

James Paget University Hospitals NHS Foundation Trust

Quality Report

Lowestoft Road,
Gorleston – on –Sea,
Great Yarmouth, Norfolk
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Date of inspection visit: 11th, 12th, 13th and 25
August 2015
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection between 11 and 13 August 2015 as part of our regular inspection programme. In May 2015 James Paget University Hospitals NHS Foundation Trust had been identified as having only one elevated risk and one risk on our Intelligent Monitoring system. This showed a decreasing pattern since October 2013.

The James Paget University Hospitals NHS Foundation is a university hospital providing the care to a population of 230,000 residents across Great Yarmouth, Lowestoft and Waveney, as well as to the many visitors who come to this part of East Anglia. The main trust site is in Gorleston and is supported by services at Lowestoft Hospital, the Newberry Clinic and other outreach clinics in the local area.

The James Paget Hospital officially opened on 21 July 1982, was established as a third wave NHS Trust in 1 April 1993 and became a Foundation Trust on 1st August 2006.

The trust has 458 inpatient beds and 26 day case beds located on the James Paget University Hospital. The trust provides critical, intensive and high dependency care, general and orthopaedic surgery and medicine, maternity, paediatrics and neonatal services.

We have rated this location as Good overall. We found that the staff were exceptionally caring and that they went the extra mile for their patients.

Our key findings were as follows:

- All staff were caring and compassionate. They treated patients, relatives and carers with respect and dignity.
- The trusts referral to treatment times (RTT) and four hour performance in the emergency department had improved since worse performance over the winter.
- There was mostly enough nursing and medical staff to care for patients and protect them from the risk of avoidable harm though it did not always follow national guidance in relation to the care of children.
- A number of medical vacancies had been identified, such as for consultant geriatricians which the trust had been unsuccessful in recruiting to.
- There was an effective recruitment and retention strategy in place for nursing and medical staff with gaps in nursing staff acknowledged in medicine.
- Clinical areas were visibly clean and we saw mostly good infection control practices. Infection control rates were low in the hospital.
- The environment in some clinical areas including theatres and recovery was dated. A comprehensive estates strategy was in place to address these issues.
- A new, purpose built day surgery unit opened during the course of our inspection which will enable more patients to be seen as day cases and potentially offer new pathways and services.
- The emergency department made excellent use of technology and pathways, including for stroke, to effectively manage the care of patients.
- For a number of clinical audits, the hospital performed in line with or better than the England average.
- The vast majority of staff felt supported in their work, had received training and appraisals and most were aware of the trust vision and values.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was not always consistently recorded or a care plan in place for patients receiving end of life care.

We saw several areas of outstanding practice including:

- Care of patients requiring thrombolysis in the emergency department, with trained consultants and telemedicine access to a consultant neurologist.
- Patient pathways for GP referrals that resulted in 97% of GP referrals not requiring services of the emergency department.
- Spinal injuries nursing and state of the art equipment for patients with spinal cord injury was excellent.
- A charity funded Eye Clinic Liaison Officer raised awareness about support for patients with macular degeneration.
- The trust had been awarded integration status, with other health partners and social care to pioneer seven-day services. This included an Out of Hospital Team chaired by the clinical commissioning group involving social care, the mental health trust and the hospital to identify ways to avoid crises in communities leading to hospital attendance. Data was showing a reduction in admissions.

Summary of findings

- The neonatal unit had developed a breastfeeding pack to encourage new mums whose babies were on the neonatal unit to hand express their breast milk. The pack contained information and tips on hand expressing along with a personal expressing log.

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

Importantly, the trust must:

- Ensure that all equipment is checked at a frequency as per trust policy including, but not limited to emergency resuscitation equipment.
- Ensure that all patient records are up to date and reflective of patient's needs.
- Ensure a named Non Executive Director for end of life care in line with Department of Health Guidance.
- Ensure that all Do Not Attempt Cardio Pulmonary Resuscitation forms are completed fully and in line with national guidance.
- Accelerate the implementation of the approved replacement for the Liverpool Care Pathway for people receiving end of life care

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to James Paget University Hospitals NHS Foundation Trust

The James Paget University Hospitals NHS Foundation is a university hospital providing the care to a population of 230,000 residents across Great Yarmouth, Lowestoft and Waveney, as well as to the many visitors who come to this part of East Anglia. The main trust site is in Gorleston and is supported by services at Lowestoft Hospital, the Newberry Clinic and other outreach clinics in the local area.

