

Maidstone and Tunbridge Wells NHS Trust

Quality report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Overall rating for this trust	Requires improvement	
Are services at this trust safe?	Requires improvement	●
Are services at this trust effective?	Requires improvement	●
Are services at this trust caring?	Good	●
Are services at this trust responsive?	Requires improvement	●
Are services at this trust well-led?	Inadequate	●

Letter from the Chief Inspector of Hospitals

Maidstone and Tunbridge Wells NHS Trust is a medium sized acute trust with two main clinical sites and other small community and satellite services. The trust underwent a reconfiguration of services in maternity, gynaecology, paediatrics, trauma and orthopaedics and surgery in 2011. The trust has around 700 beds across two sites and employs around 4,700 staff. The trust is working towards achieving foundation status, however predicts a 12million deficit in 2014/15.

We carried out an announced inspection of Maidstone and Tunbridge Wells NHS Trust between 14 and 16 October 2014. We also undertook two unannounced visits of the trust on 23 and 28 October 2014.

Overall, the trust requires improvement. We rated the trust as good for caring, however we rated the trust as requires improvement for providing safe care, providing effective care, being responsive to people's needs. We rated the trust inadequate for being well-led.

Our key findings were as follows:

Safe:

- The concept of learning from incidents varied from service to service. Whilst some departments had grasped the important role that incident reporting and investigation had in improving patient safety, this ethos was not replicated throughout the trust.

- The anaesthetic department utilised an independent incident reporting tool which fell outside the auspices of the trust's quality and risk strategy; there was a lack of robust oversight of this reporting tool into the overarching trust-wide governance structure.
- The hospitals were found to be visibly clean. Infection rates across the trust were noted to be falling when compared to previous years. There was however, some localised poor performance of hand hygiene practices which had been identified through audit data and the trusts performance for surgical site infection rates for those undergoing total hip replacements was worse than the national benchmark standard.
- Medicines management required improvement in some areas including, but not limited to the provisions for the storage and administration of medicines.
- Medical cover within the Intensive Care unit was not consistent with national core standards; this posed a potential risk to patients. In the lead up to the publication of this report, we have written to the trust's medical director to advise them of our concerns in this area in order that they can start to address the issues we have discussed within this report.
- The application of early warning systems to assist staff in the early recognition of a deteriorating patient was varied. The use of early warning systems was embedded within the medicines directorate, whilst in A&E and the children's and young people's service, its use was inconsistent.
- Nursing levels were generally found to be good, This was not always the case for the children's and young person's service, which had a nursing establishment based on historical activity. Every mother in active labour could expect to receive 1:1 support from a qualified midwife.
- Patient records were not always found to be kept securely, nor were they always well organised or accessible.
- Some junior medical staff were not aware of their statutory duty of candour; this had been recognised as an area of risk by the trust and there was a plan in place to heighten staff awareness.

Effective:

- The use of national clinical guidelines was evident throughout the majority of services. However, there was lack of clinical guidelines within the ICU setting and staff were not routinely using national guidance for the care and treatment of critically ill patients.
- The Specialist Palliative Care Team had introduced an end of life pathway to replace the existing Liverpool Care Pathway.
- The pre-operative management of children and adults was not consistent with national guidance. There were inconsistencies in the advice patients were offered with regards to nil-by-mouth times, with some patients experiencing excessively long fasting periods.
- Whilst staff were afforded training in understanding the concepts of, and the application of the Mental Capacity Act (MCA), we found that staff were not routinely implementing the MCA policy into their practice.

Caring:

- Staff were caring and compassionate and treated patients with dignity and respect.
- The Accident and Emergency and the maternity service at Maidstone hospital consistently scored better than the national average in the Friends and Family test. Responses to the friends and family test for patients undergoing surgery was varied, however, it was noted that overall, the hospital scored better than the national average.
- Patients considered that they had been given sufficient information and counselling by qualified healthcare professionals to enable them to make informed decisions about their care and treatment.

Responsive:

- Patient flow across the trust was poor. Patients deemed fit to be discharged from intensive care units frequently experienced significant delays in being transferred to a ward and elective surgical patients were cancelled due to a lack of available beds.
- The provision of interpreting services across the trust was poor.
- There were insufficient numbers of single rooms at Maidstone hospital to meet people's needs which impacted on the privacy and dignity of patients, especially for those patients who were on an end of life pathway.
- Capacity issues within the trust led to a high proportion of medical "outliers". The result of this included patients being moved from ward to ward on more than one occasion, alongside late night transfers.
- All medical specialities were meeting national standards for referral-to-treatment times, including all national cancer care waiting time standards. However, some surgical patients were experiencing delays of more than 18 weeks from referral to treatment. The trust had responded to this by introducing additional surgical lists on Saturday mornings.

Well-led:

- High quality care was not assured by the governance processes or the culture in place in some areas of the trust.
- The governance and risk management systems used throughout the trust were unclear, not robust and did not demonstrate consistent and effective management of the risks throughout the organisation.
- The ability of the senior directorate management teams to effectively lead their respective service was varied. Whilst the directorates of medicine, maternity and end of life were rated to be well-led, the same could not be said for the remaining five services.
- The application of clinical governance was varied, with some services lacking any formal, robust oversight.
- The system for identifying, capturing and managing issues and risks at team, directorate and organisation level through risk registers was not consistent or effective. Risk registers were poorly applied in some clinical areas which led to some risks not being escalated to the executive board.
- There were examples where there were isolated specialities who demonstrated values and behaviours which were not aligned to the trusts values and despite this being an ongoing issue, there was not clear action being taken by the trust to address this effectively.
- Some staff did not feel there was an open culture that allowed them to express themselves freely in raising concerns. The CEO was beginning to take steps to ensure all staff felt able to raise concerns in a proactive manner.
- Staff engagement was something that was recognised that required improvement in the trust and the executive team described how they were engaging with staff in relation to the future strategy of the trust to ensure it was 'owned' by staff.
- Innovation was seen to be encouraged in the trust; however there was some confusion among staff about how innovation combined with the cost improvement plan and sustainability of the services in the longer term.

