

Ipswich Hospital NHS Trust

Quality Report

Ipswich Hospital
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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.

Ratings

Overall rating for this trust

Good 

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?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 6 and 8 January 2015. We also carried out an unannounced inspection on 12 and 15 January 2015. We carried out this comprehensive inspection at Ipswich Hospital NHS Trust as part of our comprehensive inspection programme. The trust was placed in band 6 following our intelligence monitoring tool surveillance, this is the lowest risk band.

The trust has one hospital which was first built around 1910, and has been expanded to cover 45 acres. The newest addition is the private finance initiative (PFI) wing, opened in 2007. It serves around 385,000 people from Ipswich and East Suffolk. We found that the trust had a relatively new executive team, who worked effectively together to highlight issues and address challenges within the hospital. We found the trust management team to be responsive and acted quickly to address issues highlighted to them during our inspection. The trust were aware of the issues faced on Sroughton Ward and highlighted this prior to our site visit. We also identified challenges on this ward, and the trust took action overnight to ensure that people received safe and effective care in this ward. We returned to this ward during our announced and unannounced inspections, and found that improvements made had been sustained.

The comprehensive inspections result in a trust being assigned a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each section of the service receives an individual rating, which, in turn, informs an overall trust rating. The inspection found that overall, the trust has a rating of 'Good'.

Our key findings were as follows:

- 'Never events' that had occurred were actively and imaginatively investigated, including using human factors analysis, and lessons were learnt.
- Systems in place within the A&E department were assisting to effectively tackle the Winter pressures during our inspection.
- Staff were caring and compassionate, and treated patients with dignity and respect.
- The hospital was visibly clean and well maintained. Infection control rates in the hospital were lower when compared with those of other hospitals.

- The trust performed better than average in a number of national audits, including the national hip fracture audit, the national bowel cancer audit, the national lung cancer audit data, the Sentinel stroke national audit, and the myocardial infarction national programme.
- Managers and staff responded quickly and took appropriate actions to ensure patient safety where we identified issues on one ward within the medical service.
- The trust had an ongoing recruitment and retention programme to address staffing shortfalls.
- The critical care pathway for children was not well defined. Improvement was needed with regards to the provision of a children's high dependency unit (HDU).

We saw several areas of outstanding practice, including:

- The emergency department trigger tool, which was in place to ensure that the responsiveness of the emergency department was maintained when the department was beginning to see increasing pressures.
- The chaplaincy service carried a trauma bleep in order to provide emotional support to the relatives of trauma victims.
- Ipswich Hospital was one of only two trusts in the UK to participate in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), providing international benchmarking of patient outcomes.
- There was a comprehensive outreach service in place, providing full 24/7 cover, including a 'patient activated' referral for the team.

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

Importantly, the trust must:

- Review the end of life care paperwork to ensure that it is more individualised and providing a holistic approach in line with National Institute of Health and Care Excellence (NICE) guidelines.
- Provide training to staff providing end of life care, on how to identify patients approaching the end of life, and on how to use the new care plans.

Summary of findings

- Ensure that discussions with patients and families regarding end of life care, or advanced care planning decisions, are clearly recorded in the person's medical records.
- Ensure that prior to undertaking a procedure, or completing an end of life care order, the person's mental capacity is appropriately assessed in accordance with the Mental Capacity Act 2005.
- Ensure that all clinical areas in outpatients, including the equipment in rooms, are cleaned regularly, and the cleaning is evidenced.
- Ensure that the decontamination room in ear, nose and throat (ENT) outpatients is compliant with guidelines on decontamination Hospital Technical Memorandum.
- Review medicines management within the south theatres, to ensure medicines are stored securely.
- Clearly define a critical care pathway for children and review the provision of services for children requiring high dependency of care, including staffing numbers, competency and provision of registered sick children's nurses (RSCN).

