

# James Paget University Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

James Paget University Hospital provides 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 trust's main site in Gorleston is supported by the Newberry Clinic and other outreach clinics in the local area.

James Paget Hospital officially opened in July 1982. It was established as a third wave NHS trust in April 1993 and became a Foundation Trust in August 2006.

The trust provides a full range of general acute services plus a number of specialised services; including a hyperbaric chamber for ventilating and monitoring critically ill patients whilst they are receiving hyperbaric oxygen therapy. The trust works collaboratively with local primary care colleagues, community services and other acute trusts, to ensure that patients receive the best care in the right place.

The trust has around 500 inpatient beds located in James Paget University Hospital. These are a mix of critical, intensive and high dependency care, general surgery and medicine, maternity, paediatrics and neonatal, and escalation beds used when the trust is experiencing high demand and needs to deal with an increased number of patients needing care.

The trust employs over 3,000 staff, both part and full time, making them the largest local employer in the area. As a university hospital, the trust also trains over one third of the medical students from the University of East Anglia.

## Overall summary

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

## What this trust does

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

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

Due to the number of core services we planned to inspect we performed an announced inspection, on the 3 & 4 September 2019 and an unannounced visit on the 12 September 2019. We inspected the following core services; urgent and emergency care, surgery, critical care, services for children and young people, end of life care and outpatients.

We inspected these services provided by the trust in line with our current methodology.

Our comprehensive inspections of providers have shown a strong link between the quality of overall management of a provider and the quality of its services. For that reason, we look at the quality of leadership at every level. We carried out the well-led element of this inspection between 1 and 2 October 2019. What we found is summarised in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- We found that there were no regulatory breaches and overall, we have found that the organisation was performing at a level which led to the overall rating as good.
- Overall, we rated safe as requires improvement, effective, caring and well-led as good, and responsive as outstanding. In rating this trust we took into account the current ratings of the service not inspected on this occasion.
- We rated the well-led part of the inspection as good.

### Are services safe?

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

- Although the core services we inspected were all rated good for safe. We have to take current ratings not inspected on this occasion into account. Maternity and medicine core services were rated requires improvement for the safe domain at our last inspection which meant that overall safe remained rated as requires improvement.
- Services generally had sufficient numbers of staff to keep patients safe. In the two core service where there were staff shortages the trust was actively recruiting and mitigated risk by utilising bank staff to fill shifts. Staff completed mandatory training in key skills, and met the trust's compliance target.
- Medicines were generally managed and stored correctly, in line with national guidance. In one area we found intravenous fluids incorrectly stored, the service responded quickly and moved them to ensure they were stored correctly.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Services controlled infection prevention risks well.

### Are services effective?

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

- All core services we inspected were rated as good for effective.

# Summary of findings

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

However,

- Critical care, core service were not always able to provide full multidisciplinary team work due to a shortage of physiotherapists.

## Are services caring?

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

- One of the core services we inspected was rated as outstanding all of the others were rated good.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support for patients and those close to them.
- Staff within end of life care core service provided some outstanding examples of care given to patients.

## Are services responsive?

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

- Two of the core services we inspected were rated outstanding at this inspection; outpatients and children's and young people's services which meant overall the trust was rated outstanding for responsive. At our last inspection maternity was rated outstanding, all of the other core services were rated as good.
- Services were planned and care was provided in a way that met the needs of local people and the communities served.
- Services were very inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Staff supported people to access health care within the community and liaised with other agencies to work in partnership to improve patient care.

However:

- Staff from the core services, told us they returned complaint responses in time, however, the trust did not always ensure the complaint process was completed in line with the trust policy.

## Are services well-led?

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

- All of the core services we inspected were rated as good for well-led.
- Governance processes were fully effective. Staff had regular opportunities to meet, discuss and learn from the performance of the service. Risks and issues were escalated promptly, and mitigating actions were taken quickly to reduce the impact of risks identified.
- The executive team and managers were visible and approachable throughout all core services.

# Summary of findings

- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.
- All staff were committed and supported by managers to continually learn and improve their service. They had a good understanding of quality improvement methods and the skills to use them.

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

## Use of resources

The trust has improved its financial position and has also demonstrated achieving further workforce and service productivity improvements, since the last assessment. Please see the separate use of resources report for details of the assessment and the combined rating.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care, outpatients, end of life care and services for children and young people at James Paget University Hospitals foundation trust.

