

# Cambridge University Hospitals NHS Foundation Trust

## Inspection report

Addenbrookes Hospital  
Hills Road  
Cambridge  
Cambridgeshire  
CB2 0QQ  
Tel: 01223245151  
www.cuh.nhs.uk/

Date of inspection visit: 30 October to 29 November  
2018  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

Are services well-led?

Outstanding 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

Cambridge University Hospitals (CUH) NHS Foundation Trust is one of the largest trusts in the United Kingdom. The trust is a 1,268-bedded teaching hospital, which provides acute and specialist healthcare for the local people of Cambridge, together with specialist services, dealing with rare or complex conditions for a regional, national and international population.

Addenbrooke's Hospital provides emergency, surgical and medical care for local people and is the Major Trauma Centre (MTC) for the East of England region. It is a regional centre providing specialist services such as organ transplantation, cancer, neurosciences, paediatrics and genetics. Based on the same site as Addenbrooke's, the Rosie Hospital is a regional centre for maternity care.

CUH also provides satellite and outreach services at other locations to meet the needs of patients; for example, in other hospitals, GP practices and patient's own homes.

The hospital campus opened in 1962 and became a foundation trust in July 2004. The trust serves an estimated population of around 578,264 and employs approximately 10,132 members of staff.

The trust has 1,165 inpatient beds and 103 day care beds; of these, 142 are paediatric beds (122 inpatient and 20 day case) and 54 inpatient wards. In addition, the number of outpatient clinics per week at Addenbrookes is 1,565 and 108 outpatient clinics per week at the Rosie.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good  → ←**

## What this trust does

Cambridge University Hospital (CUH) NHS Foundation Trust is one of the largest trusts in the United Kingdom. The trust comprises Addenbrooke's and the Rosie, offering general as well as specialist and women's and maternity care.

As well as being a local hospital delivering care through Addenbrooke's and the Rosie for its local community, the trust is also:

- a major trauma centre for the East of England
- a leading national centre for specialist treatment for rare or complex conditions
- a government-designated biomedical research centre
- one of six academic health science centres in the United Kingdom
- a university teaching hospital
- a partner in the development of the Cambridge Biomedical Campus

# Summary of findings

- a partner in the Cambridgeshire and Peterborough Sustainability and Transformation Partnership.

## 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 October and 1 November 2018, we inspected a total of four core services provided by the trust at Addenbrooke's hospital. We inspected urgent and emergency care, medical care (including older people's services) surgery and end of life care.

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

At our last inspection, we rated urgent and emergency care, medical care (including older people's services), surgery and end of life care as good overall. We chose to inspect these services this time based on our local intelligence.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 27 November to 29 November 2018.

## What we found

### Overall trust

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

- We rated safe and effective as good, caring and well-led as outstanding and responsive as requires improvement.
- We rated three of the core services we inspected at this inspection as good overall and one as outstanding.
- In rating the trust, we considered the current ratings of the four core services we had not inspected this time. Whilst the trust had improved, there remained a rating of requires improvement for responsive.
- Although the trust was outstanding in the caring domain and the well-led domain, the trust was rated as good overall because the responsive domain remained as a rating of requires improvement.

### Are services safe?

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

- We found a culture of openness and transparency about safety. Staff could raise concerns and report incidents, which were regularly reviewed to aid learning. Lessons learned were effectively shared at a local level.

# Summary of findings

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it. Compliance with mandatory training was good and staff were supported with time away from their clinical responsibilities to complete refresher training, to ensure they could care for patients safely.
- Staff were aware of processes and standard procedures to keep people safe from abuse, and received training to assess, recognise and report abuse.
- Staff responded appropriately to changing risks to patients who used the services; staff were confident about the process of escalating a deteriorating patient.
- Nurse and medical staffing levels were planned and reviewed to ensure patients received safe care and treatment. Although there were vacancies at the time of our inspection, there were actions to mitigate this. Staffing at the time of our inspection was safe to meet patient needs and acuity, and the service had a proactive recruitment plan to maintain this.
- Records were well managed, clear, up-to-date and easily available to all staff providing care. The electronic records system allowed staff to ensure records were completed fully and consistently.
- The management of medicines had improved since our last inspection. There were systems in place to ensure the proper and safe use of medicines. Medicines were prescribed, stored and administered to people in line with current legislation and national guidance.
- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean using effective control measures such as daily and weekly checklists, to prevent the spread of infection.

However:

- Since our last inspection the trust had made improvements to improve the safety of paediatric patients within the emergency department, but during our inspection we identified that patients and relatives within the department could access the paediatric waiting and treatment area unchallenged by staff and that the area was not always supervised. Staff were not able to see the waiting areas and there was no closed-circuit television to observe the children and relatives. Although we observed the trust's plans to reduce access to the paediatric area and strengthen the audio-visual aspects of the paediatric waiting area.
- Observations were not always documented for patients with mental health conditions who required observation every 15 minutes within the emergency department.
- The trust did not meet all the Royal College of Emergency Medicine standards, although they had action plans to improve compliance.
- Throughout our inspection of surgery, we found that learning from incidents was not always shared between different divisions.

## Are services effective?

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

- All core services provided care and treatment that was planned and delivered in line with current evidence based guidance.
- Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment.
- Patients received comprehensive assessments of their needs including pain relief, mental health, physical health and wellbeing and nutrition and hydration.

# Summary of findings

- Staff assessed and monitored patients regularly to see if they were in pain. Pain relief throughout the core services we inspected was well managed. Patients were prescribed pain relief to be given 'when required' could request this when they needed it. Pain score tools were used to assess and monitor pain.
- Services throughout the trust 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 trust ensured 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 services. Staff received regular appraisals to help with their development and support.
- There was effective multi-disciplinary team (MDT) working throughout the core services we inspected to maximise patient experience and outcomes.
- Staff were proactive in supporting patients to live healthier lives and we saw specific examples of staff using initiatives to promote people's health.
- Consent to treatment was sought in line with legislation and guidance. 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.

However:

- The severe sepsis and septic shock audit 2016 to 2017 demonstrated that the emergency department did not meet the national standards, although, the ED had implemented actions and had shown some improvements in 2018.

## Are services caring?

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

- The trust had a strong, visible person-centred culture. Despite financial and staff challenges, staff were highly motivated and inspired to provide care that was kind and promoted the dignity of patients.
- Feedback from patients and relatives was overwhelmingly positive about the way staff provided care and treatment. Patients told us that staff went that extra mile and their care and support exceeded their expectations.
- Staff of all levels introduced themselves and took time to interact in a considerate and sensitive manner. Staff spoke with patients in a respectful way.
- We observed many examples of staff responding with kindness when patients required assistance or support.
- Patient's emotional and social needs were as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff involving patients and their relatives during assessments and when taking physiological observations on the wards.
- The trust provided support to patients' relatives where appropriate by enabling open visiting where appropriate and having on-site accommodation available.

## Are services responsive?

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

- The trust did not meet all the Royal College of Emergency Medicine standards, although they had action plans to improve compliance.
- The trust continued to experience challenges with delayed transfers of care (DTOC). Staff understood the challenges and were acting to address shortfalls, which were mainly affected by external pressures of domiciliary care capacity.