We saw areas of outstanding practice including:

- The Maidstone Birth Centre had developed, designed and produced the Maidstone birth couch, which was used by women in labour.
- On Mercer Ward, the role of dementia care worker had been created to focus on the needs of people with dementia and their families. An activities room had been designed, furnished and equipped to meet the specific needs of people with dementia, and was widely used. This project was the subject of an article published in the professional nursing literature.
- The breast care service provided very good care from before the initial diagnosis of cancer through to completion of treatment. Good support and holistic care was provided to patients requiring breast surgery.
- On Ward 20 there was a focus on dementia care. Staff had bid and won funds from the Dementia Challenge fund to create a Dementia Café for use by people living with dementia, their friends and families. This area was designed using current guidance to be dementia friendly and was equipped to meet the special needs of people living with dementia.

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

Importantly, the trust **must**:

Tunbridge Wells Hospital

- Ensure that care and treatment provided to service users has due regard to their cultural and linguistic background and any disability they may have.
- Ensure that people who use the service are protected against the risks associated with unsafe or unsuitable premises.
- Improve the environment in the Intensive Care Unit with regards to toilet/shower facilities for patients.
- Have adequate Consultant cover at weekends for ICU
- Ensure patients are not delayed more than 4 hours once a decision has been made to admit them to the intensive care unit (ICU).
- Ensure discharge from the ICU takes place within 4 hours of decision.
- Ensure that where possible, patients are not discharged from the ICU during the night.
- Ensure outreach service meets current guidelines. (NCEPOD, 2011)
- Ensure that level 3 intensive care patients are observed in line with their needs.
- Make arrangements to ensure that contracted security staff have appropriate knowledge and skills to safely work with vulnerable patients with a range of physical and mental ill health needs.
- Make suitable arrangements to ensure the dignity and privacy of patients accommodated in the Clinical Decisions Unit.
- Ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.
- Ensure that staff and patients have access to a competent and independent translator when necessary.
- Review the process for incident reporting to ensure that staff are aware of and act in accordance with the trust quality and risk policy.
- Review the clinical governance strategy within children's services to ensure there is engagement and involvement with the surgical directorate.
- Review the arrangement for the management and administration of topical anaesthetics
- Review the children's directorate risk register to ensure that risks are recorded and resolved in a timely manner.
- Review the current PEWS system to ensure that it has been appropriately validated, is supported by a robust escalation protocol and is fit for purpose. Its use must be standardised across the children's directorate (excluding neonates).

Maidstone Hospital

- Make arrangements to make sure contracted security staff have appropriate knowledge and skills to work safely with vulnerable patients with a range of physical and mental ill health needs.
- Ensure that intensivist consultant cover at weekends is adequate.
- Ensure that sufficient numbers of ward rounds take place in the intensive care unit (ICU) to ensure the department complies with national standards.
- Ensure that once a decision to admit a patient to the ICU is taken, the patient is admitted within four hours.
- Ensure that patients are discharged from the ICU within four hours of a decision being made.
- Ensure that discharges from the ICU to other wards do not take place at night.
- Ensure that the governance structure within the ICU supports a framework to ensure clinical improvements using a multidisciplinary approach.
- Review the existing management arrangements for the Riverbank Unit to ensure that the unit operates effectively and efficiently.
- Take action to ensure that medical and nursing records are accurate, complete and fit for purpose.
- Ensure that staff and patients have access to a competent and independent translator when necessary.
- Ensure that the water supply is tested for pathogens and that appropriate systems are in place for monitoring water quality and water safety.
- Take action to ensure that all patient clinic letters are sent out in a timely manner.

In addition the trust **should**:

Tunbridge Wells Hospital

- Consider collating performance information on individual consultants. Where exceptions are identified these should be investigated and recorded.
- Provide written information in a format that is accessible to people with learning difficulties or learning disabilities.
- Ensure the protocol for monitoring patients at risk is embedded and used effectively to make sure patients are escalated in a timely manner if their condition deteriorates.
- Ensure that all medical staff in the ED have completed training in safeguarding children at the level appropriate to their grade.
- Make appropriate arrangements for recording and storing patients' own medicines in the CDU to minimise the risk of medicine misuse.
- Respond to the outcome of their own audits and CEM audits to improve outcomes for patients using the service.
- Review the arrangements for meeting the needs of patients presenting with mental ill health so they are seen in a timely manner.
- Review the management of patient flow in the ED to improve the number of patients who are treated and admitted or discharged within timescales which meet national targets
- Review the systems in place in the ED for developing, implementing and reviewing plans on quality, risk and improvement.
- Review the way complaints are managed in the ED to improve the response time for closing complaints.
- Ensure there is strategic oversight and plan for driving improvement.
- Review the quality of root cause analysis investigations and action plans following a serious incident or complaint and improve systems for the dissemination of learning from incidents and complaints.
- On the Medical Assessment unit the trust should ensure that point of care blood glucose monitoring equipment is checked. It should also consider how this checking should be managed to be integrated as part of an overall policy that forms part of a pathology quality assurance system.
- Develop systems to ensure the competence of medical staff is assessed for key procedures.
- Develop systems to ensure that medicines are stored at temperatures that keep them in optimal condition.
- Ensure that patients' clinical records are stored securely in ward areas.
- Review the ways in which staff can refer to current clinical guidance to ensure that it is easily

accessible and from a reputable source.