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Ipswich Hospital NHS Trust

Ipswich Hospital NHS Trust has around 587 beds, although during our inspection a further 100 beds had been opened to cope with the Winter pressures. The hospital employs around 3,080 staff, and has over 500 volunteers who assist patients to locate departments and perform other supportive services.

The 2011 census shows that 10% of Ipswich's population was from an ethnic minority group, the largest of which was Asian or Asian British, accounting for 6.3% of

residents. Ipswich is a larger urban area being the fourth largest urban area in the UK. The Ipswich deprivation score was 83 out of 326. The health of the people of Ipswich is mixed when compared with the England average. Life expectancy for both men and women is similar to the England average.

We carried out a comprehensive inspection at Ipswich Hospital NHS Trust, as part of our comprehensive inspection programme, between 6 and 8 January 2015.

Our inspection team

Our inspection team was led by:

Chair: Sean O'Kelly, Medical Director, University Hospitals Bristol NHS Foundation Trust

Head of Hospital Inspections: Fiona Allinson, Head of Hospital Inspection, Care Quality Commission

The team included eight CQC inspectors and a variety of specialists, including six senior nurses, three ward level nurses, seven consultants and one junior doctor, a pharmacist and three 'experts by experience'. Experts by experience are people who use hospital services, or have relatives who have used hospital care, and have first-hand experience of using acute care services.

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 took place between 6 and 8 January 2015.

Before visiting, 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 (CCG); Trust Development Authority; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of

Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 6 January 2015, when around 35 people shared their views and experiences of Ipswich Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

We carried out an announced inspection visit on 7 and 8 January 2015. We also carried out unannounced inspections on 12 and 15 January 2015. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists. We also spoke with staff individually as requested, and held 'drop in' sessions.

Summary of findings

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Ipswich Hospital.

What people who use the trust's services say

The experience of patients using Ipswich Hospital was in general very good. The cancer patient's survey showed that patients were satisfied with the care that they received. The trust scored higher than the national average in respect of staff involving patients, and providing information and support to patients.

The NHS patient survey showed that the trust performed in line with other trusts surveyed across all areas. The number of complaints received by the trust had continued to fall since 2011. However, there was a rise in 2013/14 on the previous year.

The listening event we held on 6 January 2015 was well attended by approximately 35 people. We heard mixed accounts of the care provided at the trust, although a number of people flagged concerns about the care provided on Sproughton Ward. However, most people felt that the hospital was providing good care and was responsive to the needs of people attending the hospital.

Facts and data about this trust

The trust provides services from one site at Ipswich Hospital, which is a medium acute hospital in Ipswich, Suffolk. The hospital serves a local population of around 385,000 people in and around Ipswich and East Suffolk. The main commissioners of acute services are the clinical commissioning groups (CCGs) for Ipswich and East Suffolk.

The trust has 541 general and acute beds, 34 maternity beds, and 12 critical care beds. The trust employs 3,080 whole time equivalent staff (425 medical, 1,015 nursing, 1,640 other) and has a turnover of around £249m and at the time of the inspection was running an annual plan deficit of £4.9m.

The workforce was supported by 6% bank and agency staff, which is the national average.

The trust had 45,787 elective inpatient attendances, 30,586 non elective in patient attendances, 458,661 outpatients and 78,804 emergency attendances in 2013/2014.

The trust reported four 'never events' between February and November 2014; these concerned, in February 2014 in urology, wrong side of body exploration; in July 2014 in

ophthalmology, wrong eye surgery; in October 2014 in trauma & orthopaedics, wrong side surgery; and in March 2014, a retained object in gynaecology. ('Never events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.)

Between April 2013 and May 2014, the trust reported 81 Serious Incidents (SIs). They consisted of 41 grade 3 pressure ulcers, 12 slips/trips/falls, six unexpected deaths of inpatients, four unexpected readmissions to the neonatal care unit (NICU), and 18 others.

There were a total of 5,617 incidents reported between April 2013 and May 2014. They included: eight deaths, 15 severe harm, 73 moderate harm, 1,507 low harm and 4,014 no harm.