# Summary of findings

- Fast track discharge did not meet the NHS England recommended time of 48 hours and on some occasions, was much longer than this. The average time to discharge was eight days, which suggests that the trust was performing worse than the last inspection, where the average time to discharge was 3.8 days for patients living in Cambridge and 4.7 days for patients living outside Cambridge.
- The service overall referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.
- Between 2016 and 2018, the percentage of cancelled operations for elective procedures due to non-clinical reasons was higher than the England average in all quarters apart from the most recent one (April to June 2018).
- Overnight intensive recovery (OIR) was intended to only be a 22-hour stay before patients were transferred to the appropriate ward, but there were frequent delayed discharges from OIR and main recovery to wards and the intermediate dependency area.
- Although the trust treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner.

However:

- The trust was taking action to address patient flow and access throughout the hospital. The bed management team worked effectively with ward teams to ensure bed use was meeting demand and patient needs as best as possible.
- The trust was performing positively against the national requirement for the total elective surgical waiting list to be lower in March 2019 than March 2018.
- The trust had dedicated discharge planning coordinators to help support nursing and medical staff with discharge planning.
- Services were planned with a focus on meeting the individual needs of patients. For example, there were initiatives to meet the needs of patients living with dementia or learning disabilities, particularly anxious patients or patients with mobility difficulties.
- The trust planned and provided services in a way that met the needs of local people. Services provided reflected the needs of the population served. Services ensured flexibility, choice, and continuity of care where possible.
- Staff were pro-active and understood the needs of different patient groups and planned care that met those needs. Staff were respectful of patient groups and promoted equality, which included patients approaching the end of their life, vulnerable patients and patients with complex needs.
- Staff coordinated care and treatment with other agencies and services which ensured the needs of the patient were assessed and treatment was planned according to the individual's needs.
- Systems and processes were in place which enabled patients and relatives to make a complaint. Information about how to complain was available in department and ward areas throughout the trust. Staff understood their responsibilities and supported people to complain where appropriate.

## Are services well-led?

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

- Well-led for urgent and emergency services and end of life care was rated as outstanding.
- There was compassionate, inclusive and effective leadership at all levels. The leadership team had the right skills and abilities to run a service providing high-quality sustainable care. Leaders worked collaboratively across departments and were knowledgeable about risks affecting and about priorities for the quality and sustainability of their services.

# Summary of findings

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. These had been developed with involvement from staff, patients and external stakeholders. All staff we spoke with were aware of the trust vision and could describe it to us. There was a systematic approach to monitoring, reviewing and tracking progress within the trust.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported feeling respected and valued.
- The trust prioritised leadership development and succession planning to enable a culture that recognised the importance of having leaders with the right attitude, skills and abilities.
- Leaders consistently involved staff, considered public feedback and welcomed stakeholder challenge to further develop services. Staff were committed to seeking and embedding new ways of working which improved care and services for patients.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- 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 could flourish. There were effective structures, processes and systems of accountability in place to support the delivery of the strategy and good quality services.
- There were systems and processes to ensure risks were monitored and mitigated wherever possible, and performance was monitored. Risks on risk registers were known to the leadership teams and matched what we found on inspection.

## 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 considered 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, medical care services (including older people's services), surgery and end of life care.

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

## Areas for improvement

We found 15 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.

# Summary of findings

## 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

We found the following outstanding practice.

### Urgent and Emergency Care

- The emergency department (ED) staff participated in outreach work in the community and had visited a pre-school nursery. Staff showed us a picture of a teacher having their arm put in a plaster cast to demonstrate to children what happened in ED if they broke a bone.
- Staff shared a presentation with us that they had delivered to older children between age 10 and 11 years old. It contained information about what treatments staff do in the ED and pictures of the areas the children may need to visit.
- A healthcare assistant (HCA) who took a 'no nonsense' attitude (practical and only interested in achieving) towards protecting patients and staff in the ED was one of two winners of the trusts you made a difference award for January 2018. They successfully introduced a programme called 'No Nonsense November' for annual fit testing of respirators in the event of a major chemical incident. The fit testing identified the ED needed additional protective hoods for staff that were not clean shaven, respirators were not allowed to be worn by staff who had a beard as this did not give a safe seal on the staff members face. The HCA successfully negotiated the purchase of these hoods as well as identifying safe storage.
- A paediatric HCA from the ED who coordinated an appeal for new toys for the children's emergency waiting room won the August 2018 you made a difference award. The member of staff made a local appeal on a social media site for toys to support the children in the ED and offered to collect the donations in their own time. The social media post was seen by BBC Cambridgeshire who interviewed the member of staff for the local news which highlighted fund raising within the department.

### Medical Care (Including older people's services)

- The service embraced innovative practices to improve patient discharge, for example the trust had implemented a project for patients to learn to administer their own intravenous (IV) antibiotics at home to reduce the amount of time patients had to remain in hospital.

### Surgery

- The trust had a positive focus on staff engagement and we noted many examples of where staff initiatives were used to develop the service. For example, in eye surgery, a nurse had helped develop a training programme to train relevant staff in the department on the use of anaesthetic drops with the help of a specific local anaesthetic guidance document. In addition, staff on the mentorship programme, were required to develop an initiative to improve an area of practice on their ward.
- In the main surgery recovery and in the intermediate dependency area, there was a 'listening ear' on the wall which was lit up in green, but would light up in red when the environment was becoming loud to alert staff to keep noise down. This had been introduced following feedback from the annual patient focus group.



# Summary of findings

- There were frequent opportunities for staff to develop their competencies and areas of interest, such as nurses training as anaesthetic nurse practitioners or nurse prescribers; health care assistants (HCAs) training as theatre support workers; and there was also a nurse apprentice scheme for HCAs. Managers and the service supported staff with time off and funding for these opportunities.

## End of life care

- The bereavement care follow-up service offered grief intervention and support for relatives following the death of a loved one in hospital, which includes sending a letter of condolence, and offering an opportunity for family members to talk to a senior member of the clinical team involved in the care of their loved one.
- The 'tiny feet' initiative provided free hand and foot clay imprints, of babies and children who had recently died, as a lasting memento for their parents. This initiative was coordinated and charitable funds secured by the mortuary and bereavement team.

## Areas for improvement

We found the following areas for improvement

### Urgent and Emergency care

- The trust should ensure patients and relatives within the department cannot access the paediatric waiting room and treatment area, and staff regularly observe the paediatric waiting area.
- The trust should ensure medical staff attendance at mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) training is improved to meet the trust target.
- The trust should ensure that the severe sepsis and septic shock audit outcomes continue to improve to meet the national standards.
- The trust should monitor and ensure that patients wait from time of arrival to receiving treatment should be no more than one hour.
- The trust should ensure that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

### Surgery

- The service should encourage the sharing and learning from incidents across the surgery service and between divisions, to help mitigate the risk of potentially avoidable incidents reoccurring.
- The service should continue working to improve referral to treatment time, flow through the service and reduce the number of cancelled operations.
- The service should ensure that escalation processes are known to staff when environmental temperatures where medicines and flammable liquids are stored exceed standard limits.
- The service should assess the arrangements for patients admitted to eye surgery in the morning when their scheduled surgery is in the afternoon.
- The service should continue working on the experience of the overnight intensive recovery area for patients and ensure there is mitigation in place when patients are required to stay there longer than one night.
- The service should ensure all patients are fully involved in their care and treatment by medical staff and ensure positive communication from medical staff.

# Summary of findings

- The service should continue to work on improving performance in the National Emergency Laparotomy Audit.

## End of life care

- The service should review medical staffing of the specialist palliative care team against national guidance.
- The service should continue work to improve the fast track discharge process.
- The service should audit the percentage of patients that achieved their preferred place of death.

