

# West Suffolk NHS Foundation Trust

## Quality Report

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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?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection between 8 and 10 March 2016. We also carried out an unannounced inspection on 23 March 2016. We carried out this comprehensive inspection as part of our regular inspection programme.

The West Suffolk Hospital site, in Bury St Edmunds, is where the majority of the services offered by West Suffolk NHSFT occur. The trust also offers outpatient and community services at Newmarket Community Hospital, Haverhill Health Centre, Thetford Healthy Living Centre, Stowmarket Health Centre, Sudbury Health Centre, Botesdale Health Clinic and Mildenhall Clinic.

During this inspection we inspected the trust's sites at Bury St Edmunds and Newmarket Community Hospital. We did not inspect at the other locations as they only offer outpatient services at these sites. West Suffolk Hospital serves a population of approximately 275,000 people, over an area of roughly 600 square miles.

During this inspection it was evident that the trust had an established staff base that was proud to work at the hospital. Many staff had worked at this location for a long time. This meant that challenges were addressed quickly and efficiently. However, documentation of recorded actions was not consistent but this did not impact on the care of patients. The trust and its staff placed the patient at the centre of care provided and strove on a daily basis to enhance the patient experience of healthcare.

Our key findings were as follows:

- All staff were helpful, open and dynamic. They were aware of what good looks like and were striving to implement this in daily practice. Staff were proud to work at West Suffolk Hospital and Rosemary ward at Newmarket Community hospital.
- Staff felt well supported by their managers and were impressed at the visibility of the chief executive.
- Feedback from patients, relatives and carers was extremely positive throughout the hospital and at the listening event.

- There were some excellent leaders in a number of areas, especially in the gynaecology and post-natal wards. The interim head of midwifery was providing good support to her team; however they would benefit from further support.
- Staff were overwhelmingly caring in delivering care to patients. We witnessed some examples of excellent compassion and all staff we met put patients at the center of the care provided.
- Many good ideas for improvement and innovation were from the junior, ward level staff.
- Good planning and collaboration with Suffolk Community Healthcare had ensured a smooth transition when the Trust took over the contract for the service at Newmarket hospital.
- At Newmarket there was effective multidisciplinary working, communication and an open and positive culture of wanting to promote the best for patients and for staff.
- Staff awareness and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was not consistent.
- Medical cover at night was not consistent and was not in line with good practice guidelines.
- In the maternity service there had been a previous bullying culture that was beginning to decline. However pockets of this still existed.
- Staff could not adequately explain the governance arrangements.
- Information governance and data protection within medical photography was not assured. Systems for audit and documentation records and consent were not embedded or monitored effectively.

We saw several areas of outstanding practice including:

- The porters' display of respect for the transport of the deceased to the mortuary especially in respect of baby deaths.
- The virtual fracture team who were dedicated to ensuring diagnosis of fractures was not missed in the emergency department (ED).
- The receptionist in ED providing CPR to a collapsed patient and summoning immediate assistance.

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- Two consultant paediatricians learnt hypnosis to reduce the need for sedation in children requiring MRI or CT scanning.
- Trust performance against national audits was outstanding especially in the Sentinel Stroke National Audit Programme (SSNAP) and Myocardial Ischaemia National Audit (MINAP).
- Consultant paediatricians worked to provide access for patients. They set up outreach clinics in GP premises and held telephone clinics so that patients could stay in their own surroundings
- Staff who went the extra mile to drop off take-home medications or provide decaffeinated tea bags for a patient.
- The arrangement of a linked funeral service for the wife of the deceased who could not leave the hospital.
- The pharmacy service was excellent in providing take-home medications for patients.
- Lord Carter assessed the trust as the most efficient small acute provider and the 4th most efficient provider in the country. According to Carter if the Trust were of average efficiency their deficit would be £20m higher and quality considerably worse than it currently is.

- The trust performs well in national audits and is routinely amongst the top 15 trusts in the country across several national quality audits and international benchmarking databases.

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

Importantly, the trust must:

- Review and ensure robust processes are in place to provide compliance with mixed sex accommodation regulations especially within CDU, critical care (in relation to level one patients) and recovery when it is utilised for stepdown from critical care.
- Review its 'Escalation Plan and Resuscitation Status' (EPARS) forms to ensure, specifically, that the Mental Capacity Act and Deprivation of Liberty Safeguards aspects are appropriate.
- Ensure a robust process for data management with regard to medical photography, comply with all information governance protocols including informed consent, data protection, tracking and tracing, and appropriate audit systems implemented to ensure quality improvement.

Professor Sir Mike Richards

**Chief Inspector of Hospitals**

# Summary of findings

## Background to West Suffolk NHS Foundation Trust

### Sites and locations

West Suffolk NHS Foundation Trust comprises of eight locations registered with CQC.

West Suffolk Hospital in Bury St Edmunds provides district general hospital services for the local population. The trust also provides community services and a range of outpatient clinics from a number of sites throughout Suffolk. The trust became a NHS Foundation trust in November 2011. The trust has around 491 beds covering a wide range of specialties.

The Rosemary Ward at the Newmarket Community Hospital is a 16 bedded reablement service to help patients recover after a period of ill health, based at the Newmarket Community Hospital. The service was taken over from Serco Limited by West Suffolk NHS Foundation Trust in October 2015. The initial contract with the Trust is for a year, with the option of a further year's extension.

Rosemary Ward provides a "stepping stone" service for patients that are medically fit to leave hospital but need further support to return home safely. The ward admits patients over the age of 18. The majority of admissions

are via the West Suffolk hospital, but some patients are admitted from a neighbouring provider hospital and some are community admissions to avoid admission to acute services. Occasionally patients in need of palliative care are admitted. Patients are encouraged towards independence through occupational therapy and physiotherapy. The average length of stay is around 24 days.

### Population served:

West Suffolk Hospital serves a population of approximately 275,000 people, over an area of roughly 600 square miles. The area is predominantly rural with pockets of urban areas.

### Deprivation:

The Suffolk area is significantly better than the England average for deprivation, with the majority of the population in the 2nd and 3rd least-deprived quintiles. There are some 18,900 children living in poverty in the area. However this is significantly better than the England average.

## Our inspection team

Our inspection team was led by:

**Chair:** Richard Quirk, Medical Director, Sussex Community NHS Trust

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

The team included nine CQC inspectors and a variety of specialists including, two executive directors, a clinical

fellow, a safeguarding specialist, a pharmacist, three medical consultants, a consultant in anaesthetics, a consultant obstetrician, a palliative care consultant, a consultant paediatrician, a junior doctor, eight nurses at a variety of levels across the core service specialities and one 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?

# Summary of findings

The inspection took place between 08 and 10 March 2016.

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 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 3 March 2016, when people shared their views and experiences of

West Suffolk 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 unannounced inspection visit on 23 March 2016. 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 Suffolk Hospital and Newmarket Community Hospital.

## What people who use the trust's services say

We held a listening event on 3rd March 2016 at the Apex in Bury St Edmunds which was well attended by approximately 50 people.

There were overwhelmingly positive accounts of treatment and support for the hospital with staff praised for their kind and caring manner, positive attitude and willingness to help.

The few negative comments were themed around access to car parking, staff very busy which meant some delay in responses and some issues access, opening hours and waits in various clinics.