- Review current nil-by-mouth guidance to ensure that it is consistent with national standards; patient information leaflets should be standardised and reflect national guidance.
- Review the process for the management of patients presenting with febrile neutropenia to ensure they are managed in a timely and effective manner.
- Standardise the post-operative management and guidance of children undergoing urology surgery
- Review the process for the hand-over of pre-operative children to ensure they have support from a health care professional with whom the child and family are familiar with.
- Ensure that all staff introduce themselves and wear name badges at appropriate times.
- Review the location of the vending machine currently located between Hedgehog ward and the Woodlands Unit.
- Review the managerial oversight of staff working in children's outpatients.
- Review the current clinic provision to ensure that women who have recently miscarried or who are under review for ante-natal complications are seen in a separate area to children who are also awaiting their appointment
- Review the facilities and admission process for elective surgical patients.
- Monitor the transfers between sites, for both clinical and non-clinical reasons. The monitoring process should include the age of the patients transferring and the time they arrived after transfer
- Have clarity about the definition of what constitutes an SI or Never Event in relation to the retained swabs.
- Ensure policies that have not been reviewed and impact on current evidenced-based knowledge/care are updated.
- Address staffing levels and recruitment On the gynaecology ward/unit
- Ensure appropriate reporting and recording of incidents on the trust system on the gynaecology ward.
- Implement actions for the findings of the gynaecology ward audit undertaken in June 2014.
- Improve management of non-gynaecology outliers placed on the ward, including review by consultants, ward rounds and patient discharges.

Maidstone Hospital

- Arrange for the safe storage of medicines so that unauthorised access is restricted.
- Make sure that all medical staff in the A&E department have completed training in safeguarding children at the level appropriate to their grade and job role.
- Make sure that a sufficient number of consultants are in post to provide the necessary cover for the ED.
- Ensure that up-to-date clinical guidelines are available in the ED
- Review the arrangements for meeting the needs of patients presenting with mental health conditions, so they are seen in a timely manner.
- Review the way complaints are managed in the ED to improve the response time for closing complaints.
- Review the governance arrangements for nursing staff in the ED to ensure effective leadership and devolution of responsibilities.
- Review the current provisions of the ICU outreach service, to ensure that the service operates both day and night, in line with National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations.
- Ensure that medical care services comply with its infection prevention and control policies.
- Develop robust arrangements to ensure that agency staff have the necessary competency before administering intravenous medicines in medical care services.
- Develop systems within the directorate of speciality and elderly medicine to ensure that the competence of medical staff for key procedures is assessed.
- Ensure that systems are in place to ensure that the system of digital locks used to secure medicines storage keys can be accessed only by authorised people.
- Develop systems to ensure that medicines are stored at temperatures that are in line with manufacturers' recommendations.
- Ensure within medical care services that patients' clinical records used in ward areas are stored securely.
- Ensure that the directorate of speciality and elderly medicine further monitors and embeds a robust

system of medical handover that ensures patients' safe care and treatment.

- Review the ways in which staff working in medical care services can access current clinical guidance to ensure it is easily accessible for them to refer to.
- Review the way in which in medical care services it authorises and manages urgent applications under the Deprivation of Liberty Safeguards.
- Ensure that patients have access to appropriate interpreting services when required.
- Ensure that the directorate of speciality and elderly medicine reviews its capacity in medical care services to ensure capacity is sufficient to meet demand, including the provision of single rooms.
- Consider reviewing the processes for the capturing information to help the service better understand and measure its overall clinical effectiveness.
- Consider reviewing the current arrangements for the providing elective day case surgical services to ensure parity of services across the hospital campus.
- Ensure that the provider reviews the quality of root cause analysis investigations and action plans following a serious incident or complaint and improves systems for disseminating learning from incidents and complaints.
- Ensure that the provider monitors transfers between sites for both clinical and non-clinical reasons. The monitoring process should include the age of the patients transferred and the time they arrived after transfer.
- Consider collating performance information on individual consultants. Where exceptions are identified, these should be investigated and recorded.
- Provide written information in a format that is accessible to people with learning difficulties.
- Reduce delays for clinics and reduce patient waiting times.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Background to Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust is a medium sized acute trust with two main clinical sites and other small community and satellite services. The trust underwent a reconfiguration of services in maternity, gynaecology, paediatrics, trauma and orthopaedics and surgery in 2011. The trust has around 700 beds across two sites and employs around 4,700 staff. The trust is working towards achieving Foundation Status, however predicts a 12million deficit in 2014/15.

Maidstone and Tunbridge Wells NHS Trust is in the boroughs of Maidstone and Tunbridge Wells, and serves the population living in south west Kent. The population is mainly white (97.3%), and the highest ethnic minority is Asian, making up 1.1% of the local population. Maidstone ranks 117th out of 326 local authorities for deprivation. (The local authority that ranks first is the most deprived and the one ranked 326th is the least deprived.) Life expectancy for both men and women is slightly higher (better) than the England average.

Our inspection team

Our inspection team was led by:

Chair: Professor Edward Baker, Deputy Chief Inspector (CQC)

Head of Hospital Inspections: Heidi Smoult, Care Quality Commission (CQC)

The team of 41 included CQC inspectors and analysts and a variety of specialists: consultants in emergency medicine, medical services, gynaecology and obstetrics, palliative care medicine; consultant surgeon, anaesthetist, physician and junior doctor; midwife; surgical, medical, paediatric, board level, critical care and palliative care nurses' a student nurse; and experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Urgent & emergency services (A&E)
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity & gynaecology
- Services for children and young People
- End of life care
- Outpatients & diagnostic imaging

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group; NHS Trust Development Authority; Health Education England; General Medical Council; Nursing and Midwifery Council; Royal College of Nursing; NHS Litigation Authority and the local Healthwatch.

We carried out an announced visit between 14 and 16 October 2014 and unannounced visits on 23 and 28 October 2014. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We held focus groups with a range of staff in the hospital including doctors, nurses, allied health professionals, administration staff and pharmacists. We also interviewed senior members of staff at the hospital.