The James Paget Hospital officially opened on 21 July 1982, was established as a third wave NHS Trust in 1 April 1993 and became a Foundation Trust on 1st August 2006.

The Trust employs 3,000 staff, making it the largest local employer in the area. As a University Hospital, the Trust trains over one third of the medical students from the University of East Anglia.

The health of people in Great Yarmouth is varied compared with the England average. Deprivation is higher than average and about 24.9% (4,400) children live in poverty. Life expectancy for both men and women is lower than the England average. The health of people in Waveney is varied compared with the England average. Deprivation is lower than average, however about 21.8% (4,300) children live in poverty. Life expectancy for both men and women is similar to the England average.

We inspected in April 2015 as part of our ongoing programme of comprehensive inspections.

Our inspection team

Our inspection team was led by:

Chair: Leslie Hamilton, Consultant Cardiothoracic Surgeon

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included CQC inspectors and a variety of specialists:

The team included nine CQC inspectors and a variety of specialists including a safeguarding specialist, a

pharmacist, two medical consultants, a consultant in emergency medicine, a consultant obstetrician, two consultant surgeons, an intensive care consultant, a consultant paediatrician, a junior doctor, 10 nurses at a variety of levels across the core service specialities, a student nurse and an expert by experience. (Experts by experience have personal experience of using or caring for someone who uses the type of service that we were inspecting.)

How we carried out this inspection

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

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

The inspection took place between 11 and 13 August 2015 with an unannounced inspection on 25 August 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal

Summary of findings

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

We held a listening event on 11 August 2015, when people shared their views and experiences of

James Paget Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

We carried out an announced inspection visit between 11 and 13 August 2015. We also conducted an unannounced inspection on 25 August 2015. We spoke with a range of staff in the hospital, including nurses, junior doctors,

consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists. We also spoke with staff individually as requested and held 'drop in' sessions.

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

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

What people who use the trust's services say

In the Cancer Patient Experience Survey, James Paget Hospital achieved mixed results. Scoring well for the caring and compassionate nursing staff but scoring badly for questions around questions relating to information and explanations. James Paget Hospital scored 'About the same as other trusts' in all questions in the CQC Inpatient Survey.

James Paget Hospital had slightly higher or very similar scores to the England average for cleanliness and facilities, however scored slightly worse for food and much worse for privacy, dignity and wellbeing, seeing a drop from 91 to 81 from 2013 to 2014.

In the Friends and Family test whilst the overall recommended rate fell below the England average in October 14 and remained below up to February 15, further more recent analysis shows that it climbed above between March and June.

Facts and data about this trust

Beds 484

- 456 inpatient beds
- 26 day case beds

Staff: 2,508 WTE (April 2015)

- 274 Medical
- 800 Nursing
- 1,434 Other

Revenue £181,271

Activity summary 2014/15

Inpatient Admissions: 23,896


Day case admissions: 33,849

Outpatient attendances: 272,745

A&E attendances: 71,400

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust was rated as requiring improvement to ensure that people were protected from avoidable harm. Whilst many services were rated as Good in this area the trust are required to ensure that all equipment is checked in line with national guidance and that end of life services are improved. There was no non executive director (NED) with the responsibility for end of life care and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were not completed to ensure the safety of patients. There were not sufficient consultants with end of life care experience to meet national guidance. This meant that patients were not offered the care that they required at the end of their lives. Nursing records also required improvement to ensure that care was assessed and recorded appropriately. However we noted that most services were maintaining systems and processes to ensure that patients were safe.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• Staff throughout the trust were aware of the requirement of the Duty of Candour, to be open and honest when things go wrong and to offer an apology.• Evidence showed that meetings had been held with patients who had been identified as meeting the threshold for the duty of candour, that an apology was offered and change to practice been identified and made.• Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR) forms were not always completed accurately. <p>Safeguarding</p> <ul style="list-style-type: none">• There were robust safeguarding processes and procedures in place across the trust.• Staff were aware of their responsibilities in relation to the safeguarding of vulnerable adults and children.• Safeguarding supervision was in place for staff who required this level of support. Safeguarding training formed a part of mandatory training and there was good compliance with this across the trust. <p>Incidents</p>	<p>Requires improvement </p>

Summary of findings

- Incidents were reported across the trust via an electronic system. All staff we spoke with were confident in reporting incidents though we found some lower grade incidents such as transfers at night from critical care were not considered incidents.
- There was robust learning from incidents which was also used to trigger duty of candour requirement. A consistent approach to learning was demonstrated across clinical areas with lessons learnt and changes in practice cascaded to staff.
- Themes from incidents were identified at ward, division and trust level through governance mechanisms, actions identified and plans implemented to reduce incidents with harm across the trust.