## Facts and data about this trust

**Beds:** 491

– 443 General and acute

– 31 Maternity

– 11 Critical care (+6 Coronary care beds)

• Staff: 3,063

– 411 Medical

– 975 Nursing

– 1,787 Other

• **Revenue:** £173m

• Full Cost: £178m

• **Surplus (deficit):** (£5m)

**Activity summary (Acute)**

Inpatient admissions 62,673

Outpatient (total attendances) 389,701

Accident & Emergency 62,106

(attendances)


**Newmarket Community Hospital**

**Beds: 16**

Average Length of stay (LoS) – 19 days

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>The trust was rated overall as Good for safe provision of care.</p> <p>This was because:</p> <ul style="list-style-type: none"><li>• Incident reporting and learning dissemination was good apart from in the critical care area where staff were unaware of incident reporting or learning from these.</li><li>• Medicines management was robust, with medicines stored appropriately and securely. Medicines were regularly checked and records were clear and accurate. Medicine incidents were reported by staff with lessons learnt and shared.</li><li>• Standards of hand washing and cleanliness were consistently good; environments were visibly clean.</li><li>• Safeguarding training levels exceeded trust targets and staff had a good understanding of safeguarding adults and children.</li></ul> <p>However we also found that:</p> <ul style="list-style-type: none"><li>• Mortality and morbidity meetings were not consistent across all services.</li><li>• Concerns were raised about both medical and nursing staffing levels in a number of areas, particularly at night and staffing numbers of some specialist staff groups were below recommended standards.</li><li>• Recording of documentation to recognise deteriorating patients was not consistent in all areas. Record keeping, consent and governance were not robust within medical photography.</li><li>• Patient records were found to have been left unsecured in services for children &amp; young people and maternity &amp; gynaecology. Records were generally well completed but some illegible or incomplete records were found in several areas including the Rosemary ward at Newmarket community hospital. However the trust were assured that the new electronic recording system would address these issues.</li></ul>	<p><b>Good</b> </p>
<p><b>Duty of Candour</b></p> <ul style="list-style-type: none"><li>• The trust had developed its own policy, 'Being Open – The Duty of Candour'. This policy contained definitions and set out the processes and steps for staff to follow in supporting patients and carers following an incident meeting the requirements for provision of Duty of Candour.</li></ul>	

# Summary of findings

- The electronic incident reporting system included a prompt for staff to use the Duty of Candour to ensure they discussed incidents with patients and relatives.
- The majority of staff understood Duty of Candour, were able to provide examples where this would apply, and knew their responsibilities.
- We saw evidence in patient records that Duty of Candour regulations had been complied with after relevant incidents had occurred.

## Safeguarding

- The trust had both child and adult safeguarding policies and staff demonstrated that these could be easily accessed via the intranet. Further guidance on safeguarding issues was also readily available through the clinical information system.
- The trust had a safeguarding lead in place and staff knew who this was and how to contact them. The safeguarding lead helped to raise the profile of safeguarding through developing a safeguarding website and produced a newsletter twice a year.
- Safeguarding issues were reviewed at the clinical safety and effectiveness committee, which included a report of safeguarding performance against indicators.
- There were forums to learn lessons about safeguarding with a weekly networking and peer group meeting for medical and nursing staff from across the trust. The purpose of this meeting was to discuss complex safeguarding cases and events.
- Suffolk Community Healthcare had continued to provide safeguarding support at Newmarket Community hospital. Managers stated that the safeguarding lead in the community healthcare team worked closely with the West Suffolk Hospital safeguarding leads and met regularly with staff on the Rosemary Ward.
- In February 2016, the trust had exceeded its target of having 90% of all relevant staff complete mandatory training on Safeguarding Children levels 1, 2 and 3 as compliance was just above 92% for all levels. 90.6% of staff had completed Safeguarding Adults training against a target of 80%.
- However, it was noted in some areas that there was a disparity in levels of compliance with safeguarding training between nursing and medical staff. For example, in maternity & gynaecology only 70% of medical staff were reported to have completed adult safeguarding training compared to 96% of gynaecology nurses and 100% of midwifery staff. Compliance

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within surgery for the same course was at 64% for surgical staff compared to 97% for nursing staff. This meant that there was limited assurance that surgical and medical staff knew how to recognise signs of abuse.

- Staff were aware of their safeguarding responsibilities and were clear how to make safeguarding referrals. Information in clinical and ward areas informed staff how to make referrals and who to contact.

## Incidents

- Between October 2014 and September 2015, 3943 incidents were reported to NRLS. 97.7% of these incidents were categorised as 'no harm' or 'low harm'.
- The number of reported NRLS incidents was below the England average at 7.1 per 100 admissions. Although there was an increase in reporting noted from August 2014 to July 2015.
- The trust reported 42 serious incidents to STEIS between February 2015 and January 2016. The most common incident types were slips, trips, and falls (31%), sub-optimal care of the deteriorating patient (17%) and maternity/obstetric incidents (12%).
- At West Suffolk hospital incidents and near misses were recorded onto an electronic system which was accessible to all staff as no log in was required to make a report.
- At Newmarket hospital staff recorded all incidents on paper forms. These were then scanned and sent to the Suffolk Community Healthcare (SCH) risk team for collation, entry onto an electronic record system and production of reports.
- The 2015 CQC Intelligent Monitoring report highlighted never event incidence at the trust as a risk. Never events are serious, largely preventable incidents involving patient safety that can be avoided through adequate safety systems. There had been five never events in surgery between November 2014 and February 2016. Each never event was investigated and the trust board had invited an external review by the Royal College of Surgeons in July 2015. Recommendations were made in this report but the Royal College of Surgeons had no significant concerns regarding the safety of surgery services at this trust. Thorough root cause analyses (RCA's) had been completed for all never events and learning was shared with staff.
- The '2015 National NHS Staff Survey' results showed that the percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month was only just above the national average of 31% at 32%. The percentage of staff reporting errors, near misses or incidents witnessed in the last month was slightly below national average of 90% at 88%. The



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fairness and effectiveness of procedures for reporting errors, near misses and incidents was about average. (3.74 compared to the national average of 3.7). Staff confidence and security in reporting unsafe clinical practice was slightly below average. (3.59 compared to the national average of 3.62)

- Incident reporting and learning dissemination was good apart from in the critical care area where staff were unaware of incident reporting or learning from these. In these areas accuracy of incident reporting was not consistent, staff did not always recognise reportable incidents and for incident reporting.
- Mortality and morbidity (M&M) meetings were not consistent across all services. M&M reviews were found lacking in urgent and emergency care and surgery Information recorded in minutes did not always provide sufficient detail to identify learning and actions. The specialist palliative care team (SPCT) aimed to review every death in the hospital as part of a mortality review. This was a new venture and no supporting documents were available at the time of inspection. The SPCT said the reviews are designed to highlight “inappropriate over medicalised” care for patients at the end of life, with the view to feedback learning.
- The paper format at Newmarket hospital was lengthy and whilst the form encouraged consideration of the causes of incidents, scrutiny of the forms revealed that the record of follow up action was not always completed.

## Records

- Records were being converted to a new electronic system in May 2016 and until the single electronic record system was implemented staff used a mixture of hard and electronic copies of records.
- Patient records were found to have been left unsecured in services for children & young people and maternity & gynaecology. Records were generally well completed but some illegible or incomplete records were found in several areas including the Rosemary ward at Newmarket community hospital. The trust were confident that the new electronic recording system would address these issues.
- CQC was made aware of a problem in clinical photography in October 2015 following an incident where a bereaved family had received incorrect photographs. At that time several cameras were located in departments that were not maintained by the clinical photography department. This resulted in images being stored without proper records of consent. Not all cameras were regularly charged which meant

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that they were not always available for use. This meant an increased risk of staff borrowing cameras from elsewhere and subsequent traceability issues. The trust responded prior to inspection and produced an action plan however assurance was not evident that changes had been appropriately implemented, embedded or that there was effective monitoring in place to ensure this was robust.

- At the unannounced inspection cameras in three locations were checked (AMU, labour suite and ED). Cameras were held securely in lockers and consent forms were stored with them. Knowledge of the process for storing consent forms varied amongst staff. Three out of five said consents remained in patient notes; two said they were sent to medical photography. Only one of the five could clearly state that a patient addressograph is taken at the beginning and end of the photographs to signify pictures for one patient.
- When source of the photographs cannot be identified the consent form is logged without pictures. We reviewed 10 consent forms on the system that had been downloaded between 15 and 18 Feb 2016. Out of the 10 consent forms only five had photographs attached. This meant that 50% of the consent forms could not be matched across to photographs. When memory cards contained unidentifiable pictures the cards were kept in a box in the medical photography department for six months in case they were required. There were several cards stored that indicated that the process for consent and correctly identifying pictures was not effective.
- In Rosemary ward at Newmarket hospital patients' records were legible and well organised however recording of actions taken in patient care records was not always complete which meant that identified care could not be evidenced as having taken place.