The CQC inspection model focuses on putting the service user at the heart of our work. We held a listening event in Tunbridge Wells on 9 October 2014, when people shared their views and experiences of Maidstone and Tunbridge Wells NHS Trust.

What people who use the trust's services say

Adult Inpatient Survey

In the Adult Inpatient Survey in 2013 Maidstone and Tunbridge Wells NHS Trust performance across all areas of care measured were average in comparison with other trusts.

Patient-led assessments of the Care Environment (PLACE)

The PLACE scores for the trust were better than national average in two areas and worse in two areas. The scores for Maidstone and Tunbridge Wells NHS Trust included:

- Cleanliness score of 99 against a national average of 98
- Facilities score of 93 against a national average of 92
- Food score of 75 against a national average of 90
- Privacy, dignity and well-being score of 78 against a national average of 87

Friends and Family Test

Friends and Family Test results showed the average scores for all scores including inpatients, A&E and Maternity were better than the national figure for 2012/13. In addition, the response rate for inpatient and A&E was better than the national percentage. Specific figures for each were:

A&E

- Response rate was better than the England average 22.6% (England average 20.2%)
- The average score was 60, higher than England average of 53.

In patient

- Response rate was better than the England average 50.7% (England average 38%)
- The average score was 77, slightly higher than England average of 73.

Maternity

- On average across the four areas measured the trust scores for people who would recommend the service were higher than the England average.
- The average score for maternity (antenatal) was 71, which was better than the England average of 62. The average score for maternity (birth) was 91, which was better than the England average of 77.
- The average score for maternity (postnatal) was 85, which was better than the England average of 65.

Cancer Inpatient Survey

The Cancer Patient Experience Survey (CPES), Department of Health, 2012/13, showed that the trust as a whole had a 90% rating for 'Patient's rating of care `excellent` / `very good`. This was higher than the threshold for the lowest 20% of trusts (86%) but lower than the threshold for the highest 20% of trusts (92%).

The trust performed below average in eight questions, average in 24 questions and above average in two questions; Possible side effects explained in an understandable way and their GP given enough information about patient's condition and treatment

Facts and data about this trust

Context

- Around 700 beds across two sites
 - 416 beds at Tunbridge Wells Hospital
 - 284 beds at Maidstone (excluding Midwifery Led Unit)
- Serves a population of around 500,000
- Employs around 4,700 whole time equivalent (WTE) members of staff

Activity

- Around 400,000 outpatient attendances per annum across two locations
- Around 126,000 urgent and emergency care attendances per annum

Key Intelligence Indicators

Safety

- **Two never events in last 12 months (one in surgery, one in radiology)**
- STEIS: 118 Serious Untoward Incidents (April 2013 - March 2014)
- Elevated risk for the percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late
- C-difficile: 35 overall - target of 42
- MRSA: 3 overall - target of 0

Effective

- Hospital Standardised Mortality Ratio (HSMR) indicator – No evidence of risk
- Summary Hospital-level Mortality Indicator (SHMI) - No evidence of risk

Caring

- NHS Friends and Family Test (July 2014) – average score for urgent and emergency care was 60,

which was better than the national average of 53. The response rate was 22.6%, which was better than the national average of 20.2%.

- The average score for inpatients was 77 which was better than the national average of 73. The response rate was 50.7%, which was better than the national average of 38%.
- The average score for maternity (antenatal) was 71, which was better than the England average of 62. The average score for maternity (birth) was 91, which was better than the England average of 77. The average score for maternity (postnatal) was 85, which was better than the England average of 65.
- Cancer Patient Experience Survey – the trust as a whole had a 90% rating for *'Patient's rating of care excellent or very good'*. This was higher than the threshold for the lowest 20% of trusts (86%) but lower than the threshold for the highest 20% of trusts (92%).
- CQC Adult Inpatient Survey – no risks were identified in the trust as a whole in the nine questions asked.

Responsive

- A&E, four-hour target – met the 95% target in the previous 12 months
- Referral to treatment times – met the admitted and non-admitted pathways target times
- Cancer: two-week wait – met the national target
- Cancer: 31-day wait – met the national target
- Cancer: 62-day wait – met the national target

Well-led

NHS Staff Survey

- Staff survey 2013 (trust as a whole): 3.73. Slightly worse than the England average of 3.74.
- The results of the 2013 NHS Staff Survey demonstrated that Maidstone and Tunbridge Wells NHS Trust performance showed that the majority of scores were as expected in line with the national average over the 28 key areas covered in the survey, which included:
 - as expected in 24 key areas
 - better than average in 2 key areas
 - worse than average in 2 key areas

The response rate for the staff survey was higher than the national average with a response rate of 55% compared to 49% national average.

Summary of findings

Are services at this trust safe?

Requires improvement 

Overall we rated the safety of services in the trust as requires improvement. For specific information relating to each hospital location, please refer to the reports for Tunbridge Wells Hospital and Maidstone Hospital.

The majority of staff demonstrated a good incident reporting culture, however some staff groups had low rates of incident reporting, such as doctors; and the trust had not undertaken any work to improve incident reporting by these staff groups. In addition, some clinical areas were not clear on the incident reporting process. Whilst there were some areas that were able to demonstrate learning from incidents being embedded as part of improving patient safety, this was not consistent across the trust. The concept of

learning from incidents varied from service to service.

The critical care department utilised a separate incident reporting tool which did not follow the standardised process in accordance with the trust's quality and risk strategy. Whilst this was considered to be a pilot by staff there was a lack of robust oversight of this reporting tool into the overall governance processes, which consequently impacted on the trusts ability to aggregate and review incidents trust-wide.

The majority of staff we spoke with were aware of their responsibilities to protect vulnerable adults and children. They understood safeguarding procedures and how to report concerns. However, compliance with Statutory and Mandatory training in all levels of Safeguarding training was not meeting the trust target.