Staffing

- There was a vacancy rate of approximately 8% for nursing staff across the trust. Vacancies within divisions was variable with very small numbers of vacancies in the emergency department and surgical services but a number of vacancies across medical wards.
- Agency use remained comparatively low but there was some reliance on bank staff in some areas.
- Locum consultant use was in place across a number of specialties as the trust struggled to recruit to several key positions including care of the elderly. Locum consultants were usually block booked to ensure continuity of service provision.
- Staffing levels in some areas including children's care and critical care was not always in line with national guidance and therapy and pharmacy services in critical care were stretched.
- The trust did not meet the requirement set by the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care related to number of palliative care consultant working at the hospital though attempts had been made to recruit to the additional post.

Are services at this trust effective?

Services at the trust were effective. There was consistent use of national guidance which influenced care. Where national audits had highlighted issues where the trust fell below the national benchmarks the wards and departments had plans in place to address these to improve care. However, we noted within the end of life care service that a replacement for the Liverpool Care Pathway had not been fully rolled out. This meant that patients on the general wards did not always receive effective care at the end of their lives.

Good



Summary of findings

Evidence based care and treatment

- There was consistent use of evidence based care and treatment across the trust. However, an integrated end of life pathway had not been fully introduced across all areas following the discontinuation of the Liverpool Care Pathway.
- NICE guidance and best practice was incorporated into trust clinical guidelines and policies and procedures.
- There was a comprehensive programme of audit across the trust and a plan for future audit with responsible clinicians identified though end of life care was not fully audited.

Patient outcomes

- The trust participated in many national audits for which they were eligible. Audit outcomes were mostly either in line with or better than the England average. The fractured neck of femur data was more inconsistent.
- Where the trust had previously performed poorly in national audits, the local management team ensured that action plans were devised and timely re-audits were carried out to ensure improvements were made to enhance patient outcomes. Examples of re-audits outside of national programmes included Severe Septic Shock Audits.
- Dashboards were used by departments to monitor performance. These dashboards reported on data relating to staffing levels, patient safety, infection control, patient experience and workforce management.
- Both real and hypothetical patient journeys were discussed at the fracture clinic team meetings to discuss and explore the effectiveness of the service provided.
- Trust-wide audits such as infection control and health and safety audits were undertaken.

Multidisciplinary working

- There was effective multidisciplinary working across the trust and with external partners and stakeholders.
- Full seven day working was not in operation for all services including some therapies. Critical care outreach services were not 24 hours per day at the time of our inspection.
- Board rounds occurred and included all disciplines involved in patients care.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

Summary of findings

- Across most areas of the trust there was good knowledge and consistent approach to implementing the Mental Capacity Act 2005 but this was not always the case for people receiving end of life care. We saw good examples of best interests decisions made for patients which involved the relevant professionals.
- Deprivation of liberty safeguards were properly applied with applications made promptly to the local authority as required by legislation. Records showed that the deprivation of liberty was regularly reviewed and was the least restrictive option to protect the individual.

Are services at this trust caring?

All grades of staff at the trust demonstrated compassionate care. We saw some examples of staff and patients having a genuine rapport. Patients were given the information they needed at a level they understood to enable them to be involved in their care. Families and those close to patients were kept up to date with patients' progress and their views on care and treatment sought to enhance care given. Emotional support was offered through the chaplaincy service and a part time bereavement specialist however staff were also supportive to both patients they knew well and those who were admitted for the first time.

Compassionate care

- We observed staff to be consistently compassionate towards patients and their carers. They afforded them privacy and dignity throughout their care.
- Clinical and non clinical staff demonstrated a genuine rapport with patients.
- The NHS Friends and Family test results for the trust were generally good and response rates in some areas higher than the national average.
- Patients told us that they received excellent care and felt well looked after. One told us that "the staff are marvellous; there is nothing they wouldn't do for you".

Understanding and involvement of patients and those close to them

- Patients were given the necessary information about their care and kept informed of any changes to their care and treatment. They were given options and had a genuine voice in their care planning.

Good



Summary of findings

- Relatives and carers were kept up to date with the care and progress of their loved one. We saw discharge processes actively considered and consulted with family members to ensure a safe, effective discharge and reduce the risk of readmission.
- Records reviewed confirmed that patients had been given options and choices when planning their care.
- Several patients commented that doctors were good at explaining everything to them.