## Is this organisation well-led?

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

We rated well-led as outstanding because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was compassionate, inclusive and effective leadership at all levels. The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience. Throughout our well-led inspection, there was evidence of collective leadership from the trust board with a strong focus on delivering patient-centred care.
- The trust had embedded effective processes to ensure employment checks were undertaken for executive staff and this was in line with the Fit and Proper Persons Requirements (FPPR).
- Without exception, we found a cohesive unitary board that had a comprehensive understanding of issues, challenges and priorities throughout the trust and beyond into the wider health and care system. In addition, the trust's senior leadership took action to address them.
- The trust board and senior leadership team displayed integrity on an ongoing basis. Throughout our well-led inspection, we saw evidence of collective leadership from the trust board with a strong focus on delivering patient-centred care and on staff development.
- The board structure worked effectively, with clear lines of accountability and senior leaders were engaging, visible and approachable.
- Governance arrangements were proactively reviewed and reflected best practice. There were clear lines of governance from ward to board and from board to ward.
- The board had a shared understanding not only of the trust's issues, challenges and priorities, but also beyond their organisation of the wider challenges across the wider health and social care system. A systematic approach was taken to working with other organisations to improve care outcomes for patients.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, which had been developed with involvement from staff, patients, and key groups representing the local community. The vision aligned with the aspirations of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) to strengthen partnership working and to develop integrated pathways between in-hospital services, out-of-hospital services and social care that would improve outcomes for all the populations that were served.
- There was a robust and realistic strategy for achieving trust priorities and developing good quality, sustainable care. The trust aligned its strategy to local plans in the wider health and care economy. This included active participation in

# Summary of findings

the STP as one of the leading organisations, with the trust chair holding the position of interim chair of the STP, and the trust chief executive officer acting as interim accountable officer for the STP. Through positive and collaborative relationships, leaders were building a shared understanding of collective challenges and needs of the local population.

- The trust board and senior leaders demonstrated a shared purpose, where they worked together and were striving to deliver and motivate staff to succeed. All members of the board consistently told us they were proud of their workforce and demonstrated a patient-centred focus to the development of services throughout and beyond the wider context of the trust. The trust's strategy, vision and values underpinned a culture which was patient focused and centred. Generally, staff felt supported, respected and valued and without exception, staff demonstrated a desire to do what was best for patients.
- Staff were proud of the organisation as a place to work and mostly spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. Policies and procedures positively supported this and the trust had systems in place for staff to raise concerns.
- Throughout our core service inspection and staff focus groups, feedback about the executive team was positive. Staff felt that senior leads were invested in the clinical work of the service. Most staff told us the senior leadership team, including the board were engaging and approachable.
- There was a strong emphasis on the safety and wellbeing of staff throughout the trust. This was discussed at board level and had been embedded into the trust's quality priorities.
- There was a strong focus on continuous learning and improvement at all levels throughout the organisation, including through the appropriate use of external accreditation and participation in research. The trust had implemented a systematic approach to quality improvement and made good use of improvement methodologies.
- There was strong collaboration, team working and support across divisions and a common focus on improving the quality and sustainability of care and people's experiences.
- Clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership were in place, with a leadership development and training programme under way. The trust was focused on ensuring the values of collective leadership, were modelled by leaders at all levels of the organisation.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture of the organisation encouraged openness and honesty at all levels, and this included people who used services, in response to complaints and incidents.
- 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.
- The trust demonstrated a commitment to best practice performance and risk management systems and processes. There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Through digital technology, the trust had a robust and effective framework in place to provide assurance around the quality of care it offered and to monitor organisational performance.
- The board assurance framework (BAF) provided an effective structure, process and system of accountability to support the delivery of the strategy and good quality, sustainable services and was aligned to the strategic aims of the organisation.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers.

# Summary of findings

- There were consistently high levels of constructive engagement with people who used services and staff. Although the trust did not meet all the requirements of the workforce race equality standards, they were taking action to improve this, and this was discussed at board level. The trust was in the process of introducing a BME reverse mentoring programme.
- Strong links were in place with a local NHS mental health trust through a service level agreement.
- The trust invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust housed state of the art clinical informatics with an advanced electronic data system and was regarded as an exemplar for its clinical and non-clinical governance systems.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation and innovation was celebrated through a variety of means.
- There was a systematic programme of clinical (internal and national) and external audit to monitor quality, operational and financial processes and senior staff across the organisation were aware of outcomes relevant to their area.
- The trust had a process in place for reviewing inpatient deaths in line with the National Quality Board's 'Learning from Deaths guidance'. Death reviews demonstrated robust investigations had taken place with evidence of lessons learned and actions taken. Governance arrangements were robust and the board of directors had good oversight of all deaths across the trust.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RGT/Reports](http://www.cqc.org.uk/provider/RGT/Reports)

## 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
Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding ↔ Feb 2019	Requires improvement ↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 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.

## Ratings for Addenbrooke's and the Rosie Hospitals

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2019	Good ↔ Feb 2019	Outstanding ↑ Feb 2019	Requires improvement ↓ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019
Medical care (including older people's care)	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Surgery	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Critical care	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Maternity	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Services for children and young people	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Good ↔ Feb 2019	Good ↑ Feb 2019	Outstanding ↔ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑ Feb 2019
Outpatients	Good Jan 2017	Not rated	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
<b>Overall*</b>	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding ↔ Feb 2019	Requires improvement ↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 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.

# Addenbrooke's and the Rosie Hospitals

Addenbrookes Hospital  
Hills Road  
Cambridge  
Cambridgeshire  
CB2 0QQ  
Tel: 01223245151  
[www.cuh.org.uk](http://www.cuh.org.uk)

## Key facts and figures

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Addenbrooke's and the Rosie Hospital provide the following services:

- Urgent and emergency care
- Medical Care (including older people's care)
- Surgery
- Maternity and gynaecology
- Children and young people's services
- Outpatients and diagnostic imaging
- End of life care

# Summary of findings

## Summary of services at Addenbrooke's and the Rosie Hospitals

**Good** ● → ←

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

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



# Urgent and emergency services

Good   

## Key facts and figures

Urgent and emergency care services included the emergency department (ED), major and minor trauma areas, a resuscitation area, paediatrics area, and a clinical decisions unit (CDU). The ED is a consultant-led and is the major trauma centre for East of England and provides the Trauma Network Co-ordination Service (TNCS). Patients accessed care and treatment by walk in, ambulance and by the East of England air ambulance.

The trust has the following urgent and emergency care services at Addenbrooke's and the Rosie Hospitals:

- Emergency Assessment Unit 2: Clinical decision unit; adult and paediatric emergency department
- Emergency Assessment Unit 3: Ambulatory care outpatients
- Clinic 9: Urgent Treatment Centre (GP Streaming Service from the emergency department)

Urgent and emergency services are based around the Emergency Department with a single front door model of care and the provision of major trauma services (for the East of England).

From June 2017 to May 2018 there were 155,764 attendances at the trust's urgent and emergency care services as indicated in the chart below.

The Emergency Department consists of five minors' cubicles (with a dedicated eye room), seven resuscitation cubicles, 18 majors' cubicles and a chair centric area for seven patients. There is a dedicated paediatric area which has a waiting area, a side room and seven cubicles. Patients are managed by the Emergency Department team, the on-call medical team which is based within the department and by in-reach from specialty teams for both adult and paediatric patients.

