach team was available 24 hours a day, seven days a week. This ensured that patients who were discharged from the unit had support on neighbouring wards.

However:

- Resuscitation trolleys on the unit were not tamper evident. Although some contained medicines in sealed boxes, these trolleys still contained IV fluids and infusions which were not tamper evident. However following the inspection, we saw that this had been rectified.
- From the minutes we reviewed, we did not see evidence that all deaths in the intensive care unit were discussed at the morbidity and mortality meetings.

## Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- Risk adjusted hospital mortality rates for all patients (including low risk patients) was better than the national average.
- Patient outcomes were generally good, although the rates of readmission within 48 hours was worse than other similar units.
- Staff on the unit followed National Institute for Health and Care Excellence guidelines to ensure that best practice was followed for their patients.
- Staff had the right skills to fulfil their job role; 60% of nursing staff at the Maidstone Hospital had a post registration certificate in critical care, which was better than the Intensive Care Society standard.
- New members of staff had an induction when they arrived at the unit and were given a supernumerary period.

However:

Only 78% of staff had received an appraisal. This was worse than the trust target of 90%. Following the inspection, the trust told us that the trust appraisal cycle runs from April each year. This meant that at the time of the data submission, the trust would have only been half way through their appraisal cycle.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.

# Critical care

- Dedicated members of staff ran follow up clinics for patients discharged from the service. As part of this, they completed psychological assessments.
- We observed that staff cared for patients with care and compassion and relatives we spoke with told us that staff were kind and thoughtful.
- Staff in the unit had set up a memory keepsake service for relatives of patients who passed away on the unit. Relatives could choose a hand print, a hand cast or a lock of hair; all in presentation keep sake boxes, to take home with them.

However:

- The set up and environment of the unit made privacy and dignity for patients challenging.

## Is the service responsive?

**Requires improvement** ● ↑

Our rating of responsive improved. We rated it as requires improvement because:

- The number of patients with a delayed discharge of more than eight hours was worse than the national average.
- The number of patients with a delayed discharge of up to four hours ranged between 48% and 85%. This meant the majority of patients fit for discharge were kept waiting. However, the mean averages of these amounted to 60% of patients waiting to be discharged, which was an improvement from the previous inspection where 82% of patients were waiting.
- Bed occupancy rates trust-wide were worse than the England average.

However:

- Since our previous inspection, translation services were in use across the trust and staff were able to meet patients individual needs, such as having twiddle muffs available for patients with dementia
- There were no patients transferred from the intensive care unit for non-clinical reasons, which had improved from the previous inspection.
- There was support and information available for patients and relatives including detailed information on the website such as 'Intensive Care – A guide for patients and relatives'
- There were no complaints received by the unit throughout the inspection reporting period which had improved since the previous inspection.

## Is the service well-led?

**Good** ● ↑↑

Our rating of well-led improved. We rated it as good because:

- There was a statement of vision, both for the critical care directorate and the intensive care unit. This had improved from our last inspection where there was no vision in place.

# Critical care

- There was a trust wide risk register for the critical care directorate which encompassed intensive care unit risks, as well as a local level risk hazard log to document site level risks. The matron was aware of the risks to the service. This had improved from the last inspection where intensive care unit risks were not logged.
- At our previous inspection the outreach team worked seven days a week, with plans to increase this to 24 hours on hold due to budgetary constraints. At this inspection we saw that the outreach team was now available 24/7.
- The intensive care unit team was well motivated, enthusiastic and supported at a local leadership level.
- Previously one matron covered both intensive care units with a large remit; at this inspection we saw that there was one matron per site.

However:

- The strategy did not reference any plans for refurbishment or regeneration of the Maidstone intensive care unit site whose environment was not ideal.

## Outstanding practice

The Maidstone unit had set up a memory keepsake service for relatives of patients who passed away on the unit. Relatives could choose a hand print, a hand cast or a lock of hair, all in presentation keep sake boxes.

## Areas for improvement

- The trust should ensure that there is a standard operating procedure is put in place for children who may be treated on the unit.
- The trust should assess whether nursing staff require a higher level of safeguarding children training.
- The trust should ensure all patient deaths are discussed at morbidity and mortality meetings.
- The trust should ensure that overnight discharges are reduced.
- The trust should ensure that all staff have received an appraisal

# Services for children and young people

Good  

## Key facts and figures

The trust has 46 paediatric beds across two sites – Maidstone Hospital and Tunbridge Wells Hospital. In addition to the across two sites, the trust also provides paediatric outpatient services at both sites.

Maidstone and Tunbridge Wells NHS Trust also offers tertiary service paediatric orthopaedic and gastroenterology surgery for the whole of Kent and parts of Sussex.

The paediatric service at Maidstone hospital consists of Riverbank which has seven ambulatory care beds and six day case surgery beds. There are no overnight beds. There was an outpatient department within the unit and was for children only.

The trust had 4,222 spells between July 2016 and June 2017.

Emergency spells accounted for 77% (3,240 spells), 12% (510 spells) were day case spells, and the remaining 11% (472 spells) were elective.

## Summary of this service

Our overall rating of this service improved. We rated it as good because:

- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the paediatric directorate.
- There was comprehensive assessment of children, including a history of any past or current mental health problems alongside the assessment of their physical health needs. This included age-related pain assessments and children's pain levels were regularly assessed and acted upon.
- Children had individualised care pathways for their care and risk assessments were completed for all patients including National Paediatric Early Warning Scores in order to rapidly detect any child whose health was of deteriorating.
- Staff had training in the assessment and management of sepsis antibiotics were given in line with guidance. Reports on antimicrobial prescribing and sepsis management were escalated to the board through the trust's governance framework.
- Staff demonstrated an understanding of the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005, with regard to children over 16 years and the Children Acts 1989 and 2004.
- There was evidence of good multidisciplinary working both within the trust and with external stakeholders.
- The service was responsive to children, young people and their family's needs. They delivered personalised care and took into account needs and choices of different people.
- There was a children's strategy in place that staff we spoke to knew about and were committed to improving child health experiences and outcomes. There was a clear governance framework in place that was led by the chief nurse.
- Staff told us they were supported and felt valued; they thought highly of the matron who they said was very visible supportive and kept them well informed.