There were 98% NRLS incidents reported with no or low harm. (The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports.) The trust also reported fewer incidents than the

Summary of findings

England average. CQC analysis indicates that this is statistically lower than similar sized hospitals and there is therefore a risk that incidents may not be graded appropriately.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Services at the trust were rated as requiring improvement due to issues found in surgery and children's services; these related to the feedback from incidents, which were not always received by staff; or staff were not able to demonstrate learning from incidents reported. Medicines in the south theatres were found not to be stored appropriately, and equipment was not always maintained in an efficient manner. On the children's ward, the provision of higher dependency care, whilst not commissioned, was provided on the ward without staff having undertaken the appropriate training. This level of care was provided in line with the hospitals guidance and risk assessed, but was in response to patient need rather than as a planned, commissioned and supported service.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• The trust had made plans to comply with the Duty of Candour, which came into force in November 2014.• The trust had policies in place to support the implementation of this duty, and had begun to roll out training to those staff who may require it. <p>Safeguarding</p> <ul style="list-style-type: none">• The trust had good systems in place to ensure that both children and adults were safeguarded.• The trust had a specialist nurse in place to lead on adult and children safeguarding; staff within the hospital were familiar with this person.• Mandatory training was in place, which staff attended. Staff demonstrated a good awareness of the processes to follow when they had concerns. <p>Incidents</p> <ul style="list-style-type: none">• There had been four 'never events' in the surgical service reported prior to our inspection. ('Never events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.)• We saw that investigation was robust, and solutions and actions taken were creative and involved training in human factors which was ongoing.	<p>Requires improvement</p> 

Summary of findings

- Whilst the trust reported a lower than average number of incidents, we found that incident investigation was thorough and lessons learnt were implemented, although staff were not always aware of the outcomes of investigations.

Staffing

- The trust had a higher than England average number of consultants in post.
- The trust, like many others, continues to struggle with recruitment of nursing staff, and offers substantive posts to all student nurses who train at the trust.

Are services at this trust effective?

Overall, the trust was meeting and in some cases exceeding expectations in national audits, and therefore the trust is rated as good overall. There was good multidisciplinary working across teams, and audit and benchmarking was a high priority at the trust. However, the trust requires improvements to advance the effectiveness of children's and young people services, and those for patients at the end of their life. In children's and young people's services we could not be assured that treatment provided for respiratory conditions was in line with national guidance. The end of life care guidance had been rolled out across the trust, but was not supported by formalised education, and did not encompass all aspects of care in line with NICE guidance. However, the effectiveness in the emergency department was rated as outstanding, as national guidance was implemented, and staff followed clear pathways of care.

Evidence-based care and treatment

- Apart from end of life care, we saw that treatment given was evidence-based and, where appropriate, was underpinned and guided by NICE guidance.
- The service had only recently implemented their new end of life care pathway in September 2014, and its use and staff understanding was still in its infancy.
- The new care plan for patients at the end of their life was not holistic and did not follow NICE guidelines.

Patient outcomes

- The trust performed above average in a number of national audits, including the national hip fracture audit, the national bowel cancer audit, the national lung cancer audit data, the Sentinel stroke national audit, and the myocardial infarction national programme.

Requires improvement



Summary of findings

- Ipswich Hospital was one of only two trusts in the UK to participate in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). The trust had specifically requested to be included in this audit, and to benchmark patient outcomes internationally.
- Readmission rates were low across the hospital.

Multidisciplinary working

- We saw effective multidisciplinary team working in clinical areas, between medical, nursing and allied health professionals.
- Patient pathways had clear input from members of the multidisciplinary team, including physiotherapy, occupational therapy, and other professionals.
- We saw that there were regular formal MDT meetings to determine the most suitable care and treatment plans for patients.

