

North West Anglia NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Summary of findings

Combined quality and resource rating

Requires improvement



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

Background to the trust

North West Anglia NHS Foundation Trust (NWAFT) is a statutory not for profit, public benefit corporation. NWAFT was formed when Peterborough and Stamford NHS Foundation Trust acquired Hinchingsbrooke Health Care NHS Trust on 1 April 2017.

The trust provides a variety of acute services from its three main hospital sites:

- Hinchingsbrooke Hospital
- Peterborough City Hospital
- Stamford and Rutland Hospital

Hinchingsbrooke Hospital is a 289-bedded district general hospital located at Hinchingsbrooke Park in Huntingdon. The hospital opened in 1983 and provides a range of specialities including general surgery, ear, nose and throat, ophthalmology, orthopaedics, urology, breast surgery and vascular services. The hospital has an emergency department and a maternity unit. The hospital took over acute children's services from a neighbouring community NHS trust on 1 April 2019. The hospital also has private facilities for patients who choose to receive their care on the Mulberry suite. On the site, there is also a 23-bedded treatment centre, which opened in 2005.

Peterborough City Hospital is a 674-bedded purpose-built hospital and is located at Bretton Gate, Peterborough. The hospital has a haematology/oncology unit, radiotherapy suite, an emergency department, a dedicated women's and children's unit, a cardiac unit, a respiratory investigations facility and full diagnostic imaging facilities.

Stamford and Rutland Hospital is a 22-bedded hospital and provides a range of outpatient services. It also has a minor injuries unit, medical ward and a day case surgery facility.

The trust employs approximately 6,117 members of staff and is supported by approximately 450 volunteers. Some staff work across more than one hospital site. Approximately 90 members of staff are permanently based at Stamford and Rutland Hospital, 1,750 work at Hinchingsbrooke Hospital and approximately 4,337 members of staff are based at Peterborough City Hospital.

The trust also took over the delivery of outpatient services at Doddington Hospital and the Princess of Wales, Ely in September 2017, and is also commissioned to provide clinics at the Spalding (Johnson Hospital) and Peterborough City Care Centre.

The trust provides a full range of District General Hospital (DGH) services and some regional specialties for a catchment area of just under 750,000 people living in Peterborough, North and East Cambridgeshire, Huntingdonshire, South Lincolnshire, East Leicestershire, Rutland, Bedfordshire and East Northamptonshire.

The Trust's main clinical commissioning groups (CCG) are Cambridgeshire and Peterborough CCG and South Lincolnshire CCG. However, the trust's catchment area also falls within the boundaries of South West Lincolnshire CCG, East Leicestershire and Rutland CCG and Bedfordshire CCG.

Summary of findings

Some services are provided in partnership with tertiary hospitals including joint appointments and visiting consultants from nearby trusts. They also have some partnership working with the private sector, notably in renal services, and are exploring new models of care and the potential to integrate with primary and community care in Peterborough and Stamford.

We inspected the trust between 30 July 2019 and 13 September 2019. Between 30 July and 31 July 2019, at the Hinchingsbrooke Hospital site, we inspected services for children and young people. At the Peterborough site, we inspected the core services of urgent and emergency care, surgery, critical care, maternity, services for children and young people, end of life care, outpatients and diagnostic imaging. At the Stamford and Rutland site, we inspected the core services of urgent and emergency care, medical care (including older people's care) surgery and outpatients.

We also undertook unannounced inspections on 7 and 8 August 2019 to follow up on concerns identified at the Peterborough City Hospital site. Between 3 September and 4 September 2019, we undertook a well led inspection at provider level. We returned to the trust on 13 September 2019 to follow up on concerns identified at the provider wide well led inspection.

Overall summary

Our rating of this trust stayed the same since our last inspection.

We rated it as **Requires improvement**   

What this trust does

North West Anglia NHS Foundation Trust provides acute, hospital-based services. These include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology services, neonatal and paediatric care, end of life care, outpatient care and diagnostic imaging services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 30 July and 8 August 2019, we inspected 13 core services across three locations. At Hinchingsbrooke Hospital, we inspected services for children and young people because this service had not been inspected since the provider took it over in April 2019. At the Peterborough site, we inspected the core services of urgent and emergency care,

Summary of findings

surgery, critical care, maternity, services for children and young people, end of life care, outpatients and diagnostic imaging because all but urgent and emergency care, these services had not been inspected since 2015. At Stamford and Rutland Hospital, we inspected the core services of urgent and emergency care, medical care (including older people's care) surgery and outpatients because these services had not been inspected since 2015.

We inspected the above services provided by this trust as part of our continual checks on the safety and quality of healthcare services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 3 and 13 September 2019.

What we found

Overall trust

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

- We rated safe, effective, responsive and well led as requires improvement and caring as good.
- We took into account the current ratings of the eight core services across the three locations that we did not inspect this time.
- We rated five services across the trust as requires improvement.
- We rated eight core services as good.
- We rated the well-led element of the trust as requires improvement.
- The overall ratings for Peterborough City Hospital went down from good to requires improvement.
- Our decision on the overall ratings take into account the relative size of the service and we use our professional judgement to reach fair and balanced ratings.

Are services safe?

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

- Five of the core services we inspected at this inspection were rated as requires improvement for safe.
- Staff in maternity did not always identify or quickly act upon patients at risk of deterioration. Although the trust, had taken steps to act on this.
- Within some services the trust did not ensure sufficient numbers of staff completed mandatory training in key skills. Nursing and medical staff did not always meet the trust's compliance target.
- Medicines were not always managed consistently and safely. Medicines on the Peterborough City Hospital site were not stored in line with national guidance. Medicines could be accessed by staff who were not authorised to access them.
- Staff did not always keep appropriate records of patients' care and treatment. Within the emergency department, staff did not routinely complete patient safety checklists or undertake patient risk assessments, such as pressure ulcer risk assessments when they should have done.
- Women were not always triaged in a timely manner in maternity services at Peterborough City Hospital.

Summary of findings

- Some services did not always control infection risk well.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff understood their responsibilities to identify and report incidents and safeguarding concerns. Staff understood how to protect patients from abuse.

Are services effective?

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

- Three of the core services we inspected at this inspection were rated as requires improvement for effective.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and development.
- Within some services, policies and guidelines had not been reviewed and were out of date.
- Within end of life care services, documentation around discussions relating to do not attempt cardiopulmonary resuscitation decisions (DNA CPR) was poor.

However:

- Care and treatment was based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff mostly monitored the effectiveness of care and treatment and used the findings to make improvements and achieve good outcomes for patients.

Are services caring?

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

- All of the core services we inspected at this inspection were rated as good for caring.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support for patients and those close to them.

Are services responsive?

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

- Three of the core services we inspected at this inspection were rated as requires improvement for responsive.
- Within the core service of urgent and emergency care patients could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

Summary of findings

- In critical care, it was difficult to ascertain whether patients were admitted and discharged in line with national standards. For example, waiting times to be admitted were not monitored, and patients stayed in the department for longer than they needed to.
- There was a lack of transition services and support in place within children and young people's services at Hinchingbrooke Hospital
- Staff did not have access to transition plans used to support young people moving on to adult services.

However:

- Services were mostly planned, and care was provided in a way that met the needs of local people and the communities served.
- Services were mostly inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for patients to give feedback and raise concerns about care received.

Are services well-led?

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

- Three of the core services we inspected at this inspection were rated as requires improvement and two were rated as inadequate for well-led.
- Governance processes were not always fully effective. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- Risks and issues were not always escalated promptly. Action was not always taken quickly to reduce their impact.
- Five of the core services we inspected did not have a vision and strategy for what they wanted to achieve.
- Within some of the core services we inspected there was a lack of clarity in leadership at a local level. Changes in leadership, for example in urgent and emergency care had impacted on the effectiveness to manage priorities and issues.
- Within maternity services at Peterborough City Hospital leaders did not always understand and manage the priorities and issues the service faced. At the time of our inspection the senior leadership team were not aware and did not have oversight that several risk assessments were not being completed.
- Within critical care, not all staff were committed to continually learning and improving services. They did not have an understanding of quality improvement methods and had not been equipped with the skills to improve quality. Leaders did not encourage innovation and participation in research.

However:

- Equality and diversity in daily work was promoted throughout the trust. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Leaders were mostly visible and approachable throughout the trust.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.
- Staff were mostly committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Summary of findings

Use of resources

Use of resources was rated as requires improvement. Please see the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in urgent and emergency care and diagnostic imaging at Peterborough City Hospital, and surgery at Stamford and Rutland Hospital.

For more information, see the Outstanding section of this report.

Areas for improvement

We found areas for improvement including 37 breaches of legal requirements that the trust must put right. We found 23 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued six requirement notices to the trust. This means the trust must send us a report to say what action it is taking to meet these requirements.