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

## Areas for improvement

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

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

## Action we have taken

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

## What happens next

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

## Outstanding practice

### Urgent and Emergency care

- The development of the live electronic 'wardboard' within the department which has been rolled out across the trust, was innovative and effective to monitor patient movement throughout the trust.

### Services for Children and Young People

# Summary of findings

- Community staff demonstrated that they offered support to families in vulnerable circumstances, including travelling families. They adapted visiting times to enable them to explain things more clearly and check their understanding.
- Community staff who provided end of life care to children and young people continued to visit families to offer their support following death, or at the end of cancer treatment if the families wished for them to do so.
- Staff coordinated and combined multiple appointments where appropriate. This meant children, young people and their families could attend multiple clinics on the same day if required. For example, a diabetes clinic was set up in children's outpatients which meant that a child or young person could see a consultant, a nurse and a dietician in one clinic appointment.

## End of Life Care

- Staff recently supported a deceased patient's family to hold a family birthday party, following a patient's death. Staff in the mortuary helped the family to decorate the mortuary viewing room, with balloons and banners and a small family party was arranged with the deceased present.
- One patient who was dying asked the service if they could support a last-minute marriage proposal and wedding. Staff from across the service came together and prepared the wedding, arranged the ceremony and supported the wedding event. The patient died shortly after the ceremony, having had the opportunity to have been married with his wife by his bed side.

## Outpatients

- Data supplied by the trust showed from April 2018 to March 2019, the trust's performance for the 18-week referral to treatment (RTT) indicator was consistently better than the England average. For all 13 individual specialities provided, the trust performed better in every speciality compared to the England average.

## Areas for improvement

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

### Action the trust SHOULD take to improve:

#### Urgent and emergency care

- The trust should ensure that all paediatric emergency equipment is checked in line with trust policy.
- The trust should ensure that there is oversight of departmental cleaning schedules.
- The trust should continue to ensure that all medicines and intravenous medicines are stored according to trust policy.
- The trust should consider refining the patient records system used in the emergency department (ED) to ensure that paper and electronic records match.
- The trust should review its ED streaming process to ensure that it meets RCEM guidance.
- The trust should ensure that all staff report incidents in a timely manner.
- The trust should improve the complaints response times to ensure they are in line with the trust's targets.
- The trust should consider reviewing nursing staff access to electronic patient records.

# Summary of findings

- The trust should continue to improve the waiting times for patients admitted, transferred or discharged within four hours of arrival in the emergency department to meet the Department of Health's 95% standard for emergency departments.

## **Surgery**

- The trust should ensure medical staff complete all mandatory safeguarding training modules.
- The trust should ensure that patient records are kept securely in ward areas.
- The trust should ensure that patient information is not displayed in areas where other patients and visitors can view them.
- The trust should continue to improve referral to treatment times.
- The trust should improve the complaints response times so these are in line with the trust's targets.

## **Critical Care**

- The trust should continue to recruit registered nurses to meet establishment.
- The trust should ensure the number of nursing staff with the post registration qualification in intensive care nursing meets the FICM core standard of 50%.
- The trust should ensure patient medical records demonstrate when staff have completed mental capacity assessments on patients.
- The trust should continue to recruit additional physiotherapy and pharmacy support.
- The trust should ensure nursing staff carry out physiotherapy sessions to mitigate the risk of reduced physiotherapy input.
- The trust should increase staff awareness of the freedom to speak up guardian (FTSUG).

## **Services for Children and Young People**

- The trust should continue to work towards ensuring that transition pathways are established throughout the trust.
- The trust should ensure the new service strategy is completed and implemented.

## **Outpatients**

- The trust should ensure they resolve all complaints by timeframes specified in their complaints policy.

## **End of Life Care**

- The trust should ensure complaints are completed in line with their complaints policy.

## Is this organisation well-led?

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

We rated well-led at this trust as good because:

# Summary of findings

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust board had the appropriate range of skills, knowledge and experience to perform its role.
- The board and senior leadership team had set a clear strategy, vision and values that were at the heart of all the work within the trust. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- There was a culture of high quality, sustainable care. Staff felt supported, respected and valued.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The executive directors were aware of the risks within the organisation and ensured learning from incidents, complaints and safeguarding alerts was shared to drive forward improvements.
- The trust used information to gain assurance and measure improvement in the quality of its services.
- The trust included and communicated effectively with staff, there was good engagement with the public.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the services.

