






# CQC Emergency Department Inspection – February 2024

Report from: Medway NHS Foundation Trust

## 1. Summary and Background

- 1.1 The Care Quality Commission published a report on Wednesday 5 March 2025, following an unannounced inspection of the Emergency Department at Medway Maritime Hospital on 21 February 2024.
- 1.2 The CQC has apologised for the length of time taken to publish the report, which was due to problems with systems and processes following changes at the CQC.
- 1.3 Inspectors rated the services Good for being well-led, Requires Improvement for being Effective, Responsive and Caring, and Inadequate for safety. The service was rated Requires Improvement overall. Following a previous inspection in 2022 it had been rated Good.
- 1.4 Overall rating: Requires Improvement.

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

- 1.5 The report highlighted a number of areas for improvement. In its press release, the CQC noted that the Trust had engaged well with the CQC since the visit more than a year ago, and had taken steps to start addressing the issues highlighted.

## 2. Findings

- 2.1 No concerns were raised with the Trust by inspectors on the day of the visit.
- 2.2 However, on 24 April 2024 a Section 29A Warning Notice of the Health and Social Care Act 2008 was issued, instructing significant improvements to be made in Urgent and Emergency Care by 28 June 2024.
- 2.3 Breaches were identified regarding Regulations 10,12,15,17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The Trust produced an action plan to address the concerns raised, and has engaged with the CQC, Integrated Care Board and NHS England over the past year to ensure improvements in these areas.
- 2.4 Within the inspection report, which was published last week, a number of areas were identified for improvement. These included:

- Does not ensure the **privacy, dignity and respect of patients in the ED**. Inspectors heard from people that some staff spoke to patients in a disrespectful manner
- Does not ensure patients who attend the emergency department and need admitting do not experience **long waits in the department** before admission to an inpatient bed
- Does not ensure all staff have **clear processes** to guide them to provide safe care and treatment to patients who are accommodated on non-designated care areas
- Does not ensure there are **sufficient numbers of suitably qualified nursing staff** to provide safe care and treatment to the number of patients within the department
- Does not ensure all **incidents** are reported and acted on
- Does not ensure **medicines** are managed well and patients receive their medicines on time.

2.5 While the report details examples where patients were let down, it also recognises that many patients *'had a good experience of the department with staff being compassionate and receiving care and treatment in a timely manner.'*

2.6 Inspectors also praised a *'supportive culture at local level'* and recognised that *'staff were committed to providing care in challenging circumstances. Staff and leaders were proud that partnership working had reduced ambulance off-load times.'*

### 3. Oversight

- Initially fortnightly engagement meetings were requested by the Trust and held with the CQC. These are now monthly
- Weekly meeting of the Trust's leadership team
- Weekly task and finish group
- Fortnightly meetings with the Kent and Medway Integrated Care Board and NHS England
- Regular meetings of the Trust's Quality Assurance Committee
- Reporting to the Trust's Board.

### 4. Progress and Actions taken

4.1 An ED improvement plan had been developed by Trust Executives in November 2023, recognising the challenges the ED and whole organisation was facing at the time. This was later revised to take account of the concerns identified in the Warning Notice. The ED Improvement Action plan comprised 49 actions categorised under the following areas:

- Patient Care, Privacy, Dignity, and Respect
- Staff and Support
- Escalation process/Policies, procedures and Protocols
- Patient Flow
- Medication Administration
- Risk Management

4.2 To date 43 (88 per cent) actions are closed, with two on track and four complete and awaiting evidence approval.

	Total number of improvement actions	49
	Action not started/action overdue	0
	Action on track	2
	Action complete; awaiting evidence sign off from approval committee	4
	Action closed; evidence approved	43

## 5. Achievements to date

5.1 In the 13 months since the inspection the Trust has made significant number of improvements. These include:

- Focused teaching and support from falls team, tissue viability service, infection control team and patient experience lead provided to staff.
- Improvement Huddles in ED led by ED staff with improvement ideas and actions being owned by the department and its staff, have been embedded.
- Improved Dietitian risk assessments and referrals are being made to the service.
- Patients have greater access to food and drink within the department.
- Patients have their hygiene needs addressed promptly and professionally and with dignity and respect – matrons' checks to provide assurance.
- ED information leaflet produced for patients to receive clearer information about help and support, what options are available to them and what they can do if they are unhappy with the care provided.
- Stock of pillows and blankets within the Emergency Department, which are available at all times.
- Safe Staffing reviews undertaken in April and October 2024 – recruitment of substantive nursing staff underway and additional matron posts developed.
- New acute medical model (right number of staff at the right time) embedded across the department.
- Coaching sessions and leadership development programme for Band 7 Lead Nurse Managers.
- Escalation process for raising any staffing concerns outside of formalised meetings embedded within the department.
- Effective and efficient orientation and induction for any staff allocated to support the ED.
- The Trust's Full Capacity Protocol revised and re-launched.
- Shortest ambulance handover times in England maintained.
- Designated cupboard in Area 3 and Resuscitation to be used for the storage of ward level medications.

5.2 There were 16 additional actions that have been identified which were not directly related to the CQC report or warning notice, however this improvement work is ongoing. Examples of the additional actions include:

5.3 **Patient Care, Privacy, Dignity and Respect:**

- Use improvement methodology to support improving the quality of meals provided to patients in ED including tables for lodged patients.
- Ring-fence appropriate space for therapists to undertake clinical assessments within the department.
- A process for the tracking of low-rise trolleys in ED to ensure provision for high risk patients when needed.
- Ensure the same Infection Prevention and Control (IPC) standards are achieved in escalation spaces as they would be in other clinical areas.
- Tracheostomy training for ED nursing staff.
- Improve compliance of ED staff with falls prevention training. Current compliance 66.7 per cent.
- IPC protocols to be followed in terms of equipment.
- Ensure Sepsis 6 NICE standards are met.
- Ensure patients receive intravenous antibiotics in line with NICE guidance.
- Patient identification checks for lodged patients to the Matrons daily check list.
- ED local audits conducted within expected rhythm.

5.4 **Staffing and support:**

- Business Intelligence pulse survey to be set within ED for staff to complete to provide anonymous feedback on the environment and the culture within ED.
- To improve ILS (intermediate life support), BLS (basic life support), ALS (advanced life support) and manual handling compliance within Trust standards. These have now improved to:
  - ILS 68.82 per cent
  - BLS 82.68 per cent
  - ALS 80.77 per cent
  - Moving and Handling L2 75.17 per cent; L3 52.56 per cent
- Ensure that staff are aware who the IPC link nurses are within the department.
- Monitor and track recruitment into vacant posts.

## 6. Risk management

6.1 It should be noted that overcrowding within an ED department, with patients waiting long periods for admission to beds, is symptomatic of system inability to move patients who are fit for discharge onto more suitable settings in a timely manner, with suitable support for their needs.

6.2 Medway NHS Foundation Trust routinely has more than 120 patients waiting for an onward care destination, representing at least 20 per cent of its bed base.