Medical staffing within the Intensive Care unit was not consistent with national core standards; this posed a potential risk to patients. There were vacancies in the nursing workforce and the trust were taking steps to recruit from overseas. As a result of the level of vacancies in the nursing workforce there was a significant reliance on bank and agency staff. Staffing levels were displayed on each ward and staff reported that they did were able to staff the wards according to the required ratios and in some cases above the required ratios.

Medicines management required improvement in some areas including, but not limited to the storage and administration of medicines.

Some junior medical staff were not aware of the statutory duty of candour; this had been recognised as an area of risk by the trust and there was a plan in place to heighten staff awareness.

We identified that the trust had failed to adhere to national standards and guidance regarding water safety; specifically this related to lapses in the trusts governance of legionella testing at Maidstone Hospital. We raised this with the trust during the inspection and the necessary testing was scheduled to be undertaken.

The application of early warning systems to assist staff in the early recognition of a deteriorating patient was varied. The use of early warning systems was embedded within the medicines directorate, whilst in A&E, its use was inconsistent.

Are services at this trust effective?

Requires improvement 

Overall, we rated the effectiveness of the services in the trust as requires improvement. For specific information relating to each hospital location, please refer to the reports for Tunbridge Wells Hospital and Maidstone Hospital.

The use of national clinical guidelines was found to be embedded throughout the majority of clinical services in care pathways, policies and procedures. The Specialist Palliative Care Team had introduced an end of life pathway to replace the Liverpool Care Pathway. However, there was lack of clinical guidelines within the ICU setting and staff were not routinely using national guidance for the care and treatment of critically ill patients.

The A&E department generally performed poorly with regards to the management of patients presenting to the department in severe pain with fractured neck of femur injuries. Post-operative patients reported that their pain was well managed on the wards.

The pre-operative management of children and adults was not consistent with national guidance. There were inconsistencies in the advice patients were offered with regards to nil-by-mouth times, with some patients experiencing excessively long fasting periods.

Whilst staff were given training in understanding the concepts of, and the application of the Mental Capacity Act (MCA), we found that staff were not routinely implementing the MCA policy into their practice.

Multidisciplinary team working across the trust was varied with some areas such as medicine that demonstrated good multidisciplinary team working, but other areas not demonstrating it was embedded

into practice. In addition, in some areas there were good examples of audit informing practice and subsequent learning but other areas where audit proactively carried out or used to improve practice.

Are services at this trust caring?

Good ●

Overall, we rated the caring aspects of services in the trust as good. For specific information relating to each hospital location, please refer to the reports for Tunbridge Wells Hospital and Maidstone Hospital.

We observed staff to be caring and compassionate and treated patients with dignity and respect during our inspection. Patients and relatives told us that they were treated with dignity and respect, considering their individual needs.

The Friends and Family test scores were better than national average overall in Accident and Emergency, Inpatients services and Maternity services. The response rates were also higher than the national average. An exception was the responses to the friends and family test for patients undergoing surgery which was varied, however, it was noted that overall, they scored better than the national average.

Patients considered that they had been given sufficient information and counselling by qualified healthcare professionals to enable them to make informed decisions about their care and treatment.

Are services at this trust responsive?

Requires improvement ●

Overall we rated the responsiveness of services in the trust as requires improvement. For specific information relating to each hospital location, please refer to the reports for Tunbridge Wells Hospital and Maidstone Hospital.

Patient flow across the hospital was poor with lack of alignment between departments. Patients deemed fit to be discharged from intensive care units frequently experienced significant delays in being transferred to a ward and elective surgical patients were cancelled due to a lack of available beds.

The accident and emergency department consistently met the national target of ensuring that patients were admitted, transferred or discharged within four hours at Maidstone Hospital although this was not the case at Tunbridge Wells hospital. Patients could expect to experience delays of 60 minutes or more before receiving treatment within the A&E.

The provision of interpreting services across the hospital was inconsistent and poor. There was an insufficient number of single rooms at Maidstone hospital to meet people's needs. This shortage of single rooms impacted on the privacy and dignity of patients, especially for those patients who were on an end of life pathway. Conversely, at Tunbridge Wells the provision was mainly single room configuration.

Capacity issues within the trust led to a high proportion of medical "outliers" in surgical wards. The result of this included patients being moved from ward to ward on more than one occasion, alongside late night transfers.

All medical specialities were meeting national standards for referral-to-treatment times, including all national cancer care waiting time standards. However, some surgical patients were experiencing delays of more than 18 weeks from referral to treatment. The trust had responded to this by introducing additional surgical lists on Saturday mornings.

The trust did not have sufficient provision to meet the needs of patients with learning disabilities to meet their individual needs.

Whilst there had been a significant amount of work undertaken to improve the process of responding to complaints in a timely manner, learning from complaints and concerns was not embedded in the trust.

Are services at this trust well-led?

Inadequate ●

The trust's overall leadership was rated as inadequate. For specific information relating to each hospital location, please refer to the reports for Tunbridge Wells Hospital and Maidstone Hospital.

High quality care was not assured by the governance processes or the culture in place in some areas of the trust. In addition, the leadership at directorate and service varied, with some areas providing good leadership and other areas requiring significant improvements in the leadership.

The governance and risk management systems used throughout the trust were unclear, not robust and did not demonstrate consistent and effective management of the risks throughout the organisation. The trust wide committees were complicated and not always clearly understood by staff. The responsibilities and remit of each sub-committee of the board was not always clear, however the trust recognised this and were taking steps to review the committee structure throughout the trust. There was limited evidence of constructive challenge and holding to account at an executive level. Whilst the executive team recognised this and had taken steps to improve this following the financial challenges not being recognised in a proactive and timely manner. The system for identifying, capturing and managing issues and risks at team, directorate and organisation level through risk registers was not consistent or effective.

There remained examples where there were isolated specialities who demonstrated values and behaviours which were not aligned to the trusts values; whilst the executive team were aware of these issues, they had not been fully addressed.