# Services for children and young people

However:

- Although it was evident that lessons learned in the children's services was shared within the directorate and practice changed as a result, it was less clear how learning was systematically identified, disseminated or audited across the trust.
- There were no safeguarding level 3 trained staff on adult wards where 16-18 year old patients were cared for.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- The trust had systems and processes in place to keep children safe and safeguarded from abuse and neglect.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learn with the whole team and wider service.
- Risk assessments were completed for all patients and they used the National Paediatric Early Warning Scores for all patients in order to rapidly detect any child whose health was of deteriorating.
- Staff followed and completed the paediatric World Health Organisation surgical safety checklist and five steps to safer surgery.
- The environment was visibly clean and staff adhered to the trust's infection control policies and processes. The theatre recovery area had dedicated paediatric bays that were screened off from adult's recovery.
- Medicines were prescribed, stored and administered to children in line with the relevant legislation and current national guidance.
- Medical records were multidisciplinary, complete by everyone associated with their care and kept securely.

However:

- Although it was evident that lessons learned in the children's services was shared within the directorate and practice changed as a result, it was less clear how learning was systematically identified, disseminated or audited across the trust.

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- There was comprehensive assessment of children, including a history of any past or current mental health problems alongside the assessment of their physical health needs. The play therapists ran sessions with children with phobias that were affecting their life and or hospital experience.
- Children had age-related pain assessments and staff routinely assessed children's pain levels. Pain management was evidence-based and provided guidance on managing varying levels of pain including the use of sucrose, paracetamol and opiates.



# Services for children and young people

- Pre-operative starve times follow the two, four, six hour guidelines depending on the procedure and in accordance with national guidelines. Where children were delayed in going to theatre their hydration was addressed. Nutrition was also considered and sucrose was sometimes given to ensure sugar levels were maintained in preoperative patients to enable recovery.
- Quality and dignity audits were carried out six times a year. Essence of care audits, hand washing audits, and patient satisfaction audits were carried out. The service submitted data to a variety of national audits and developed action plans in response to results.
- Registered paediatric nurses cared for children. There were also 11 specialist nurses for specific conditions.
- All surgical patients admitted under a specialist surgeon were also seen by a paediatrician consultant.
- There was evidence of good multidisciplinary working both within the trust and with external stakeholders.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children and their carers with compassion, dignity and respect. Staff involved children and those close to them in their care. Children, young people and their families were given emotional support when needed.
- Staff gave us examples of going coming up with ideas to assist children who were nervous about procedures or coming in to hospital. They took into consideration children's favourite things and were innovative about making children feel safe.
- Children and their carers were very positive when they discussed the care they received. Staff sought feedback from children, young people and their families and made changes as a result of feedback.
- Staff involved parents in their children's care and parents told us they always felt involved.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- Riverbank ward had paediatric specific feedback forms for parents to complete or alternatively they could rate and review their child's care on line along with two types of forms for children to complete. All had a section where parents and children could comment on what was good and what could be done better. These were used to review services and make improvements
- The children's outpatient area had a dedicated waiting area, consulting and treatment rooms.
- Parents were able to visit at any time on the paediatric wards and translation services were available for patients and parents who did not speak English as their first language should this be required.
- A play therapist worked with children and ran sessions for children experiencing emotional difficulties.

# Services for children and young people

- Children were admitted for theatre in the morning for the morning list and at midday for the afternoon list. There were dedicated children's theatre lists but where children were scheduled on a mixed list they were prioritized to be first on the list.
- Children admitted to the unit with an acute medical problem were seen by a middle grade paediatrician within four hours of admission.
- General practitioners assessing or treating children with unscheduled care needs had access to immediate telephone advice from a consultant paediatrician. The service provided a consultant paediatrician-led rapid access service so that any child referred for this service could be seen within 24 hours of the referral being made.
- There was seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography, magnetic resonance imaging (MRI), echocardiography, endoscopy and pathology.

## Is the service well-led?

**Good** ● ↑↑

Our rating of well-led improved. We rated it as good because:

- There has been significant improvement in the children and young person's core service since the last inspection.
- The leadership team were strong, dynamic and encouraged staff development, innovation and managed change well.
- Leadership at local level was good. The leadership team were aware of the challenges children and young people services. There appeared an open and honest culture with staff prepared to say when things went wrong and what needed improving.
- There was a children's strategy in place and staff we spoke to new about and were committed to improving child health experiences and outcomes.
- Staff we spoke with told us they were supported and felt valued. They thought highly of the matron who they said was very visible supportive and kept them well informed. Staff we spoke to both on inspection and in focus groups were proud of the trust and how it had risen to the challenges they faced.
- Winter management plans included children and young people services with escalation policies and processes to provide more beds and staff as required.

## Outstanding practice

- The service used play specialists through the whole of the child's inpatient journey, from outpatient's right through to theatres applying distraction techniques.
- The matron had initiated and led on bringing together a children services matron's professional group across the region. The group was also used as supervision with peers and benchmarking how services could be improved in all areas.

## Areas for improvement

- The trust should ensure children admitted to adult wards are cared for by staff with level 3 safeguarding training.

# The Tunbridge Wells Hospital at Pembury

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## Key facts and figures

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital Trust in the south east of England. The Trust was legally established on 14 February 2000 and provides a full range of general hospital services, and some areas of specialist complex care to around 560,000 people living in the south of West Kent and the north of East Sussex.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs, and it operates from two main clinical sites: Maidstone Hospital and Tunbridge Wells Hospital at Pembury. The latter is a Private Finance Initiative (PFI) hospital and provides wholly single bedded en-suite accommodation for in-patients.

The Trust employs a team of over 5000 full and part-time staff. In addition, the Trust provides specialist cancer services to around 1.8 million people across Kent, Hastings and Rother, via the Kent Oncology Centre, which is sited at Maidstone Hospital, and at Kent and Canterbury Hospital in Canterbury. The Trust also provides outpatient clinics across a wide range of locations in Kent and East Sussex

## Summary of services at The Tunbridge Wells Hospital at Pembury

**Requires improvement** ● → ←

A summary of services at this hospital appears in the overall summary above.