Our action related to breaches of legal requirements in the trust overall, urgent and emergency care, critical care, maternity and end of life care at Peterborough City Hospital, and urgent and emergency care at Stamford and Rutland Hospital.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

Peterborough City Hospital

Urgent and Emergency Care

- The children's emergency department provided comprehensive and tailored service that met the needs of all patients and their families who attended the department. The department had set up a dedicated play room for children, along with a dedicated adolescent room for young adults.

Diagnostic Imaging

Summary of findings

- The development of the chest x-ray advanced radiographer practitioner role in conjunction with the consultant radiology team had improved the speed of reporting chest x-rays within the organisation while providing high quality actionable reports and freeing up consultant radiologist time for other duties.
- Two advanced radiographer practitioners had undertaken training to report CT chest nodules. This service improved outcomes for patients as the resultant report and analysis provided reliable information for medical specialists to plan the frequency of chest CT scans required for monitoring a patient's condition.
- Peterborough City Hospital had the only radiographer-led CT Colonography service run by advance practice radiographers who performed and reported the examinations. The radiography team ran CT Colonography course for staff from other hospitals; this course was endorsed by the Society of Radiographers and was going through the validation process at the University Campus of Suffolk to become accredited as a Post Graduate Certificate in CT Colonography.
- The ear, nose and throat (ENT) one- stop service included fine needle aspiration (FNA) which was performed by advanced practice sonographers or a consultant radiologist; this is accepted as the gold standard and the team lectured on the subject at national events.

Stamford and Rutland Hospital

Surgery

- The service had recently been nominated by a local member of parliament for a Parliamentary Regional Award for Excellence for their Fastrack prostrate one stop service.

Areas for improvement

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

Action the trust MUST take to improve

We told the trust that it must act to bring services into line with six legal requirements. This action related to the trust overall, urgent and emergency care, critical care and end of life care, at Peterborough City Hospital; and urgent and emergency care at Stamford and Rutland Hospital.

Peterborough City Hospital

Overall Trust

- The trust must work at pace to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical and nursing staff across all services.
- The trust must ensure that all staff are up to date with mandatory training, including training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, life support training and safeguarding training.
- The trust must ensure there are effective governance processes throughout the trust.
- The trust must ensure leaders and teams, across all services, always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- The trust must ensure relevant risks and issues that are escalated are correctly categorised and investigated in line with national guidance for investigating incidents, including serious incidents.

Summary of findings

- The trust must ensure that processes related to the safe storage of medicines are maintained and that medicines can only be accessed by persons who are authorised to access them.

Urgent and Emergency Care

- The service must ensure all staff complete risk assessments for each patient and take prompt action to reduce the impact of any risks.
- The service must ensure staff keep detailed records of patients' care and treatment, and that all records are clear and kept up-to-date.
- The service must ensure all staff follow appropriate isolation procedures when treating infectious patients.

Critical Care

- The service must ensure that medical staffing levels are appropriate for the service being delivered.
- The service must ensure that patients are admitted to the critical care unit within four hours of the decision to admit and that this performance is monitored.
- The service must ensure that there are clear plans in place to improve capacity and flow to ensure patients do not stay on the critical care unit for longer than required
- The service must ensure mortality and morbidity is reviewed regularly and incorporated into the governance of the service.
- The service must ensure they assess, monitor and improve the quality, safety and effectiveness of the service.
- The trust must ensure they seek and act on feedback from both staff and patients to improve the service.
- The service must ensure that leaders have a clear understanding and oversight of the issues the service faces and have clear plans in place to manage and prioritise the issues.
- The service must ensure there are functioning and effective governance processes in place.
- The service must ensure that data collected is reliable, analysed, understood by staff and used to improve safety and performance.

Maternity Services

- The service must ensure the ward areas are secured and monitor people leaving the area.
- The service must ensure equipment is checked and tested in line with manufacturer's instructions.
- The service must ensure that women accessing the triage unit are assessed and seen in a timely manner and that care and treatment is documented in full.
- The service must ensure that risk assessments are completed for carbon monoxide screening in line with trust guidance.
- The Service must ensure that women have their vital signs taken in accordance with the trusts policy.
- The service must ensure there is specific emergency skills training for community midwives.
- The service must ensure that the World Health Organisation (WHO) and five steps to safer surgery checklist is fully completed.
- The service must ensure that guidelines are reviewed and are in date.
- The service must ensure cleaning fluids are stored safely.

Summary of findings

- The service must ensure gas cylinders are stored securely on the midwifery led unit.
- The service must ensure the expressed breast milk fridge is locked to reduce the risk of milk being tampered with.
- The service must ensure that infection control standards are improved, and that equipment and rooms that are cleaned can be easily identified.
- The service must ensure that patient identifiable information is kept confidential and that paper documents are stored securely.

End of Life Care

- The service must improve documentation in relation to decisions and discussions around do not attempt cardiopulmonary resuscitation (DNA CPR) orders, in line with national guidance.

Stamford and Rutland Hospital

Urgent and Emergency Care

- The service must ensure that there is a member of staff on every shift trained in both adult advanced life support and paediatric immediate life support.
- The service must ensure that all staff have appropriate knowledge and understanding to protect the rights of patients subject to the Mental Health Act 1983.
- The service must ensure staff competencies are up to date for non-medical prescribers.
- The service must ensure that all staff understand and follow national guidance to gain patients' consent.
- The service must ensure that governance, risk and quality performance processes are implemented and aligned. Including the establishment and use of local audit to monitor and improve practice.

Hinchingbrooke Hospital

Services for children and young people

- The service must ensure that there are systems and processes in place to support children and their families with planning, preparing and moving a child from children's healthcare to adult healthcare.

Action the trust SHOULD take to improve

Peterborough City hospital

Urgent and Emergency Care

- The service should ensure all staff have regular opportunities to meet to discuss the service.
- The service should ensure people can access the service when they needed it and receive the right care promptly, in line with national standards.
- The trust should ensure that paediatric waiting areas are audibly and visually separated from adult waiting areas.

Surgery

- The service should ensure that only designated staff have access to medication storage areas within the surgery wards.

Critical Care

- The service should review departmental cleaning checklists to ensure a clear record of cleaning is kept.

Summary of findings

- The service should consider developing a clear vision and implementation strategy for the service, that has been developed in conjunction with the relevant staff, patients and stakeholders.
- The service should ensure there are clear protocols for patients to access swallowing assessments out of hours.

Maternity services

- The service should ensure outcomes and safety improvement data is displayed for staff, women and visitors to see.
- The service should ensure that there is a nominated non-executive director for maternity services.
- The service should ensure audits of the World Health Organisation (WHO) and five steps to safer surgery safety checklist are signed and dated by the practitioner completing them.

End of Life Care

- The service should develop an effective system to track syringe drivers.
- The service should continue to improve discussions around preferred place of care and preferred place of death.

Outpatients

- The service should continue to ensure that medicines storage risks in the oncology outpatient area are assessed and actions taken to make safe.
- The service should consider adding 'post procedure debrief' to World Health Organisation (WHO) audit checklists in order to ensure that the audit data collected is complete and reflects correct process to confirm that all patients have fully completed WHO five steps to safer surgery checklists.
- The trust should ensure that hospital outpatient prescription pads are stored and tracked appropriately to ensure that they are not misused or missing.

Stamford and Rutland Hospital

Urgent and Emergency Care

- The service should ensure that an appropriate pain scoring tool is implemented for children's using the minor injuries unit.

Hinchingbrooke Hospital

Services for Children and Young People

- The service should continue to embed, monitor and establish governance processes.
- The service should continue to monitor the effectiveness of care and treatment as the service develops.
- The service should have facilities in place to allow children to be seen and treated separately from adults in post-operative recovery areas.
- The service should ensure that staff providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.
- The service should have systems and processes in place to maintain complete and accurate records in relation to sepsis care bundle documentation.

Is this organisation well-led?

Summary of findings

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

Our rating of well-led stayed the same. We rated well-led as Requires Improvement because:

- Leaders did not always operate effective governance processes throughout the trust. Structures, systems and processes for governance were not embedded or effective. Although the trust had a defined reporting structure to the board, the governance structure was not effective, and this meant issues across some services within the trust had not always been identified and addressed in a timely manner.
- Leaders and teams used systems to manage risk, issues and performance. However, leaders and teams did not always escalate relevant risks and issues and identify actions to reduce their impact in a timely manner. Whilst the trust responded to concerns raised by us throughout our inspection, they had not been identified and addressed internally, which meant risk assessment and quality assurance processes were not fully effective, and challenge was not rigorous. In addition, mitigating actions were not always clear. This was a concern that we highlighted at our previous inspection in July 2018.
- Since our last inspection, senior leaders had continued to address the culture in the trust. We did find some areas of the trust where staff felt more empowered and had higher levels of satisfaction. However, we also found staff who didn't always feel they had been listened to and where morale was low, such as the critical care unit and in outpatients.
- The trust did not collect, analyse, manage or use information well to support all of its activities. There was a lack of governance and monitoring around areas of key risk within the trust, for example the risks associated with the storage of medicines and risks associated with the grading and investigation of incidents. We discovered the trust had a significant backlog of incidents that had not been closed down on its incident reporting system.
- Although there were pockets of quality improvement within the trust, this was not embedded throughout the trust.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the services faced. They were visible and approachable in the service for patients and staff. The executive team were supportive of each other. The team consisted of individuals with diverse backgrounds and the team worked collectively and cohesively.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- At our previous inspection in July 2018, we found the trust did not have appropriate procedures or a policy in place for checking whether executive directors and non-executive directors were fit and proper persons. At our most recent inspection, we found the trust had acted to ensure a policy and procedure had been introduced and that appropriate fit and proper person checks had been undertaken.
- Staff mostly felt respected, supported and valued. They focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an

Summary of findings

open culture where patients, their families and staff could raise concerns without fear. The senior leaders were cohesive as a team and understood their role in developing a positive culture within the organisation. Whilst progress had been made in relation to changing culture throughout the trust, the senior leadership team recognised there was still work to be done.

- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The board sought additional assurance beyond written board papers through engagement activities such as their ward accreditation scheme, which was known as CREWS. This was based on key lines of enquiry relating to whether the service was caring, responsive, effective, well led and safe. Inspections took place and areas were awarded a rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Peterborough City Hospital	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019
Hinchingbrooke Hospital	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Stamford and Rutland Hospital	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Overall trust	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

Ratings for Peterborough City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Medical care (including older people's care)	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Critical care	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Inadequate ↓↓ Dec 2019	Requires improvement ↓ Dec 2019
Maternity	Requires improvement Dec 2019	Good Dec 2019	Good Dec 2019	Good Dec 2019	Inadequate Dec 2019	Requires improvement Dec 2019
Services for children and young people	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
End of life care	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Outpatients	Good Dec 2019	Not rated	Good Dec 2019	Good Dec 2019	Good Dec 2019	Good Dec 2019
Diagnostic imaging	Good Dec 2019	Not rated	Good Dec 2019	Good Dec 2019	Outstanding Dec 2019	Good Dec 2019
Overall*	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019

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

Ratings for Hinchingsbrooke Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Services for children and young people	Requires improvement Dec 2019	Good Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019
End of life care	Good Sept 2018	Requires improvement Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Good Sept 2018	Not rated	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019

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

Ratings for Stamford and Rutland Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019
Medical care (including older people's care)	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Surgery	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Outpatients	Good Dec 2019	Not rated	Good Dec 2019	Good Dec 2019	Good Dec 2019	Good Dec 2019
Overall*	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

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

Stamford & Rutland Hospital

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Stamford
Lincolnshire
PE9 1UA
Tel: 01733874000
www.nwangliaft.nhs.uk

Key facts and figures

Stamford and Rutland Hospital is a 22-bedded hospital and provides a range of outpatient services. It also has a minor injuries unit, medical ward and a day case surgery facility.

Summary of services at Stamford & Rutland Hospital

Good ● ➡ ➡

Our rating of services stayed the same. We rated them as good.

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

Urgent and emergency services

Requires improvement  

Key facts and figures

Stamford and Rutland hospital provides a minor injuries unit (MIU) that is open from 9am to 5pm Monday to Friday. Staff at the MIU see and treat patients for injuries that are not serious or life threatening. These include sprains and strains, broken bones, wound infections, minor head injuries, minor burns and scalds, minor eye injuries and insect and animal bites. The service is led by emergency nurse practitioners (ENPs) that rotate between the unit and the accident and emergency department at Peterborough City Hospital. At least two ENPs and one registered nurse are on duty at all times.

Adults and children are seen and treated and where applicable staff refer to either specialist services or the accident and emergency department at Peterborough City Hospital.

Between 01 January 2019 and 30 June 2019 there were 1455 attendances to Stamford and Rutland minor injuries unit.

We undertook an announced inspection on the 30 and 31 July 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During our inspection we spoke with seven members of staff, including emergency nurse practitioners, registered nurses and the hospital matron. We spoke with patients and relatives and reviewed three sets of patient records. We reviewed information received from the trust before and after the inspection, including information, policies and guidelines viewed on site.

The Care Quality Commission last inspected the service on 5 March 2014.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Not all staff were compliant with mandatory training in key skills, or knowledgeable about appropriate isolation procedures should they treat an infectious patient. Compliance with advanced life support, immediate life support and paediatric immediate life support was low. Staff knowledge of the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was inconsistent. Opportunities for wider learning from incidents were not always considered.
- The design and use of the waiting area did not meet national guidance. No formal environmental risk assessment had been undertaken to ensure all reasonable steps to mitigate risk had been undertaken.
- There was a lack of clarity in leadership at a local level. Governance, risk and quality performance processes were not embedded or aligned across the division, with the majority of focus given to Peterborough City hospital. Local audit was not utilised to monitor and improve services.
- There was a lack of formalised minutes for team, training and clinical business unit meetings. This meant the potential risk that concerns may not be addressed or actions identified completed and opportunities to improve the service could be missed. We were not assured of the frequency of meetings or attendance and representation from staff at Stamford and Rutland hospital.
- We raised concern over an individual member of staff in relation to their manner, conduct and awareness of consent when providing direct patient care. We were assured by the matron that the concerns would be looked into and where appropriate support, training and supervision would be provided.

Urgent and emergency services

However, we also found that:

- The service had enough nursing staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff followed infection control principles including the use of personal protective equipment. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- Mandatory training compliance was below trust target and the service did not make sure all staff completed mandatory training in key skills. Assurance was not provided that there was a member of staff trained in advanced life support and paediatric immediate life support on every shift.
- Not all staff were aware of appropriate isolation procedures should they treat an infectious patient.
- The design and use of the waiting area did not meet national guidance and storage areas were unsecure. Actions were taken to address the security of the clinical store room during the inspection.
- Annual prescribing updates and staff competencies could not be assured for non-medical prescribers.
- Opportunities for wider learning from incidents, for example with other providers, were not always considered.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- Nursing staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of equipment kept people safe and staff were trained to use them. Staff managed clinical waste well.

Urgent and emergency services

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills and experience to provide care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- There were systems and processes to safely prescribe, administer, record and store medicines.
- The service managed internal patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results to improve safety. Staff collected safety information and made it publicly available.

Is the service effective?

Requires improvement



This was the first time we had rated effective. We rated it as requires improvement because:

- Processes in place did not protect the rights of patients subject to the Mental Health Act 1983.
- There was no suitable pain assessment tool in use for children.
- There was a lack of formalised local audit to monitor and improve practice.
- Not all staff supported patients to make informed decisions about their care and treatment or followed national guidance to gain patients' consent.
- Nurse training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards did not meet trust target.

However:

- The service provided care and treatment based on national guidance and best practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provide support and development.
- Emergency nurse practitioners, registered nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.

Is the service caring?

Good



Urgent and emergency services

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for patients to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Requires improvement  

Our rating of well-led went down. We rated it as requires improvement because:

- There was a lack of clarity in leadership at a local level. Senior leaders were new in post and some positions remained interim at the time of inspection. The change in leadership had impacted on the effectiveness to manage priorities and issues.
- There was no formalised vision or strategy for the service.
- Governance processes were not fully effective. The opportunities to meet, discuss and learn from service performance were not embedded.
- Leaders and teams did not identify relevant risks and issues or use systems to manage performance effectively.
- There were no clear quality improvement methods in place.

However:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders were responsive to risks raised during inspection and took action where appropriate.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats to understand performance. The information systems were integrated and secure.

Urgent and emergency services

- Leaders and staff actively and openly engaged with patients, staff and the public.

Medical care (including older people's care)

Good   

Key facts and figures

The trust provided the following information about their medical care services at Stamford and Rutland Hospital:

Stamford and Rutland Hospital:

There is a sub-acute medical and rehabilitation ward at Stamford and Rutland Hospital (John Van Geest ward) and the Frail Elderly Unit. (Source: Routine Provider Information Request AC1 - Acute context)

The trust had 60,840 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 34,885 (57.3%), 491 (<1%) were elective, and the remaining 25,464 (41.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine with 20,953 admissions
- Gastroenterology with 9,399 admissions
- Medical oncology with 7,030 admissions

(Source: Hospital Episode Statistics)

During our inspection we spoke with 14 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with nine patients and their relatives, reviewed eight patient records, 12 prescription charts, and considered other pieces of information and evidence to come to our judgement and ratings. We visited the John Van Geest ward and therapy room.

At our last inspection (March 2014), medicine was rated good overall with safe, effective, caring responsive, and well-led all rated as good.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Medical care (including older people's care)

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

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

Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Medical care (including older people's care)

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The staff had a vision for what they wanted the service to achieve, however this was not formalised and there was no local strategy to turn it into action. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Surgery

Good   

Key facts and figures

The trust provided the following information about their surgical services at Stamford and Rutland Hospital. The Greenwood day treatment unit is contained within Stamford and Rutland Hospital an elective care hospital in Stamford, Lincolnshire administered by North West Anglia NHS Foundation Trust.