## **Nurse Staffing**

- Concerns were raised about nurse staffing levels in several areas. In the Clinical Decisions Unit (CDU) unit and the Emergency Department (ED) both registered nurses (RN) and paediatric nurse staffing levels were not sufficient to ensure safe staffing levels and there were numerous vacancies within the ED. The children's ward did not conform to best practice (Royal College of Nursing) guidelines for nurse staffing. The trust took actions to mitigate the risk to children in the emergency department.
- Registered nursing staffing levels in outpatients were not sufficient and staff hours regularly exceeded monthly planned

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levels. Care support staff were allocated to cover the shortfall. The trust had reviewed the skill mix monthly in the outpatient department in 2015. Figures seen for August to November 2015 showed the outpatient department was regularly staffed by more nursing and care staff than planned.

- The last completed review of maternity staffing levels was in 2011. The trust consistently achieves an average birth to midwife ratio of 1:29 using community and specialist midwives. This achieved a better than average coverage of 1:26 in January 2016.
- In response to the National Institute for Health and Care Excellence (NICE) Safe Midwifery Staffing guidance, February 2015, a review of staffing was currently being completed. Following which senior staff planned to present a business case to trust board in May 2016 for the reallocation of staff across maternity.
- Staffing levels at night were not consistent and not in line with good practice guidelines. In the Clinical Decisions Unit and the Emergency Department, there were occasions, particularly overnight, in which only one RN was on duty in CDU opposed to an RN and a health care assistant (non-qualified member of nursing staff). In the children's ward, there were insufficient numbers of staff during the night if the children's assessment unit was used as no healthcare assistants worked nights.
- More than half of the wards at this trust reported some shortfall in staff. These shortfalls were more widespread amongst nursing staff quotas than for other clinical staff. The shortfalls were small, however, with only 9 of 29 wards reporting a shortfall greater than 1 WTE member of staff.
- Staff sickness absence rates at this trust in December 2015 averaged at 4.78%, which was higher than the NHS staff sickness absence rate of 4.4% during the same period.

## Medical staffing

- At this trust the proportion of junior doctors and consultants was higher than the England average. (18% compared to an England average of 15% and 49% compared to an England average of 39% respectively.) Subsequently, the proportion of middle career staff and registrars was below the national average. (5% compared to 9% and 28% compared to 38% respectively)
- Concerns were raised about medical staffing levels in several areas. In end of life care, a palliative care consultant was providing 0.5 WTE hours, which was not in line with the Association of Palliative Medicine for Great Britain and Ireland

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and the National Council for Palliative Care. There was a shortage of one consultant radiologist in outpatients & diagnostic imaging and no palliative care consultant in post at time of inspection

- Staff raised concerns regarding patient safety out of hours as junior doctors were asked to cover gaps in the on-call medical registrar rota. The trust provided data showing that between 2 September 2015 and 14 February 2016 on two occasions the medical registrar out-of-hours rota was covered by CT2 staff. 'CT2' stands for Core Trainee 2, which means the doctor had completed their undergraduate medical degree, two years of foundation year training (F1 and F2) and one year of specialisation (CT1). On both occasions, the doctor was supported by on call consultant physician. Whilst this situation was not ideal, it is accepted there may be times when cover is unavailable and the trust took mitigating action to ensure patient safety.
- Average locum usage between April 2014 and March 2015 was 17.1%. Bank usage at this trust averaged at 4.5% over the same period. Average temporary staff usage within the trust is low and it is performing better than the level expected by NHS Improvement

## Mandatory Training

- Whilst compliance with mandatory training was generally good. In February 2016, the trust was below its 80% target for conflict resolution eLearning and moving & handling training. The target for Information Governance was 95% and completion was at 89.69%.
- Some areas noted a variation in compliance with mandatory training between nursing and medical staff. For example, in surgery, training compliance in March 2016 was 94.2% overall for nursing staff compared to 70.3% for medical staff. In maternity & gynaecology, this disparity was also noted in safeguarding training and basic life support.
- The board received mandatory training reports which included an action plan and a risk assessment for mandatory training that was below trust target.
- Dedicated mandatory training update days had been introduced by the trust which meant staff rotas could be arranged to ensure staff attendance. In 2015, the update programme included moving & handling, e learning, resuscitation, fire, MCA & DoLs, infection prevention, medicine management, hydration, deteriorating patient, and dementia.

## Environment and equipment

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- The children's emergency waiting area was not fit for purpose. The waiting area was located within the main waiting area. The location of the waiting area meant that children were not visible for hospital staff to ensure their safety.

## Assessing and responding to patient risk

- Recording and escalation of the deteriorating patient was not consistent across all areas. Modified early warning scores (MEWS) and paediatric early warning score (PEWS) were in use for staff to appropriately monitor and escalate deteriorating patients. However in the emergency department and surgery services recording was not in line with the recommendations of MEWS or PEWS
- Staff had raised concerns regarding the appropriateness of allocation of patients to staff. Whilst there is no evidence to show that such concerns are substantiated, this was being addressed as part of the Band 7 development programme.
- An adapted WHO checklist was in use for emergency obstetric surgery. The completion of the five steps to safer surgery checklist on the clinical performance dashboard was below 85% from April 2015-December 2015.
- A paediatric high dependency care policy from October 2015 was still in draft format awaiting formal trust review. The policy covered transfers of children to and from the high dependency unit to theatre or to other providers. It also covered time critical transfers for children with neurological problems, such as epilepsy.

## Are services at this trust effective?

We rated the effectiveness of services as 'Good' overall because we found that:

- There was evidence of good multidisciplinary working across the service.
- Trust performance against national audits was outstanding especially in the Sentinel Stroke National Audit Programme (SSNAP) and Myocardial Ischaemia National Audit (MINAP).
- Care given was consistently in line with national guidance and best practice.
- The trust had invested significantly in specialist roles to support individuals with complex needs and some staff had developed extended roles to benefit patient care and safety.
- Pain relief was given in a timely way and patients were assessed for the effectiveness of the pain relief given.

Good



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- The trust had lower than expected mortality rates and was one of only 15 trusts with a 'lower than expected' Summary Hospital-level Mortality Indicator between October 2014 and September 2015.

However we also found that:

- The 2015 NHS Staff Survey showed that the trust was in the worst 20% of acute trusts for the percentage of staff appraised in the last 12 months.
- Completion of Escalation Plan and Resuscitation Status (EPARS) forms was inconsistent and often did not match other documentation or had sections incomplete. The trust immediately responded to concerns during inspection however inconsistencies remained at the unannounced.
- Do not attempt cardiopulmonary resuscitation" (DNACPR) forms were in use at Newmarket hospital, as opposed to EPARS forms. Audit had identified that these were not always fully completed.
- Staff awareness and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was variable. This was adequate within medicine and surgery but significant shortfalls were found in urgent & emergency care and end of life care.
- There was a lack of oversight for consent to treatment documentation and information governance was not robust with relation to medical photography.

## **Evidence based care and treatment**

- Services across the trust undertook a range of local, regional and national audits. We saw evidence that participation in audits had resulted in learning through improvements to practice and action plans.
- Care was delivered using appropriate care pathways and care bundles which adhered to national guidance. There was a clear protocol for the management of stroke and sepsis. Patient pathways were embedded in the medical care service to standardise patient care, meeting NICE guidance.
- A harm free care bundle was developed and implemented by the team on ward F3 for patients undergoing specific orthopaedic surgery. This incorporated current national guidelines. Care bundles were completed appropriately in medical records.
- A review of records and observations of care showed that staff followed evidence based guidelines. Staff had access to guidance, policies and procedures via the trust intranet.