Our rating of services stayed the same. We rated it them as requires improvement because:

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department at the Tunbridge Wells Hospital at Pembury includes a six-bedded resuscitation unit, a 17-bedded majors unit and a seven-bedded minors unit. A rapid assessment point with five bed bays provides additional capacity. A clinical decision unit is temporarily located in a dedicated room in the minors area with nurse cover and comfortable chairs. This is whilst a new clinical decision unit was being built elsewhere in the unit to provide greater capacity and bed space. The resuscitation unit has a dedicated paediatric bay. A plaster room and diagnostic imaging are based on site.

A dedicated paediatric emergency department is located in the department and is staffed by a team of paediatric nurses.

A multidisciplinary team of emergency department doctors, nurses, emergency nurse practitioners, emergency department practitioners and clinical support workers provides care and treatment. The wider multidisciplinary team includes a high impact therapy team, extended scope physiotherapists and psychiatric liaison team.

At our last inspection we told the trust they must:

- Make suitable arrangements to ensure the dignity and privacy of patients accommodated in the clinical decision unit.
- Ensure security staff have the knowledge and skills to safely work with vulnerable patients and those with mental health needs
- Ensure that medical and nursing notes are accurate, complete and fit for purpose.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

- Staff had taken steps to address the three areas we told the trust they must improve at our last inspection. This had resulted in improved privacy and dignity in the CDU and significantly better communication skills demonstrated by the security team. However, although monitoring of the completion and quality of patient records had become more consistent there was limited evidence of improvement in overall standards.
- Audit results in the Saving Lives audit were variable and indicated inconsistent practices and data reporting in peripheral line insertion and catheter care bundles.
- From August 2016 to July 2017 the trust reported 364 “black breaches”, with an upward trend over the period.
- Triage processes were inconsistent and did not always keep people safe. In addition the results of triage records indicated a need for improved quality.
- A significant backlog of incident investigations and limited evidence of learning from incidents meant we were not assured safety improved as a result.
- There was very limited evidence of health promotion work or intervention despite a significant number of patients presenting with alcohol or drug overdoses or with suicidal intent.

However:

# Urgent and emergency services

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust met the standard for all months over the 12 month period between September 2016 and August 2017.
- From September 2016 to August 2017, the trust reported no incidents classified as never events for urgent and emergency care.
- The unit performed consistently well in the national patient-led assessment of the care environment (PLACE) and in weekly environmental audits. In the previous 12 months, the unit performed better than national and trust averages in all categories.
- The recruitment of practice development nurses had significantly improved the training and professional development opportunities for staff. This improved tracking and assessment of staff competencies and enabled individuals in different roles to work and develop together.
- Systems were in place to ensure clinical practice was evidence-based, including from audits and national benchmarking.
- There was a demonstrable track record of well-coordinated multidisciplinary working that contributed to patient outcomes.
- From January 2017 the trust showed a general trend of improvement in performance against Department for Health access and flow metrics, including the national standard to be seen, discharged or admitted within four hours.
- There were clear and demonstrable improvements in clinical governance and leadership and this was reflected in the morale of staff and initiatives to improve performance and risk management.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The unit performed variably in the Saving Lives audit and there were 12 occasions in the year before our inspection when no data was submitted, with results between 40% and 100% for other months.
- Patient documentation audits indicated inconsistent practice and significant risk of deterioration from the failure to properly document or escalate patient needs at the triage stage.
- The hospital had a 76% average mandatory training completion rate amongst doctors, which was below the trust target of 85%.
- The design of the majors area meant staff could not always see each patient in treatment bays. The nurse in charge mitigated this risk to some extent by ensuring patients with high levels of risk were cared for in the bays nearest to the nurses and doctors stations.
- The emergency department performed poorly in repeated resuscitation trolley audits including for missing equipment and a high number of missing documented safety checks.
- A backlog of 400 incidents for emergency care had been entered onto the department's risk register with Maidstone Hospital and there was limited evidence staff in the department had capacity to address this.

However:

- Staffing cover per shift, including consultant cover, met Royal College of Emergency Medicine standards.

# Urgent and emergency services

- In the patient-led assessment of the care environment, the department scored better than the national average in all five categories.
- Nursing staff had an 86% completion rate of mandatory training.
- Safeguarding processes for children and young people were well embedded and ensured a multi-agency approach to child protection.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- Staff did not always document pain scores for each patient and audits demonstrated wide variations in practice.
- The department did not meet any of the Royal College of Emergency Medicine standards for consultant sign-off in the latest audit. In the four audit criteria, the department performed at least 80% worse than the national average.
- Although 95% of staff had up to date Mental Capacity Act (2005) training, staff did not consistently complete mental capacity or consent assessments in patient records.

However:

- The department performed well in the Department of Health essence of care audits and scored an A or B rating in eight out of nine categories.
- Staff had electronic access to up to date policies and clinical guidance from the National Institute of Health and Care Excellence and used this to benchmark care against best practice.
- A practice development nurse had implemented a range of new training and development opportunities for staff.
- There were significant opportunities for staff to work as part of multidisciplinary teams in rotational posts and secondments and this had a demonstrably positive impact of skill mix and morale.
- The department performed similarly to or better than comparable departments in Royal College of Emergency Medicine national audits in septic shock, vital signs in children and venous thromboembolism risk in lower limb immobilisation.
- Multidisciplinary working was embedded in the care and treatment provided. This included from a high impact therapy team and a psychiatric liaison team.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- The results of the CQC Emergency Department Survey 2016 showed that the trust scored about the same as other trusts in all 24 questions relevant to caring.
- Support was provided for relatives after a bereavement including from a dedicated team.

# Urgent and emergency services

- Staff at all levels and in all roles treated patients and visitors with respect during our observations and feedback from the parents of children was very positive.
- Staff had improved how they ensured patient dignity in the clinical decisions unit including through more appropriate use of the space.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- From September 2016 to August 2017, the trust's unplanned re-attendance rate to accident and emergency within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- From October 2016 to September 2017 the trust's monthly median total time in emergency for all patients was consistently higher the England average.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency. Between October 2016 and September 2017 did not meet this target in any month. In this period results varied from 76% to 92%.
- Between October 2016 to September 2017 Maidstone and Tunbridge Wells NHS Trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted for this trust was worse than the England average. However there was a trend of improvement during this period.