The overall strategy for the trust was described to have been in a period of consolidation following the reconfiguration of services in 2011 and the overall trust strategy was being reviewed at the time of the inspection and therefore staff were unclear what the strategy was for the trust longer term. The trust values "pride" were known by the majority of staff; however some staff did not feel all the values were embedded throughout the trust in terms of values and behaviours. The trust overall vision was "to be a successful, integrated healthcare provider in the top 20% of trust nationally for the quality of services which we deliver"; however staff throughout the trust were not always able to describe the trust vision.

The executive team were all permanent and ranged from the CEO in post since 2007 to the Director of Finance joining the trust in 2014. Whilst staff described there was some visibility of the executive team, particularly the CEO, they felt the visibility could be significantly improved from all members of the team. Some members of staff stated that they were unaware of who some of the executive team members were in the trust. Staff told us that the chairman and some members of the non-executive team walked around and asked staff about working in the trust and improvements that needed to be made.

Staff demonstrated a sense of pride in their work and there was a clear sense of teamwork among staff at a local level in the clinical areas, with a commitment to delivering high quality patient care. However, there had been examples in the past of members of the clinical teams working in silos and not demonstrating the values of the organisation in how they work as part of the team. Staff described that some of these behaviours were still present among the clinical teams in some areas.

Some staff did not feel there was an open culture that allowed them to express themselves freely in raising concerns. The CEO was taking steps to ensure all staff felt able to raise concerns in a proactive manner through an open door policy and increasing visibility throughout the trust and described the trust to on a journey.

The trust was recognised by partners to be open and transparent with a culture of improvement in their journey to improvement and operated in a manner that allowed them to work collaboratively.

Staff engagement was something that was recognised that required improvement in the trust and the executive team described how they intended to engage with staff in relation to the future strategy of the trust to ensure it was 'owned' by staff. However, this was too early in the process to see any evidence at the time of the inspection. The CEO did engage with staff in a weekly email to ensure communication was maintained to all staff.

Innovation was seen to be encouraged in the trust by some staff, however there were not clear processes in place to promote innovation or share innovations trust-wide. There was some confusion among staff

about how innovation combined with the cost improvement plan and sustainability of the services in the longer term.

Vision and strategy

- The trust reconfigured some of the clinical services in 2011 including maternity, surgery, gynaecology and trauma and orthopaedics and described a period of consolidation following this reconfiguration and the new build of Tunbridge Wells Hospital.
- The strategy for the trust was being reviewed at the time of the inspection and therefore staff were unclear what the overall strategy was for the trust longer term.
- The trust overall vision was *“to be a successful, integrated healthcare provider in the top 20% of trust nationally for the quality of services which we deliver”*, however it was not clear what the benchmarks for measurement included to monitor achievement against the vision.
- Staff throughout the trust were not always able to describe the trust vision
- The trust values *“pride”* were more widely known by staff; however some staff did not feel all the values were embedded throughout the trust in terms of values and behaviours.

Governance, risk management and quality measurement

- The governance and risk management systems used throughout the trust were not robust and did not demonstrate consistent and effective management of the risks throughout the organisation. The trust did acknowledge their governance systems were not robust and had recently recruited a member of staff to lead the required change and improvements.
- An example of the governance processes not being sufficiently robust was demonstrated during the inspection when it was recognised that the water testing at Maidstone Hospital had not been carried out since March 2014. Additionally, legionella risk assessments had not been carried out since 2011 further raising concerns regarding the overall governance of water safety,
- The responsibilities and remit of each sub-committee of the board was not always clear, however the trust recognised this and were taking steps to review the committee structure throughout the trust.
- There was limited evidence of constructive challenge and holding to account at an executive level as the governance processes did not support proactive and robust management of trust wide issues. The executive team recognised this and had taken steps to improve this following the financial challenges not being recognised through the systems and processes in a proactive and timely manner.
- Risk registers were not managed in a systematic manner with risks remaining on some risk registers for a significant amount of time without clear action or escalation. Some staff managing risk registers were unable to describe the process for escalating risks onto the corporate risk register.
- The system for identifying, capturing and managing issues and risks at team, directorate and organisation level through risk registers was not consistent or effective.
- The process for incident reporting was not clear to all staff throughout the trust and feedback was neither embedded nor consistently given to those reporting incidents. In addition, shared learning from incidents was not systematic or robust in the process.
- The committee structure in the trust was complicated and there were extensive committees for staff to attend. As a consequence, it was not always clear how risks were being escalated to sub-committees of the board and in some cases the same issues were escalated to different committees without decisions being shared across committees.
- However, it was noted that a reconfiguration of the range of assurance committee’s had been proposed, with the appointment of key executive and non-executive directors assuming responsibilities for chairing those committees.
- Whilst there were examples of the continuous improvement cycle in some areas, this was not embedded and shared learning was not implemented into practice trust wide.
- There was a ‘Governance Gazette’ available to staff as a new initiative to share learning and information to staff trust-wide.

Leadership of the trust

- The executive team were all permanent and comprised of some executives who had worked in the trust for a significant amount of time in various roles and some team members who has joined more recently ranging from the CEO in post since 2007 to the Director of Finance joining the trust in 2014.
- The CEO did a weekly 'blog' email to all staff and during the inspection staff referred to the email as a way of update from the executive team and monthly open staff meetings on both hospital locations.
- Whilst staff described there was some visibility of the executive team, particularly the CEO, they felt the visibility could be significantly improved from all members of the team. Some members of staff stated that they were unaware of who some of the executive team members were in the trust.
- Staff told us that the chairman and some members of the non-executive team walked around and asked staff about working in the trust and improvements that needed to be made.
- Staff reported that the medical director had a wide scope of autonomy with regards to the day-to-day management of the trust.
- It was the opinion of some staff that one member of the executive team was more likely to "direct" actions rather than engage with staff to resolve issues. In addition, that there was a level of "Favouritism" from them towards specific staff groups, which had led to a level of animosity amongst health professionals.
- The director of nursing was seen to be collaborative with stakeholders and making some improvements by staff, however some nursing staff did not feel able to raise concerns openly.