Consent, Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

- Patients gave their consent before any procedure was carried out. We saw numerous examples of patients giving consent before minor procedures such as taking blood.
- Surgical patients signed a comprehensive consent form before they had their operation.
- Patients were given information, both verbally and in writing, to enable them to make an informed decision about their care and treatment.
- We saw from training records that staff had received training in the Mental Capacity Act. Staff we spoke with confirmed that they had received this training. However we found that some areas required further improvement to embed this further.
- We viewed a number of completed Deprivation of Liberty Safeguard applications, and found they had been properly completed and the correct authorisation sought.

Are services at this trust caring?

Patients were treated with dignity and respect at all times. The Friends and Family Test was above the national average, despite a poor response rate from patients at the trust. Most patients and relatives we spoke with talked very highly of how they had been treated and cared for in the hospital. Where patients and relatives shared concerns, we referred them to the most senior person, who spoke with these families and took action to address their concerns. Patients and their relatives/carers were kept informed of their treatment plans, and were given information to support them.

Good



Summary of findings

Emotional wellbeing was provided by all staff, with support from specialist practitioners, who were able to convey complex information, and provided ongoing support and advice when patients had been discharged.

Compassionate care

- Staff consistently provided care in a kind, respectful and considerate way. We observed staff providing compassionate care in all ward areas. One relative told us that staff treated the patients with “respect and dignity”. A patient in the stroke ward told us that staff provided “brilliant care”.
- There was obvious rapport between staff and patients. Staff clearly knew the preferences of patients who had stayed longer on the ward.
- In Sproughton Ward we spoke with two relatives, who said that some nurses had not been as caring as they would expect. One relative felt that they had been curtly addressed, and had been told that the staff were busy when they rang the call bell for assistance in changing the bed. The ward manager and trust management were aware of problems on the ward, and provided support to the staff to provide a caring service.

Understanding and involvement of patients and those close to them

- Patients reported that they felt involved in, and understood, the care that they received, as staff took time to explain treatment options to them.
- We saw a variety of information leaflets throughout the hospital wards and departments, so that patients had written information on treatment.

Emotional support

- Chaplaincy support was available 24 hours a day via an on-call system. The ordained chaplains were supported in their work by chaplaincy volunteers. The chaplaincy team were bleeped by the emergency department when a trauma patient was en route, and they would attend a short time afterwards to sit with and provide support to the families.
- A number of specialist nurses gave support to patients throughout the treatment they received.
- Staff told us that they were able to arrange counselling services for patients requiring ongoing emotional support. We spoke with one patient who had had further support following a previous operation.

Summary of findings

Are services at this trust responsive?

Good



In general, the trust was responsive to meet the needs of patients and their families. This included making staff available through the outreach team, to talk with patients and explain their treatment and illness. However, in maternity, the team had not embraced new initiatives or guidance as proactively as we would have expected. Whilst this did not significantly impact on the care provided, the lack of specialist midwives meant that some groups of women were not receiving the most up-to-date care. Referral to treatment (RTT) times from the period before our inspection showed that the trust was not always meeting these; however, we saw that action had been taken to improve these during our inspection.

Service planning and delivery to meet the needs of local people

- We saw from the minutes of meetings that the trust engaged with local commissioners and the wider health economy to plan services.
- Some services had been reconfigured; for example, the more complex vascular surgery was now done at Colchester Hospital, and an integrated dermatology service is provided at Ipswich Hospital. We were aware of a public consultation prior to any service design changes, where local people's views were taken into account.
- The trust had worked with local commissioners of service to open Waveney Ward, where patients were cared for by a nursing team. This was with support twice a week, or as required, from medical staff. This ward was for patients who were ready for discharge, but requiring reablement support, and it enabled staff to make the necessary social arrangements or provide therapy support prior to discharge.