However:

- Between November 2016 and November 2017, 98% of patients referred the psychiatric liaison team were seen within two hours.
- Nurses used a two hourly quality round to ensure patients were being regularly assessed and observed and to improve flow.
- We saw improvement in the knowledge and skills of the security team in speaking with patients with mental health needs or reduced communication ability.
- Between October 2016 and September 2017, two patients waited more than 12 hours from the decision to admit until being admitted.
- Systems had been implemented to improve access and flow such as a dedicated flow coordinator and discharge coordinator per shift. This contributed to a general improvement against Department of Health targets since January 2017.
- Tools and resources were available for patients with needs relating to dementia and learning disabilities.

## Is the service well-led?

**Good** ● ↑ ↑

Our rating of well-led improved. We rated it as good because:

- We saw evidence of embedded improvements in leadership.

# Urgent and emergency services

- All of the staff we spoke with said the working culture was positive and enabled them to be confident in providing feedback and engaging with colleagues.
- Clinical governance systems had improved since our last inspection and we saw evidence meetings were held regularly with a wide range of staff.
- There was evidence in several areas that progress had been made to reduce risks through the use of a risk register.
- There were significant improvements in the training and knowledge of the security team, who demonstrated how they reduced risks to patients who presented with aggression or escalating behaviour.
- Staff had contributed to the development of a vision and strategy for the department. This was clearly embedded in the work of the teams we spoke with and observed.

However:

- There was variable evidence the risk register was used effectively to mitigate some risks.
- There were inconsistencies in the fire safety risk assessment.
- Variable performance in national audits was not reflective of the high standard of clinical care we observed. This suggested a lack of oversight in data quality.

## Outstanding practice

Opportunities for training and development including joining network training days, taking part in simulated exercises and engaging with emergency care nurses in other trusts as part of facilitated multi-professional learning events.

## Areas for improvement

The service should ensure significant and sustained improvements in the quality of patient records, including in relation to: risk assessments; triage assessments and observations; documentation of patient outcomes at the triage stage; use of the early warning score tools; pain relief; overall compliance with trust standards.



# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at the trust provides care and treatment for Gastroenterology, Respiratory, Cardiology, Care of the Elderly (including stroke and transient ischaemic attack) and Diabetes & Endocrinology at Tunbridge Wells Hospital, as well as offering some services within the community. There is a Cardiac Catheter Laboratory on both sites with Tunbridge Wells Hospital focused on interventional procedures. There is a full cardio respiratory and respiratory physiology support service on both sites offering diagnostic procedures. There are 243 medical inpatient beds located across 12 wards at the hospital. The Tunbridge Wells hospital at Pembury has a designated 209 medical inpatient beds across 8 dedicated medical inpatient wards. The remaining beds are situated in day care settings.

## Summary of this service

Our overall rating of this service improved. We rated it as good because since our last inspection in 2015, we saw a number of changes.

- There was an improved culture of incident reporting. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour.
- Patients and relatives we spoke to gave positive feedback about the care they received on the unit.
- Staff showed compassion when dealing with patients and protected their privacy and dignity.

However:

- Medicines were better managed and more available, although some aspects of medicines management still needed improvement.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff at Tunbridge Wells Hospital had received a suitable amount of training to ensure they had the skills to do their jobs. The overall training completion rate exceeded the trust target and the service effectively used the newly upgraded electronic learning management system to enhance support to managers and staff.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service maintained suitable premises and sufficient equipment to support safe care and treatment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was an improved culture of incident reporting. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour.

# Medical care (including older people's care)

• We found a positive focus on safety and the service was transparent about the levels of harm-free care achieved, with the prevalence rate of indicators such as pressure ulcers and catheter acquired urinary tract infections declining over the last year.

However:

- While aspects of medicines management had improved since our last inspection, we still observed instances where pharmacy stock was out of date or not stored in accordance within specified temperature ranges. Opening dates were not always on liquid medicines to ensure they were used within specified expiry dates.
- We acknowledge that the trust reacted immediately and effectively to rectify an issue we identified with tamper-evident security on resuscitation trolleys.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Concerns we had raised on our last inspection about access to current clinical guidance and assessment of staff competency had been addressed. We found a service that provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. New and updated guidance was evaluated and shared with staff.
- Patients at Tunbridge Wells Hospital had a lower than expected risk of readmission for elective admissions and a lower than expected risk of readmission for non-elective admissions when compared to the England average. Other outcome measures were broadly similar to national averages.
- The trust had recruitment policies and procedures together with job descriptions to help ensure staff were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.
- Medical services at Tunbridge Wells exceeded trust targets for annual appraisals.
- At meetings, we observed positive and proactive engagement between all members of the multidisciplinary team.
- Since our last visit, the trust had introduced and successfully implemented a number of new electronic systems that improved effectiveness.

However,

- Deprivation of liberty training rates has not been provided by the trust. We acknowledge that the service achieved 98% for Mental Capacity Act training within medical care services.

## Is the service caring?

Good  

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we saw that patient privacy and dignity was maintained at all times.

# Medical care (including older people's care)

- The Friends and Family Test response rate for medical care services was better than the England average and recommendations for wards in the service ranged from 80-100%
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The service took account of patients' individual needs. The trust employed specialist nurses to support the ward staff and wards had 'champions' who acted as additional resources to promote best practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The last patient-led assessment of the care environment survey showed the trust scored 92.79% for dementia care, which was significantly better than the England average of 76% and 94.53% for care of people with disabilities against an average of 82%.
- Average length of stay for medical elective patients at The Tunbridge Wells Hospital at Pembury was 3.7 days, which is lower than England average of 4.2 days.

However:

- For medical non-elective patients, the average length of stay was 8.4 days, which is worse than England average of 6.6 days and referral to treatment time for admitted pathways for Medicine has been consistently worse than the England average.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- We saw examples of strong local ward and department leadership. The trust had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Staff told us they felt well supported, valued and that their opinions counted. At a local level, we saw that nurses in charge were clearly identified by the use of armbands, which helped ensure local leaders were visible to staff and visitors.
- There was a statement of vision.
- There was a trust wide risk register for the directorate which encompassed risks, as well as a local level risk hazard log to document site level risks.