This hospital provides a range of surgery using local anaesthetic soft tissue orthopaedics, urology and plastic surgery. There are two procedure rooms used within this service. The pain management team are based at this site. There is a site matron who oversees this service and a theatre matron based at Peterborough who has staff based at this site within her management of responsibility.

The Greenwood day treatment unit assesses all surgery patients prior to treatment or surgery.

As part of this announced inspection we reviewed performance information, from and about this hospital. We spoke with 8 patients and their family members where present, 25 members of staff, including deputy chief nurse, infection prevention and control lead nurse, deputy director of infection prevention and control, matron, ward manager, volunteers' manager, surgical registrar, a pain consultant, radiographer, pharmacy technician, decontamination technician, operating department assistant, healthcare assistant, administrators, student nurse and support workers. We observed care and treatment and reviewed 10 care records and 10 electronic patient records. We reviewed six pieces of patient safety equipment and reviewed additional requests received from the service.

At our last inspection in December 2014 surgery was rated good overall for safe, effective, caring, responsive and well led.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed that training. Staff provided care, in a safe environment and understood how to protect patients from harm. Patients were protected from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Patients were seen to be treated with compassion and staff respected their privacy and dignity. Patient feedback was positive about all staff that delivered patient focused care.
- Staff were able to raise concerns, report near misses and report incidents although all staff agreed that they continued to learn from incident feedback.
- Managers and staff demonstrated commitment to best practice performance and risk management. All staff were committed to continually improving the service.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Surgery

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent infections.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers told us how they regularly reviewed and adjusted staffing levels and skill mix, and ensured bank staff had a full induction.
- The service had a good skill mix of medical staff on each shift and reviewed this.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used monitoring results well to improve safety.

However:

- We reviewed a patient safety incident after a near miss national early warning score, which highlighted an end of life patient identified by nurses as a deteriorating patient. The root cause analysis presented no medical statements to support actions taken and we saw actions with a delayed closure date.
- The pain score was not completed on all patient records reviewed and not discussed when patient and nurse discussions were observed.

Surgery

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Surgery

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The trust vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outpatients

Good 

Key facts and figures

The trust provided the following information about their outpatient services at Stamford and Rutland Hospital:

- General outpatients and outpatients for surgical specialities.
- Main hub for all chronic pain services for trust. This is a sub-regional service with acute pain service provided on other sites.
- Procedure room for minor day cases and procedures.

(Source: Routine Provider Information Request (RPIR) – Acute context tab)

From March 2018 to February 2019 there were 55,920 outpatient appointments at the hospital.

We undertook an announced inspection on the 30 and 31 July 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During this inspection we visited the main outpatients area, including clinic rooms and waiting areas. We spoke with ten patients and relatives, and 13 members of staff including medical and nursing staff, allied health professionals and healthcare assistants.

We observed care and looked at six sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from April 2018 to March 2019 about the trust.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The outpatients service had enough staff, provided mandatory training and made sure everyone completed it. Staff understood how to protect patients from abuse. The service controlled infection risk well. The service managed medicines appropriately and ensured that records were stored securely.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough food and drink to meet their needs. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Managers appraised staff's work performance and staff worked together as a team. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.

Outpatients

- Leaders had the skills to run the service, and staff felt respected, supported and valued. The service used systems to manage performance effectively, collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

We did not rate effective.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs.

Outpatients

- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Outpatients

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Leaders had the skills, knowledge, experience and integrity to run the service. They managed priorities and challenges that the service faced. They were visible and approachable in the service for patients and staff, and they supported staff to develop their skills and take on senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Hinchingbrooke Hospital

Hinchingbrooke Park
Huntingdon
Cambridgeshire
PE29 6NT
Tel: 01480 416416
www.nwangliaft.nhs.uk

Key facts and figures

Hinchingbrooke Hospital is a 270-bedded district general hospital located at Hinchingbrooke Park in Huntingdon. The hospital opened in 1983 and provides a range of specialities including general surgery, ear, nose and throat, ophthalmology, orthopaedics, urology, breast surgery and vascular services. The hospital has an emergency department and a maternity unit. The hospital took over acute children's services from a neighbouring community NHS trust on 1 April 2019. The hospital also has private facilities for patients who choose to receive their care on the Mulberry suite. On the site, there is also a 23-bedded treatment centre, which opened in 2005.

- Holly Ward has 12 beds plus one high dependency bed, six day-case beds and up to six assessment beds.
- Children's outpatients used by paediatricians, physiotherapists, dieticians, specialist nurses and visiting specialist consultants from other trusts (cardiology, neurology, nephrology, surgeons).
- Special care baby unit has up to 10 cots, with two designated high dependency/intensive care cots.

(Source: Routine Provider Information Request (RPIR) – Context acute tab)

Summary of services at Hinchingbrooke Hospital

Requires improvement



This was the first time we have rated this service. We rated it them as requires improvement.

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

Services for children and young people

Requires improvement



Key facts and figures

Hinchingbrooke hospital is located in Huntingdon, Cambridgeshire. The hospital services sees and treats children and young people from local surrounding areas.

As of April 2019, services for children and young people were transferred from another healthcare trust (community provider) to Hinchingbrooke Hospital. Prior to April 2019, Hinchingbrooke Hospital did not provide services for children and young people.

- Holly Ward has 12 beds plus one high dependency bed, six day-case beds and up to six assessment beds.
- Children's outpatients used by paediatricians, physiotherapists, dieticians, specialist nurses and visiting specialist consultants from other trusts (cardiology, neurology, nephrology, surgeons).
- The special care baby unit (SCBU) has up to 10 cots, with two designated high dependency/intensive care cots.
- Hinchingbrooke hospital provided elective surgical services for children aged one year and over. Emergency surgery was carried out for children aged three years and over. If required, children had surgical procedures carried out at other hospitals within the area.

This was the first time we have inspected and rated services for children and young people at Hinchingbrooke hospital. The inspection on 30 and 31 July 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. A further unannounced inspection of the service took place on 7 August 2019.

The trust had 8,090 spells from March 2018 to February 2019.

Emergency spells accounted for 90.7% (7,337 spells), 7.6% (614 spells) were day case spells, and the remaining 1.7% (139 spells) were elective.

Hinchingbrooke Hospital

Following the inspection, the trust provided a breakdown of spells at Hinchingbrooke Hospital showing 4,745 total spells from April to June 2019. Emergency spells accounted for 84.7% (4,017 spells), 7.3% (346 spells) were day case spells, and the remaining 8.1% (382 spells) were elective.

(Source: Inspection data request DR117 – Hinchingbrooke Hospital children's admissions)

During our inspection we spoke with 16 members of staff (various grades including nurses, nursery assistants, administrative staff, doctors and senior managers). We spoke with four children, young people and parents/carers about their experience of the care they had received.

Summary of this service

This is the first time we rated this service. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff however not all staff had completed required training.
- Staff had training on how to recognise and report abuse, and they knew how to apply it. However, compliance with safeguarding training failed to meet the trust's target.

Services for children and young people

- The service did not have enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- There was a lack of transition services and support in place. Staff did not have access to transition plans used to support young people moving on to adult services.
- Leaders were in the process of establishing governance processes, which were in their infancy at the time of our inspection due to recent implementation of the service.
- Not all risks were effectively documented and overseen. The lack of access to transition services and oversight of mandatory training compliance were not documented on risk registers.
- The service's vision was in its infancy at the time of our inspection due to recent implementation of the service.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and took action to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service safe?

Requires improvement



This is the first time we have rated this service. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff however not all staff had completed required training.
- Staff knew how to recognise and report abuse. However, not all staff had received safeguarding training. Compliance with safeguarding training failed to meet the trust's target.

Services for children and young people

- The service did not have enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Whilst the service used systems and processes to safely, administer, record and store medicines, not all medicine prescription charts included child weight to enable safe prescribing.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and took action to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

Is the service effective?

Good 

This is the first time we have rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles and provided developmental opportunities. We were unable to evidence that managers appraised staff's work performance due to recent implementation of the service.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Services for children and young people

- Staff supported children, young people and their families to make informed decisions about their care and treatment.

However:

- Staff monitored the effectiveness of care and treatment, but the use of audit findings to make improvements was in its infancy due to the recent implementation of the service.
- The service had recognised the need to improve multidisciplinary working within the service. There was no access on site mental health liaison and specialist mental health support and the service lacked access to a range of clinical nurse specialists.

Is the service caring?

Good 

This is the first time we have rated this service. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Requires improvement 

This is the first time we have rated this service. We rated it as requires improvement because:

- There was a lack of transition services and support in place. Staff did not have access to transition plans used to support young people moving on to adult services.