However:

- The trust should ensure they resolve all complaints by timeframes specified in their complaints policy.
- The trust should ensure that all medical records are not accessible to people who are not authorised to view them.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

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

## Ratings for James Paget Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↓ Dec 2019	Good ↔ Dec 2019
Medical care (including older people's care)	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Surgery	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Critical care	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good ↔ Sept 2018	Outstanding Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Services for children and young people	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
End of life care	Good ↑ Dec 2019	Good ↔ Dec 2019	Outstanding ↔ Dec 2019	Good ↑ Dec 2018	Good ↑ Dec 2019	Good ↑ Dec 2019
Outpatients	Good ↔ Dec 2019	N/A	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019
<b>Overall*</b>	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

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

# James Paget Hospital

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## Key facts and figures

James Paget University Hospital provides 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 trust's main site in Gorleston is supported by the Newberry Clinic and other outreach clinics in the local area.

James Paget Hospital officially opened in July 1982. It was established as a third wave NHS trust in April 1993 and became a Foundation Trust in August 2006.

The trust provides a full range of general acute services plus a number of specialised services; including a hyperbaric chamber for ventilating and monitoring critically ill patients whilst they are receiving hyperbaric oxygen therapy. The trust works collaboratively with local primary care colleagues, community services and other acute trusts, to ensure that patients receive the best care in the right place.

The trust has around 500 inpatient beds located in James Paget University Hospital. These are a mix of critical, intensive and high dependency care, general surgery and medicine, maternity, paediatrics and neonatal, and escalation beds used when the trust is experiencing high demand and needs to deal with an increased number of patients needing care.

The trust employs over 3,000 staff, both part and full time, making them the largest local employer in the area.

## Summary of services at James Paget Hospital

Good   

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

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

# Urgent and emergency services

Good   

## Key facts and figures

The accident and emergency department provides services to a population of 230,000 residents across Great Yarmouth, Lowestoft and Waveney, with the population increasing substantially during the summer months with holiday makers.

The emergency floor is located all in one place supporting the emergency pathway. In 2018, the new ambulatory unit (AMBU) was officially opened and now contains a large open planned reception, comfortable and bright waiting room, a GP referral bay area with four trolleys and new and improved clinical treatment areas. The service also includes the Emergency Department (ED), Emergency Assessment and Discharge Unit (EADU), a short stay unit Ward 16, and a 72 hour short stay ward.

Services are available 24/7, 365 days a year, with the emergency department (ED treating over 80,000 patients each year.

Patients present to the department by attending the reception area or arriving by ambulance. The hospital has a designated air ambulance helicopter-landing pad.

The department has facilities for assessment, treatment of minor and major injuries and a separate children's accident and emergency service. The accident and emergency department is a member of the regional trauma network and provides hyper acute stroke services.

The service was last inspected in August 2015 when Safe, Effective, Caring and Responsive were rated as Good and Well led was rated as Outstanding. It was rated as Good overall.

Our announced inspection included the ED, the EADU, the AmBU, and Ward 16.

During our inspection we spoke with 29 members of staff of all grades including; nursing, therapy, medical housekeeping and reception staff. We also spoke with 13 patients and observed care in all areas of the department.

We reviewed trust policies and standard operating procedures and the medical/nursing notes and prescriptions of 20 patients.

## Summary of this service

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

- The urgent and emergency service had enough staff to care for patients and keep them safe. Staff were trained in the necessary key skills, knew how to protect patients from abuse, and managed safety well. Staff controlled infection risk well, assessed and monitored patient risks and mostly kept good care records. Staff generally managed medicine storage and administration well. The service managed safety incidents well and learned lessons from them, however, there were occasions when incidents were not reported in a timely way. Staff collected safety information and used it to improve the service.
- Staff provided good evidence based care and treatment, gave food and drink and pain relief when patients needed it. Senior staff monitored the effectiveness of the service and made sure staff were competent. All staff worked well as a team to treat patients, provide advice on leading healthier lives, and support them to make decisions about their care.