# Surgery

Requires improvement   

## Key facts and figures

Tunbridge Wells NHS Hospital offers general and specialist surgical services breast, gynaecological, oncology, ophthalmology, urology, gastro-intestinal, orthopaedics, pain management, vascular and ear, nose and throat surgery

Tunbridge Wells Hospital has a dedicated trauma unit for emergency surgery, including emergency theatres, CT and X-ray machines, and en-suite patient rooms. The unit has with strong links to a local regional trauma centre.

The hospital also an Orthopaedic Unit to provide 11 dedicated elective beds for more complicated cases.

The hospital has a dedicated day surgery unit.

The hospital had three dedicated surgery recovery wards including the Short Stay Surgery Unit which was escalated to care for longer term patients at the time of inspection.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

- While the service improved in some areas, it stayed the same or became worse in others.
- The escalated short stay surgery unit created risks to patient safety and dignity.
- The hospital had had two never events during the reporting period and one additional never event in the week before this inspection.
- Learning from incidents had not significantly improved since the prior inspection. Information about learning was not always complete and there was not a system to ensure learning was shared with staff.
- Capacity to manage the number of patients being admitted led to significant shortfalls in the responsiveness of the service. This issue was identified at the previous inspection and continued to require improvement.
- Some senior staff did not reflect an understanding of the risks in their departments.
- Significant challenges to recruiting caused gaps in rota coverage and high reliance on bank and agency staff. This issue was identified at the previous inspection and continued to require improvement.
- Resuscitation trolleys in the department were not tamper evident which meant items could be taken from the trolley or tampered with without staff knowledge. We raised this issue with the trust. The trust reported that it reacted throughout the trust immediately and effectively to rectify the issue by putting tamper-evident security on resuscitation trolleys.

However:

- The hospital had improved its supplication of World Health Organisation Safer Surgery Checklists. This was an improvement since our last inspection.
- The department had improved staff retention.

# Surgery

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The Surgical Short Stay Unit had been escalated to provide capacity for overnight care to surgical, medical and orthopaedic patients on one unit. The ward was not designed for patients to stay more than 23 hours, but patients were staying on the ward for several days at a time.
- Staff were not able to identify one admission policy for patients on the escalated surgical short stay unit. The trust's Escalation of Bay/ Recovery Guidelines stated, 'infectious patients, patients with dementia and patients requiring a hoist or PAR scoring 4' should not be allocated to this area. Staff told us in some cases they had to 'push back' to keep these patients off the ward.
- The open ward where patients were separated by paper curtains that were often open, did not protect patients from the spread of infectious diseases.
- As the day surgery ward had been escalated, the department no longer had a fixed recovery ward for day patients. Staff 'borrowed' space from other departments.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance. The hospital had had two never events early in the reporting period and one additional never event in the week before this inspection.
- Between July 2016 and June 2017, the hospital reported a vacancy rate of 26.6% in surgical care which was significantly above the 8.5% target.
- A total of 10,360 shifts were covered by bank or agency staff; 68% covered by bank staff and 26% covered by agency. A total of 941 shifts (9%) were not covered.
- The location did not achieve its mandatory training target for five mandatory training modules.

However:

- We observed staff performing the World Health Organisation Checklist in theatres during our inspection. We saw they applied the checklist correctly. Audits across all theatres, excluding endoscopy, at both sites from April through October 2017 showed staff complied with the World Health Organisation Safer Surgery Checklist in 98% to 100% of audits. This showed theatre staff were completing the World Health Organisation Safer Surgery Checklist and the trust exceeded its target of 90% compliance. This was an improvement since our last inspection.
- Tunbridge Wells Hospital had an 85.8% mandatory training completion rate, thus it met its overall target, although the target was not met for all individual training modules. This showed improvement compared to the previous inspection.
- Hand hygiene audits across the theatre departments and wards showed good hand hygiene. This showed improvement compared to the previous inspection.
- Cleaning audit results reflected all surgical departments and wards met the trust target of 90% or higher for the six months prior to inspection and surgical theatres and wards we observed appeared clean. This showed improvement compared to the previous inspection.
- There was a system for managing the threat of Legionella, a waterborne bacteria. This was an improvement on a previous inspection.

# Surgery

- The hospital turnover rate was 1%, this was much better than the trust target of 10.5%.
- We saw throughout the wards and theatres medicines were stored securely and kept within their expiry dates.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- We saw patients were often starved for longer periods than clinically necessary due to delays and communication failures this was reflected in incident reports and discussions with staff and patients. This issue was identified at the previous inspection and continued to require improvement.
- On the surgical short stay unit, we saw that patients' pain was regularly not managed quickly and proactively. Some patients we spoke to told us their pain was managed well and some told us their pain was not managed well. We saw pain observations were not always taken or recorded by staff. There were delays in administering pain medicines and escalating pain concerns to anaesthetists or consultants. We saw one example where a patient rated their pain eight to ten form more than 48 hours before the issue was escalated for review. This was worse than during our previous inspection.
- National audits reflected some negative patient outcomes. The 2015 Hip Fracture Audit showed the proportion of patients having surgery on the day of or day after admission was worse than the national standard and the perioperative medical assessment rate of 98% was below the national standard of 100% (although it had improved from 94.6% the previous year). Patient Reported Outcome Measures (PROMS) for groin hernias were worse than the England average. The hospital received an amber rating for some measures in the 2016 National Emergency Laparotomy Audit.
- The appraisal completion rate was 76% this was below the trust target of 90% and the trust average.
- Staff on some wards told us they did not have time to attend training.