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- Staff within the emergency department had introduced a mental health assessment proforma and psychiatric liaison service following the National Mental Health Audit 2015, completed by the RCEM (Royal College of Emergency Medicine). The trust was also working towards incorporating a mini mental test into the e-care system in response to the Assessment of Cognitive Impairment in Older People 2015.
- The endoscopy department had been awarded Joint Advisory Group (JAG) accreditation. The accreditation process assesses the unit infrastructure policies, operating procedures and audit arrangements to ensure they meet best practice guidelines. This meant the endoscopy department was operating within this guidance. The pride and enthusiasm of staff for the service they provided was evident.
- Children & young people's services showed good evidence of working at a regional level. The trust was part of the East of England network, adhered to regionally agreed guidance and staff attended a quarterly regional clinical oversight meeting. The neonatal unit worked with 19 other units to undertake regular benchmarking and the unit was piloting a pro forma for a new regional pathway for the first hour of a baby's care.
- Critical care had special interest groups for nurses responsible for development and dissemination of new policies and ad-hoc training. The work of these groups had resulted in improved care and treatment processes through new care bundles that had been implemented and a revised assessment process for pressure area care.
- The majority of services participated in recognised accreditation schemes that required service monitoring in line with evidence based guidelines to maintain accreditation. The accreditation process would assess whether best practice guidelines were being met. However, the trust did not participate in any end of life accreditation schemes.
- There was no formal process for the development of policies in outpatients & diagnostic imaging, review of guidelines was not robust in maternity & gynaecology, and the process for reviewing clinical guidelines in children & young people's services sometimes delayed the issuing of policies.

## Patient outcomes

- Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. The guideline for trusts in England is to have a ratio of below 100.

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Between October 2014 and September 2015, the HSMR for this trust was 90.61, which is classed as 'lower than expected'. The trust has consistently achieved low mortality below 90 based on SHMI, HSMR, and SMR.

- The May 2015 CQC Intelligent Monitoring Report showed no outliers for in hospital mortality.
- Between July 2014 and June 2015, the trust was mostly rated 'A' or 'B' (on a scale of A to E, with A being the highest rating) for key indicators in the Sentinel Stroke National Audit Programme (SSNAP).
- The trust scored lower than the national average for the majority of measures in the 2014 Heart Failure Audit.
- Participation in the National Diabetes Inpatient Audit (NaDIA) 2013 showed the trust had performed better than the England median for all measures within the audit framework.
- The Myocardial Ischemia National Audit Project (MINAP) results showed improvements between 2012/13 and 2013/14 for the percentage of nSTEMI patients seen by a cardiologist and number of patients referred for or had angiography.
- The National Bowel Cancer Audit (2014) found that 100% of all cases were discussed at multidisciplinary meetings (MDT), 94% of patients were seen by a clinical nurse specialist and 99% of patients had a reported computed tomography (CT) scan.
- The National Hip Fracture Audit 2015 found that the trust was better than the England average or rated as "good" for all measures.
- Results from the National Joint Registry (NJR) audit showed the number of knee and hip surgery performed at this trust was similar to other trusts. The trust received a quality award from the NJR for data completeness for the period April 2014 to March 2015.
- Performance for knee replacements was just below the England average as per PROMS data April - December 2015 but 'in the middle range' for hip replacement, varicose vein surgery and groin hernia surgery.
- The normal birth, overall caesarean section and instrumental delivery rates were all better than the national averages. This meant that the outcomes for women who use these services were better than expected when compared with other similar sized services.
- Surveys of patients in Rosemary ward, Newmarket hospital, between January and February 2016 showed that all but one of the 24 patients who completed the surveys agreed that the care and treatment that they had been given had a positive effect on their wellbeing and helped them to better manage their condition.



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## Competent staff

- The trust had invested significantly in specialist roles to support individuals with complex needs and some staff had developed extended roles to benefit patient care and safety. There were a number of dedicated practice development nurses in post across the trust to support, manage and oversee the training and induction of nursing staff.
- There was a specialist nurse identified for care of the frail and elderly team, and palliative care team. There was an identified Parkinson's nurse, dementia practitioner and safeguarding leads and their role was to provide presence on the wards supporting patients and staff. Staff knew how to contact these specialists and felt supported by them.
- Dedicated professional development nurses worked closely with the critical care team to support and encourage on-going progression in skill competencies. A wide range of specialist training was available to nursing staff, who were able to establish special interest groups based on areas of professional practice they were interested in developing. The work of the groups contributed significantly to the development of policies and practices.
- The maternity service had achieved the United Nations International Children's Emergency Fund (UNICEF) Baby Friendly: stage two accreditation, which means the trust has educated staff to implement baby friendly standards and has been externally assessed by UNICEF UK.
- The trust employed sufficient supervisors of midwives (SoMs) to meet the national recommendation of 1:15 however at present, due to secondment and extended leave, the ratio has risen to 1:22. The trust told us that the remaining SoMs have had additional time allocated in order to enable them to meet their supervisory responsibilities. However this was not confirmed by the SOM's in post.

## Multidisciplinary working

- All necessary staff, including those who worked in different teams, were involved in assessing, planning and delivering care and treatment.
- Feedback from staff demonstrated a commitment to multidisciplinary team (MDT) working. Team members described excellent collaborative working practices.
- Interactions observed between members of the MDT were noted to be positive.
- The records we reviewed provided evidence of effective multidisciplinary working. Detailed documentation was seen to support the decisions made by a range of MDT members.

# Summary of findings

- Staff members and services had positive links with external agencies such as the ambulance service and GPs. This included knowledge and information sharing. For example, the mental health team provided training to ambulance staff in managing patients with mental health problems and within paediatric services consultants had organised an annual study day for GPs.
- Services had access to a range of allied health professionals, including occupational therapy, physiotherapy, dietetics, and speech & language therapy.
- There was an early intervention team project at the trust. Staff representatives included physiotherapist, occupational therapist, dementia specialist nurse, and a rehabilitation nurse who worked alongside two external agencies. The team focused on admission avoidance and shared one office to ensure that there was an integrated and multidisciplinary approach.
- Children's services lacked a comprehensive transition policy to help all teenage patients adjust to adult health services. Transition to adult services depended on the speciality. Children's services had clear transition arrangements for diabetes and epilepsy to adult neurology. However, patients with needs outside of these defined pathways received no transition support between paediatric and adult services. Staff were unclear about transition arrangements with community services.

## **Consent, Mental Capacity Act & Deprivation of Liberty safeguards**

- Knowledge around the use and implementation of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was inconsistent and variable across services. Staff awareness and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was generally good in medicine and surgery but staff appeared unsure of the MCA process in Urgent & Emergency care and end of life services specifically.
- The trust had an MCA and DoLS policy in place; however it was potentially in breach of Article 2, Right to life, and Article 5, Right to liberty, of the Human Rights Act 1998. The policy was inappropriate and misleading with regard to applying and following the principles of a Mental Capacity Assessment and a DoLS. Between the inspection and unannounced inspection, the MCA and DoLS policy had been rewritten.

# Summary of findings

- A trust-wide safeguarding team provided support and guidance for staff in relation to any issues regarding mental capacity assessments and DoLS.
- The completion of the trust Escalation Plan and Resuscitation Status (EPARS) was inconsistent and often did not match other documentation or had sections incomplete. This was raised as a concern during the inspection and the trust executive team undertook an immediate review.
- During the unannounced follow up inspection 10 EPARS were looked at; six had incomplete mental capacity or DoLS documentation in line with trust policy, but this was only two days after the new policy had been implemented.
- During the unannounced inspection, 17 patients were found to require DoLS but had not had the relevant application completed or submitted.
- Do not attempt cardiopulmonary resuscitation” (DNACPR) forms were in use at Newmarket hospital, as opposed to EPARS forms. Audits of completion of DNACPR forms had flagged that the ward was under-performing. This could mean that the patient did not get a DNACPR discussion, although generally it just resulted in them waiting a few more days before being asked. Data indicated that there had been an improvement in completion of DNACPR forms from 80% in November 2015 to 92% in January 2016.
- The trust had a separate consent policy which included guidance for staff on obtaining valid consent.
- Within the emergency department compliance with Gillick consent (a principle to judge capacity in children to consent to medical treatment), was inconsistent across both medical and nursing staff. Staff were uncertain of age ranges that the Gillick competency applied and there were inconsistencies in relation to verbal or signed consent. Staff could not differentiate between Gillick competency and Fraser guidelines.
- CQC was made aware of a problem in clinical photography in October 2015. Clinical photography is a small department with several cameras located in departments across the trust and that were not maintained by the clinical photography department. This resulted in images being stored without proper records of consent and some images had been lost because the cameras were not regularly charged by staff in the departments where they were stored. CQC shared the concerns about this with the trust who responded. An audit of the locations of cameras was undertaken but only partially completed and at the time of the inspection CQC had not been assured that the use of cameras including a robust approach to consent to photography had been appropriately implemented.