# Urgent and emergency services

- All staff showed compassion and kindness in their interactions, and respected peoples' privacy and dignity. Staff respected peoples' individual needs and provided emotional support to patients, families and carers and supported them to understand and make decisions about their care and treatment.
- The service planned and worked with others to provide care to meet the needs of local people. Staff took account of peoples' individual needs, and made adjustments to help patients access services and for people to give feedback. People could access the service when they needed it and although waiting times from arrival to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards, they were better than or similar to England average. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff although they did not meet the complaints response targets.
- Leaders and staff understood the service's vision and values and knew the issues the service faced. Leaders were visible and approachable and there was a positive open culture throughout the service. Staff felt respected, valued and supported to develop their skills. The service had systems for identifying and resolving risks although ownership of risk was at a corporate level. Leaders operated effective governance processes, throughout the service and with external and partner organisations. Staff were clear about their roles and accountabilities and engaged well with patients and the community to plan and manage services. All staff were committed to continually improving services.

## Is the service safe?

Good ● → ←

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They mostly kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient although this was not always done in a timely manner. They removed or minimised risks and updated most of the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service flexed nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment due to staff vacancies. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service generally managed patient safety incidents well however we were concerned that staff did not always recognise and report incidents and near misses appropriately.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Urgent and emergency services

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good ● → ←

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

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

## Is the service caring?

Good ● → ←

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

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

# Urgent and emergency services

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from arrival to treatment and arrangements to admit, treat and discharge patients although not always in line with national standards were better than or similar to England average.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint although they did not meet the complaints response targets.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve but no formalised strategy to turn it into action, developed with all relevant stakeholders. The service vision for developing the ED was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service promoted equality and diversity in daily work and provided opportunities for career development.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected although ownership of risk was at a corporate level.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

# Urgent and emergency services

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

- The development of the live electronic 'wardboard' within the department which has been rolled out across the trust, was innovative and effective to monitor patient movement throughout the trust.

## Areas for improvement

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

### Action the trust SHOULD take to improve

- The trust should ensure that all paediatric emergency equipment is checked in line with trust policy.
- The trust should ensure that there is oversight of departmental cleaning schedules.
- The trust should continue to ensure that all medicines and intravenous medicines are stored according to trust policy.
- The trust should consider refining the patient records system used in the emergency department (ED) to ensure that paper and electronic records match.
- The trust should review its ED streaming process to ensure that it meets RCEM guidance.
- The trust should ensure that all staff report incidents in a timely manner.
- The trust should improve the complaints response times to ensure they are in line with the trust's targets.
- The trust should consider reviewing nursing staff access to electronic patient records.
- The trust should continue to improve the waiting times for patients admitted, transferred or discharged within four hours of arrival in the emergency department to meet the Department of Health's 95% standard for emergency departments.

# Surgery

Good   

## Key facts and figures

The James Paget Hospital surgical services are provided to patients in Norfolk, Suffolk, Great Yarmouth and Waveney. The range of services on offer for patients include: elective and emergency care for trauma and orthopaedics, colorectal, upper gastro-intestinal, urology and general surgery.

The service has seven theatres within the main theatre suite, four with laminar flow. Day surgery had three theatres all with ultra clean ventilation and an ophthalmic theatre with ultra clean ventilation.

The service is provided across a purpose-built day surgery unit and inpatient wards. The day surgery unit has 20 trolleys and is able to accommodate bariatric surgery. There are two general surgical wards with a total of 56 beds and a trauma and an elective orthopaedic ward totalling 50 beds. The trust also has an eight bedded private patient suite.

The trust had 24,829 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 4,241 (17.1%), 18,421 (74.2%) were day case, and the remaining 2,167 (8.7 %) were elective.

Our inspection of The James Paget Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During the inspection we spoke with 29 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with 12 patients and their relatives, reviewed 10 patient records and considered other pieces of information and evidence to come to our judgement and ratings.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff mainly had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Although patient records were not always stored securely. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Not all national time to treatment targets were met.

# Surgery

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good   

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

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

However we also found:

- Medical staff did not always complete all mandatory safeguarding training modules in line with the trust's target of 90%.
- Patient records were not always kept securely within ward areas.

# Surgery

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good   

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

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

However, we also found:

- Staff displayed patient names on cards on the walls outside the patient bays which were visible to other patients and visitors. Although following our concerns raised to the senior management team the name cards were removed.