Emotional support

- Patients could access a range of specialist nurses, for example in learning disabilities, dementia, stroke and cardiac services.
- We observed sensitivity in the way in which bad news was conveyed to patients and their families, for example diagnosis of a life-threatening illness.
- A person fighting addiction told us that everyone involved in their care was supportive and wanted them to get their life, "Back on track".
- The chaplaincy held a regular ecumenical memorial services for both adults and children who died in the hospital. They were available daily to provide spiritual and emotional support when appropriate. A group of volunteers working with the chaplaincy team offered spiritual support to patients of all or no faiths. Volunteers also supported patients who had no or very few relatives or friends providing company.
- There was a bereavement officer who worked part time. Staff working in the mortuary were compassionate and proud of the support they delivered, comforting relatives and making sure people left knowledgeable about what to do following a death.

Are services at this trust responsive?

Services at the trust were responsive to the needs of the individual. However further work could be undertaken in respect of care of the elderly and end of life care patients to ensure that their specific needs are met. The trust management were cognisant of the environment in which they operated and had implemented several plans in order to meet changing demands for services. The trust worked well with local stakeholders to ensure that patients received the care and support that they required. Delays in discharge were being addressed and a reduction in the number of people waiting to be discharged had improved.

Service planning and delivery to meet the needs of local people

Good



Summary of findings

- During the period of our inspection a purpose built, three theatre day surgery unit was opened at the hospital. This will allow a greater number of patients to be seen in a day surgery unit, aiming to reduce length of stay and increasing flexibility for new procedures and pathways. Meeting minutes showed that service design was considered along with commissioners so that the local health economy offered the right services.
- The 2013 Office for National Statistics mid-term estimate indicated that nearly half of the residents in the Gt Yarmouth area were aged 45 and over, with more than 22% of the population over the age of 65. However the trust did not have a strategy for the care of elderly people nor consultants who were specialists in this field.
- We were told about ongoing joint working to streamline pathways in many specialist areas with the neighbouring hospital in Norwich with whom James Paget works closely.

Meeting people's individual needs

- Specialist equipment was available when required. Staff told us that they were able to order specialist equipment such as bariatric equipment and that it arrived promptly.
- Staff had access to translation services via 'language line' though they said they rarely needed to use it.
- Patients with learning disabilities had an additional care plan which clearly set out their specific care needs. There was a learning disabilities specialist nurse at the trust.
- Staff were aware of the specialist needs of patients with a learning disability. We saw that one nurse in outpatients assisted a patient with learning disability to move to a quiet area as they did not like crowds.

Dementia

- Patients living with dementia were not in a specialist ward but had a yellow wristband so that they could be identified. There was a policy and guidance on dementia on the intranet and the internal training and advice on this area was described by staff as being very good. Relatives were encouraged to come in and provide support and if a patient with dementia liked to walk around they would be accompanied to ensure their safety.
- Staff had received training in caring for patients living with dementia. Staff felt confident supporting these patients and were aware of the dementia link nurse who would support them on the wards.

Access and flow

Summary of findings

- Patients generally had timely and appropriate access to the services that they needed.
- The trust had been above the 90% target for referral to treatment times (RTT) of 18 weeks from April 2013 to February 2015 (latest data) for all medical specialities. Cardiology, gastroenterology and neurology were 100% compliant with RTT.
- From April 2014 to April 2015, 27% of patient's experienced one ward move, 7% were moved twice, and 2% three times. These results show that nearly 40% of patients admitted to the James Paget Hospital were not treated in the correct speciality ward for the entirety of their stay.
- The trust had taken positive action in reducing the delays in discharge with increased working with the local authority to support patients on discharge.

Learning from complaints and concerns

- The complaints system was robust and had become increasingly so with the involvement of consultant leads in patient experience.
- We saw examples of how complaints and concerns were investigated, responded to and learning shared.
- Staff were aware of complaints and the learning from these. Staff we spoke with were able to demonstrate where improvements had been made.

Are services at this trust well-led?

Although a relatively new trust board the trust was aware of where its challenges and successes lay. It actively managed the challenges and had put in place actions to mitigate these. Trust executives were well known to staff and led them through an open door policy. Staff at our focus groups were positive about the interactions with the senior management team. The culture of the trust was open and staff felt listened to.

