

# East Suffolk and North Essex 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 rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	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.

# Summary of findings

## Background to the trust

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides both acute hospital and community health care and was formed on 1 July 2018 following the acquisition of The Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust. The new trust has nearly 10,000 staff and an annual budget in 2019/20 of over £715 million.

In April 2019, Suffolk and North East Essex STP plans to become a wave 2 Integrated Care System (ICS), hosting three alliances of provider organisations. These alliances are committed to working together to integrate care and to create one clinical community which will have significant scale: 953,000 residents in two counties; three acute hospitals, eight community hospitals, 104 GP practices, two mental health trusts and £2.4 billion public service turnover annually (2016).

The bid from ESNEFT of £69.3m of sustainability and transformation partnership (STP) capital, has created a platform for extensive transformation in the new ICS to deliver sustainable, high quality acute and community healthcare for ESNEFT's population of almost 800,000, with patient volumes exceeding those of many tertiary centres, in an area which has had long-standing instability.

ESNEFT's philosophy is that 'time matters' and they will improve services to make every moment count. The trust's ambition is to offer the best care and experience and the draft strategy has five strategic objectives: keep people in control of their health; lead the integration of care; develop centres of excellence; support and develop our staff; and drive technology enabled care.

(Source: Routine Provider Information Request (RPIR) Acute – AC1 Context Acute)

Please note that when ESNEFT was formed, under the new legal entity specific data relating to Ipswich Hospital is only included from 1 July 2018. This includes workforce information and where reference may be made to dates before 1 July 2018 (in tables for example) the information has been analysed from 1 July 2018 for Ipswich Hospital only. This rule does not apply to Colchester Hospital as the acquiring trust and therefore data relating to this location will include from before 1 July 2018. All trust wide data after 1 July 2018 relates to ESNEFT.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement**** 

### What this trust does

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides both acute hospital and community health care and was formed on 1 July 2018 from the merger of Colchester Hospital University NHS Foundation Trust and The Ipswich Hospital NHS Trust. The new trust has nearly 10,000 staff and an annual budget in 2019/20 of over £715 million.

As a trust services include accident and emergency; critical care; planned medical and surgical care, consultant and midwifery-led maternity, neonatal and paediatric care; diagnostic and therapy services; and since October 2015 community hospitals and specialist community services (Ipswich and East Suffolk only). Community midwifery services are provided to the population of Ipswich and East Suffolk.

The trust is commissioned to provide integrated diabetes and integrated dermatology services for the population of Ipswich and East Suffolk. Sexual health services for north east Essex are provided through a partnership arrangement with a Community Interest Company based in north east Essex.

In October 2017 The Ipswich Hospital Trust (IHT) assumed responsibility for the community teams in Ipswich and East Suffolk as part of a provider alliance with Suffolk County Council, the Suffolk GP federation, and Ipswich and East Suffolk

# Summary of findings

CCG. The community services managed by IHT include community hospitals at Bluebird Lodge, Aldeburgh and Felixstowe; Foot and Ankle Surgery (Pan Suffolk); Heart Failure and Cardiac Rehabilitation; COPD Nursing and Pulmonary Rehabilitation; Falls and Osteoporosis (East); and the Care Co-ordination Centre (Pan Suffolk). There are eight Integrated Neighbourhood Teams (INT's), comprising district and community nurses, therapists, community matrons, phlebotomists and support workers.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. The trust was a newly formed trust in July 2018 and comprises of both Colchester Hospital and Ipswich Hospital. The new trust provides community teams in Ipswich and East Suffolk as part of a provider alliance with Suffolk County Council. We had inspected both hospitals in 2017 under their previous registration. This was the first time we inspected the new trust.

From 11 June to 18 July, we inspected 14 core services provided by the trust at two acute locations and one community service. We inspected urgent and emergency care, medical care, surgery, maternity services, and outpatients at Colchester Hospital. We also inspected urgent and emergency care, medical care, surgery, critical care, maternity services, children's and young people's services, end of life care and outpatients at Ipswich Hospital and community health in patient services.

We inspected all core services at Ipswich Hospital because when this hospital was acquired by East Suffolk and North Essex NHS Foundation Trust, its ratings were dissolved. This meant that Ipswich Hospital did not currently have a rating for any of its core services.

We last inspected Colchester Hospital in July 2017. Urgent and emergency care services and outpatient services were rated as requires improvement and all other services were rated as Good.

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

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question from 16 to 18 July 2019.

## What we found

### Overall trust

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

# Summary of findings

- We rated the overall key questions of safe and responsive as requires improvement and effective, caring and well-led were rated as good. Our rating for the trust took into account the current ratings of the core services we did not inspect this time.
- We rated four of the 14 core services we inspected as requires improvement and nine as good. We rated children and young people's services as outstanding overall.
- Our decision on the overall ratings take into account the relative size of the service and we use our professional judgement to reach fair and balanced ratings.
- We rated well-led of the trust overall as Good.