# Surgery

## Is the service responsive?

Good ● → ←

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

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

However, we also found:

- The time from referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average. It ranged from 57.0% to 64.2%, compared to the England average of 63.3% to 68.3%. Although the trust had actions and were working towards improving the targets.
- The service did not always meet the trust's target of 60 day to close complaints. Managers told us they sent responses in line with the trust's policy, the delay was following the managers submission of the complaint investigation response.

## Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

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

### Action the trust SHOULD take to improve

- The trust should ensure medical staff complete all mandatory safeguarding training modules.
- The trust should ensure that patient records are kept securely in ward areas.
- The trust should ensure that patient information is not displayed in areas where other patients and visitors can view them.
- The trust should continue to improve referral to treatment times.
- The trust should improve the complaints response times so these are in line with the trust's targets.

# Critical care

Good   

## Key facts and figures

The trust has 12 critical care beds, which can flex between intensive care and high dependency.

During the inspection we spoke with three consultants, five doctors, 12 registered nurses (RN) one health care assistant, one physiotherapist and one assistant pharmacy technician. We spoke with four relatives and one patient. We reviewed four patient medical records and various policies and meeting minutes.

## Summary of this service

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

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

However,

- The service did not have enough nursing staff with the intensive care qualifications to meet the faculty of intensive care medicine (FICM) guidelines. Managers regularly reviewed skill mix and encouraged nursing staff to obtain the qualification where possible.
- There was a lack of support to the critical care unit from physiotherapy staff and pharmacy staff. This meant patients did not always get the right amount of multidisciplinary team input.
- The service did not have a defined strategy to enable staff to deliver the vision.

# Critical care

- Staff did not always evidence the completion of mental capacity assessments when they suspected patients lacked capacity to make informed decisions.
- Staff were not aware of the freedom to speak up guardian (FTSUG)

## Is the service safe?

Good   

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

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

However,

- The service did not have enough nursing staff with the intensive care qualifications to meet the faculty of intensive care medicine (FICM) guidelines. Managers regularly reviewed skill mix and encouraged nursing staff to obtain the qualification where possible.

## Is the service effective?

Good   

# Critical care

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

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

However,

- The service did not have enough allied health professionals to provide the right care and treatment due to trust wide recruitment issues. Patients did not receive appropriate physiotherapy input. Dieticians and pharmacists did not attend ward rounds or multidisciplinary team meetings.
- Staff did not always evidence the completion of mental capacity assessments when they suspected patients lacked capacity to make informed decisions.

## Is the service caring?

Good   

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

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

# Critical care

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good ● → ←

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

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

However,

# Critical care

- The service did not have a defined strategy to enable staff to deliver the vision.

## Areas for improvement

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

### Action the trust SHOULD take to improve

- The trust should continue to recruit registered nurses to meet establishment.
- The trust should ensure the number of nursing staff with the post registration qualification in intensive care nursing meets the FICM core standard of 50%.
- The trust should ensure patient medical records demonstrate when staff have completed mental capacity assessments on patients.
- The trust should continue to recruit additional physiotherapy and pharmacy support.
- The trust should ensure nursing staff carry out physiotherapy sessions to mitigate the risk of reduced physiotherapy input.
- The trust should increase staff awareness of the FTSUG.

# Services for children and young people

Good   

## Key facts and figures

The neonatal, children's and young people's service consists of:

- The neonatal service: The neonatal unit provides care for premature and sick babies over 30 weeks gestation. Babies who are born before 30 weeks gestation or require ventilation for over 24 hours will be stabilised before transferring to a bigger neonatal unit which can provide on-going intensive care. On the neonatal unit the trust provides care for short term ventilation, non-invasive ventilation and oxygen therapy. The trust manages all medical conditions including infections, babies who need phototherapy for jaundice, who need assistance with feeding through a gastric tube, or for babies who need help with temperature control.
- Children and young person's ward: Provides surgical and medical care from new-borns through to the 19th birthday. Ward 10 is split into two further areas, 10a and 10b. Ward 10a is the medical end of the ward which includes a six bedded bay, four side rooms, two high dependency rooms and a paediatric assessment unit. Ward 10b is the surgical ward with eight beds as well as the six-bedded young person's unit. This consists of three single same sex rooms with en-suite facilities for two as well as a sitting room. The trust provides overnight accommodation for parents to stay with their children as well as a parents' kitchen and sitting room.
- The Cove: Provides outpatient services for children and young people, including pre-assessment for booked surgery. From birth to transition to adult care, the service is provided at the James Paget University Hospital in a dedicated children's clinic area. There is a range of specialties within the department, as well as visiting consultants from other hospitals for tertiary speciality outreach clinics.
- Children's community nursing team (CCNT): This is a six day a week service seeing children and families in their own home, schools, colleges or nurseries. The trust will see any child from birth to their 19th birthday with a nursing need; this includes any child with complex medical and nursing needs. The CCNT offers training to children and their families as well as teachers, carers and other medical or nursing staff. They generate and update school health care plans allowing children with medical and nursing needs to attend school. Within CCNT there is a respite service which offers children and families with long term health needs a carer who will be trained to support the family in their own home. CCNT also has a number of nurse specialists available in diabetes, healthy weight, enuresis, epilepsy and allergy along with clinical nurses based in two local special schools, working closely with the relevant families and multidisciplinary team.
- Paediatric recovery: Designated paediatric recovery separate from the main adult recovery where children can be nursed in a child friendly environment by equipped paediatric trained staff.
- Community paediatrics: Newbury clinic (a satellite site) provides general community paediatric assessment and diagnosis of children with possible neuro muscular conditions (for example cerebral palsy), genetic conditions, developmental delay and neurodevelopmental disorders (such as autistic spectrum disorder and attention deficit hyperactivity disorder). The service is involved in a wide range of multi-disciplinary and multi-agency team collaborations including working closely with other departments within and outside of the trust, such as a local mental health trust, physiotherapist, occupational therapists and speech and language therapists.

# Services for children and young people

- Paediatric therapies: Provide a physiotherapy assessment and treatment service for children and young people up to the age of 12 years old and up to the 18th birthday for children and young people in special schools and a specialist paediatric orthopaedic clinic. The service also provides a paediatric occupational therapy assessment service for children and young people up to 18 years. There are bespoke paediatric dietetic clinics. The dietitians also provide support to the inpatient service, CCNT and specialist outpatient clinics.

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

During the inspection we visited the neonatal unit, the children's outpatient department and ward 10a and 10b. We also visited the surgical theatres and radiology. We visited the Newberry clinic and attended one community patient visit. We spoke with 30 members of staff, including medical staff, nursing staff, nursery nurses, play specialists, managers and other members of the multidisciplinary team. We spoke to nine parents and three children. We reviewed eight care records for children and young people and nine prescription charts throughout the inspection.

## Summary of this service

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

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

## Is the service safe?

Good   

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

# Services for children and young people

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

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

# Services for children and young people

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. One member of staff we spoke to told us that they had come into work on their day off to attend an appointment at a different department with a mother and her baby as the mother felt anxious about it.
- Community staff provided an example of support they offered to a specific family. The child's parents were unable to read and write, staff allowed for longer visiting times to enable them to explain things more clearly and check their understanding.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- Service leads told us that the service facilitated a 'takeover day' where they linked with a local school and invited children to come into the hospital for the day. They engaged in various activities. For example, they were shown around the clinics and had their blood pressure checked.

# Services for children and young people

- Staff coordinated and combined multiple appointments in clinics where appropriate. This meant children, young people and their families could attend multiple clinics on the same day to avoid numerous appointments. For example, the one stop allergy clinic and the diabetes clinic.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may have been approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.
- Community staff who provided end of life care to children and young people continued to visit families to offer their support following their death, or at the end of cancer treatment to offer further support if the families wished for them to do so.
- The trust had a domestic abuse coordinator and 30 domestic abuse champions within the trust which resulted in raising the profile of domestic abuse throughout the trust. The implementation of domestic abuse champions led to a marked increase in referrals from both patients and staff.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However,

- Not all transition pathways were established for children and young people who transitioned into adult services. This was recognised as a national issue and the service was working towards improving pathways. Although leaders told us that diabetes and epilepsy had well established transition pathways

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

# Services for children and young people

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- There was no service specific strategy, although service leads were in the process of developing one at the time of our inspection.

## Outstanding practice

We found examples of outstanding practice in this service.