A general practitioner and/or an emergency care practitioner/ advanced care practitioner is based within the Urgent Treatment Centre at peak times (11am to 11pm). The Urgent Treatment Centre is GP-led and is also managed by the Emergency Department.

The Emergency Department team is also responsible for care on the adjacent Clinical Decisions Unit (eight beds and a chair centric area). The emergency department works closely with the Ambulatory Care Unit and the Medical short stay wards, Emergency Assessment Unit 4 (EAU4) and EAU5 (Acute Hub) which are run by the acute physicians.

During this inspection we:

- Spoke with 51 staff members; including service leads, matrons, nurses, doctors, health care assistants, allied health professionals, ambulance staff, porters, volunteers and administrative staff.
- Spoke with 18 patients/relatives who were using the service.
- Checked 12 pieces of equipment.
- Reviewed 14 medical records.
- Reviewed 15 prescription charts.

## Summary of this service

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

# Urgent and emergency services

- Staff received safeguarding training and were aware how to recognise and report safeguarding concerns. They took steps to prevent abuse and worked effectively with other professionals.
- Staffing levels and skill mix were planned, implemented and reviewed throughout the day. Unexpected shortages were responded to quickly and adequately.
- The emergency department (ED) provided care and treatment that was planned and delivered in line with current evidence based guidance. Patients received comprehensive assessments of their needs including pain relief, mental health, physical health and wellbeing and nutrition and hydration.
- Patients subject to the Mental Health Act 1983 (MHA) had their rights protected, staff received training and complied with the MHA code of practice.
- Information about patient's care and treatment and outcomes were routinely collected and monitored. The information was used by the emergency department to improve patient experience and care. Outcomes were mainly positive and consistent.
- Feedback from patients and relatives was overwhelmingly positive about the way staff provided care and treatment.
- Staff treated patients with kindness respect and went the extra mile and exceeded patient expectations. Staff considered patients personal, cultural, social and religious needs into account when planning care.
- Staff were highly motivated and inspired to offer care that was kind and promoted patient dignity, patient's emotional needs were seen to be as important as their physical needs.
- There was a patient centred culture within the emergency department, we observed strong caring respectful interactions between staff and patients and their relatives.
- Patients and people close to them were involved in their care. Staff were fully committed to working in partnership with patients to empower them to make informed decisions regarding their care and treatment.
- Staff communicated with patients and relatives in a way they could understand their care, treatment and advice.
- Patients' privacy and dignity was consistently embedded in practice by all roles of staff working within the department.
- Without exception patients and relatives, we spoke with or feedback we reviewed said staff were always kind, caring and respectful even during busy times.
- Staff within the ED took a pro-active approach to understanding the needs of different patient groups and planned care in a way that met those needs Care was person centered and promoted equality, including patients approaching the end of their life, vulnerable patients and patients with complex needs.
- Care and treatment was coordinated with other agencies and services to ensure the needs of patients were assessed and treatment planned according to the individual's needs. We observed detailed assessments and care plans in all of the records we reviewed.
- Patients could access services to receive the right care at the right time. Access to care was managed by staff to take into account patients with urgent needs. Patients could access services and follow on appointments in a way that suited them.
- There was compassionate inclusive and effective leadership at all levels. Leaders demonstrated high levels of experience and capability needed to deliver excellent sustainable care.
- The ED prioritised leadership development and succession planning to ensure the service continued to have effective leaders within the department.

# Urgent and emergency services

- The leadership team set out a vision for the service where the effectiveness of care in ED was reflected across other services such as mental health, medical care, surgical care, children and young person's care and end of life care.
- All staff we spoke with were aware of the trust's vision and could describe the vision. There was a systematic approach to monitoring, reviewing and tracking progress within the department.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across staff groups within the department.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach had been implemented to enable staff to work with other organisations to improve patient experiences and outcomes.
- There was a commitment to best practice performance and risk management processes. The department reviewed how they functioned and ensured all staff had the skills and knowledge to use systems effectively.
- The electronic patient systems provided real time information to enable staff to provide effective care and treatment. Information was shared across services within the trust to coordinate patient care.
- Leaders consistently involved staff, considered public feedback and welcomed stakeholder challenge to develop the department.
- There was a commitment from all staff to seek and embed new ways of working to improve care and services for patients.

However:

- The Royal College of Emergency Medicine recommends that the time patients with should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard in eight months over the 12 month period from August 2017 to July 2018.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust consistently failed to meet the standard.
- Initial access to the dedicated paediatric waiting area had been made partially secure, but patients already in minors area of the ED were still able to access the paediatric waiting and treatment area. Staff were not able to see the paediatric waiting area and there was no closed-circuit television to observe the children and relatives. The trust had detailed plans to further reduce access and address the audio-visual concerns within the paediatric waiting area.
- Observations were not always documented for patients with mental health conditions who were required to be observed every 15 minutes.

## Is the service safe?

Good  

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

- The service had a comprehensive training programme which provided staff with the training they required.
- There were clearly defined and embedded systems and processes to keep patients safe from harm.
- Staff received safeguarding training and were aware how to recognise and report safeguarding concerns. They took steps to prevent abuse and worked effectively with other professionals.

# Urgent and emergency services

- Staffing levels and skill mix was planned, implemented and reviewed throughout the day. Unexpected shortages were responded to quickly and adequately.
- There were reliable systems in place to ensure standards of cleanliness were met and protected people from a healthcare-associated infection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe.
- We observed good standards of medicines management when staff prescribed, administered and documented medicines.
- Staff kept detailed records of patient care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patients received risk assessments and the service responded appropriately to changing risks to patients who used the services.
- Staff understood their responsibilities to raise concerns, report incidents and near misses, managers encouraged staff to do so.
- Learning from incidents was shared with staff at handover, in the ED matters newsletter and by email.
- Staff understood their responsibilities regarding the duty of candour (DoC) regulation and when it needed to be implemented.

However:

- Since our last inspection the trust had made improvements to improve the safety of paediatric patients within the emergency department. However, during our inspection we identified that patients and relatives within the department could access the paediatric waiting and treatment area unchallenged by staff and that the area was not always supervised. Staff were not able to see the waiting areas and there was no closed-circuit television to observe the children and relatives. Although we observed the trust's plans to reduce access to the paediatric area and strengthen the audio-visual aspects of the paediatric waiting area.
- Observations were not always documented for patients with mental health conditions who were required to be observed every 15 minutes.
- Medical staff attendance for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was 78% against the trust target of 90%.
- The trust did not meet all of the Royal College of Emergency Medicine standards, although they had action plans to improve compliance. The severe sepsis and septic shock audit 2016 to 2017 demonstrated that the emergency department did not meet the national standards, although, the ED had implemented actions and had shown some improvements in 2018.