# Summary of findings

## Are services at this trust caring?

We rated the trust as providing care which was “outstanding” because:

- Patients and relatives provided consistently positive feedback about all aspects of their care.
- Staff delivered compassionate care to patients and their relatives and carers.
- All groups of staff, including mortuary, chaplaincy, bereavement and portering staff promoted patients individual needs and ensured that compassion and dignity was as the forefront of everything they did.
- Nursing staff went above and beyond to ensure that in difficult and unique situations patients could be with their families and partners regardless of the logistical challenges. There were many examples of staff at all levels going the extra mile to meet patient’s needs.
- Trust delivers consistently strong Patient Friends and Family scores.
- Trust Staff Friends and Family Test data for the final quarter of 2015/16, shows 93 per cent of staff recommended the trust for their care.
- Patient religion and beliefs were catered for and the hospital had a dedicated chaplaincy services with a multi-faith room and a dedicated group of volunteers who support patients at appointments or bedside visits.

## Compassionate care

- Feedback from patients, relatives and carers was extremely positive throughout the hospital and at the listening event.
- The percentage of patients who would recommend the trust through the Friends and Family Test has consistently been above 96% between August 2014 and November 2015. The trust’s Friends and Family Test score has also consistently been above the national average.
- The 2014 CQC Inpatient survey, the 2015 CQC Maternity survey, the 2014 CQC Children and Young People Survey and the 2014 CQC Accident and Emergency Survey all scored ‘about the same’ as other trusts for questions that related to compassionate care. This included questions about being treated with dignity and respect, as well as questions about receiving kind and understanding care.
- Results of the Patient-Led Assessments of the Environment (PLACE) 2015 showed that the trust scored 90 for privacy, dignity and wellbeing. This was above the England average of 86.

Outstanding



# Summary of findings

- Staff were overwhelmingly caring in delivering care to patients. We witnessed some examples of excellent compassion and staff continually put patients at the center of the care provided.
- Within medical care, patients gave examples of staff going the extra mile to meet their needs by going shopping for them in their own personal time. Staff also told us about a bespoke mobile patient cleaning system which they had access to, and that this had enabled them to support a terminally ill patient with their request to have their hair washed prior to dying.
- Within end of life care, staff gave an example of a husband and wife who were both inpatients and arrangements had been made for them to be moved into a side room so that they could be together during the last hours of the husband's life. The gentleman died holding his wife's hand and his wife and family were extremely grateful for that opportunity.
- The chaplaincy staff told us of a time a patient's husband had died in the community whilst she was an inpatient. The chaplaincy organised a simultaneous service in the hospital chapel, attended by hospital volunteers and chaplaincy staff.
- The chaplaincy provided examples of marriage blessings that had taken place at the hospital for patients who had a limited life expectancy.
- The mortuary staff also informed us that porters would bow their heads as a mark of respect when a deceased child was being transferred.

## **Understanding and involvement of patients and those close to them**

- Patients and carers consistently said that they felt involved in decision-making and this was confirmed through our observations of care.
- We came across examples of staff going the extra mile to ensure understanding and involvement of patients and those close to them. For example, in critical care, patients and relatives were able to return to the unit after discharge to speak with staff or look around the area in which they were cared. This formed part of the follow-up process and helped people to contextualise their memories. Another example occurred in the bereavement office, where staff organised for medical staff to be available when relatives came to collect the death certificate to answer questions relating to the death.
- The trust performed about the same as other trusts for questions about involvement in decisions in the 2014 CQC

# Summary of findings

Survey of Inpatients, 2015 Maternity survey, and the 2014 CQC Survey of Children and Young People. The trust performed better than other trusts for 'involving family and friends' in the 2014 CQC Accident and Emergency Survey.

- In the 2014 Cancer Patient Experience Survey, the trust scored in the top 20% of trusts for involvement in decisions about care and treatment, for staff giving a complete explanation of what would be done, and for information being explained in an understandable way.

## Emotional support

- Patients provided consistently positive feedback about the emotional support that they had received from staff across the trust.
- There was access to the chaplaincy 24 hours a day, seven days a week for staff, patients and visitors of all faiths and none. There was an on call system in place to ensure that a chaplain was available at all times.
- Relatives could relax, ask questions and be supported before and after the death of a family member. The bereavement office had the facility to host discussions between families and medical staff to answer any questions about the treatment of the deceased and provide reassurance and support throughout the process.
- The trust had a range of clinical nurse specialists that provided support to staff, patients and relatives. These included dementia specialist nurse, acute stroke nurse, learning disability nurse and psychiatric liaison nurse.
- In the 2014 Cancer Patient Experience Survey, the trust was in the top 20% of trusts for the statement 'Patient was able to discuss worries or fears with staff during visit'.
- The trust performed about the same as other trusts for questions relating to receiving emotional support in the 2014 CQC Inpatient survey, 2014 CQC Accident and Emergency Survey, 2015 CQC Maternity Survey, and the 2014 CQC Survey of Children and Young People.

## Are services at this trust responsive?

We rated the responsiveness of the service as 'good' because:

- Referral to treatment times (RTT) from September 2014 to August 2015 exceeded the NHS average and the trust was meeting or exceeding standards for the majority of specialties.
- As a percentage of admissions, cancelled operations have remained below the England average since quarter one of 2014-2015.

Good



# Summary of findings

- There were no closures of the maternity unit in 2015 and no women in labour were diverted to other local hospitals. The gynaecology cancer waiting time for 2015 had been achieved
- The trust provided a range services which encouraged treatment closer to home.
- There were a number of examples where staff went the extra mile to accommodate individual patient needs.
- Patients were able to access leaflet information for a variety of conditions and about the complaints process.
- There was a high focus on meeting the needs of people living with dementia and learning difficulties, including the use of hospital passports and bespoke knitted items.
- There was access to interpreting services 24 hours a day by using a telephone based language line.

However, we also found that:

- Referral to treatment times (RTT), for admitted patients, was below the national indicator of 90% but was better than the England average.
- The critical care (in relation to level one patients) and recovery (when utilised for stepdown from critical care) were not fully compliant with the Department of Health 2010-2011 Eliminating Mixed Sex Accommodation.
- Concerns were raised in several areas about the appropriateness of the facilities and premises where services were provided.
- There was limited access to faith leaders other than Christian, although actions plans were in place to increase availability.

## **Service planning and delivery to meet the needs of local people**

- The trust provided a range services which encouraged treatment closer to home, such as a mobile chemotherapy service, an ambulatory care unit and outreach clinics in GP surgeries for children with common problems such as diabetes and asthma. Community midwives also offered an on-call service to support mothers who planned to have a home birth. These services reflect the UK government's 2014 Five Year Forward Strategy, which encouraged treatment closer to home in order to improve patient outcomes and reduce pressures on hospitals.
- The trust operated three virtual fracture clinics a week in addition to face-to-face clinics, which enabled clinicians to manage the patient remotely depending on clinical need. Over

# Summary of findings

an 18-month period the service reviewed 6500 patients and reduced new patients and follow up attendances by 25%. Other hospitals had visited the trust to review how the virtual fracture clinic worked.