However:

- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service had processes in place to treat concerns and complaints seriously, investigate them and share lessons learned with all staff.

Is the service well-led?

Requires improvement 

Services for children and young people

This is the first time we have rated this service. We rated it as requires improvement because:

- Leaders were in the process of establishing governance processes which were in their infancy at the time of our inspection due to recent implementation of the service.
- Not all risks were effectively documented and overseen. The lack of access to transition services and oversight of mandatory training compliance were not documented on risk registers.
- The service's vision was in its infancy at the time of our inspection due to recent implementation of the service.

However:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Peterborough City Hospital

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www.nwangliaft.nhs.uk

Key facts and figures

Peterborough City Hospital is a 670-bedded purpose-built hospital and is located at Bretton Gate, Peterborough. The hospital has a haematology/oncology unit, radiotherapy suite, an emergency department, a dedicated women's and children's unit, a cardiac unit, a respiratory investigations facility and full diagnostic imaging facilities.

At this inspection we inspected the core services of urgent and emergency care, surgery, critical care, maternity, services for children and young people, end of life care, outpatients and diagnostic imaging.

Summary of services at Peterborough City Hospital

Requires improvement ● ↓

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

Our rating of services went down. We rated them as requires improvement .

Urgent and emergency services

Requires improvement   

Key facts and figures

The emergency department (ED) at Peterborough City Hospital offers facilities for all patients, including patients who self-present or arrive by ambulance or healthcare professional referral. The service is available 24 hours a day, seven days a week, 365 days a year.

The ED comprises of several different specialist areas for the treatment of patients of all acuities. It contains a resuscitation area, which comprises of eight cubicles, including a specialist paediatric cubicle, for the treatment of patients who are critically ill. It contains a majors area, which comprises of 26 cubicles, for the treatment of patients with acute illnesses and injuries. It has a minors area, which comprises of seven cubicles, for patients with minor injuries and illnesses. The department has access to an adjoining clinical observation and decisions unit (CODU) for patients who may need to be admitted for a brief period of observation under the ongoing care of the ED team. It has a triage and streaming area, which consists of four rooms, for the first triage and assessment of patients. The department has a reception area with an accompanying waiting area.

The service has a dedicated children's emergency department, which adjoins the main emergency department, for the assessment and treatment of children aged under 16. The children's ED has five specialist paediatric cubicles, along with an adolescent room and a play centre.

We undertook an announced inspection between the 30 and 31 July 2019, followed by unannounced inspection on 8 August 2019. During our inspections, we spoke with 27 members of staff, including nurses, doctors, consultants, healthcare assistants, clerical officers and receptionists. We spoke with leaders for the department, including the deputy general manager, service manager, matron, lead nurse for ED, lead nurse for children's ED and ED clinical educator.

We inspected the resuscitation area, majors area, minors area, children's ED, waiting rooms, clinical observation and decisions unit and store rooms. We reviewed several medical devices and items of equipment throughout the department to ensure they were clean and serviced in line with trust procedures.

We spoke with six patients and two relatives to ask about the care that they had received. We reviewed 13 sets of patient records during our announced inspection, including a further five sets of patient records during our unannounced inspection, to review the care, treatment and medication patients had received. We reviewed several departmental and trust policies and guidelines to ensure they were up-to-date and were in line with national guidance.

From March 2018 to February 2019, there were 159,614 attendances to the trust's urgent and emergency care services. Patients arrive by emergency ambulance, self-present or are referred to the department by other healthcare professionals.

The Care Quality Commission (CQC) last inspected urgent and emergency care services at Peterborough City Hospital in July 2018. At that time, we rated the department as requires improvement overall. We rated the domain of caring as good, and the domains of safe, effective, responsive and well-led as requires improvement.

Summary of this service

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

Urgent and emergency services

- The number of staff who completed mandatory training in key skills did not always meet trust targets. Safeguarding training for medical staff did not always meet trust targets. Not all staff were aware of appropriate isolation procedures should they treat an infectious patient. The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff did not always complete risk assessments for each patient swiftly and did not always remove or minimise risks and update the assessments. Staff did not always identify or quickly act upon patients at risk of deterioration. Staff did not always keep detailed records of patients' care and treatment. Records were not always clear and up-to-date. Systems used for storing medicines were not in line with national guidance.
- The service did not always make sure all staff in the main emergency department had sufficient skills and competencies to assess and treat children. Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and development.
- People could access emergency services when they needed it, however did not always receive treatment within agreed timeframes and national targets.
- There was a lack of clarity in leadership at a local level. Senior leaders were new in post and some positions remained interim at the time of our inspection. Not all leaders were visible and approachable in the service for patients and staff. There was no formalised local strategy to turn the service's vision into action. Governance processes were not always fully effective. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service. Risks and issues were not always escalated promptly. Action was not always taken quickly to reduce their impact. There were no clear quality improvement methods in place.

However:

- The service provided mandatory training to all staff. Staff understood how to protect patients from abuse. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff were trained to use facilities, premises and equipment and managed clinical waste well. The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Records were stored securely and were easily available to all staff providing care. Staff followed processes when storing medication documentation, and when prescribing and recording medicines. The service managed patient safety incidents well. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment and used the findings to make improvements and achieve good outcomes for patients. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable

Urgent and emergency services

adjustments to help patients access services. They coordinated care with other services and providers. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- Staff and leaders had a vision for what they wanted to achieve. Staff felt respected, supported and valued. The service had a governance structure in place. Leaders and teams identified relevant risks and issues. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. Some staff were committed to continually learning and developing.

Is the service safe?

Requires improvement ● ➡ ➡

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

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets.
- Safeguarding training for medical staff did not always meet trust targets.
- Not all staff were aware of appropriate isolation procedures should they treat an infectious patient.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Staff did not always complete risk assessments for each patient in a timely manner. They did not always remove or minimise risks and update the assessments. Staff did not always identify and quickly act upon patients at risk of deterioration.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear and up-to-date.
- Systems used for storing medicines were not in line with national guidance.

However:

- The service provided mandatory training in key skills, including the highest level of life support training to all staff.
- Staff understood and knew how to protect patients from abuse and the service worked well with other agencies to do this. Nursing staff had training on how to recognise and report abuse.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff were trained to use facilities, premises and equipment and managed clinical waste well.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff to keep patients safe from avoidable harm. Medical staff had the right qualifications, skills and training to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Records were stored securely and were easily available to all staff providing care.

Urgent and emergency services

- Staff followed processes when storing medication documentation, and when prescribing and recording medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment and used the findings to make improvements and achieve good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limited patients' liberty.

However:

- The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and development.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness and respected their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Urgent and emergency services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement   

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement   

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

- There was a lack of clarity in leadership at a local level. Senior leaders were new in post and some positions remained interim at the time of our inspection. Not all leaders were visible and approachable in the service for patients and staff.
- There was no formalised local strategy to turn the service's vision into action.
- Governance processes were not always fully effective. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- Risks and issues were not always escalated promptly. Action was not always taken quickly to reduce their impact.
- There were no clear quality improvement methods in place.

However:

- Staff and leaders had a vision for what they wanted to achieve.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had a governance structure in place.

Urgent and emergency services

- Leaders and teams identified relevant risks and issues.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Some staff were committed to continually learning and developing.

Outstanding practice

We found an area of outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Surgery

Good   

Key facts and figures

At the Peterborough City Hospital site, secondary care services are provided for ear, nose and throat (with some community outreach clinics), rheumatology, urology, trauma and orthopaedics (including hand surgery), general surgery (including colorectal and upper gastrointestinal surgery), ophthalmology and plastic surgery.

The main theatre suite includes emergency, elective and day case theatres. There are also separate day case ophthalmology theatres in the Eye Unit.

Our inspection of North West Anglia Foundation Trust was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During the inspection we spoke with 46 of staff including doctors, surgeons, nurses, therapists, health care assistants and non-clinical staff. We spoke with seven patients and their relatives, reviewed 20 patient records and considered other pieces of information and evidence to come to our judgement and ratings. We visited all surgical clinical areas including wards, theatres, and day treatment unit.

At our last inspection in December 2014, surgery was rated good overall with safe, effective, caring, responsive and well led all rated as good.

Summary of this service

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

- Staff provided good care and treatment. Staff understood how to keep patients safe, recognise abuse and report incidents. Learning from incidents was shared to make improvements. Managers monitored the effectiveness of the service, ensured staff were competent within their roles and participated in local national audits to improve patient outcomes.
- Staff of all types worked together in for the benefit of patients. Patients accessed up to date advice on how to lead healthier lives, staff supported them to make decisions about their care, and key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment and care. Patients we spoke with told us the care they received was appropriate to their needs. Staff provided emotional support to patients, families and carers to promote their wellbeing whilst in hospital and following discharge.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Patients could access the service when they needed it and care staff planned and delivered individualised care.
- Leaders, managers and staff focused on the needs of patients receiving care and used innovative treatment and technology to improve patient lives. Staff were clear about their roles and accountabilities. The service engaged with stakeholders to plan and manage services and all staff were committed to continuously improving services.