## Is the service effective?

Good   

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

# Urgent and emergency services

- The emergency department (ED) provided care and treatment that was planned and delivered in line with current evidence based guidance. Patients received comprehensive assessments of their needs including pain relief, mental health, physical health and wellbeing, and nutrition and hydration.
- Patients that were subjected to the Mental Health Act 1983 (MHA) had their rights protected, staff received training and complied with the MHA code of practice.
- Information about patient's care and treatment and the outcomes were collected routinely and monitored. The department used the information to improve patient experience and care. Outcomes were mainly positive and consistent and where gaps were identified action plans were in place.
- All staff were qualified and had the skills to carry out their roles correctly in line with best practice. Staff were supported to develop and maintain their skills and experience.
- Staff were supported to receive an annual appraisal and they told us that they were meaningful.
- Staff worked together as a coordinated team and met the needs of patients who accessed emergency care. All the relevant teams were involved in planning care for patients.
- Staff promoted patient's health and wellbeing to live healthier lives and worked in partnership with community organisations to do so.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- Feedback from patients and relatives was overwhelmingly positive about the way staff provided care and treatment.
- We observed many examples of staff responding with kindness when patients needed help and support. Staff were caring offering reassurance to patients who were in pain or frightened.
- Staff were highly motivated and inspired, they offered care that was kind and promoted dignity. Where patients were receiving care and treatment in cubicles we observed staff closing curtains to protect people's privacy.
- Staff treated patients with kindness respect and went the extra mile and exceeded patient expectations. Staff accounted for patients personal, cultural, social and religious needs into account when they planned care.
- Patients were given support to cope emotionally with their care, treatment or condition.
- There was a patient centred culture within the emergency department, we observed strong caring respectful interactions between staff and patients and their relatives.
- Patients emotional needs were seen by staff as being as important as their physical needs.
- Patients and people close to them were involved in their care. Staff were fully committed and worked in partnership with patients to empower them to make informed decisions regarding their care and treatment.
- Staff communicated to patients and relatives in a way they could understand their care, treatment and advice.
- Without exception patients and relatives, we spoke with or feedback we reviewed said staff were always kind, caring and respectful even during busy times.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement**  

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard in eight months over the 12 month period from August 2017 to July 2018.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust consistently failed to meet the standard.

However:

- Staff were pro-active and understood the needs of different patient groups and planned care that met those needs. Staff were respectful of patient groups and promoted equality, which included patients approaching the end of their life, vulnerable patients and patients with complex needs.
- Staff coordinated care and treatment with other agencies and services which ensured the needs of the patient were assessed and treatment was planned according to the individual's needs. We observed detailed assessments and care plans in all of the records we reviewed.
- Patients accessed services and received the right care at the right time. Access to care was managed by staff to consider patients with urgent needs. Patients accessed services and follow on appointments to suit their needs.
- Systems and processes were in place which enabled patients and relatives to make a complaint. Information about how to complain was available in the department. Staff understood their responsibilities and supported people to complain.

## Is the service well-led?

**Outstanding**  

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

- There was compassionate inclusive and effective leadership at all levels. Leaders demonstrated high levels of experience and capability needed to deliver excellent sustainable care.
- The ED prioritised leadership development and succession planning to ensure the service continued to have effective leaders within the department.
- The leadership team had a vision for the service where the effectiveness of care in ED was reflected across other services such as mental health, medical care, surgical care, children and young person's care and end of life care.
- All staff we spoke with were aware of the trust vision and could describe it to us. There was a systematic approach to monitoring, reviewing and tracking progress within the trust.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across staff groups within the department.

# Urgent and emergency services

- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was implemented, staff worked with other organisations which improved patient experiences and outcomes.
- All staff were committed to best practice performance and risk management processes. The department reviewed how they functioned and ensured all staff had the skills and knowledge which meant systems were used effectively.
- The electronic patient systems provided real time information, which enabled staff to provide effective care and treatment. Information was shared across services within the trust which helped to coordinate patient care.
- Leaders consistently involved staff, considered public feedback and welcomed stakeholder challenge and developed the department.
- Staff were committed to seek and embed new ways of working which improved care and services for patients.

## Outstanding practice

We found examples 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.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at the trust has 558 medical inpatient beds located across 24 wards.

The trust had 71,187 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 23,100 (32.4%), 1,862 (2.6%) were elective, and the remaining 46,225 (64.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine, 18,549 (26.1%)
- Gastroenterology, 13,819 (19.4%)
- Medical oncology, 13,073 (18.4%)

*(Source: Hospital Episode Statistics)*

The medical care service at Cambridge University NHS Foundation Trust sits across four divisions, with the largest group sitting within the acute services directorate (alongside the emergency department). This includes the medical decisions unit and short stay medical ward (under the care of acute medicine); and six wards under the care of the department of medicine for the elderly.

A comprehensive range of medical services is available including respiratory medicine, infectious diseases, immunology, allergy, clinical pharmacology, nephrology, hepatology, rheumatology, gastroenterology, neurology, stroke medicine (including the hyperacute stroke unit), dermatology, cardiology, diabetes and endocrinology, haematology and oncology. Dialysis services are delivered off-site in Cambridge and at satellite units in Huntingdon, King's Lynn and Bury St Edmunds.

Day case chemotherapy is provided in two-day treatment units on site (the haematology day unit and the oncology day unit), and in three local GP surgeries. Oncology or haematology patients presenting as emergencies are reviewed in a dedicated cancer assessment unit (CAU). Apheresis services are provided in the apheresis unit adjacent to the CAU.

We visited 20 of the medical care areas and wards managed throughout the divisions. We used a variety of methods to help us gather evidence in order to assess and judge the medical care services. We spoke with nine patients and those important to them, 18 doctors, including junior doctors, middle grade doctors and consultants, 30 registered nurses, three health care assistants, three allied healthcare professionals and a number of other support staff, such as nutritional support staff and housekeeping staff. We interviewed the clinical leads for Division C, the division under which most of the medical care services came. We observed the care and the environment and we looked at records, including patient care records, on the trust's electronic recording system. We also looked at a wide range of documents, including policies, minutes of meetings, action plans, risk assessments, and audit results.

We last inspected this service in September 2016 and rated medical care (including older people's services) as good overall. We rated safe, caring, responsive, and well-led as good and effective requires improvement.

## Summary of this service

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

- Medicines management and records management practices were implemented effectively.



# Medical care (including older people's care)

- Most staff had received an up to date appraisal, and the relevant mandatory, safeguarding, and Mental Capacity Act training for them to fulfil their role.
- Staff reported and managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff kept themselves, equipment and the premises clean.
- Patients and their families were involved in developing care plans and given information to help them understand choices available to them. Feedback from patients was uniformly positive about the caring attitude of staff.
- The service was responsive to people's needs. Vulnerable and local people had their needs met and there was good access to specialist staff and support services. Waiting times for referral to treatment were in line with national averages.
- Senior managers promoted a positive and open culture amongst staff and managers had the necessary skills and experience to achieve the service objectives and vision.
- However,
- Staff continued to be moved between wards to cover for staff absences and vacancies within their divisions.
- The trust continued to experience challenges with delayed transfers of care (DTOC) and patient flow in the hospital. Staff understood the challenges and were taking action to address shortfalls, which were mainly affected by external pressures of domiciliary care capacity.

## 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 received training on how to recognise and report abuse and they knew how to apply it.
- 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. The trust was scheduled to refurbish the nephrology service in 2019.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Patients' needs were met at the time of inspection. Plans were in place to improve staff recruitment, because there was a high reliance on temporary non-qualified nursing staff.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# Medical care (including older people's care)

- 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. Managers used this to improve the service.

## 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 of its effectiveness. Managers checked to make sure staff followed guidance.
- 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. Pain relief on wards was well managed. Patients were prescribed pain relief to be given 'when required' were able to request this when they needed it. Pain score tools were used to monitor pain.
- 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. Medical services contributed in a number of national audits relating to patient safety 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- 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   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff of all levels introduced themselves and took time to interact in a considerate and sensitive manner. Staff spoke with patients in a respectful way.
- Staff provided emotional support to patients to minimise their distress. Patients we spoke with confirmed they felt well supported.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff involving patients and their relatives during assessments and when taking physiological observations on the wards.