However:

- Staff provided food and drink to meet patient needs and improve their health. They used special feeding and hydration techniques as necessary and made adjustments for patients with religious, cultural and other preferences.
- Most surgical patients had positive outcomes and experiences. Elective and non-elective surgical patients had a similar or lower risk of readmission than other patients when compared to the England average. The 2016 Hip Fracture Audit and 2015 Bowel Cancer audit reflected mortality rates (at 30 and 90 days respectively) in expected range. The 2015 Bowel Cancer audit reflected the hospital had a higher than expected two year post-operative mortality rate. Patient Reported Outcome Measures (PROMS) were better than the England average for hip replacements and average for knee replacements. The hospital received a green rating for some measures in the 2016 National Emergency Laparotomy Audit.
- We saw that the provider used evidence based guidance to assess and care for patients. For instance, we saw the trust policies were evidence based and cited evidence based guidelines. This was in line with previous inspections.
- Pre-operative department staff demonstrated how they used guidance and internal data to identify risks and areas for improvement. This was in line with previous inspections.
- All patients at The Tunbridge Wells Hospital had a lower expected risk of readmission for elective admissions when compared to the England average. This was better than at the last inspection.
- We saw good multidisciplinary work generally across the hospital. This was in line with previous inspections.

# Surgery

- The trust exceeded its target for Mental Capacity Act mandatory training. Staff demonstrated a thorough understanding of the Mental Capacity Act and records reflected that capacity was assessed and consent was gained prior to care. This was better than at the last inspection.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Patients told us they felt they were treated with dignity and respect. They noted that staff were caring, genuine, friendly and kind. This was in line with earlier inspections.
- Patients generally stated that they received good communications about care which empowered them to make their own decisions. This was in line with earlier inspections.
- Staff understood the importance of patients' maintaining contact with their family and friends we saw this exemplified when they lent out their own phone chargers and facilitated communications with family who could not be at the hospital.

However:

- The Family and Friends Test response rates of 19% fell to below the national average of 29%.
- Privacy and dignity were not respected in the Short Stay Surgical Unit when patients were placed on mixed sex wards and patients could not have private conversations with staff due to the environment. In October 2017, eight mixed sex breaches were reported.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Capacity to manage the number of patients being admitted led to significant shortfalls in the responsiveness of the service.
- The average length of stay for General Surgery medical elective and non-elective patients at the trust was higher than the England average.
- Cancelled operations as a percentage of elective admissions were higher than the England average.
- The trust's referral to treatment time for admitted pathways for surgery was higher than the England average, although it fell in the last two reporting months.
- Pre-operative appointments were sometimes delayed or scheduled too close to the surgery date, which did not allow enough time to perform tests or treatments identified at the pre-operative appointment. This caused surgeries to be cancelled or delayed in some cases.
- We saw surgeries were often delayed. Patients were not provided any information about the reason for or length of the delay and fasting times were not modified. As a result we saw several instances where patients fasted and were without hydration for much longer than clinically necessary. This was highlighted at the previous inspection but was still an issue.

# Surgery

- Patient discharges were delayed by discharge paperwork delays. As a result, patients remained in beds when it was not clinically necessary.
- Due to the escalation of the surgical short stay unit to a ward, there was no fixed recovery area for day case patients. The lack of space meant that same day surgeries had to be cancelled or put 'on hold' until it was clear whether there would be space for the patients.
- Staff were not able to provide written information in other languages.
- There were long delays in responding to patient complaints. The target time for completing non-complex complaints was 25 days. No complaint file we reviewed met this target. We reviewed five non-complex complaint files and the response times for these matters were 55 to 183 days.

However:

- Patients and staff provided evidence that staff responded to the individual needs of patients living with dementia. This was not noted in previous inspections.
- Staff reported using translators for patients who needed translation service rather than relying on friends or family members. They were able to demonstrate how they could contact translators. This was better than when we previously inspected the hospital.
- The percentage of cancelled operations at the trust has generally been below the England average. This was better than during previous inspections.
- Responses to patient complaints reviewed addressed the underlying complaint in most instances. This was better than during previous inspections.

## Is the service well-led?

**Requires improvement**   

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Staff did not have a clear understanding of a vision or strategy for the department. We had seen the same issue at previous inspections.
- Some non-management staff told us they did not feel senior management were visible, accessible or supportive.
- Some staff members, including at a more senior level, were not able to identify the risks that effected their departments.
- The department had had three never events which reflected a lack of risk management. There was a six day delay in declaring one never event.
- There was a two week delay in declaring one serious incident.
- In two of four root cause analysis we saw the root cause analysis tool was not used in line with best practice. Final reports were not shared with patients or family. This was not in line with the trust policy.
- There were delays to declare incidents and one never event.
- Staff we spoke to had mixed reviews of the culture and morale at the trust. Some staff members told us they felt the morale on the Surgical Short Stay Surgical Unit was poor due to complex demands on staff and continued escalation of the department.



# Surgery

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. This information was available to staff on their intranet.
- There were clinical governance meeting at trust and department level. Some staff members had an understanding of clinical governance issues and felt involved in clinical governance.
- The Serious Incident Policy was robust and comprehensive.
- Senior departmental and trust wide staff worked together to manage risks at twice daily meetings and provide support within the hospital and to the Tunbridge Wells Hospital at Pembury.
- There were directorate and department risk registers where risks were held and managed.
- All staff we asked told us they felt their immediate supervisors were visible, accessible and supportive.

## Outstanding practice

- The department had a simulation machine which provided staff the opportunity to practice scenarios in a realistic setting with no risk to patients.

## Areas for improvement

- The trust should implement systems to ensure that learning from incidents and complaints is shared and imbedded.
- The hospital should put a system and policy in place to ensure only clinically suitable patients were cared for on the escalated short stay surgical unit.
- The hospital should put a system in place to ensure all patients on the short stay surgical unit, including medical patients, have regular access to consultant care and consultants respond to requests for care on that ward.
- The hospital should take steps to ensure all shifts are staffed in line with staffing requirements.
- The hospital should embed a system to ensure the departments meet mandatory training targets.
- The hospital should work to retain and recruit staff members to address the vacancy rate of 26.6%, more than three times the hospital's target.
- The hospital should ensure patient starvation times are not longer than clinically necessary, and actively manage starvation times when there are delays.
- The hospital should implement systems to ensure patient's pain is pro-actively assessed and treated.
- The hospital should put a system in place to address paperwork issues which delay discharge.
- The trust should implement a system to respond to patient complaints in compliance with timelines set out in the trusts complaint policy.