- Every woman admitted for a termination of pregnancy was allocated a bed in a dedicated bay and admitted directly to the gynaecology ward.
- However, concerns were raised in several areas about the appropriateness of the facilities and premises where services were provided. For example, some AMU and ACU patients were cared for in a separate room 50 metres down the corridor which was not specifically designed for use due to capacity escalation at the hospital and lack of space.
- There were no ring fenced beds within the ambulatory care unit and was regularly used by medical inpatients, which meant that ambulatory care was either restricted or suspended on a regular basis. Further examples include the lack of single sex bathrooms on the surgery wards and not all children being seen or treated in designated children's areas.
- While there were clear criteria regarding admissions to the Rosemary ward, Newmarket hospital, the service was prepared to accept complex discharges and people who were approaching the end of their lives.

## Meeting people's individual needs

- There was a dedicated fast track process for gynaecology patients, which meant that examinations were completed in a dedicated assessment area and not in the emergency department.
- Mental health liaison services were provided by the trusts psychiatric team and available from Monday through to Sunday. The mental health team provide services to people over the age of 13 years who attend the ED department and require mental health assessment, and provides fast and effective psychiatric advice and assessment.
- The trust had a strategy for patients who have a learning disability and/or autism.
- The trust had a dedicated learning disability nurse who provided support for staff with desensitisation planning, communication needs, carer support, capacity and consent, pre-discharge planning and the development of accessible information for patients. Staff knew how to contact them and found them to be supportive. The learning disability nurse could be bleeped 24 hrs a day seven days a week. Staff said that patients who had a learning disability would come into the hospital with a 'my health' hospital passport.



# Summary of findings

- The trust had a wide range of clinical nurse specialists. These included a dementia specialist nurse, acute stroke nurse, and a psychiatric liaison nurse. This meant that patients could get specialist support for their individual needs.
- Patient profiles were the result of a research project undertaken by nurses within critical care that had identified a gap in the tools available to them to get to know patients and provide individualised care. The profiles tool was developed in the unit with staff, patient and visitor feedback and included family photographs to help support the emotional wellbeing of patients. Staff said the profiles resulted in improved individualised care.
- There was a wide range of patient literature displayed for a variety of conditions.
- We found a number of examples of staff going the extra mile to meet patient's individual needs. For example, oncology staff converted patient information leaflets to Braille for a visually impaired patient, and a member of staff took these to the patient's home. Within children & young people's services, two consultants were trained in hypnosis which helped manage behavioural problems, phobias and psychological aspects to medical problems.
- Staff knew how to access interpreting services 24 hours a day by using a telephone based language line. The trust also had patient information leaflets and translations which could be printed off from the intranet site in Portuguese, Russian, Chinese, Polish, Turkish and Lithuanian.
- The trust did not offer a specialist teenage pregnancy midwife, bereavement support midwife, or vulnerable women support midwife, meaning that women who experienced issues with mental health, substance abuse or domestic abuse may not get the specialist support they require.
- Not all children were seen or treated in designated children's areas. A small number of children were seen or treated in adult based areas. Some children's outpatients' ear, nose and throat (ENT) and orthopaedic consultations took place outside of the children's outpatient's area. Staff were appropriately trained in paediatric intermediate life support and safeguarding level three. We were told that while the service tried to run children-only clinics, this could not be guaranteed, depending on the child's clinical need.
- Within critical care, we were not confident patients cared for in side rooms were always appropriately monitored when they were not able to call for help themselves.

# Summary of findings

- The availability of other faith leaders was variable and the trust was currently looking to address this. The lead chaplain was in the process of making arrangements with other local religious leaders, for example the local Imam, to facilitate them to come into the hospital should they be required

## Dementia

- The trust had a Dementia Strategy and there was a dedicated trust dementia nurse as well as a dementia link health care assistant available Monday to Friday. Staff also had access to the psychiatric liaison team for complex assessment and medication review for patients living with dementia.
- Patients living with dementia were identified on the electronic patient record system and staff used a forget-me-not symbol above a patient's bed so clinicians could discreetly identify the needs associated with dementia. Staff also used a blue wristband, 'This is me' or 'Getting to know me' personal history documents to help aid their communication with patients living with dementia.
- On ward G4, the trust had utilised different coloured bays to support patients living with dementia. The colour contrast in the environment help them identify the area where their bed was. There were 'twiddle blankets' and 'twiddle muffs' made by volunteers at the trust to provide sensory stimulation and comfort to patients who may be agitated.
- Family and carers of people living with dementia were granted open visiting to the wards. They were offered discounted meals whilst visiting the hospital and dedicated identification for out of hours visiting.
- Patient literature included information on dementia care.
- However, the trust's score for dementia in the 2015 Patient-led Assessment of the Care Environment (PLACE) was below average at 65%. The national average was 74.5%

## Access and flow

- Bed occupancy across the trust was at almost 100% at the time of our inspection. This was worse than the NHS average and it is generally accepted that at 85% level, bed occupancy can start to affect the quality of care provided to patients and the orderly running of the hospital.
- The average length of stay between September 2014 and August 2015 for elective patients was 3.9 days, which was marginally higher than the England average of 3.8 days. The

# Summary of findings

average length of stay for non-elective patients during the same period was 7.1 days which was higher than the England average of 6.8 days. Length of stay and delayed transfers of care and discharges impacted the flow of patients through the hospital.

- Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. This meant that the bed status and flow of admitted patients was monitored by the trust.
- In March 2016, the trust was not meeting the national emergency access target for 95% of patients to be admitted, transferred or discharged within 4 hours. (89.4%)
- Referral to treatment times (RTT) from September 2014 to August 2015 exceeded the NHS average and the trust was meeting or exceeding standards for the majority of specialties with the exception of some surgical specialties.
- In quarter 4 of 2015/16, 99 % of cancer patients were seen by a specialist within two weeks of an urgent GP referral. This was above the England average of 94.69%. The proportion of patients waiting less than 31 days from diagnosis to first definitive treatment was 100% during the same period, compared to the England average of 97.5%.
- The trust performed well against the non-admitted and incomplete indicators for referral to treatment times (RTT). Data for September 2015 to February 2016 demonstrated that non-admitted patients received their treatment between 95.2% and 96.8% of the time. Incomplete data results were between 94.6% and 95.4%. Therefore both were within target indicators and better than the England average.
- Admitted patients results for the same period ranged between 75.9% and 83.4%. This was below the target indicator however was better than the England average which ranged between 75.8% and 79.6%
- As a percentage of admissions, cancelled operations have remained below the England average since quarter one of 2014-2015.
- There were no closures of the maternity unit in 2015 and no women in labour were diverted to other local hospitals.
- A complex discharge planning team was in place. This consisted of one manager, seven specialist nurses, and five discharge-planning practitioners. The aim of the team was to arrange discharge of patients to a safe environment with appropriate support.

# Summary of findings

- The multidisciplinary Early Intervention Team had been introduced to support early discharge of patients and admission avoidance. The team ensured that the right help was in place once patients had received treatment and were clinically fit.
- Three 15-minute imaging slots were reserved for requests for diagnostics before 9:30am. This enabled access to tests for patients identified on ward rounds who then could potentially be listed for operations that day.
- Bed occupancy at Rosemary ward, Newmarket hospital was approximately 93% with an average length of stay of 24 days. Relations with the discharge planning team at West Suffolk Hospital (WSH) were reported by staff as being good, and having improved with the transfer of the contract to the Trust. The discharge planner from WSH rang every morning to go through referrals, review each patient, and discuss any delays to their discharge.
- The critical care (in relation to level one patients) and recovery (when it is utilised for stepdown from critical care) were not fully compliant with the Department of Health 2010-2011 Eliminating Mixed Sex Accommodation. The disparity between policy and practice within the CDU meant that patients were potentially in a mixed sex environment. Within critical care, we observed male and female patients being cared for next to each other in bed bays. The senior team advised us that they were only reporting this as a mixed sex breach for level two or three patients.