# Medical care (including older people's care)

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. Services provided reflected the needs of the population served. Services ensured flexibility, choice, and continuity of care where possible. The facilities and premises were appropriate for the services that were delivered at the time of our inspection.
- The service took account of patients' individual needs. For example, therapists used specialist equipment to promote elderly patient's mobility and the learning disability specialist nurse offered extra support to patients with learning disabilities to aid their recovery and independence.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

However:

- The trust continued to experience challenges with delayed transfers of care (DTOC). A DTOC occurs when a patient is ready to leave hospital or a similar care provider but is still occupying a bed. Staff understood the challenges and were taking action to address shortfalls, which were mainly affected by external pressures of care home availability and rehabilitation opportunities.
- Although the service treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner. Improvements had been made and service leaders were working hard to improve this.

## Is the service well-led?

Good   

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- 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. Staff reported feeling respected and valued.
- The service 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 could flourish. There were effective structures, processes and systems of accountability in place to support the delivery of the strategy and good quality services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were assurance systems in place, and performance issues were escalated appropriately through clear structures and processes.

# Medical care (including older people's care)

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a service awareness of performance and issues were escalated to the board appropriately.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service supported patients to be actively involved in their own care and treatment.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

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

# Surgery

Good   

## Key facts and figures

Adult surgery services at Addenbrooke's Hospital are provided across 16 surgical wards, including day surgery units. Surgical specialities include trauma and orthopaedics, ear, nose and throat (ENT), urology, ophthalmology, oral surgery, plastic surgery, and neurosurgery. There are 37 operating theatres, including the main theatres and designated ophthalmic day surgery theatres. There are also pre-assessment and day case surgery areas.

The service is split across four divisions (with another division covering paediatric surgery). The divisional structure at the trust was revised in 2014, into groupings based on clinical pathways. A cross-divisional Surgery Board was established in May 2016 to provide an over-arching forum where all aspects of quality, risk, safety, workforce, finance and performance are reviewed monthly.

The trust provides a range of surgical specialties for the local population, and is a regional centre for major trauma, cancer, neurosurgery, transplant and vascular services. The majority of surgery is undertaken on site and some day case work is also undertaken at Ely Hospital. Owing to capacity constraints some elective surgery is undertaken within the local independent sector.

The trust has 386 inpatient beds located over 16 surgical wards. The trust had 33,458 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 9,097 (27.2%), 16,350 (48.9%) were day case, and the remaining 8,011 (23.9%) were elective.

During the inspection we visited a range of surgical wards, theatres and recovery, the interventional radiology suite, the day surgery unit, and the separate Cambridge Eye Unit where eye surgery procedures take place.

During this inspection we spoke with 72 members of staff including medical and nursing leads, registered and student nurses, doctors, health care assistants, allied health professionals, and administrative staff. We also spoke with 12 patients and relatives using the service, reviewed patient records, procedures, and policies, and observed two surgical procedures.

## Summary of this service

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

- Compliance with mandatory training was good.
- Staff were aware of processes and standard procedures to keep people safe from abuse, and received training to assess, recognise and report abuse.
- There were reliable systems to ensure standards of cleanliness were maintained and prevent and control the risk of infection
- The environment and equipment was generally suitable to treat patients safely, although there were some environmental and equipment risks. Service leads knew about these risks and were taking steps to improve and manage them.
- The service responded appropriately to changing risks to patients who used the services
- Nurse and medical staffing levels were planned and reviewed to ensure patients received safe care and treatment.
- Records were well managed, clear, up-to-date and easily available to all staff providing care.

# Surgery

- There were systems in place to ensure the proper and safe use of medicines.
- The service used national guidance, best practice and local policy to deliver effective care and treatment.
- Patients' nutrition and hydration and pain management needs were clearly documented and met.
- There were examples of better than average patient outcomes, for example patients had a lower than expected risk of readmission for non-elective admissions.
- Staff had the appropriate skills, training and knowledge to carry out their roles and there were opportunities to develop additional competencies or learning. Staff received regular appraisals.
- There was effective multi-disciplinary team (MDT) working throughout the service to maximise patient experience and outcomes.
- Staff obtained consent to care and treatment in line with legislation.
- Staff treated patients with compassion, dignity and respect, and patients consistently reported that staff were caring and that they were happy with their experience.
- Staff supported patients' emotional and holistic needs.
- Despite the challenges with access and flow, there was evidence of significant mitigating actions to manage it as best as possible, including strong links between wards and the bed management team and discharge planning coordinators.
- Services were planned with a focus on meeting the individual needs of patients. For example, there were initiatives to meet the needs of patients living with dementia or learning disabilities, particularly anxious patients or patients with mobility difficulties.
- Neurosurgery was performing above the England average for RTT rates (percentage within 18 weeks).
- The trust was performing positively against the national requirement for the total elective surgical waiting list to be lower in March 2019 than March 2018. Staff could explain the process for when patients wanted to raise a complaint and there were examples of changes in practice or sharing of feedback resulting from complaints.
- There was strong, effective leadership to help deliver care to patients and support staff.
- Staff spoke highly of the leadership and support provided at matron level and we saw matrons had a strong presence on the wards.
- There was a trust strategy which staff were aware of and engaged in, and service specific strategies within surgery to develop and improve the service.
- Morale was generally high, and there was a positive, open and team-based culture. Staff spoke highly of their teams and felt proud to work in the service.
- There were effective structures, processes and systems of governance and accountability
- There were systems and processes to ensure risks were monitored and mitigated wherever possible, and performance was monitored.
- Staff were engaged in their work and there were examples of where initiatives from staff had been used to develop and improve the service.
- Surgical services had several ongoing innovative initiatives to develop services and maximise patient experience.

However:

# Surgery

- We had concerns around the checking and escalation arrangements for medication fridge temperatures to ensure medicines were stored at a safe temperature.
- We had concerns that learning from incidents was not always shared between different divisions. Most staff did not show awareness of the serious incidents around breaches of confidential information or the never event of a retained foreign object following surgery.
- Some patients felt that they were not always kept informed by medical staff about their care and treatment plans.
- Access, flow and capacity were a significant challenge for the service, and delayed discharges were a frequent concern.
- The service overall referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.
- Between 2016 and 2018, the percentage of cancelled operations for elective procedures due to non-clinical reasons was higher than the England average in all quarters apart from the most recent one (April to June 2018)
- Overnight intensive recovery (OIR) was intended to only be a 22-hour stay before patients were transferred to an appropriate ward, but there were frequent delayed discharges from OIR and main recovery to wards and the intermediate dependency area. The environment in OIR was not well suited for this.
- There had been three serious incidents in relation to confidentiality breaches, due to staff not always following information management procedures.

## Is the service safe?

Good   

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

- Compliance with mandatory training was good and staff were supported with time away from their clinical responsibilities to complete refresher training, to ensure they could care for patients safely.
- Staff were aware of processes and standard procedures to keep people safe from abuse, and received training to assess, recognise and report abuse.
- There were reliable systems to ensure standards of cleanliness were maintained and to prevent and control the risk of infection.
- The environment was generally suitable to treat patients safely, although there were some environmental and equipment risks, which service leads knew about and were managing.
- Daily checks on resuscitation equipment were consistently undertaken and documented.
- The service responded appropriately to changing risks to patients who used the services; staff were confident about the process of escalating a deteriorating patient.
- Nurse and medical staffing levels were planned and reviewed to ensure patients received safe care and treatment. Although there were vacancies, there were actions to mitigate this. Staffing at the time of our inspection was safe to meet patient needs and acuity, and the service had a proactive recruitment plan to maintain this.
- Records were well managed, clear, up-to-date and easily available to all staff providing care. The electronic records system allowed staff to ensure records were completed fully and consistently.

