

Peterborough and Stamford Hospitals NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Peterborough and Stamford Hospitals NHS Foundation Trust was one of the first wave of NHS trusts to be authorised as a foundation trust in April 2004. The trust has approximately 633 beds and over 3,500 staff spread across two sites, Peterborough City Hospital (611 beds) and Stamford Hospital (22 beds). Peterborough City Hospital is a new building funded under the private finance initiative (PFI); it became fully operational only in December 2010, combining services previously supported on three separate sites. It provides acute health services to patients in Peterborough, Cambridgeshire, Lincolnshire and Leicestershire.

In addition, the trust provides a range of community services including community midwifery and Macmillan nursing as well as domiciliary visits undertaken by consultants. The trust provides rheumatology and neurology services at the City Care Centre and services in support of Sue Ryder in Peterborough, at HMP Peterborough and in local GP practices. We did not inspect these services during this inspection.

The CQC undertook a comprehensive inspection in March 2014 which found that the trust required improvement to ensure that services were safe, effective and responsive to the needs of patients. This focused inspection carried out between 18 and 19 May 2015 was to follow up in the areas where we had rated that services required improvement. These included:

- Urgent and Emergency Services: Safe and responsive,
- Medical Care including older peoples care: Safe, Effective, Caring, Responsive and Well Led,
- Children's and young peoples services: Responsive,
- End of Life services: Effective

We spoke with stakeholders prior to our inspection and did not receive any concerns about the trust apart from the concerns around the financial targets. Some stakeholders and members of the public raised concerns with us about the way in which complaints were handled at the trust and we reviewed these concerns with the staff responsible for complaints.

Overall we found a trust that is improving and had addressed the issues we noted during our inspection in March 2014. We found that medical services still had

some improvements to make across all domains and have rated this service as requiring improvement. However a number of services had improved and are now rated as good which rates the trust as good overall. Notable improvements were seen in governance processes and in the complaints team although further work needs to be undertaken in order to resolve relationship issues with external stakeholders to ensure that the patients they represent receive a good service. The trust did not have any outstanding complaints over 30 days which is a significant achievement given the backlog of complaints which the trust has had for some time. The culture of the trust and the leadership has also improved at all levels and staff we spoke with were generally positive about working at the trust. Overall we rated the trust as Good.

Our key findings were as follows:

- An improvement in the stroke pathway in complying with national guidance despite performance not always meeting the national expectations.
- A recent improvement in emergency department waiting times against the four hour target.
- The trust vision and strategy was well embedded amongst senior management with a clear commitment to continuous improvement.
- There was a robust governance structure in place with appropriate challenge and regular involvement in the quality assurance agenda by the non – executive directors.
- Staff at all levels spoke highly of the new senior appointments. Senior staff were visible on the wards and around the trust.
- Senior management had identified new patient pathways through a new medicines admission unit to improve patient flow and experience.
- Complaints handling and responses were now more effective with responses now provided to people who had complained within 30 days. Work to rebuild the confidence of local stakeholders had begun.

We saw several areas of good practice including:

- The trust had thoughtfully engaged with children and young people in the service development and improvement of children's services.

Summary of findings

- A new transition project had been agreed and was being supported by a CQUIN target for this year called “Ready Steady Go”. This project aimed to build confidence and the understanding of children, younger people and their families’ when transitioning into adult services.
- The trust was now meeting face to face increasing numbers of patients to discuss concerns or complaints.
- The Quality Assurance Committee was open to some external stakeholders including Healthwatch.

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

Importantly, the trust must:

- Ensure records are accurate and updated to reflect the needs of patients and that care is given in line with records.

In addition the trust should:

- Ensure that learning from incidents is disseminated consistently across different directorates and clinical areas.
- Ensure that patients are adequately supported with nutritional needs on medical wards.
- Ensure that medicines are stored correctly in all areas.
- Ensure that call bells are answered in a timely way.
- The trust should ensure that there are appropriate measures in place to further reduce falls and pressure ulcers.
- The trust should ensure effective admission to the stroke unit for patients requiring specialist care.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Peterborough and Stamford Hospitals NHS Foundation Trust

Peterborough and Stamford Hospitals NHS Foundation Trust was one of the first wave of NHS trusts to be authorised as a foundation trust in April 2004. The trust has approximately 632 beds and over 3,500 staff spread across two sites, Peterborough City Hospital (610 beds) and Stamford Hospital (22 beds). Peterborough City Hospital is a new building funded under the private finance initiative (PFI); it became fully operational only in December 2010, combining services previously supported on three separate sites. It provides acute health services to patients in Peterborough, Cambridgeshire, Lincolnshire and Leicestershire.

In addition, the trust provides a range of community services including community midwifery and Macmillan nursing as well as domiciliary visits undertaken by consultants. The trust provides rheumatology and neurology services at the City Care Centre and services in support of Sue Ryder in Peterborough, at HMP Peterborough and in local GP practices. We did not inspect these services during this inspection.