# Critical care

Requires improvement  

## Key facts and figures

The intensive care unit at Tunbridge Wells Hospital provides care for the local population 24 hours a day, seven days a week. The unit is purpose built and houses seven intensive care beds in individual rooms.

The unit is staffed to provide level three care for up to seven patients.

Between 1 September 2016 and 30 September 2017, 542 patients were admitted to the intensive care unit.

## Summary of this service

Our overall rating of this service improved. We rated it as requires improvement because:

Since our last inspection in 2015, we saw a vast number of improvements in critical care.

- There was a good culture of incident reporting and learning, and all incidents were recorded on the trust wide electronic reporting system.
- Medicines were well managed.
- Patient outcomes were mostly in line with or better than other similar critical care units.
- Compliance with national guidelines had improved.
- Patients and relatives we spoke to gave positive feedback about the care they received on the unit.
- Staff showed compassion when dealing with patients and protected their privacy and dignity.

However:

- It was not clear if all intensive care unit deaths were discussed at the morbidity and mortality meetings.
- Delayed discharges from the unit remained an issue.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- There was a good incident reporting culture on the unit and all incidents were now recorded on the trust wide system. This was an improvement from the last inspection where some intensive care unit incidents were recorded on a separate system that was not part of the hospital.
- The service had systems that managed prescribing, administering, recording and storage of medicines well.
- Safeguarding training rates were better than the trust target amongst the nursing staff on the unit.
- Most staff had completed mandatory training. Out of 19 mandatory training modules, only three modules had a completion rate worse than the trust target which were conflict resolution, dementia awareness and safeguarding children level three.

# Critical care

- The unit followed the nursing staffing standards from the core standards of the Intensive Care Society and the British Association of Critical Care Nurses guidance for the staffing of critical care units.
- An outreach team was available 24 hours a day, seven days a week. This ensured that patients who were discharged from the unit had support on neighbouring wards.

However:

- Resuscitation trolleys on the unit were not tamper evident. Although some contained medicines in sealed boxes, these trolleys still contained intravenous fluids and infusions which were not tamper evident. However following our inspection, we saw that this had been rectified.
- From the minutes we reviewed, we did not see evidence that all deaths in the intensive care unit were discussed at the morbidity and mortality meetings.
- Cleaning and equipment checklists were occasionally not documented, although the unit appeared clean.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective improved. We rated it as requires improvement because:

- Only 28% of staff had received an appraisal. This was much worse than the trust target of 90%.
- Whilst the figures for discharging patients overnight had improved since our last inspection, the rates were still high.

However:

- The hospital monitored the effectiveness of care and treatment through continuous local and national audits.
- Patient outcomes were good. Risk adjusted hospital mortality rates for all patients (including low risk patients) was better than the national average and the rate for patients being readmitted to the intensive care unit within 48 hours was 0%, which was better than other similar units.
- Staff were competent to fulfil their role; 51% of nursing staff at the Tunbridge Wells site had completed a post registration critical care qualification. This was better than the Intensive Care Society Standard of 50%.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion, and upheld their privacy and dignity at all times.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.
- Dedicated members of staff ran follow up clinics for patients discharged from the service. As part of this they completed psychological assessments.

# Critical care

## Is the service responsive?

**Requires improvement** ● ↑

Our rating of responsive improved. We rated it as requires improvement because:

- Bed occupancy at the trust was worse than the England average.
- The number of patients with a delayed discharge of more than eight hours was worse than the national average.
- The number of patients with a delayed discharge of up to four hours ranged between 48% and 75%, which meant that patients were kept waiting when medically fit for discharge to a medical ward. However, the mean averages of these amounted to 61% of patients waiting to be discharged, which was an improvement from the previous inspection where 82% of patients were waiting.

However:

- Since our previous inspection, translation services were in use across the trust.
- There were no patients transferred from the intensive care unit for non-clinical reasons which had improved since our last inspection. There was support and information available for patients and relatives including detailed information on the website such as 'Intensive Care – A guide for patients and relatives'
- No complaints were received by the unit during the reporting period which had improved since the previous inspection.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:

- There was a statement of vision, both for the critical care directorate and the intensive care unit. This had improved from our last inspection where there was no vision in place.
- There was a trust wide risk register for the critical care directorate which encompassed intensive care unit risks, as well as a local level risk hazard log to document site level risks. The matron was aware of the risks to the service. This had improved from the last inspection where intensive care unit risks were not logged.
- At our previous inspection the outreach team worked seven days a week, with plans to increase this to 24 hours on hold due to budgetary constraints. At this inspection we saw that the outreach team was now available 24/7.
- The intensive care unit team was well motivated, enthusiastic and supported at a local leadership level.
- Previously one matron covered both intensive care units with a large remit; at this inspection we saw there was one matron per site.

## Areas for improvement

- Provider should ensure all patients are discussed at morbidity and mortality meetings.
- Provider should ensure that overnight discharges are reduced.

# Critical care

- Provider should ensure that all staff have received an appraisal.

# Services for children and young people

Good  

## Key facts and figures

The trust has 46 paediatric beds across two sites – Maidstone Hospital and Tunbridge Wells Hospital. In addition to the across two sites, the trust also provides paediatric outpatient services at both sites.

Maidstone and Tunbridge Wells NHS Trust also offers tertiary service paediatric orthopaedic surgery for the whole of Kent and parts of Sussex.

The Tunbridge Wells hospital at Pembury has two wards. Hedgehog ward that has 23 inpatient single rooms and Woodland that has an ambulatory care unit and day case beds. There is also a neonatal unit which has 18 beds and provides level 2 unit care.

The trust had 4,222 spells between July 2016 and June 2017.

Emergency spells accounted for 77% (3,240 spells), 12% (510 spells) were day case spells, and the remaining 11% (472 spells) were elective.