- Community staff demonstrated that they offered support to families in vulnerable circumstances, including travelling families. They adapted visiting times to enable them to explain things more clearly and check their understanding.
- Community staff who provided end of life care to children and young people continued to visit families to offer their support following death, or at the end of cancer treatment if the families wished for them to do so.
- Staff coordinated and combined multiple appointments where appropriate. This meant children, young people and their families could attend multiple clinics on the same day if required. For example, a diabetes clinic was set up in children's outpatients which meant that a child or young person could see a consultant, a nurse and a dietician in one clinic appointment.

## Areas for improvement

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

### Action the trust SHOULD take to improve

- The trust should continue to work towards ensuring that transition pathways are established throughout the trust.
- The trust should ensure the new service strategy is completed and implemented.

# End of life care

Good  

## Key facts and figures

The service provides end of life care at James Paget Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a service. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The service had 1,165 deaths from March 2018 to February 2019.

*(Source: Hospital Episode Statistics)*

Please note that the service's specialist palliative care service was recommissioned in April 2019 and is now provided by a local community interest company.

The service provided the following information regarding their end of life care services:

Since the recommissioning of the specialist palliative care service in April 2019 to a local community interest company, the hospital inpatient palliative care is delivered by a multidisciplinary team (MDT) of staff with the requisite qualifications, expertise and experience in offering care for this group of people, to support them to live as well as possible during their illness, ensuring their comfort and dignity as they come to the end of their lives.

Palliative care services are provided for people, over 18 years of age, with a

progressive life-limiting illness, with or without co-morbidities, where the focus of care is on quality of life. These needs may be physical, psychological, social and/or spiritual. Examples include symptom control, rehabilitation or family situations and ethical dilemmas regarding treatment and other decisions. Generalist teams benefit from the support the service can offer in these areas. All inpatient wards are able to refer directly into the inpatient palliative care service where referrals will be triaged by the nursing team and turned around within 12/24 hours of receipt of referral. The patients will then be reviewed by either the nurse-led team or by speciality doctors who will refer onto the specialist palliative care service, if this is required.

The service is working towards the delivery of the National Gold Standard Framework programme to deliver training and education to their frontline generalised staff, optimising care for their patients approaching their end of life.

The specialist palliative care service is now provided by another service via a hospice based in Ipswich who provide an in-reach service to the service four mornings per week as well as offering a 24/7 telephone support service. The hospice is also the provider of specialist palliative care to the service's patients within the community, as well as having access to six specialist palliative care community beds based at a local hospital. Both teams work collaboratively to support patients' palliative care needs which include weekly MDT meetings and regular interface meetings to ensure a smooth transition to the service's patients.

All areas within the service are able to sign-post patients, carers and families to the Louise Hamilton Centre (LHC) who offer services for people with life limiting and progressive illnesses. The LHC provides a range of palliative care services delivered in a suitable environment, where not only the physical needs of the patient are assessed and treated, but also the psychological, social and spiritual concerns of patients and their families are explored and supported. The LHC offers both commissioned and charitable funded services and continues to develop their services to support the service's patient needs.

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

# End of life care

Due to the number of core services inspected, our inspection of James Paget Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the service. The service's end of life care service was rated overall as requires improvement following its last inspection in July 2018.

During our inspection, we spoke with 31 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We visited seven wards, the bereavement centre, the multi faith room, the Louise Hamilton centre, the emergency department and the mortuary.

Unfortunately, at the time of our inspection patients were too ill to speak with, and no families were available to speak to us. We reviewed three sets of patient records who were end of life and considered other pieces of information and evidence to come to our judgement and ratings. We spoke with members of staff specifically related to end of life care including the director of nursing (DON), end of life care nurses, speciality doctors, specialist palliative care consultant, mortuary anatomical pathology technologist (APT), chaplaincy staff and volunteers.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# End of life care