We spoke with other stakeholders including commissioners prior to the inspection and were reassured that there were no other concerns at the trust at the time of our inspection and so we focused our inspection on the issues identified in the 2014 inspection.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included five CQC inspectors and four specialists in A&E, medicine, children's services and Governance processes.

How we carried out this inspection

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

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

However at this inspection we reviewed only the areas where Peterborough City Hospital had been rated as requires improvement. These were:

Urgent and Emergency Services : Safe and responsive

Medical care including older peoples care: Safe, effective, caring , responsive and well led

Children's and Young people's services: Responsive

End of life services : Effective

The inspection took place between 18 and 19 May 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor and the local Healthwatch.

We did not hold a listening event but some people shared their experiences with us via email or by telephone. We also received feedback from the local Healthwatch organisation.

We carried out an announced inspection visit on 18 and 19 May 2015. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff.

Summary of findings

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

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

What people who use the trust's services say

Patients, relatives and carers we spoke with on this inspection were generally positive about the care and treatment they received at Peterborough and Stamford Hospitals, with a number specifically telling us that their treatment in the emergency department was of a higher quality than a year ago.

The trust performed similar to the England average in the Patient Led Assessments of Care indicators and also similar to other trusts for all indicators in the 2014 Inpatient Survey. However the trust scored better than average for the noise at night and having single sexed bathrooms.

The Friends and Family Test score for the trust was generally below the England average, however the Cancer Patient Experience Survey highlighted some areas of good performance including the promotion of support groups for patients.

Complaints have increased since 2011 but have remained at consistent levels since April 2014.

Facts and data about this trust

Beds: 632

– 632 General and acute, maternity and critical care beds.

• **Staff:** 3,500

– 438 Medical

– 1,080 Nursing

• **Annual turnover:** £250.1m

• **Surplus (deficit): (£38.5m) as at 31 March 2015**

Activity summary (Acute)

Activity type 2014-15




Inpatient admissions 52,238

Outpatient (total attendances) 402,808

Accident & Emergency 93,500 (attendances)

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We considered safety in the emergency department and medical wards. Most services at the trust protected patients from avoidable harm and were judged to be good. We saw improvements in the number of falls and the management of pressure sores. However in the medical services we found that incident reporting continued to be high and that lessons learnt from these incidents were not always disseminated to staff to improve care. In the services we reviewed at this focused inspection we found that documentation had improved apart from in the medical service where there were remained gaps in recording and updating. We also found that there was a lack of sufficient detail in some patient records in this service. We rated medical services as requiring improvement. However other areas which required improvement at our comprehensive inspection in March 2014 had improved and an overall rating of good is applied to this key question.</p>	Good 
<p>Are services at this trust effective?</p> <p>We considered the effectiveness of the emergency department, medicine and end of life care during this inspection. The effectiveness of services at our previous inspection in March 2014 was rated as requiring improvement due to the lack of pain relief given to patients and participation in audits. At our inspection on 18 and 19 May 2015 we found that improvements had been made to ensure that the end of life service was effective. Some improvements were noted in medical services within stroke services but further improvement was required in relation to the number of outlying patients. The Emergency Department had seen a recent improvement in the four hour target but further time was required to see if this would be consistent. We saw a number of improvements in the stroke care path way including a stroke pathway in place which was in line with national guidance using a recognised tool for patient assessment, consultant telemedicine service out of hours and a stroke coordinator. Overall we rated this key question as good.</p>	Good 
<p>Are services at this trust caring?</p> <p>We looked at caring in the emergency department and medical wards during this inspection. We heard from patients and families that the staff were very caring and involved them in their care and in the care of loved ones. Patients felt that they understood what was happening to them Staff respected patients' privacy and dignity and</p>	Good 

Summary of findings

were aware of those who were vulnerable. We saw some good examples of how staff treated patients with sensitivity and respect. However with in the medical service we saw some examples of care which was less than this. We saw that some staff did not introduce themselves and worked in silence and that patients were not always supported to open difficult food wrappers. We judged that this required improvement within this service. However overall we rated the key question as good.

Are services at this trust responsive?

We considered the responsiveness of the emergency department, medical wards and services for children at this inspection. Following our inspection in March 2014 we rated this key question as requiring improvement as there were a number of outlying patients throughout the hospital. We were also concerned about the way in which the hospital dealt with complaints. At this inspection we found that the areas rated as requiring improvement had improved and all but one were now rated as good. Medical services were also now rated as Good as they had improved discharge planning processes an patient flow and were meeting referral to treatment times though admission to and capacity of the stroke unit could still be problematic. Not all audits in the respiratory service were completed nor action taken to improve patient care. We continue to rate this service as requiring improvement overall.

The complaints team now had a stable leadership and had improved processes in order to reduce the back log of complaints that the trust had traditionally held. The deputy chief nurse is personally responsible for complaints and was able to demonstrate improvements to the service. The trust works with the local Healthwatch to continue to drive improvement in this area. However we received feedback from stakeholders that this service was not always as responsive as it could be. We reviewed a number of complaints and found that they had been dealt with in an appropriate manner. This service still requires some further embedding and establish good working relationships with external stakeholders to address complaints in a satisfactory manner.