Surgery

Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service had a good skill mix of medical staff on each shift and reviewed this
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Staff received but did not always keep up-to-date with their mandatory training.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Surgery

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used to agree personalised measures that limit patients' liberty.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Surgery

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The trust vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Critical care

Requires improvement  

Key facts and figures

The trust has 25 critical care beds.

The trust provided the following information about their critical care service at Peterborough City Hospital:

- Critical care services at the hospital include a 13-bed critical care unit (with an average of five level 3 and eight level 2 beds). These beds can be used flexibly to a maximum of 16 level 2 or nine level 3 beds across the trust.
- The hospital provides critical care outreach and critical care rehabilitation.
- The critical care unit cares for emergency and elective patients. Patients requiring critical care at a regional specialist centre are stabilised before being transferred.
- The critical care team consists of consultant intensivists, critical care nurses and physiotherapists supported by a critical care pharmacist, dieticians, the infection control team and a microbiologist.

(Source: Routine Provider Information Request – Acute context)

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Not all medical staff had completed mandatory training. The service did not have enough medical staff with the right qualifications, skills, training and experience. There were several vacant posts and rota gaps were filled by staff at short notice. Managers did not regularly review staffing levels to ensure an appropriate skill mix of medical staff. The systems and processes for the storage of medicines was not in line with national guidance. Medicines could be accessed by staff who were not authorised to access them.
- The service did not use monitoring results well to improve safety. Staff collected safety information and displayed it in staff areas. However, monitoring results were not always used to improve safety. Managers did not check to make sure staff followed guidance. For example, the medicines management policy. Some policies were significantly out of date including the critical care operational policy.
- It was unclear if people could access the service when they needed it. The service did not always admit, treat and discharge patients in line with national standards. For example, waiting times to be admitted were not monitored, and patients stayed in the department for longer than they needed to.
- Not all leaders had the capacity to run the service. They did not understand and manage all the priorities and issues the service faced. The service had a vision for what it wanted to achieve but there was no clear strategy to turn it into action, and therefore progress could not be monitored. The draft clinical strategy was in its infancy and had not been developed with senior leaders from the service, relevant stakeholders or staff. Not all staff felt respected, supported or valued. The service had an open culture where patients, and their families could raise concerns however not all staff felt they could do so without fear of retribution.
- Leaders did not operate a consistent governance process, throughout the service and with due to lack of senior staff and time constraints of leaders. Not all staff at all levels were clear about their roles and accountabilities. Staff did not

Critical care

have regular opportunities to meet, discuss, understand and learn from performance. Not all staff were committed to continually learning and improving services. They did not have an understanding of quality improvement methods and had not been equipped with the skills to improve quality. Leaders did not encourage innovation and participation in research.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- Not all medical staff had completed mandatory training.
- Cleaning records and checklists were not always kept up to date.
- The service did not have enough medical staff with the right qualifications, skills, training and experience. There were several vacant posts and rota gaps were filled by staff at short notice. Managers did not regularly review staffing levels to ensure an appropriate skill mix of medical staff.
- The systems and processes for the storage of medicines was not in line with national guidance. Medicines could be accessed by staff who were not authorised to access them.
- The service did not use monitoring results well to improve safety. Staff collected safety information and displayed it in staff areas. However, monitoring results were not always used to improve safety.

However:

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, and record medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Critical care

Is the service effective?

Requires improvement  

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

- Managers did not check to make sure staff followed guidance. For example, the medicines management policy. Some policies were significantly out of date including the critical care operational policy.
- Special feeding and hydration techniques could not always be accessed when necessary as there were no protocols for nursing staff to commence enteral feeding following swallow assessments for patients in the critical care unit out of hours.
- There was limited monitoring of the effectiveness of care and treatment. Not all staff were knowledgeable about the findings and they were not used to make improvements. The service did not meet any of the Intensive Care National Audit Research Centre (ICNARC) standards but were within the expected range.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Despite staff reporting that relationships were strained, they worked with each other to provide good care for patients.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty appropriately.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Critical care

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ↓

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

- It was unclear if people could access the service when they needed it. The service did not always admit, treat and discharge patients in line with national standards. For example, waiting times to be admitted were not monitored, and patients stayed in the department for longer than they needed to.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients confirmed it was easy to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Inadequate ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- Not all leaders had the capacity to run the service. They did not understand and manage all the priorities and issues the service faced.
- The service had a vision for what it wanted to achieve but there was no clear strategy to turn it into action, and therefore progress could not be monitored. The draft clinical strategy was in its infancy and had not been developed with senior leaders from the service, relevant stakeholders or staff.
- Not all staff felt respected, supported or valued. The service had an open culture where patients, and their families could raise concerns however not all staff felt they could do so without fear of retribution.
- Leaders did not operate a consistent governance process, throughout the service and with due to lack of senior staff and time constraints of leaders. Not all staff at all levels were clear about their roles and accountabilities. Staff did not have regular opportunities to meet, discuss, understand and learn from performance.
- Leaders did not identify actions to reduce the impact of all risks identified.
- The service did not collect reliable data and data was not always analysed. Staff were able to find the data they needed, in easily accessible formats, but not all staff understood performance, made decisions or improvements.

Critical care

- Leaders and staff did not actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services.
- Not all staff were committed to continually learning and improving services. They did not have an understanding of quality improvement methods and had not been equipped with the skills to improve quality. Leaders did not encourage innovation and participation in research.

However:

- Local leaders were visible, and some staff reported they were approachable in the service for patients and staff. They supported some staff to develop their skills.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided some opportunities for career development.
- Leaders and teams used some systems to manage performance. They identified and escalated relevant risks and issues. They had plans to cope with unexpected events.
- The information systems were secure. Data and notifications were consistently submitted to external organisations as required.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Maternity

Requires improvement



Key facts and figures

North West Anglia NHS Foundation Trust provides maternity services at the Peterborough City Hospital. The maternity unit comprises of a maternity day care unit, antenatal clinic, maternity ward (antenatal and postnatal), a transitional care ward, triage unit, delivery suite, maternity led unit, home birth service and a community midwifery service. Additional antenatal and postnatal services are provided at Hinchingsbrooke Hospital.

Our inspection was announced due to the number of core services we inspected. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 29 staff members; including service leads, matrons, midwives, doctors, non-registered and administrative staff.
- Spoke with six women and four relatives who were using the service.
- Checked 14 pieces of equipment.
- Reviewed 22 medical records.
- Reviewed five prescription charts.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

We rated it as requires improvement overall. We rated safe as requires improvement, effective, caring and responsive as good and well led as inadequate because:

- Staff did not complete all risks assessments fully. The service collected safety information but did not share it with staff, women and visitors. The service did not control infection risk well. Not all equipment was safety tested. The service did not always store medicines safely. The ward exits were not secure. Documentation in women's records was in line with national guidance. Staff had training in key skills, required by the trust. Staff understood how to protect patients from abuse. The service managed safety incidents well and learned lessons from them.
- Staff provided evidenced based care and treatment to women and gave them pain relief when they needed it. Managers monitored the outcomes of the service and made sure staff were competent. Staff worked well together for the benefit of women and babies. There were a number of guidelines that were out of date.
- Staff cared for women and babies in a compassionate manner and ensured their privacy and dignity. Women and partners gave extremely positive feedback. Staff ensured women received emotional support when required.

Maternity

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Although there were areas when women were not assessed by a midwife in a timely manner.
- Leaders did have an awareness that not all risk assessments were not being completed by staff. There was not a specific maternity strategy for the service. Not all staff understood the trust's vision and values, and how to apply them in their work. There were no long term plans to resolve long term risks. Governance processes in place were not fully effective, there remained a lack of oversight of performance from managers and the senior leadership team. Leaders were visible, all staff felt respected, supported and valued. The service engaged well with women, external agencies and the community to plan and manage services. The service supported initiatives and research projects.

Is the service safe?

Requires improvement



We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The ward did not have a secured exit door to monitor who was leaving the area. Which meant that there was a risk that babies could be abducted. The service had not performed any baby abduction drills.
- The service did not control infection risk well, not all equipment and premises were visibly clean.
- Staff did not ensure all equipment had been safety tested and serviced.
- Not all equipment was safety checked and tested in line with safety standards.
- Staff did not always fully complete documentation for each woman accessing the triage unit.
- Staff did not always complete the nationally recognised tool to identify deteriorating women correctly.
- Women who attended the triage unit were not seen immediately by a member of staff. We were concerned that women were not having a timely risk assessment when presenting with complications. We raised our concerns with the trust who took actions to address our concerns.
- Paper records and were not always stored securely on the delivery suite.
- Staff did not always deal with specific risk issues. For example, we found that carbon monoxide screening which is part of the 'saving babies lives 2016' initiative was not always performed in line with trust guidance.
- Audit demonstrated that staff did not always fully complete the World Health Organisation and five steps to safer surgery checklist.
- Staffing levels and skill mix did not always match the expected staffing levels. Despite raising incident reports for staffing, staff received limited feedback or actions taken to address concerns were not evident to staff
- The service did not always store intravenous medicines and oxygen safely,
- The service did not display safety thermometer data in line with NHSI format, however they did display safety data within the matrons safety scorecard. However:
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Midwifery staff received and kept up to date with their mandatory training.