Culture within the trust

- Staff demonstrated a sense of pride in their work and there was a clear sense of teamwork among staff at a local level in the clinical areas, with a commitment to delivering high quality patient care.
- However, there had been examples in the past of members of the clinical teams working in silos and not demonstrating the values of the organisation in how they work as part of the team. Staff described that some of these behaviours were still present among the clinical teams in some areas. We could therefore not be assured that cultural and behavioural issues at a local directorate level were always being addressed. Furthermore, there was a lack of robust evidence to demonstrate that leaders at a local, directorate level were being held to account.
- Whilst the trust merged in 2000 and there had been significant amount of work to ensure they were seen as one organisation, there remained examples of a culture of two hospitals.
- Some staff did not feel there was an open culture that allowed them to express themselves freely in raising concerns. They did not feel all the executive team would welcome them to openly raise concerns. The CEO was beginning to take steps to ensure all staff felt able to raise concerns in a proactive manner through an open door policy and increasing visibility throughout the trust.
- The CEO described the trust to on a journey in terms of improving the culture and reducing the single site working to ensure they operate as one organisation.

Fit and Proper Persons

- The trust were in the process of confirming the process for ensuring they meet the requirements related to Fit and Proper Person, but this process was not confirmed at the time of the inspection.

Public, staff and stakeholder engagement

- The trust was recognised by partners to be open and transparent with a culture of improvement in their journey to improvement.
- Partners described the trust as having gone from a trust they had significant concerns about in recent years to a trust they felt were on a journey to improvement but operated in a manner that allowed them to work collaboratively.
- Staff engagement was something that was recognised that required improvement in the trust and the executive team described how they intended to engage with staff in relation to the future strategy of the trust to ensure it was 'owned' by staff. However, this was too early in the process to see any evidence at the time of the inspection.
- The CEO did engage with staff in a weekly email to ensure communication was maintained to all

staff.

- The staff survey demonstrated that in the majority of questions staff responses were in line with the national expectations.
- During the reconfiguration of services the trust engaged with the public under consultation, however there was no consistent ongoing route to engage with public in relation to developments within the trust or to gain feedback from the public in a proactive manner.

Innovation, improvement and sustainability

- Innovation was seen to be encouraged in the trust, however there were not clear processes in place to share innovations trust-wide.
- There were examples of innovative practice at a local level such as the dementia café as the estate at Tunbridge Wells consisted of single rooms and prevented patients being able interact.
- There was some confusion among staff about how innovation combined with the cost improvement plan and sustainability of the services in the longer term.
- Sustainability of some services across both sites was a concern raised by some staff and the executive team were reviewing the strategy and sustainability of some services in the trust being on both sites.
- The trust were working towards Foundation Status and were forecasting a deficit of 12 million in 2014/15.

Overview of ratings

Our ratings for this Tunbridge Wells Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity & Gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Outpatients & Diagnostic Imaging	Good	Inspected but not rated ¹	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

Our ratings for this Maidstone Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity & gynaecology	Good	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement

Outpatients & diagnostic imaging	Good	Inspected but not rated ¹	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

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

Notes:

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice

- The Maidstone Birth Centre had developed, designed and produced the Maidstone birth couch, which was used by women in labour.
- On Mercer Ward, the role of dementia care worker had been created to focus on the needs of people with dementia and their families. An activities room had been designed, furnished and equipped to meet the specific needs of people with dementia, and was widely used. This project was the subject of an article published in the professional nursing literature.
- The breast care service provided very good care from before the initial diagnosis of cancer through to completion of treatment. Good support and holistic care was provided to patients requiring breast surgery.
- On Ward 20 there was a focus on dementia care. Staff had bid and won funds from the Dementia Challenge fund to create a Dementia Café for use by people living with dementia, their friends and families. This area was designed using current guidance to be dementia friendly and was equipped to meet the special needs of people living with dementia.

Areas for improvement

Action the trust MUST take to improve

Tunbridge Wells Hospital

- Ensure that care and treatment provided to service users has due regard to their cultural and linguistic background and any disability they may have.

- Ensure that people who use the service are protected against the risks associated with unsafe or unsuitable premises.
- Improve the environment in the Intensive Care Unit with regards to toilet/shower facilities for patients.
- Have adequate Consultant cover at weekends for ICU. For example, one Consultant covering more than 15 patients on two sites. Consultant not always available within 30 minutes. Two ward rounds to comply with core standards-only one takes place.
- Ensure patients are not delayed more than 4 hours once a decision has been made to admit them to the intensive care unit (ICU).
- Ensure discharge from the ICU takes place within 4 hours of decision.
- Ensure that where possible, patients are not discharged from the ICU during the night.
- Ensure outreach service meets current guidelines. (NCEPOD, 2011)
- Ensure that level 3 intensive care patients are observed in line with their needs.
- Make arrangements to ensure that contracted security staff have appropriate knowledge and skills to safely work with vulnerable patients with a range of physical and mental ill health needs.
- Make suitable arrangements to ensure the dignity and privacy of patients accommodated in the Clinical Decisions Unit.
- Ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.
- Ensure that staff and patients have access to a competent and independent translator when necessary.
- Review the process for incident reporting to ensure that staff are aware of and act in accordance with the trust quality and risk policy.
- Review the clinical governance strategy within children's services to ensure there is engagement and involvement with the surgical directorate.
- Review the arrangement for the management and administration of topical anaesthetics
- Review the children's directorate risk register to ensure that risks are recorded and resolved in a timely manner.
- Review the current PEWS system to ensure that it has been appropriately validated, is supported by a robust escalation protocol and is fit for purpose. Its use must be standardised across the children's directorate (excluding neonates).