Good



Are services at this trust well-led?

We looked at well led in the emergency department, medical wards and the trust as a whole at this inspection. The senior leadership team at the trust is relatively new with the chief nurse joining in February 2015. However the team appear to be cohesive and have taken on the responsibility to ensure that staff are engaged with the quality and performance agenda. Robust governance systems are in place and areas of risk are well known and articulated by senior

Good



Summary of findings

staff, action plans are in place to address risks. Within the nursing teams there is a cascade of autonomy and responsibility currently underway with programmes to support junior staff. There is a strong vision for the trust and staff are able to articulate this.

Vision and strategy for this service

- The trust has a vision and strategy which was displayed throughout the hospital. The senior management team were able to articulate the strategy behind the vision.
- Staff are aware of the vision and values and understand their part in assisting the hospital to achieve the vision.
- The senior team are able to articulate the strategy for the coming years and their aspirations as a new team to engender the values in everything they do. The board monitor progress towards the strategy and the trust is held to account by local and national stakeholders.

Governance, risk management and quality measurement

- Senior managers described the governance system in place to monitor implementation of the strategy and to assess quality of care. Each directorate holds its own governance and performance meetings and then report to the senior management team. The directorates also present at the Quality Assurance Committee on a rotational basis. The Quality Assurance Committee reports directly to the board.
- Staff are aware of their responsibilities to report and to learn from incidents and complaints however feedback was not always robustly in place. Incidents, complaints, safety thermometer data and emerging issues are discussed at the weekly Chief Nurse rapid review meeting. This includes senior representative's from all areas who can then feed information into the workforce.
- Senior managers are aware of the risks to the service and have taken action to mitigate these risks from a trust perspective.
- The trust has an internal audit process which gives significant assurance that actions taken address perceived risks.
- Executives and non-executives are allocated to each of the governance committees. Healthwatch representatives also sit on the Quality Assurance Committee alongside governors from the board of governors of the trust. This ensures that robust questioning of data and input from a variety of perspective enhances the scrutiny of information.

Summary of findings

Leadership of service

- The trust is divided into six directorates each of which is led by a Clinical Director, Operational Manager and Deputy General Manager/ Head of Nursing. This triumvirate report directorate achievements, performance and risks to the management team.
- The senior management team whilst substantive is a relatively newly formed team. The newest member of the team being the chief nurse who took up post in February 2015. However the team are cohesive and recognise the direction of travel for the trust.
- There is a greater sense of purpose within the trust. The chief nurse is promoting different levels of autonomy at senior levels of staff. Ward managers are being encouraged to take responsibility for the functioning not only on a day to day level of their ward but to be responsible for performance and budget within their area of responsibility. We found that some ward managers had taken this on board but others were slow to adapt. The chief nurse was underpinning this empowerment through educational programmes available to ward sisters and senior staff.

Culture within the service

- The chief executive and the chief nurse undertake weekly rounds in different areas of the hospital in order to get to know staff and to better understand the issues that they are working under.
- The NHS Staff survey undertaken in 2014 shows that staff perceive that they are feeling more stressed, working more hours than the previous year and the number of staff recommending the trust to work or receive treatment has fallen. Staff experience improved in just two areas which relate to training. Staff receiving training and reporting incidents are amongst the highest in the country. However it should be noted that this survey was undertaken at a time of change in the senior leadership team and may not be representative of the perception of staff in May 2015. Staff we spoke with were generally positive about working at the trust and the changes that the new leadership team had implemented.

Public and staff engagement

- The trust has expanded the Support And Resettlement At Home (SARAH) service to include weekends. A service which it jointly provides with the British Red Cross and Age UK. Red Cross support staff visit wards and offer a befriending service to patients without visitors.

Summary of findings

- The Quality Counts newsletter available to all staff encourages staff to become involved in trust projects such as the Urgent Care recovery Plan by making the plan available on line and providing a direct email address for comments.

Innovation, improvement and sustainability

- The trust are involved in reviewing the health and social economy with partners to ensure that the people of Peterborough and surrounding areas have smooth transition across services and that services are sustainable and improved in the longer term.
- The trust has recently opened a number of new services for patients such as the new Ambulatory Care Unit, expansion of the pleural services and increasing the palliative care service to seven days each week. The trust are committed to improving services despite a challenging financial climate.

Overview of ratings

Our ratings for Peterborough City Hospital

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

Our ratings for Stamford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Peterborough and Stamford Hospitals NHS Foundation Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The trust had thoughtfully engaged with children and young people in the service development and improvement of children's services.
- A new transition project had been agreed and was being supported by a CQUIN target for this year called "Ready Steady Go". This project aimed to build confidence and the understanding of children, younger people and their families' when transitioning into adult services.
- The trust was now meeting face to face increasing numbers of patients to discuss concerns or complaints.
- The Quality Assurance Committee was open to some external stakeholders including Healthwatch.

Areas for improvement

Action the trust **MUST** take to improve

- Ensure records are accurate and updated to reflect the needs of patients and that care is given in line with records.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The provider was failing to ensure that all patient records were accurate and up to date.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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