Maternity

- The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- When things went wrong, staff apologised and gave women honest information and suitable support.
- The service used systems and processes to safely prescribe, administer and record medicines.
- Managers, gave bank, agency and locum staff a full induction.
- The service had enough suitable equipment to help them to safely care for women and babies.
- Staff used personnel protective equipment to protect women, themselves and others from infection.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Is the service effective?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Overall the service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care to women and babies.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

Maternity

However:

- The expressed breast milk fridge was not locked, which meant milk could be taken or tampered with which was not in accordance with the Royal College of Nursing 2015.
- There were a number of guidelines, five out of ten we reviewed were out of date.

Is the service caring?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Facilities and premises were not always appropriate for the services being delivered. The environment and facilities were not appropriate for women suffering a bereavement.
- Waiting times in certain areas were impacted which meant care was not always timely

Maternity

Is the service well-led?

Inadequate



We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as inadequate because:

- Leaders did not always understand and manage the priorities and issues the service faced. At the time of our inspection the senior leadership team were not aware and did not have oversight that several risk assessments were not being completed.
- We were not assured the profile of maternity services at board level was in line with national guidance and fully embedded. There was not an official non-executive director (NED) for maternity services, a non-executive director should scrutinise the performance of the management of a service.
- The service did not have a maternity specific strategy and used the trust's vision and strategy. Not all staff we spoke with were able to define the trusts vision and values.
- Action plans we reviewed aligned to the maternity safety improvement plan last updated June 2019, did not contain target dates or named staff responsible for each recommendation.
- The service had not progressed to find long term solutions for risks and manage performance. Some risks had remained on the risk register since 2016. There were a large number of guidelines out of date and the senior team were not monitoring performance to ensure compliance with their submission to Clinical Negligence Scheme for Trusts -NHS resolution.
- The service did not ensure all identifiable information was kept confidential. Women's details could be observed in corridors within the delivery suite.
- Whilst governance processes were in place these were not fully effective, there remained a lack of oversight from the senior leadership team with issues we raised during our inspection. For example, the infection prevention control issues, equipment safety checks, storage of intravenous medicines, and documentation of assessments in the triage unit.

However:

- Leaders were visible and approachable in the service for women and staff.
- Staff felt respected, supported and valued. They were focused on the needs of women and babies receiving care. The service promoted equality and diversity in daily work, and an open culture where women, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and babies.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Maternity

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Services for children and young people

Good   

Key facts and figures

Peterborough City Hospital is an acute teaching hospital serving the city of Peterborough, north Cambridgeshire, areas of East Northamptonshire and Rutland. It is managed by North West Anglia NHS Foundation Trust.

Peterborough City Hospital

- Amazon Ward: 28 bed ward provides elective and emergency care for all children up to the age of 16 including orthopaedic surgery, paediatric urology and ear, nose and throat (ENT) surgery and some specialist maxillo-facial surgery. Children with chronic diseases continue to receive paediatric care beyond the age of 16 if required. The ward also has a two bed paediatric high dependency unit (HDU).
- Eight bed Jungle Assessment Unit for GP or emergency department referrals for assessment by a paediatrician prior to discharge or admission.
- Rainforest outpatients used by paediatricians, physiotherapists, dieticians and visiting specialist consultants mainly from Leicester and Cambridge (paediatric surgeons, cardiologists, rheumatologists and paediatric neurology).
- Twenty-two cot local neonatal unit (NICU).

This was the first time we have carried out a comprehensive inspection under our current methodology and rated all domains for children and young people at Peterborough hospital since 2014. In 2014, children's care (as it was then known) was rated as good in all domains except responsive which was rated as requires improvement. We inspected the service again in 2015 and inspected and rated the responsive domain only. In 2015 responsive was inspected and was rated as good. The inspection on 30 and 31 July 2019 was announced (staff knew we were coming) to ensure everyone we needed to talk to was available. A further unannounced inspection of the service took place on 7 August 2019. This was to help us gather more information.

During our inspection we spoke with members of staff from across various grades including 15 qualified nurses, nine managers, two nursery assistants, two healthcare support worker, two administrative staff, nine doctors and senior managers. We spoke with five children and young people and seven parents/carers about their experience of the care they had received.

Summary of this service

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

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Services for children and young people

- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Services for children and young people

- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

However:

- The service did not have enough medical staff. Vacancy rates for medical staff were high. This meant there were gaps in the number of medical staff available to support the service.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.

Services for children and young people

Is the service caring?

Good  → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Is the service well-led?

Good  → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Services for children and young people

- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

End of life care

Good   

Key facts and figures

North West Anglia NHS Foundation Trust provides end of life care at Peterborough City Hospital and Hinchingsbrooke Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

From March 2018 to February 2019, the trust had 1,938 deaths.

(Source: Hospital Episode Statistics)

Peterborough City Hospital

End of life care (EOLC) at Peterborough City Hospital is provided by staff on wards throughout the hospital and supported by a specialist palliative care team. The team consists of clinical nurse specialists, associate clinical nurse specialists, palliative care consultants, a psychologist and administration staff. Advice, guidance, education and treatment is provided by the team to support patients with complex pain management needs. The team provides EOLC alongside the patient's own medical team or GP, whether that be in hospital or in the community.

The service works in partnership with a specialist palliative care inpatient unit in Peterborough.

The hospital provides bereavement, mortuary and chaplaincy services. The bereavement, mortuary and chaplaincy team provide a wide range of support to families, relatives and friends of the dying and deceased.

During this inspection, we visited eight wards including haematology and oncology, medicine for the elderly, colorectal and stroke. We also visited the bereavement centre, mortuary and faith centre. We spoke with five patients receiving end of life care and six relatives. We spoke with 22 members of staff including medical and nursing staff, the specialist palliative care team, chaplaincy, mortuary and bereavement staff.

We reviewed 10 sets of care records for patients receiving end of life care, 14 recommended summary plan for emergency care and treatment (ReSPECT) records, and five prescription charts. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

Summary of this service

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

- The service had enough nursing staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Staff managed medicines well. Managers investigated incidents and shared lessons learnt with staff.
- Staff provided care and treatment in line with national guidance. Staff gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. The specialist palliative care team was available seven days a week.

End of life care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Most people could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- There was not an effective system to ensure syringe drivers were always available.
- Medical staffing levels did not meet national guidelines. A business case to extend consultant hours has been developed by the service but was rejected by the trust due to lack of funding.
- The specialist palliative care team were unable to access the records system used by local GPs. This had an impact on continuity of care within the community.
- Staff documentation around cardiopulmonary resuscitation was poorly completed and not in line with national guidance.
- Discussions around preferred place of care (PPC) and preferred place of death (PPD) did not always take place.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities and premises kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

End of life care

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learnt with staff.

However:

- There was not an effective system to ensure syringe drivers were always available.
- Medical staffing levels did not meet national guidelines. A business case to extend consultant hours has been developed by the service but was rejected by the trust due to lack of funding.
- The specialist palliative care team were unable to access the records system used by local GPs. This had an impact on continuity of care within the community.

Is the service effective?

Requires improvement  

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

- The trust used a recommended summary plan for emergency care and treatment (ReSPECT) to document discussions around cardiopulmonary resuscitation. ReSPECT documentation was poorly completed. Of the 14 ReSPECT forms we reviewed, six forms showed no evidence that the decision not to attempt cardiopulmonary resuscitation had been discussed with the patient's relatives and three forms showed no evidence that the decision not to attempt cardiopulmonary resuscitation had been discussed with the patient. On one form, there was no date to identify when the decision not to attempt cardiopulmonary resuscitation had been made.

However:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.

Is the service caring?

Good   

End of life care

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patient feedback was positive. The patients we spoke with said that the specialist palliative care team were kind and supportive.
- The chaplaincy team offered a sitting service, ran by volunteers. The service provided essential respite for carers and companionship to patients.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff understood and respected the spiritual and religious needs of patients. The chaplaincy team held an annual remembrance service for patients who had died at the hospital.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Staff coordinated care with other services and providers.
- The trust had employed a Muslim imam to improve religious and pastoral support for Muslim patients and their families. The imam had formed links with a local Muslim bereavement support service and educated staff on Islamic practices following death.
- Most patients could access the specialist palliative care service when they needed it.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Not all patients approaching the end of life had been asked about their preferred place of care (PPC) and preferred place of death (PPD). A trust audit showed that in 2018, PPD was discussed with 65% of patients. Since the audit, the senior medical staff had received training to improve discussions around a patient's PPC and PPD.