Vision and strategy

- The trust had a clear vision and strategy which was clearly communicated to all staff. Staff were able to articulate key elements of the vision and strategy.
- Staff understood future plans within the trust and were actively a part of some of these.
- The vision and objectives are underpinned by the organisational development plan which is monitored through quality and board meetings.

Good



Summary of findings

- Individual departments and services had their own vision for the service they provided and this was well known by the staff working in these services. These linked to the core strategy for the trust.

Governance, risk management and quality measurement

- The trust has two divisions who report directly into the senior team. There were good governance systems in place to ensure that information flowed from the wards to the board. These included: the Safety, Quality and Governance Committee, Audit Committee, Finance Performance and Strategic Planning Committee and the Transformation Committee. We reviewed the minutes from some of these committees and found that appropriate discussion and challenge was had at these meetings of key issues for the trust.
- Staff we spoke with in the wards and departments were able to articulate the part they play in the management of quality. Staff were aware of quality indicators and what they were accountable for.
- The board recognises that relationships with external stakeholders is key to successful management and is aware of the challenges they face.
- The governance framework was reviewed in November 2013. However, the trust senior team undertake regular reviews to ensure that information flows are appropriate. The board assurance framework identifies the top risks which then influences the discussion at the Safety, Quality and Governance Committee.
- All senior board members were able to identify the organisations key risks and were able to describe actions taken to mitigate these. This included the issue with the estate which is being reviewed currently with a six facet survey being undertaken to identify sustainable changes to the way in which services are delivered. These risks were described on the board assurance framework and monitored at board level.
- The trust has engaged proactively with the governors of the trust to ensure that their work plan was supported by committee structures.
- The Board were presented with large amounts of information about their services; papers were detailed in content however the analysis was less easy to identify. Board assurance is gained through open and constructive challenge. Performance reports are discussed as regular agenda items at trust board meetings. Actions arising are assigned to individuals and monitored through the various committees to the board.

Summary of findings

- Whilst the trust was behind on the national programme of audits this was known to members of the board and remedial action plans were in place to ensure that the trust could benchmark itself against national data to drive improvements.

Leadership of the trust

- The senior team work well together and present a cohesive partnership. All members of the executive team are visible and known to staff.
- Senior staff were experienced and knowledgeable about their area of expertise. They had the capability and capacity to lead effectively through an open culture.
- Staff we spoke with, including staff representatives felt engaged in the plans for the trust. This demonstrated that leaders were visible and open to challenge.

Culture within the trust

- There is an open culture within the trust. Staff felt able to contact senior members of the executive team without fear of reprisal.
- Due to the stability of the workforce we found that key members of staff were well known to all.
- The Governors felt that the trust was open and that they could challenge. There was good engagement of the governors of the trust, who had open access to the non-executives and senior members of the board.
- Where necessary the senior team took action to address behaviour and performance issues that were inconsistent with the vision and values held by the organisation. However the trust was supportive throughout this process.
- The trust took action to resolve conflict in a constructive manner. We raised an issue within one service area with senior managers and action was taken promptly by senior managers.
- Patient experience and safety was at the centre of the culture of the organisation. This was evident from all groups of staff we spoke to.

Fit and Proper Persons

- The trust had a process in place in order to fulfil the Fit and Proper Person test. However, this was only agreed by the board in April 2015.
- The trust has a policy in place that all existing and new executives sign a declaration that they are a fit person in line with current legislation.

Summary of findings

- Assessment of the fitness of candidates against the criteria will form part of the selection and appointment process. Any declarations would be discussed with the applicant at interview stage.
- Ongoing review of fitness will be through the annual appraisal system in place for the executives in post.
- The chair of the board interviews all new board members and ensures that qualification checks, competency checks and that candidates meet the fit and proper person test as described in the regulation.

Public engagement

- The trust responds appropriately to patient complaints. The trust has seen almost 50% decrease in the number of complaints it receives. This is due to the local resolution of complaints as well as increasing numbers of PALS enquires.
- There are patient experience leads across medical and nursing staff. Staff meet with complainants to ensure that learning for the future is captured and shared across the trust.
- The board hears a patient story at each meeting to ensure that they remain focused on the experience of their patients.
- The trust holds patient focus groups to ensure that the patient experience is captured in order to improve services.
- The trust has begun to establish links with other bodies such as GP's and charities to ensure that they capture the experience of patients using the hospital services. The trust also uses social networking sites in order to gain patient feedback.