# Surgery

- There were systems in place to ensure the proper and safe use of medicines.
- Staff knew how to report incidents and received feedback where they had been involved. Incidents were discussed at daily team briefings on the wards
- The service monitored performance and activity to understand risks and provide a clear accurate picture of patient safety.

However:

- Staff did not always follow the trust's policy for escalating out of range medication fridge temperatures. On two wards and in theatres, medication fridge temperatures had been recorded as significantly out of the safe range with no clear evidence of escalation.
- We had some environmental and equipment concerns, notably the lack of space in the overnight intensive recovery unit and the lack of clarity that one of the two consumable equipment trolleys in the day surgery unit was out of use.
- We had concerns that learning from incidents was not always shared between different divisions. Most staff did not show awareness of the serious incidents around breaches of confidential information or the never event of a retained foreign object following surgery.

## Is the service effective?

Good   

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

- The service used national guidance, best practice and local policy to deliver effective care and treatment.
- Patients' nutrition and hydration needs were clearly documented and met.
- Patients pain was well managed and pain assessments were carried out and responded to in line with national guidance.
- Information about outcomes was routinely collected and monitored and service leads could explain their areas of focus to improve patient outcomes.
- There were examples of better than average patient outcomes, for example patients had a lower than expected risk of readmission for non-elective admissions.
- Staff were competent in their responsibilities and had the appropriate skills, training and knowledge to carry out their roles. There were opportunities to develop additional competencies or undertake learning and education.
- Induction processes and supervision were strong to support new starters and there was a minimum six-week supernumerary period.
- Staff received regular appraisals to help with their development and provide them with support.
- There was effective multi-disciplinary team (MDT) working throughout the service to maximise patient experience and outcomes.
- Staff were proactive in supporting patients to live healthier lives and we saw specific examples of staff using initiatives to promote people's health.
- Staff obtained consent to care and treatment in line with legislation.



# Surgery

However:

- There were some areas of underperformance in the National Emergency Laparotomy Audit (a procedure for severe abdominal pain), most significantly for the crude proportion of cases with pre-operative documentation of risk of death.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion, dignity and respect during most interactions, and displayed a highly patient-focused approach to their work.
- Patients consistently reported that staff were caring and that they were happy with their experience.
- Staff supported patients' emotional and holistic needs and there were examples of where staff had gone 'above and beyond' in their care for patients.

However:

- There was mixed feedback about patients and relatives being kept informed of their care and treatment. While patients felt nursing staff maintained good communication, some patients felt they were not always kept informed by medical staff.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Access and flow through the service was a significant difficulty; service leads and ward staff consistently reported that capacity was their biggest challenge.
- Delayed discharges and delayed transfers of care were a frequent concern, which was exacerbated due to the service being a major regional hub for some specialities.
- The service overall referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.
- Between 2016 and 2018, the percentage of cancelled operations for elective procedures due to non-clinical reasons was higher than the England average in all quarters apart from the most recent one (April to June 2018)
- Overnight intensive recovery (OIR) was intended to only be a 22-hour stay before patients were transferred to the appropriate ward, but there were frequent delayed discharges from OIR and main recovery to wards and the intermediate dependency area.
- The environment in OIR was not designed for patients to stay longer than one night, although there were mitigating actions in place for occasions when this happened due to lack of capacity.
- In the eye surgery department, we were told that one consultant insisted on their patients coming in in the morning even though this consultant only ran afternoon lists, which was therefore not best planned to meet patient needs.

# Surgery

However:

- Despite the challenges with access and flow, there was evidence of significant mitigating actions to manage it as best as possible. The bed management team worked effectively with ward teams to ensure bed use was meeting demand and patient needs as best as possible.
- There were dedicated discharge planning coordinators to help relieve the burden on nursing and medical staff around discharge planning.
- Services were well planned and delivered, despite significant capacity and flow challenges. There were examples of initiatives throughout surgery to meet the needs of the local population and patient demographic.
- Services were planned with a focus on meeting the individual needs of patients. For example, there were initiatives to meet the needs of patients living with dementia or learning disabilities, particularly anxious patients or patients with mobility difficulties.
- The trust was performing positively against the national requirement for the total elective surgical waiting list to be lower in March 2019 than March 2018.
- Neurosurgery was performing above the England average for RTT rates (percentage within 18 weeks).
- Staff could explain the process for when patients wanted to raise a complaint and there were examples of changes in practice or sharing of feedback resulting from complaints.

## Is the service well-led?

Good   

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

- There was strong, effective leadership to help deliver care to patients and support staff.
- Staff spoke highly of the leadership and support provided at matron level and we saw matrons had a strong presence on the wards.
- Staff felt senior leads were invested and interested in the clinical work of the service.
- There was a trust strategy which staff were aware of and engaged in, and service specific strategies within surgery to develop and improve the service.
- Service leads within each speciality were able to explain their specific strategies and areas of focus, and there was a surgery-wide drive around maximising staff development opportunity to promote retention, and also of working on mitigating the capacity issues.
- Morale was generally high despite concerns about capacity and demand, and there was a positive, open and team-based culture. Staff spoke highly of their teams and felt proud to work in the service.
- There were effective structures, processes and systems of accountability to support the delivery and oversight of services.
- There were systems and processes to ensure risks were monitored and mitigated wherever possible, and performance was monitored. Risks on the risk register matched the concerns we observed on inspection. Risks had named owners, were reviewed regularly and had target dates for compliance and mitigating actions to help reduce the level of risk.

# Surgery

- Staff were engaged in their work and there were examples of where initiatives from staff had been used to develop and improve the service.
- Surgical services had several ongoing innovative initiatives to develop services and maximise patient experience.

However:

- There were examples raised on day surgery and urology that morale had been impacted because of moving and reconfiguration where staff had not felt involved in decisions, although the service was now working to rebuild morale.
- There had been three serious incidents in relation to confidentiality breaches due to staff not always following information management procedures.

## Outstanding practice

We found examples 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.

# End of life care

Outstanding  

## Key facts and figures

The trust provides end of life care at Addenbrooke's 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, and bereavement support and mortuary services.

The trust had 1,517 deaths from June 2017 to May 2018.

*(Source: Hospital Episode Statistics)*

End of life care (EOLC) at this trust is not provided by one service alone but is a trust-wide responsibility. This is led by the trust's EOLC Steering Group with local stakeholders, chaired by the Chief Nurse, and an Operational Group including the chaplaincy; department of elderly medicine (DME); mortuary; palliative care; discharge planning; and critical care representation. There is a dashboard of relevant metrics and a newly appointed EOLC nurse lead. Governance structures of the groups include reviewing incidents and audits; feedback from relatives; and close liaison with the resuscitation committee.

The specialist palliative care team supports EOLC throughout the trust, targeting the areas of most need. The team raises awareness; provides education and training and patient assessments. The team includes an EoLC trainer/facilitator and specialist nurses providing face-to-face visits with attention to safe and appropriate discharge. The team aims to provide seven-day assessments from early 2019. Palliative care champions (nursing and allied health professionals) attend in-house training to enable them to share knowledge throughout the trust.