## Summary of this service

Our overall rating of this service improved. We rated it as good because:

- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learn with the paediatric directorate.
- There was comprehensive assessment of children, including a history of any past or current mental health problems alongside the assessment of their physical health needs. This included age-related pain assessments and children's pain levels were regularly assessed and acted upon.
- Children had individualised care pathways for their care and risk assessments were completed for all patients including National Paediatric Early Warning Scores in order to rapidly detect any child whose health was of deteriorating.
- Staff had training in the assessment and management of sepsis antibiotics were given in line with guidance. Reports on antimicrobial prescribing and sepsis management were escalated to the board through the trusts governance framework.
- Staff demonstrated an understanding of the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005, with regard to children over 16 years and the Children Acts 1989 and 2004.
- There was evidence of good multidisciplinary working both within the trust and with external stakeholders.
- The service was responsive to children, young people and their family's needs. They delivered personalised care and took into account needs and choices of different people.
- There was a children's strategy in place that staff we spoke to knew about and were committed to improving child health experiences and outcomes. There was a clear governance framework in place that was led by the chief nurse.
- Staff told us they were supported and felt valued; they thought highly of the matron who they said was very visible supportive and kept them well informed.

However:

# Services for children and young people

- Although it was evident that lessons learned in the children's services was shared within the directorate and practice changed as a result, it was less clear how learning was systematically identified, disseminated or audited across the trust.
- There were no safeguarding level 3 trained staff on adult wards where 16-18 year old patients were cared for.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The trust had systems and processes in place to keep children safe and safeguarded from abuse and neglect.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learn with the whole team and wider service.
- Risk assessments were completed for all patients and they used the National Paediatric Early Warning Scores for all patients in order to rapidly detect any child whose health was of deteriorating.
- Staff followed and completed the paediatric World Health Organisation surgical safety checklist and five steps to safer surgery.
- The environment was visibly clean and staff adhered to the trust's infection control policies and processes. The theatre recovery area had dedicated paediatric bays that were screened off from adult's recovery.
- Medicines were prescribed, stored and administered to children in line with the relevant legislation and current national guidance.
- Medical records were multidisciplinary, complete by everyone associated with their care and kept securely.

However:

- Although it was evident that lessons learned in the children's services was shared within the directorate and practice changed as a result, it was less clear how learning was systematically identified, disseminated or audited across the trust.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- There was comprehensive assessment of children, including a history of any past or current mental health problems alongside the assessment of their physical health needs. The play therapists ran sessions with children with phobias that were affecting their life and or hospital experience.
- Children had age-related pain assessments and staff routinely assessed children's pain levels. Pain management was evidence-based and provided guidance on managing varying levels of pain including the use of sucrose, paracetamol and opiates.

# Services for children and young people

- Pre-operative starve times followed the two, four and six hour guidelines depending on the procedure and in accordance with national guidelines. Where children were delayed in going to theatre their hydration was addressed. Nutrition was also considered and sucrose was sometimes given to ensure sugar levels were maintained in preoperative patients to enable recovery.
- Quality and dignity audits were carried out six times a year. Essence of care audits, hand washing audits, and patient satisfaction audits were carried out. The service submitted data to a variety of national audits and developed action plans in response to results.
- Registered paediatric nurses cared for children. There were also 11 specialist nurses for specific conditions.
- All surgical patients admitted under a specialist surgeon were also seen by a paediatrician consultant.
- There was evidence of good multidisciplinary working both within the trust and with external stakeholders.
- There had been a large increase of children admitted under the Mental Health Act 1983 at the Hedgehog ward at Pembury Tunbridge Wells as a place of safety for patients sectioned and awaiting tier 4 placements in paediatric mental health units. However, there were no formal section 136 'place of safety' facilities outside the Mental Health section 136 suites and the trust was not commissioned to provide place of safety beds. Registered mental health nurses nursed all children admitted under the Mental Health Act 1983.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children and their carers with compassion, dignity and respect. Staff involved children and those close to them in their care. Children, young people and their families were given emotional support when needed.
- Children and their carers were very positive when they discussed the care they received. Staff sought feedback from children, young people and their families and made changes as a result of feedback.
- Staff involved parents in their children's care and parents told us they always felt involved.
- Parents and carers were provided with a range of emotional support, when they had experienced the loss of a baby or child. Specialist staff worked with parents and carers during that difficult period and continued to provide support for some time afterward.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- Accommodation for children requiring day-case surgery or in patient care was in single rooms with en-suite bathrooms. Hedgehog ward had 23 individual patient rooms, indoor and outdoor play areas were available for children.
- The Woodlands Unit had a five bedded assessment unit and a 10 bed day-case single rooms and there was an escalation policy to convert day case rooms to overnight stay if required.
- There was accommodation available for parents whose babies were admitted to the neonatal unit within the unit enabling mothers to be close by and to assist in the care of their baby.



# Services for children and young people

- The children's outpatient was a dedicated paediatric outpatient department on the same floor as the inpatient ward.
- General practitioners assessing or treating children with unscheduled care needs had access to immediate telephone advice from a consultant paediatrician.
- There was seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography, magnetic resonance imaging, echocardiography, endoscopy and pathology.
- Transition of older children to adult care the service was consistent with the "ready steady go programme".

## Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good because:

- There has been significant improvement in the children and young person's core service since the last inspection.
- Leadership at local level was good. The leadership team were aware of the challenges children and young people services. There appeared an open and honest culture with staff prepared to say when things went wrong and what needed improving.
- There was a children's strategy in place and staff we spoke with knew about it and were committed to improving child health experiences and outcomes.
- Staff we spoke with told us they were supported and felt valued. They thought highly of the matron who they said was very visible supportive and kept them well informed. Staff we spoke to on inspection and in focus groups were proud of the trust and how it had risen to the challenges they faced.
- Winter management plans included children and young people services with escalation policies and processes to provide more beds and staff as required.

## Outstanding practice

The service used play specialists through the whole of the child's inpatient journey, from outpatient's right through to theatres applying distraction techniques.

The matron had initiated and led on bringing together a children services matron's professional group across the region. The group was also used as supervision with peers and benchmarking how services could be improved in all areas.

## Areas for improvement

Children admitted to adult wards should be cared for by staff with level 3 safeguarding children training.

# Our inspection team

Elaine Biddle, CQC inspection manager, led the core service inspections. Louise Thatcher, CQC inspection manager led the well led inspection, which was overseen by Catherine Campbell, Head of Hospital Inspection.

The team included six inspectors and nine specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.