## Learning from complaints and concerns

- In 2014/15, the trust received 326 complaints, which was a decrease from the 358 complaints received in 2013/14. The trust had a local standard to provide a response to initial correspondence within 25 working days. In 2014-15 the Trust responded to 79% of complaints within this timeframe.
- The trust board received a monthly complaints report and the Chief Executive approved and signed off all complaint responses.
- The trust had a Patient Experience Committee, which received regular reports measuring patient experience and the committee's responsibilities included ensuring that themes identified from patient feedback were addressed and to review and ensure effective learning from serious complaints.
- 'You said, we did' posters were displayed for patients and visitors to demonstrate the changes implemented in response to feedback. Comments boxes were also available for patients to provide anonymous feedback about their experience.

# Summary of findings

- Information about the complaints process was available to patients through leaflets, posters and noticeboards.
- Staff were aware of the complaints process and what to do if they received a complaint.
- Evidence showing learning and changes to practice because of complaints was observed in the majority of services. However, we were not provided with evidence of this in urgent & emergency care and there were a lack of action plans for concerns raised in end of life care.

## Are services at this trust well-led?

The trust was rated as 'good' overall for the well-led domain because:

- Staff felt well supported by their local managers.
- A strong senior team was evident that worked well together towards common goals.
- Staff reported that the chief executive was visible and approachable, and provided several examples of when he had worked closely alongside them.
- The NHS Staff Survey 2015 showed that overall staff engagement at the trust was better than the national average.
- Patients and families were actively engaged in creating the trust's vision, strategy and ambitions, and the trust was promoting an initiative to promote shared decision making with patients. There was a strong, proactive governor presence within the hospital.
- The trust had a proactive approach to innovation and improvement with a number of initiatives being driven from staff.
- Good planning and collaboration with Suffolk Community Healthcare had ensured a smooth transition when the Trust took over the contract for the service on Rosemary ward at Newmarket hospital.

However we also found that:

- In the maternity there had also been a reported bullying and unsupportive culture involving some senior staff; the trust was beginning to address these concerns through a band 7 development programme. However staff appeared unaware of these plans.
- Some of the senior team were unable to describe what checks they would expect the trust to make when ensuring that senior executives were fit and proper under the regulations.

## Vision and strategy

Good



# Summary of findings

- The trust has a vision and strategy which is to deliver the best quality and safest care for their community.
- The values of the hospital were driven from the staff working within it. These were “Focused on patients, Integrated, Respectful, Staff focused, and Two way communication”, (FIRST). Most staff could articulate these values and we saw staff providing a patient focused, kind and compassionate service to people.
- The trust had recently taken over some community services and was clear that this would enable them to provide seamless care to patients. The trust vision was to establish a health campus which catered for people’s health and social needs.

## **Governance, risk management and quality measurement**

- The trust board takes reports from the Audit Committee, Trust Executive Group, Quality and Risk Committee and committees covering charitable funds, remuneration and scrutiny. Amongst the groups reporting into the Quality and Safety Committee are the patient experience corporate risk and clinical safety and effectiveness committees. A large number of executives and non-executives sit on these committees.
- All executives when asked the question who is responsible for quality replied that everyone has a responsibility for quality. This ensured that everyone on the board ensured that quality was at the forefront of decisions made. The chair of the trust stated that no one takes a lead and members of the senior team and non-executives chair board subcommittees push them outside of their comfort zone so that different viewpoints are considered.
- Not all areas were aware of how risks that had been escalated above local level were assessed or responded to appropriately. On some occasions if new issues arose which were not addressed at any of the above committees a new group was set up to deal with these. This led to some confusion by staff as to what reported into each group. Following our inspection the trust issued a briefing to staff on how the governance structure works.
- Each division had a monthly performance meeting with the senior team at which outcomes, performance data and risks were discussed. This meant that the senior team were aware of the issues in each division.
- The corporate risk register incorporates the higher risks of each directorate and reflects the issues that we found on inspection. The risk register and the Board assurance framework are reviewed quarterly at trust board.

# Summary of findings

- Staff within the clinical divisions were clear about their responsibilities for highlighting concerns and improvements to services through the divisional structure.
- The chief nurse had commenced a NMC revalidation group to support nurses who were preparing for revalidation. There were approximately 20 staff in the first cohort in the process of revalidation. However, this was yet to be reported to the board.
- Information governance and data protection within medical photography was not assured. Systems for process, tracking and consent were not robust despite concerns being raised in October 2015. Audit and documentation records and consent were not embedded or monitored effectively.
- The trust responded prior to inspection and produced an action plan however assurance was not evident that changes had been appropriately implemented, embedded or that there was effective monitoring in place to ensure this was robust.

## Leadership of the trust

- The senior team were made up of long-term existing members of staff and relatively new members of the team. The non-executives had a strong background in health care or in related areas of experience relevant to the trust.
- We saw that the senior team worked well together and shared common goals.
- The chief executive told us he maintained an open door. He also walked the hospital on a daily basis so that he understood the issues for each department. Staff gave us numerous accounts of when the chief executive had worked alongside them. They felt that this was positive and encouraged a good working relationship.
- The director of nursing was relatively new into post. However ward staff were aware of her appointment and felt that they could access her should they wish to raise concerns or highlight issues.
- The trust senior team had instigated a leadership development programme for all leaders within the trust. This was based on coaching management style, good communication and engaging staff.
- Staff felt well supported by their local manager. The chair of the trust, non-executive members of the board and members of the hospital governors undertook ward visits.
- The trust won three awards at the NHS East of England Leadership Awards 2015, in the Innovation (hip and knee pathway), collaboration (Care Homes), and board of the year (West Suffolk FT) categories.

# Summary of findings

- A new lead consultant for palliative care had been appointed and is due to start in April 2016
- There was no clear service strategy for maternity services at the time of the inspection. Local leadership of maternity services had undergone a significant amount of change and was not finalised or embedded which meant that there was a level of uncertainty and lack of direction.
- The interim head of midwifery was in the substantive role of clinical risk manager. Five months into the interim covering there were no plans to backfill the substantive post.

## Culture within the trust

- The latest NHS Staff Survey 2015 showed that overall staff engagement was above the national average at 3.93 v 3.79. This shows that trust staff felt engaged with the management of the hospital.
- The top five ranking questions on the NHS Staff Survey questionnaire related to the following: Staff recommending the trust as a place to work or receive treatment (4.05 v 3.76), agreeing that their role made a difference (92% v 90%), leaders interest and action on health and wellbeing of staff (3.70 v 3.57), satisfaction with level of responsibility (3.99 v 3.91) and with resourcing and support (3.45 v 3.30). The bottom ranking scores included bullying or harassment from staff (14% v national average 37%) and patients (20% v 14%), appraisals (81% v 86%) staff reporting (88% v 90%) or witnessing errors (32% v 31%)
- All staff strove on a daily basis to enhance the patient experience. This showed in the many examples of outstanding care provided and included small acts such as arranging a video link with the funeral service of a husband for a wife who was unable to leave the hospital.
- There was an open culture throughout the hospital and the longevity of staff ensured that issues were addressed in a timely manner, as all staff knew identified individuals to contact. Often issues were addressed in an informal manner.
- In the maternity there had also been a reported bullying and unsupportive culture involving some senior staff; the trust was beginning to address these concerns through a band 7 development programme. However staff appeared unaware of these plans.
- The culture of the consultant body within the emergency department received praise with staff complementing on how supported they felt by medical colleagues.
- Staff were aware of the current issues and plans at the trust and were offered information in a variety of formats to keep them updated.



# Summary of findings

- All staff felt that they could access the chief executive or their senior manager should they wished to do so.