Staff engagement

- Staff feel actively engaged in the performance and quality of the trust. Staff we spoke to were able to describe areas of improvement which had been suggested by them and implemented by the trust.
- Staff felt able to raise concerns without fear of reprisal. Staff groups were consistently supportive of the trust leadership and reported high levels of engagement.
- Staff were proud to work at the hospital and there was an obvious sense of loyalty to the hospital.
- The staff are encouraged to propose ideas to improve patient care through a number of forums including undertaking research. An example of this is the research which explored the impact of patient and family centred care on an acute ward. Nursing staff were supported in undertaking this research by the excellent research department at the hospital.

Innovation, improvement and sustainability

Summary of findings

- The trust had significantly invested in the research department within the hospital. This enabled staff to become involved in research to improve the care of patients at the hospital. The research department developed a Website to promote awareness and opportunities for patients to be involved in research. This was designed internally as part of the 12 days of Christmas however has become a global entity. #whywedoresearch enables patients and care staff to post why they want to be involved in research and the benefits for individuals.
- The trust has made more than reasonable adjustments to ensure that patients with learning disabilities and autism feel better about coming into hospital.

Overview of ratings

Our ratings for James Paget Hospital

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

Our ratings for James Paget University Hospitals NHS Foundation Trust

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

Notes

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

Outstanding practice and areas for improvement

Outstanding practice

- Care of patients requiring thrombolysis in the emergency department, with trained consultants and telemedicine access to a consultant neurologist.
- Patient pathways for GP referrals that resulted in 97% of GP referrals not requiring services of the emergency department.
- Spinal injuries nursing and state of the art equipment for patients with spinal cord injury was excellent.
- A charity funded Eye Clinic Liaison Officer raised awareness about support for patients with macular degeneration.
- The trust had been awarded integration status, with other health partners and social care to pioneer seven-day services. This included an urgent care team chaired by the clinical commissioning group involving social care, the mental health trust and the hospital to identify ways to avoid crises in communities leading to hospital attendance. Data was showing a reduction in admissions.
- The neonatal unit had developed a breastfeeding pack to encourage new mums whose babies were on the neonatal unit to hand express their breast milk. The pack contained information and tips on hand expressing along with a personal expressing log.

Areas for improvement

Action the trust MUST take to improve

Importantly, the trust must:

- Ensure that all equipment is checked at a frequency as per trust policy including, but not limited to emergency resuscitation equipment.
- Ensure that all patient records are up to date and reflective of patient's needs.
- Ensure a named Non Executive Director for end of life care in line with Department of Health Guidance.
- Ensure that all Do Not Attempt Cardio Pulmonary Resuscitation forms are completed fully and in line with national guidance.
- Accelerate the implementation of the approved replacement for the Liverpool Care Pathway for people receiving end of life care

In addition the trust should:

- Review the application of the assessment under the Mental Capacity Act 2005 in end of life care.
- Review the storage of medicines in theatres to ensure that temperatures are consistent with trust policy.
- Review approach to the care of older people and the provision of senior medical staff in care of the elderly.
- Review audits in end of life care to ensure good practice is followed.
- Review staffing in children's services to ensure it meets national guidance.

- Review the environment within the outpatient area for gynaecology and paediatric patients to ensure that this meets their individual needs.
- The hospital trust should review the level of physiotherapists and pharmacists provided to the intensive care service as staff levels did not meet recommended levels of the Faculty of Intensive Care Medicine Core Standards for allied health professional staffing.
- Mortality and morbidity reviews within intensive care should be recorded in order to demonstrate lessons from any reviews are learned and these can be shared throughout the trust.
- The cover from specialist trainee/registrar doctors in the intensive care unit should be reviewed to ensure this meets recommended safe levels at all times.
- Intensive care should review the use of dementia-specific care plans for patients living with this condition. The trust should also review the provision of mental health support given to patients and their families who are or have been patients in the intensive care unit.
- The hospital trust should review and risk-assess the provision of the intensive care Outreach team service which was not being provided for 24 hours a day in line with national guidance.

Outstanding practice and areas for improvement

- The intensive care team should review the governance within the unit and formalise the structure and meetings.
- Review awareness of the risk register process.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Regulation 15 (1)(a)(c)(e) The provider was failing to ensure equipment; including emergency equipment was properly checked. The provider failed to ensure in theatres that all the environment was properly maintained.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Regulation 17 (1)(2)(c) The provider was failing to ensure that each service user had an accurate, complete and contemporaneous record of their care including Do Not Attempt Cardio Pulmonary Resuscitation and had failed to ensure a consistent approach to end of life care pathway.