Is the service well-led?

Good   

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

End of life care

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders used systems to manage performance effectively. They identified and escalated relevant risks and identified actions to reduce their impact. However, risk progress was not documented on the risk register. The service had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations, as required.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Outpatients

Good   

Key facts and figures

The Peterborough City Hospital provides outpatient services for the people of Peterborough and the surrounding area.

The trust provided the following information about their outpatient services at Peterborough City Hospital.

- General outpatients.
- Rapid access chest pain clinic.
- Respiratory outpatient service which includes routine and advanced breathing tests.
- Outpatient clinics for falls, Parkinson's disease, and general medical problems in older people.
- Neurology outpatient service for headache, Parkinson's disease, multiple sclerosis, epilepsy, peripheral neuropathy, myasthenia gravis, motor neurone disease. Consultants are linked to the neurosciences centre at a local hospital, where additional specialist investigations and inpatient care are provided. Specialist first seizure/epilepsy clinics are run from a local health care centre twice a week.
- Outpatient treatment for diabetes and endocrine conditions with specialist foot service, diabetes in pregnancy, thyroid and parathyroid disease and diabetes in young people.
- Head and neck clinics, including ear, nose and throat (ENT), ophthalmology and oral and maxillofacial surgery (OMFS).
- Fracture clinic, including orthopaedics and rheumatology.
- Oncology and haematology.
- Therapies.

During the period March 2018 to February 2019 there were 552,592 outpatient appointments at the hospital.

We undertook an announced inspection on the 30 and 31 July 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During this inspection, we visited main outpatients, the Head and Neck Unit, Trauma and Orthopaedics clinics, Breast clinic, Cardiology, Respiratory physiology, Oncology and Haematology outpatients. We spoke with eight patients, one relative and 27 members of staff including medical and nursing staff, allied health professionals, healthcare assistants, therapy staff, housekeeping staff reception and administration staff and volunteers.

We observed care and looked at ten sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from April 2018 to March 2019 about the trust.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

Outpatients

- The outpatient areas had enough staff who had completed safeguarding and mandatory training. Staff were trained in the necessary skills to protect patients from abuse and keep them safe. The service controlled infection risk well and used control measures to prevent the spread of infection. The service generally managed medicines well and kept good care records. Staff managed safety incidents well and learned lessons from them.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff ensured patients had enough food and drink to meet their needs and gave pain relief when needed. Staff worked together as a team to benefit patients supported each other to provide good care. Staff advised patients how to lead healthier lives, and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service provided care that met the needs of local people and the communities served. Staff took account of patients' individual needs and preferences and made adjustments to help patients access services. Access was available to those who needed it and waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. It was easy for people to give feedback and raise concerns about care received.
- Leaders were visible and approachable and had the skills and abilities to run the service. They supported staff to develop and junior staff felt respected, supported and valued. The service had a vision and a strategy to turn it into action. The service operated effective governance processes with all levels clear about their roles and accountabilities. Leaders monitored performance and the service collected reliable data and submitted to external organisations as required. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

- Leaders did not always identify and escalate relevant risks and issues and take action to reduce their impact. There was a lack of safety risk assessment for the pharmacy located in the oncology outpatient waiting area. World Health Organisation (WHO) five steps to safer surgery checklists were not correctly completed in main outpatients and audits were not made available for review.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. Medicines were not stored securely in the oncology and haematology outpatient pharmacy and hospital outpatient prescription pads were not stored securely or tracked to ensure they were not misused or missing.

Is the service safe?

Good ●

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Nursing staff received and kept up to date with their mandatory training.

Outpatients

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff generally kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe apart from one area in the oncology outpatients where the pharmacy was insecure during opening hours. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- We were not assured that all patient risks were removed or minimised. World Health Organisation (WHO) five steps to safer surgery checklist were not correctly completed in main outpatients and audits not made available for checking.
- There was a lack of safety risk assessment for the pharmacy located in the oncology outpatient waiting area.
- The service reported a small number of medical staff employed within outpatients (six), but we were not able to identify their speciality to confirm if they had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. Medicines were not stored securely in the oncology and haematology outpatient pharmacy and hospital outpatient prescription pads were not stored securely or tracked to ensure they were not misused or missing.

Is the service effective?

We do not rate effective.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff ensured patients who required it had enough food and drink to meet their needs.
- Staff assessed and monitored patients to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Outpatients

- Staff monitored the effectiveness of care and treatment and reported this in patient notes. There was minimal evidence of staff using the findings to make improvements and achieve good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Managers supported staff to develop through yearly, constructive appraisals of their work.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular multidisciplinary meetings to discuss patients and improve their care.
- Key services were available five days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personal measures that limit patients' liberty.

Is the service caring?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Understanding and involvement of patients and those close to them
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Outpatients

- People could access the service when they needed it and mostly received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients although not in line with national standards were similar to the England average. There were actions in place to address specialities which fell significantly below the target standards for example ophthalmology and in the breast clinic.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, based on requirements of all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Junior staff had more limited knowledge and there was no evidence of them contributing to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Diagnostic imaging

Good 

Key facts and figures

The trust provided the following information about their diagnostic services at Peterborough City Hospital:

- Provide up to 1,000 diagnostic imaging examinations per day. The service is United Kingdom Accreditation Service accredited.
- Two Computed Tomography (CT) scanners.
- Fluoroscopy service.
- Two angiography suites, including a cardiac catheter lab and an interventional radiology theatre.
- Ultrasound.
- Two nuclear medicine gamma camera scanners, one of which is combined with a CT scanner.
- Two Magnetic Resonance Imaging (MRI) scanners at Peterborough City Hospital.

During this inspection, we visited plain film radiography, magnetic resonance imaging (MRI), computed tomography (CT), ultrasound, breast imaging and nuclear medicine. We spoke with four patients. We spoke with 37 members of staff including radiographers, health care assistants, sonographers, mammographers, consultant radiologists, service managers, superintendent radiographers, advance radiography practitioners and a consultant radiographer.

We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

Diagnostic imaging

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke with were invested in the department and spoke passionately about the service and care they gave to patients. All staff told us that they felt empowered to look for ways to continually improve the service provided.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Governance arrangements were proactively reviewed and reflected best practice.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a commitment to best practice performance. Staff at all levels had the skills and knowledge to use the risk management systems and processes in place. Any problems were identified and addressed quickly and openly.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a fully embedded and systematic approach to improvement. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models care and service delivery.

However:

- The service did not have enough staff in all areas. There was a concern about the vacancy rate for consultant radiologists. This was in part due to a national shortage of radiologists. The service was exploring different ways of working to attract staff to the trust. They had also invested in post graduate training for radiographers to enable them to extend their roles. All staff in post had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Is the service safe?

Good 

Diagnostic imaging

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did not have enough staff in all areas. There was a concern about the vacancy rate for consultant radiologists. This is in part due to a national shortage of radiologists. The service was exploring different ways of working to attract staff to the trust. They had also invested in post graduate training for radiographers to enable them to extend their roles. All staff in post had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- People could not always access the service when they needed it. Although the service did not meet the England average for six week waits for imaging in some modalities this was closely monitored and actions were in place to improve.

Is the service effective?

Not sufficient evidence to rate



We do not rate effective. However, we found the following:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Healthcare professionals supported each other to provide good care.

Diagnostic imaging

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- People could not always access the service when they needed it. Although the service did not meet the England average for six week waits for imaging in some modalities this was closely monitored, and actions were in place to improve.

Is the service well-led?

Outstanding 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

Diagnostic imaging

We rated it as outstanding because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke with were invested in the department and spoke passionately about the service and care they gave to patients. All staff told us that they felt empowered to look for ways to continually improve the service provided.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Governance arrangements were proactively reviewed and reflected best practice.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a commitment to best practice performance. Staff at all levels had the skills and knowledge to use the risk management systems and processes in place. Any problems were identified and addressed quickly and openly.
- There was an extensive and robust audit programme in place to audit practice against guidelines and monitor outcomes. staff we spoke with confirmed that they were involved in audit and used the outcomes to continually improve the service the department delivered to clinicians and patients. The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a fully embedded and systematic approach to improvement of the service provided to clinicians and patients. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models care and service delivery. Leaders encouraged staff involvement in service development and empowered staff to continually review and look for ways to improve their service to provide high quality care to patients.

Outstanding practice

We found areas of outstanding practice in this service. See the outstanding practice section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Our inspection team

Fiona Collier, inspection manager led this inspection. Fiona Allinson, Head of Hospital Inspection, an inspector, a pharmacy inspector, two specialist advisers and an executive reviewer, Fiona Noden supported our inspection of well-led for the trust overall.

The team for the core service inspection included an inspection manager, 14 inspectors and 20 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.