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good ● → ←

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

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

# End of life care

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Outstanding**   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. On all the wards we visited staff displayed a culture of compassion and positivity and had a genuine desire to want to provide the best possible care to patients at the end of life.
- Staff recently supported a deceased patient's family to hold a family birthday party, following a patient's death. Staff in the mortuary helped the family to decorate the mortuary viewing room, with balloons and banners and a small family party was arranged with the deceased present.
- Feedback from people who use the service, those close to them and stakeholders was continually positive about the way staff treated people.
- One patient who was dying asked the service if they could support a last-minute marriage proposal and wedding. Staff from across the service came together and prepared the wedding, arranged the ceremony and supported the wedding event. The patient died shortly after the ceremony, having had the opportunity to have been married with his wife by his bed side.
- Throughout our inspection we found staff recognised and respected the totality of people's needs. Staff considered patients and their families cultural, personal, social and religious needs whilst care planning or discussing individual choices with patients and their families.
- On all the wards we visited staff displayed a culture of compassion and positivity and had a genuine desire to want to provide the best possible care to patients at the end of life.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff routinely discussed the social needs of patients to ensure their holistic care needs were met. For example, one patient needed additional support with their mobility to enable them to return home, staff were working closely with the occupational therapy and social worker team to assist in this process.
- Staff routinely discussed the social needs of patients to ensure their holistic care needs were met.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**  

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

# End of life care

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.

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

## Is the service well-led?

Good  

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

- The service had compassionate, inclusive, and effective leadership within end of life care. Leaders demonstrated high levels of experience, capacity, and capability needed to deliver high quality and sustainable care.
- The service had a clear vision and 2017 to 2019 end of life care strategy and staff understood the service plans.
- The service promoted an inclusive culture, that enabled patients to benefit from trained, competent staff who were passionate about their roles in end of life care.
- The service had clear responsibilities, roles and systems of accountability to support good governance and management within the end of life care services.
- Leaders were aware of the risks, issues and challenges faced by the service and managers we spoke with knew the risks associated with end of life care. This was an improvement on our last inspection.
- The service had a good understanding of performance which integrated people's views with information on quality, operations and finances.

The service gathered patient, relative and staff views and experiences and acted upon these to develop and improve the end of life services.

## Outstanding practice

- Staff recently supported a deceased patient's family to hold a family birthday party, following a patient's death. Staff in the mortuary helped the family to decorate the mortuary viewing room, with balloons and banners and a small family party was arranged with the deceased present.
- One patient who was dying asked the service if they could support a last-minute marriage proposal and wedding. Staff from across the service came together and prepared the wedding, arranged the ceremony and supported the wedding event. The patient died shortly after the ceremony, having had the opportunity to have been married with his wife by his bed side.

# End of life care

## Areas for improvement

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

### **Action the trust SHOULD take to improve**

The trust should ensure complaints are completed in line with their complaints policy.

# Outpatients

Good   

## Key facts and figures

James Paget University Hospitals NHS Foundation Trust provides outpatient services at James Paget University Hospital, the Newberry Clinic and other satellite premises. The outpatient department covered a wide range of specialities, including trauma and orthopaedics, urology, ophthalmology and general medicine. Between February 2018 and January 2019, there were 350,302 outpatient appointments, of which 269,553 were first or follow-up appointments.

We undertook a short notice announced inspection of this service from 3-4 September 2019, and a follow-up unannounced inspection on 12 September 2019. As part of our inspection, we visited 11 outpatient services and departments, including the Broadland Suite, the breast unit and oncology; the department of medicine, including diabetic and endocrine services; dermatology, ear, nose and throat (ENT); ophthalmology; phlebotomy; respiratory and chest; rheumatology; trauma and orthopaedics; and urology.

We spoke with 30 members of staff, including directors, managers, consultants, doctors, matrons, sisters, nurses, healthcare assistants and reception staff. We spoke with four patients, three relatives and reviewed nine sets of patient records.

## Summary of this service

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

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

However:

# Outpatients

- The service did not always resolve complaints within specified timescales.

## Is the service safe?

Good   

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

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

## Is the service effective?

We did not rate the effectiveness of the service, however we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff made sure patients had enough food and drink during all clinics.
- Staff assessed patients to see if they were in pain and gave pain relief as required. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Outpatients

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Certain clinics were available at evenings and weekends. Staff could obtain support from other disciplines when required to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Outstanding** ☆ ↑

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

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

However:

- The service did not always resolve complaints within specified timescales.

## Is the service well-led?

**Good** ● → ←

# Outpatients

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

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

## Areas for improvement

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

### Action the trust SHOULD take to improve

- The trust should ensure they resolve all complaints by timeframes specified in their complaints policy.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Fiona Allinson, Head of Hospital Inspection, led the inspection. An executive reviewer and a governance lead supported our inspection of well-led for the trust overall.

The team included seven inspectors, one executive reviewers, and seven specialist advisers.

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