Maidstone Hospital

- Make arrangements to make sure contracted security staff have appropriate knowledge and skills to work safely with vulnerable patients with a range of physical and mental ill health needs.
- Ensure that intensivivist consultant cover at weekends is adequate.
- Ensure that sufficient numbers of ward rounds take place in the intensive care unit (ICU) to ensure the department complies with national standards.
- Ensure that once a decision to admit a patient to the ICU is taken, the patient is admitted within four hours.
- Ensure that patients are discharged from the ICU within four hours of a decision being made.
- Ensure that discharges from the ICU to other wards do not take place at night.
- Ensure that the governance structure within the ICU supports a framework to ensure clinical improvements using a multidisciplinary approach.
- Review the existing management arrangements for the Riverbank Unit to ensure that the unit operates effectively and efficiently.
- Take action to ensure that medical and nursing records are accurate, complete and fit for purpose.
- Ensure that staff and patients have access to a competent and independent translator when necessary.
- Ensure that the water supply is tested for pathogens and that appropriate systems are in place for monitoring water quality and water safety.
- Take action to ensure that all patient clinic letters are sent out in a timely manner.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of Disease, Disorder or Injury	<p>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Care and welfare of service users</p> <p>9.—(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—</p> <p>(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—</p> <p>(i) meet the service user’s individual needs,</p> <p>(ii) ensure the welfare and safety of the service user,</p> <p>(iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.</p> <p>The Regulation was not being met because:</p> <p>The PEWS system had not been validated and was not supported by a robust escalation protocol that was fit for purpose and was not standardised across the children’s’ directorate</p> <p>There was a lack of cover by consultants specialising in intensive care medicine at weekends; for example, one consultant covered more than 15 patients on two sites.</p> <p>The consultant was not always available within 30 minutes. There was only one ward round per day when there should be two to comply with core</p>

	<p>standards.</p> <p>Admissions were delayed for more than four hours once the decision was made to admit a patient to the intensive care unit (ICU).</p> <p>Discharges from the ICU were delayed for up to a week. Of all discharges, 82% were delayed for more than 24 hours.</p> <p>Overnight discharges take place from the ICU. All contrary to the core standards of the Intensive Care Society.</p> <p>The outreach service does not comply with current guidelines (National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2011)).</p> <p>Regulation 9 (1)(b)(i)(ii)(iii)</p>
Regulated activity	Regulation
Treatment of Disease, Disorder or Injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010: Safety and Suitability of Premises</p> <p>People who use the service were not protected against the risks associated with unsafe or unsuitable premises.</p> <p>Improvements are needed in relation to the environment in the Intensive Care Unit with regards to toilet/shower facilities for patients.</p> <p>Regulation 15 (1)(a)</p>
Regulated activity	Regulation
Surgical Procedures Treatment of Disease, Disorder or Injury	<p>Regulation 17 (1)(h) HSCA 2008 (Regulated Activities) Regulations 2010: respecting and involving services users</p> <p>The Regulation was not being met because:</p> <p>The provider did not ensure that care and treatment was provided to service users with due regard to their cultural and linguistic background and any disability they may have.</p> <p>Dignity and privacy of patients was not being met in the Clinical Decisions Unit.</p>

Regulated activity	Regulation
Treatment of Disease, Disorder or Injury, Surgery	<p>Regulation 20 (1) HSCA 2008 (Regulated Activities) Regulations 2010: records</p> <p>The Regulation was not being met because:</p>

	<p>The provider did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.</p> <p>Regulation 20 (1) (a)</p>
Regulated activity	Regulation
Treatment of Disease, Disorder or Injury, Surgery	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010: Supporting workers</p> <p>The Regulation was not being met because:</p> <p>Contracted security staff did not have appropriate knowledge and skills to safely work with vulnerable patients with a range of physical and mental ill health needs.</p>
Regulated activity	Regulation
Treatment of Disease, Disorder or Injury, Surgery	<p>Regulation 10(1)(a)(b)(2)(c)(i)(ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision</p> <p>The provider did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to:</p> <p>(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this part of these regulations; and</p> <p>(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>The Regulation was not being met because:</p> <p>The process for incident reporting did not ensure that staff were aware of and acted in accordance with the trust quality and risk policy.</p> <p>The clinical governance strategy within children's services did not ensure engagement and involvement with the surgical directorate.</p> <p>The children's directorate risk register did not ensure that risks are recorded and resolved in a timely manner.</p> <p>There were two incident reporting systems, the trust</p>

	<p>electronic recording system and another developed by consultant anaesthetists and intensivists one for their own use. The trust could not have an overview of all incidents and potentially there was no robust mechanism for the escalation of serious incidents. Therefore opportunities were lost to enable appropriate action to be taken and learn lessons.</p> <p>There was a lack of engagement and cohesive approach to clinical governance. Mortality and morbidity reviews were not robust, not all deaths were discussed and there was no available documentation to support discussions.</p> <p>Regulation 10(1)(a)(b(2)(c)(i)(ii)</p>
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Regulated activity	Regulation
Treatment of Disease, Disorder or Injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010: Medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p>The Regulation was not being met because:</p> <p>The arrangement for the management and administration of topical anaesthetics was ineffective.</p> <p>Regulation 13</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of Disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>12. (1) The registered person must, so far as reasonably practicable, ensure that –</p>

- (a) Service users;
- (b) Persons employed for the purpose of the carrying on of the regulated activity; and
- (c) Others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2),

(2) The means referred to in paragraph (1) are –

- (a) The effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;

The Regulation was not being met because:

People who use services and others were not protected against the risks associated with health care associated infections because the trust had failed to ensure that an effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infections, with specific regard to water quality and safety and more specifically, the management and control of Legionella at Maidstone Hospital. Regulation 12(1)(a)(b)(c)(2)(a)(c)