Meeting people's individual needs

- The trust had developed an excellent environment in the Constable Suite to support patients living with dementia and with complex needs. The layout and décor of the suite was visually striking. There were visual prompts for direction, and colours were used to promote independence.
- The trust's patient record system had an alert facility that informed staff on admission of the patient's additional needs due to dementia, or of patients with a learning disability. There were specialist nurses who attended the wards to advise on specific aspects of care for these patients

Summary of findings

Access and flow

- The trust was meeting referral to treatment times, and patients were admitted within these timescales.
- The emergency department trigger tool was in place to ensure that the responsiveness of the emergency department was maintained when the department was beginning to see increasing pressures.
- The hospital had opened up approximately 100 extra beds during our inspection to manage the Winter pressures.

Learning from complaints and concerns

- We saw that complaints were responded to and lessons learnt. There was a complaints policy in place, and staff were aware of how to access it.
- The trust responded quickly and appropriately to concerns raised during our inspection, in respect of Sproughton Ward.

Are services at this trust well-led?

Although a relatively new trust board, the trust was aware of where its challenges and successes lay. It actively managed the challenges, and had put in place effective systems for managing the pressures of extra patients in the Winter. The emergency department trigger tool was well used, to ensure that the trust was effective and responsive to meeting the increasing needs of patients in this department. Trust executives were well known to staff, and led them through an open door policy.

Good



Vision and strategy

- The trust had a clear vision and strategy, which was clearly communicated to all staff.
- Individual departments and services had their own vision for the service they provided, and this was well known by the staff working in these services. These linked to the core strategy for the trust.

Governance, risk management and quality measurement

- The trust has recently instigated a review of its governance process, to ensure that it is fit for the future.
- The trust currently has three elements to governance, patient experience, safety, and clinical effectiveness. Issues are raised at divisional level, and fed up to board level through a variety of subcommittee meetings chaired by executives and non-executives.

Summary of findings

- Each division is held to account for patient safety, patient experience and clinical effectiveness, through meetings with the clinical director and specialists in these areas. This information is collated and fed into the subcommittees.
- This ensures that the board are aware of individual performance and key issues for each speciality.
- Each division has a nurse and medical manager, who meet with the leaders of clinical specialities to review performance across the three key elements of governance.
- These divisional boards are autonomous, and are held to account by the trust board. Reviews of performance and levels of autonomy are graded, and those whose performance is not of the required standard are reviewed more frequently than those who are performing well.
- There are divisional risk registers that are moderated before being presented to the trust board. Once a month, the trust board reviews every risk rated above 15 on the register.
- Non-executive directors of the trust board provide robust challenge at trust board meetings, and are well informed of the significant issues within the trust. This was evidenced at interview with non-executive members, who were able to demonstrate a good knowledge of trust challenges and plans.

Leadership of the trust

- The chief executive is well respected by his colleagues and staff at the trust. He is visible and leads from the front, as do other members of the board. This was evidenced in the response to the concerns we raised around Sproughton Ward. The chief executive, medical director and the director of nursing were actively involved in addressing our concerns, and led the review of all patients on this ward.
- The senior team work well together and present a cohesive partnership. All members of the executive team are visible and known to staff.
- The executive team provide direction for the trust, but acknowledge the importance of this being driven from the ground up on clinical matters.

Culture within the trust

- There is an open culture within the trust. Staff felt able to contact senior members of the executive team without fear of reprisal.

Summary of findings

- Due to the stability of the workforce, we found that key members of staff were well known to all. An example of this was that the learning disability nurse was available to support people with learning disabilities, and was easily recognisable, both internally and externally, to the trust.
- Staff were aware of current issues and plans within the trust, and could articulate what developments were planned for their service.
- The patients voice is heard at the board meeting through the patient story, and non-executive board members undertake ward rounds to ensure that they not only monitor patient experience, but offer support to ward staff.

Fit and Proper Persons

- The trust had a policy in place to assure themselves that they are working within the new fit and proper person legislation.
- The trust has a policy in place that all existing and new executives sign a declaration that they are a fit person in line with current legislation.
- Assessment of the fitness of candidates against the criteria will form part of the selection and appointment process. Any declarations would be discussed with the applicant at interview stage.
- Ongoing review of fitness will be through the annual appraisal system in place for the executives in post.