The trust is a member of the Dying Matters Coalition and marks the Dying Matters awareness week each year. It also works closely with the local community palliative care services and has read access to the Electronic Palliative Care Co-ordination Systems (EPaCCS), which is used to record and share a patient's care preferences and key details about their care at the end of life. Trust-wide discharge summaries include prompts regarding the Gold Standard Framework to provide information to GPs. An Emergency Care Improvement Programme (ECIP) project with Hospice UK was completed and local initiatives included work with a local hospice to provide nine beds to give patients an additional choice as an alternative to dying in hospital.

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

The hospital also provides bereavement and chaplaincy services. The bereavement care team offer a comprehensive bereavement service that includes mortuary services, and alongside the chaplaincy service, provides a wide range of support to families, relatives, and friends of the dying and deceased.

Data provided by the trust for the reporting period October 2017 to September 2018, demonstrated the palliative care team received 2176 referrals, of which 56% were cancer related and 44% were noncancer related. At the time of our inspection the SPCT provided onsite service between 9am to 5pm Monday to Saturday. An out of hours, on call advice was provided by the local hospice.

We undertook an unannounced inspection of the end of life care service from 30 October to 1 November 2018. We visited 13 areas, including accident and emergency, medical wards, surgical wards, the mortuary, bereavement suite

# End of life care

and the hospital's chapel. We spoke with one patient and one relative. We spoke with 56 members of staff including the non-executive director with responsibility for end of life care, deputy chief nurse the assistant director of nursing, clinical lead, medical and nursing staff, allied health professionals, the palliative care team, portering staff, mortuary staff and bereavement and chaplaincy staff.

We reviewed six sets of patient care records, six prescription charts, 36 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits.

## Summary of this service

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance.
- The trust had suitable premises and equipment and looked after them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness, where the organisation did not meet clinical indicators there were actions from audits in place.
- Staff in the SPCT informally monitored their response times, discussion of preferred place of death and preferred place of care, and audited this data.
- Staff treated patients with compassion, dignity and respect. 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. The service had open visiting hours, enabling relatives and carers to stay overnight and made arrangements to meet the individual needs of each patient.
- Staff provided emotional support for patients to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and sign posted families to relevant information and support, including counselling services provided by external providers.
- The trust planned and provided services in a way that met the needs of local people. The trust had a system in place to highlight patients who were at the end of their life by placing a swan magnet around their bed space and on the ward white board for ease of identification and discussion at board round.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the SPCT and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.
- The trust had compassionate, inclusive, and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.

# End of life care

- The end of life care service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff.

However:

- Fast track discharge did not meet the NHS England recommended time of 48 hours and on some occasions, was much longer than this. The median time to discharge was eight days, which suggests that the trust was performing worse than the last inspection, where the average time to discharge was 3.8 days for patients living in Cambridge and 4.7 days for patients living outside Cambridge.
- The trust did not audit what percentage of patients achieved their preferred place of death (PPD).

## Is the service safe?

Good   

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

- The trust provided mandatory training in key skills to all staff and made sure they completed it.
- The trust employed an end of life education facilitator who coordinated education about end of life care within the trust.
- The trust implemented safeguarding practices and procedures to help keep patients safe.
- Staff understood their responsibilities for safeguarding patients and reporting any potential safeguarding concerns.
- The service had effective infection prevention and control (IPC) procedures in place.
- The service carried out maintenance of equipment which was monitored.
- The trust had effective systems in place for identifying and responding to patients' risks and risk assessments were carried out in line with national guidance.
- The specialist palliative care team (SPCT) had sufficient nurse staffing to ensure patients received safe care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and were managed in a way that kept people safe.
- Medicines were prescribed, stored and administered to people in line with current legislation and national guidance.
- Staff understood their responsibilities to raise concerns and report them appropriately to ensure patients' safety.
- We saw learning from incidents that improved safety for patients.

However:

- Not all staff were up to date with the safeguarding training they were required to complete.
- The specialist palliative care team (SPCT) did not have sufficient medical staffing levels for the size of the service.

# End of life care

## 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 of its effectiveness. The specialist palliative care team (SPCT) monitored referral to response times. Preferred place of care and Do not attempt resuscitation (DNACPR) forms were routinely audited.
- Staff of different specialities worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment.
- The service made sure staff were competent for their roles. The SPCT offered training and all wards we visited had an end of life champion. The trust developed an end of life care training programme as part of the end of life care strategy.
- 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.
- Consent to treatment was sought in line with legislation and guidance. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed well. We reviewed 36 DNACPR forms and found that 33 (92%) were completed in line with guideline, including records of discussions with patients and relatives and signed by a senior clinician, this was an improvement since our last inspection.

## Is the service caring?

**Outstanding** ☆ → ←

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

- Staff truly respected and valued patients as individuals and empowered them as partners in their care, practically and emotionally, by offering an exceptional and distinctive service.
- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients said that staff went that extra mile and their care and support exceeded their expectations.
- Staff consideration of people's privacy and dignity was consistently embedded in everything that staff did.
- Staff prioritised the individual needs of patients.
- Staff responded in a timely way when patients felt pain, discomfort or distress.
- Staff saw people's emotional and social needs as being as important as their physical needs. The service provided emotional support to patients receiving end of life care and their relatives or friends.
- The bereavement service offered a follow up service to relatives of every patient who died at the hospital.

# End of life care

- The specialist palliative care team (SPCT) had a clinical psychologist who provided emotional support to patients and their families.
- The chaplaincy team advertised that they were there to support everyone, not just those who are religious.
- Staff involved patients and their families in decisions about their care.
- Staff provided patients with information about their options for care.
- The trust provided support to patients' relatives by allowing open visiting and having on-site accommodation available.

## Is the service responsive?

**Good** ● ↑

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

- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients.
- The trust planned and provided services in a way that met the needs of local people.
- Preferred place of care (PPC) and preferred place of death (PPD) was discussed with patients and documented in the medical electronic records. This was an improvement since the last inspection.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.

However:

- Fast track discharge did not meet the NHS England recommended time of 48 hours and on some occasions, was much longer than this. The average time to discharge was eight days, which suggests that the trust was performing worse than the last inspection, where the average time to discharge was 3.8 days for patients living in Cambridge and 4.7 days for patients living outside Cambridge.
- The trust did not audit what percentage of patients achieved their preferred place of death (PPD).

## Is the service well-led?

**Outstanding** ☆ ↑

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

- The trust had compassionate, inclusive, and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care. The SPCT were respected throughout the organisation for their support of staff and patients.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.



# End of life care

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. End of life care was led at an executive level by the chief nurse, who also chaired the end of life care steering group.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff, patients, and key groups representing the local community.
- The end of life care strategy referenced key national guidance and included defined local priorities, outcomes and measures of success. Staff were engaged in the development of the end of life care strategy and the specialist palliative care team (SPCT) and staff understood their role in delivering the strategy.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff recorded risks relating to end of life care on divisional risk registers.
- The trust engaged with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Outstanding practice

We found examples 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.

# Our inspection team

Fiona Collier, Inspection Manager led this inspection. Fiona Allinson, Head of Hospital Inspection, three specialist advisers and two pharmacy inspectors supported our inspection of well-led for the trust overall. An executive reviewer, Anne Maria Newham, supported our inspection of well-led for the trust overall.

The team for the core service inspection included two inspection managers, 12 inspectors, including two mental health inspectors, and two pharmacy inspectors, two assistant inspectors and seven 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.