## Fit and Proper Persons

- The trust had discussed the trusts response to the fit and proper person test at a board meeting in November 2014. This introduced a process to ensure that executive directors were subject to a series of activities to ensure that they were fit and proper to take on the role.
- All of the seven staff files we reviewed showed that the applicant had self-declared against the fit and proper person regulation in February 2016.
- Some of the senior team were unable to describe what checks they would expect the trust to make when ensuring that senior executives were fit and proper under the regulations. One described the disclosure and barring service check as the fit and proper person check.
- The trust has a system to check that the essential information was kept within personnel files. We saw that this information had been updated in January 2016. We noted several anomalies within the HR files including a lack of interview notes, references received post start date and lack of checking of skills and qualifications.

## Public engagement

- Patients were actively engaged in creating the trusts vision, strategy and ambitions.
- The trust is promoting shared decision making with patients. This initiative includes an increasing awareness of the risk and benefits and likely outcomes for people. This aims to help patients become actively involved in their treatment and healthcare decisions.
- The trust support family carers through family carer information packs, taking carer feedback forms and using the results to influence care provided. The trust also has a number of carer champions to ensure that patients and their carers impact on how patients are cared for within the hospital and the services it provides.
- Patients from across West Suffolk who have received treatment for cancer are given an opportunity to share their views on the care they received during a special feedback event.
- There was a strong, proactive governor presence within the hospital and governors attend both monthly board and council of governor meetings.

## Staff engagement

# Summary of findings

- Staff reported an open culture and we saw many examples of where innovation from staff members was implemented. This included the Rosevital tray which encouraged patients to clean their hands prior to eating.
- Staff felt that they were empowered to raise concerns either informally in discussions with the senior team or through the “freedom to speak up” campaign.
- The trust produces a number of publications through which information is shared with staff. These include newsletters such as “shinning lights”, “risky business” and weekly “green sheet”.
- Staff had the opportunity for face-to-face briefings from the chief executive.
- NHS staff survey 2015 shows that staff felt that they received good communication from the management at the hospital. The result was better than the national average.

## **Innovation, improvement and sustainability**

- The trust proactively supports innovation and improvement with a number of initiatives being driven from the staff at the hospital.
- ‘Monday Mums’, the programme is thought to be the first of its kind to combine antenatal care with nutritional advice and safe exercise classes. Midwives refer expectant mums with a BMI of above 30 to the course.
- The maternity department had won a bid to develop a new bereavement suite within the service which is due to open in April 2016. This will enable women who have had a miscarriage or medical termination, or whose baby is stillborn to deliver without having the distress of transferring to the labour suite. Within the suite staff will also offer psychological and practical support in calm and comfortable surroundings.
- The hospital’s FAME unit, which stands for Frailty Acute Medicine for the Elderly cares for patients over the age of 75 who need to stay in hospital for more than 72 hours. Hospital staff work with community matrons to ensure the right support is in place when the patients return home. The geriatrician then follows up patients at clinics in the community, in turn ensuring they receive continuity of care and a seamless, joined up service.
- The hospital’s first paediatric dermatology clinical nurse specialist is providing a nurse-led service for children and young people aged up to 16, initially concentrating on those with eczema.
- Staff and consultants continuously sought ways of making treatment easier for the children.

# Summary of findings

Two consultants learnt hypnosis skills to help treat children with behavioural problems, phobias and psychological aspects to medical issues. A full time psychologist consultant had developed links with local mental health services and offered support to patients or parents after they received bad news.

Consultants delivered clinics jointly with GPs in the community which avoided travel time for the children, provided a more familiar care setting and gave education and support to GPs.

- Colour-coded beakers which are angled to make them easier for people to pick up and sip from were introduced for patients with sight difficulties, dementia and wrist and shoulder problems.
- A hearing dog, Pebbles, accompanies a member of staff with hearing loss to work in the hospital's pre-admission unit. She acts as a constant reminder to patients to look directly at the staff member when they are talking so that she can read their lips.
- A senior staff nurse introduced a patient profile for people being treated in the critical care and high dependency unit to help staff make sure their care is as holistic as possible.
- The hospital runs 'John's Campaign' which facilitates the carers of patients living with dementia greater access to their loved ones including staying overnight. Twiddle muffs, twiddle blankets and a calm trolley have also been introduced as a way of keeping patients living with dementia calm.

# Overview of ratings

## Our ratings for West Suffolk Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Good	Outstanding	Outstanding	Good	Good	Outstanding
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Outstanding	Good	Requires improvement	Outstanding	Good
Maternity and gynaecology	Good	Good	Good	Good	Requires improvement	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Outstanding	Good	Good	Good

## Our ratings for Newmarket Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Overview of ratings

## Our ratings for West Suffolk NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	 Outstanding	Good	Good	Good

### Notes

# Outstanding practice and areas for improvement

## Outstanding practice

- The porters' display of respect for the transport of the deceased to the mortuary especially in respect of baby deaths.
- The virtual fracture team who were dedicated to ensuring diagnosis of fractures was not missed in the emergency department (ED).
- The receptionist in ED providing CPR to a collapsed patient and summoning immediate assistance.
- Two consultant paediatricians learnt hypnosis to reduce the need for sedation in children requiring MRI or CT scanning.
- Trust performance against national audits was outstanding especially in the Sentinel Stroke National Audit Programme (SSNAP) and Myocardial Ischaemia National Audit (MINAP).
- Consultant paediatricians worked to provide access for patients. They set up outreach clinics in GP premises and held telephone clinics so that patients could stay in their own surroundings.
- Staff who went the extra mile to drop off take home medications or provide decaffeinated tea bags for a patient.
- The arrangement of a linked funeral service for the wife of the deceased who could not leave the hospital.
- The pharmacy service was excellent in providing take home medications for patients.
- Additional support for critical care patients was provided by a follow-up nurse and a critical care outreach team, who also provided a cross-department education programme.
- Staff were encouraged and supported to undertake novel research projects, which they were able to present at national conferences as a knowledge-sharing strategy.
- Senior staff had developed a robust five-year service plan in collaboration with unit staff, which was further evidence of the cohesive and supportive work culture we found.
- Lord Carter assessed the trust as the most efficient small acute provider and the 4th most efficient provider in the country. According to Carter if the Trust were of average efficiency their deficit would be £20m higher and quality considerably worse than it currently is.
- The trust performs well in national audits and is routinely amongst the top 15 trusts in the country across several national quality audits and international benchmarking databases.

## Areas for improvement

### Action the trust MUST take to improve

### Action the hospital MUST take to improve

- The trust must review and ensure robust process are in place to provide compliance with mixed sex accommodation regulations especially within CDU, critical care (in relation to level one patients) and recovery when it is utilised for stepdown from critical care.
- The trust must review its 'Escalation Plan and Resuscitation Status' (EPARS) forms to ensure, specifically, that the Mental Capacity Act and Deprivation of Liberty Safeguards aspects are appropriate.
- The trust must ensure a robust process for data management with regard to medical photography, including compliance with all information governance protocols including informed consent, data protection, tracking and tracing and appropriate audit systems implemented to ensure quality improvement.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**Completion of Escalation Plan and Resuscitation Status (EPARS) forms was inconsistent and often did not match other documentation or had sections incomplete.**  
At Newmarket Community hospital, not all forms, such as those relating to patients' wishes regarding resuscitation in the event of heart failure, were fully completed.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  
**The trust's policy was inappropriate and misleading with regard to applying and following the principles of a Mental Capacity Assessment and Deprivation of Liberty Safeguards DoLS.**  
Staff knowledge around the use and implementation of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was inconsistent.

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  
**The trust was not compliance with mixed sex accommodation regulations especially within critical care (in relation to level one patients) and recovery when it is utilised for stepdown from critical care.**

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Information governance and data protection within medical photography was not assured, despite concerns being raised in October 2015. An action plan and audit had been undertaken in response however the audit was only partially completed, did not include data on the number of unidentifiable photographs which meant there was no measure to provide assurance that improvement was taking place. Actions identified from the audit were not communicated and the process and recording of consent and ability to identify photographs was not effective.

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Systems for audit and documentation records and consent were not embedded or monitored effectively.

Staff knowledge of the process was inconsistent, 50% of the consent forms could not be matched across to photographs.