Public and staff engagement

- The trust engages patients through the patient stories presented to the board.
- The trust scores above the England average in the NHS Friends and Family Test.
- The trust scores about the same as the England average on the inpatient survey, and has increased its scores year-on-year in all but one question.
- Although the trust scores worse than the England average on eleven of the key findings in the 2014 staff survey, they also score better than the England average on six of the findings on issues such as reporting incidents, hand washing, bullying and harassment and equality and diversity training. The trust are aware of, and have plans in place to address, shortfalls in areas of supporting staff, and improving communications
- Staff we spoke with enjoyed working at the trust, but recognised that their work pressures did affect morale at times.
- The trust has rolled out the staff Friends and Family Test to all areas of the hospital.

Summary of findings

Innovation, improvement and sustainability

- The trust has been innovative around the management of waiting times in the A&E department. The emergency department trigger tool has improved the trusts ability to deal with the pressures of the Winter period.
- The trust demonstrated forward planning with the increase of radiology availability throughout the seven day period.
- Service improvement plans and cost improvement plans are reviewed through quality assurance processes, to ensure that they have either no impact or a positive impact upon patient care.

Overview of ratings

Our ratings for Ipswich Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Outstanding	Outstanding	Outstanding
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Good	Good

Our ratings for Ipswich Hospital NHS Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.
2. We have deviated from the aggregation principle, as whilst two domains rated requires improvement

would usually mean that the trust was rated as requires improvement, seven out of eight services the trust were rated good with only one service rated as requires improvement overall therefore the overall trust rating has been determined as Good.

Outstanding practice and areas for improvement

Outstanding practice

- The emergency department's (ED) escalation protocol was efficient through innovation. The department used a trigger tool via an electronic tablet, which was carried by the ED shift co-ordinator and key managers within the trust, and which was linked to demand management in the whole trust. This supported and allowed people to access the ED services in a way, and at a time, that suited them.
- The hospital responded well to seasonal increases in activity. There was separation of the accident and emergency department and other urgent admissions, as well as early consultant assessment of admissions. The trust had created flexibility through provision of escalation wards and appropriate staffing changes. Escalation wards were also consultant-led, which resulted in continual support for patient plans of care and discharge.
- The surgical division had taken a robust approach to audit, and was benchmarking patient outcomes internationally; one of only two trusts to use the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), it was buddied with a high performing trust in the United States to manage and improve quality and performance. We saw these changes in practice, and the sharing of best practice in surgical site infection between pre-assessment staff, nurse specialists, and medical, surgical and ward staff.
- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, such as details of their current medicine.
- The chaplaincy service carried a trauma bleep, in order to provide emotional support to the relatives of trauma victims.
- There was a comprehensive outreach service in place, providing full 24/7 cover, including a 'patient activated' referral for the team.

Areas for improvement

Action the trust **MUST** take to improve

- Review the end of life care paperwork to ensure that it is more personalised, in line with National Institute of Health and Care Excellence (NICE) guidelines.
- Provide training to staff providing end of life care, on how to identify patients approaching the end of life, and how to use the new care plans.
- Ensure that discussions with patients and families regarding end of life care, or advanced care planning decisions, are clearly recorded in the person's medical records.
- Ensure that prior to undertaking a procedure, or completing an end of life care order, the person's mental capacity is appropriately assessed in accordance with the Mental Capacity Act 2005.
- Ensure that all clinical areas in outpatients, including the equipment in rooms, are cleaned regularly, and the cleaning is evidenced.
- Ensure that the decontamination room in ear, nose and throat (ENT) outpatients is compliant with guidelines on decontamination.
- Review medicines management within south theatres, to ensure a robust system is in place.
- Clearly define a critical care pathway for children, and review the provision of services for children requiring high dependency of care, including staffing numbers, competency and provision of registered sick children's nurses (RSCN).