## Are services safe?

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

- Not all services had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The trust was in the process of providing mandatory training in key skills to all staff. This had been challenging post-acquisition/merger due to different recording systems and mandatory training programmes. At the time of our inspection, the trust was still aligning systems and programmes. This meant that some of the information submitted prior to inspection and within this report did not reflect an accurate picture of training performance. After our inspection, the trust sent us updated information that demonstrated an improving picture of compliance for nursing staff at 92% across the trust as of June 2019. However, the trust did not ensure sufficient numbers of medical staff completed mandatory training in key skills. Medical staff did not meet the trusts compliance target in most courses.
- Staff understood how to protect patients from abuse and the services worked well with other agencies to do so. However, staff had not consistently undertaken training on how to recognise and report abuse.
- We observed several examples where systems and processes to maintain cleanliness and control infection were not being implemented effectively. Staff did not use control measures consistently to protect patients, themselves and others from infection. Effective processes were not in place to indicate when equipment was clean and ready for use.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Risks to patients who used services were not always assessed, monitored and managed on a day-to-day basis. In the emergency departments staff did not always complete risk assessments and environmental risk assessments for each patient in a timely manner, particularly for patients with mental health needs.
- Staff did not always keep appropriate records of patients' care and treatment. Within the emergency department at Ipswich Hospital, staff did not keep detailed records of patients' care and treatment. Records were not always clear, up-to-date, stored securely or easily available to all staff providing care.

However:

- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The services mostly managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents, but lessons learned were not always shared 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 services generally used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

# Summary of findings

## Are services effective?

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

- The services 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 who were subject to the Mental Health Act 1983.
- The services 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. In most services, they used the findings to make improvements and achieved good outcomes for patients. Some services such as endoscopy at Ipswich Hospital had been accredited under relevant clinical accreditation schemes.
- The services 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 mostly supported patients to make informed decisions about their care and treatment.

However,

- Staff did not always support patients who lacked capacity to make their own decisions. We found that in critical care and the emergency department at Ipswich Hospital staff were not consistently applying the Mental Capacity Act in relation to assessment and care of patients.
- We also found that in critical care at Ipswich Hospital and urgent and emergency care at Colchester hospital outcomes and recommendations from audits were not always used to improve services for patients.
- In medical care, staff were not always completing nutrition and hydration risk assessments to ensure that patients had enough food and drink to meet their needs and improve their health.

## Are services caring?

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. In the end of life care service, we found that there was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. In the end of life care service, we observed very caring interactions between staff and patients. Staff would hold a patient's hand and offer comfort.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. In the end of life care service, we found that people's emotional and social needs were seen as being as important as their physical needs. Staff recognised and respected the totality of people's needs.

# Summary of findings

## Are services responsive?

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

- People could not always access services 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 not always in line with national standards. We found particular issues with admission and access and flow across the surgery services and within the emergency departments.
- Access to external mental health services in the emergency department within Ipswich Hospital was pressured out of hours and was not always available in a timely fashion 24 hours a day, seven days a week.

However,

- The services were 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.
- The services 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.
- 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 services included patients in the investigation of their complaint. However, complaints were not always consistently managed in a timely manner.

## Are services well-led?

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

- Leaders had the skills and abilities to run the trust and the services. They understood the priorities and issues the trust and services 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 trust had a clear 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. The trust philosophy of 'Time matters' to improve patient experience and achieve strategic objectives was embedded at all levels.
- Staff felt respected 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.
- 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.
- 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.

However

# Summary of findings

- Three of the core services we inspected were rated as requires improvement in well-led. This was for specific issues that the trust were sighted on and had identified as potential risks prior to the merger. This included strengthening and aligning the governance and risk management processes and improving the provision of mental health services. The trust provided assurances that they would continue to work on improving these areas at pace.
- We found that systems within the emergency department, critical care and maternity services governance processes were not always effective. Staff at all levels were not always clear about their roles and accountabilities.
- We found in urgent and emergency care, medical care, critical care and maternity services that leaders had not effectively escalated the risks that they were aware of. They had not always identified and escalated relevant risks and issues and identified effective actions to reduce their impact.
- The information systems were not yet integrated. Data was not consistently submitted to external organisations as required.

## Colchester Hospital

We rated this hospital as requires improvement because:

- We rated safe and well led as requires improvement. We rated effective, caring and responsive as good.
- We rated one of the five core services we inspected this time as requires improvement overall. We took into account previous ratings for Colchester Hospital.
- The urgent and emergency, surgery and medical care core services did not always have enough staff to care for patients and keep them safe. Not all staff had training in key skills or understood how to protect patients from abuse. Not all staff assessed risks to patients or acted on them. Records were not always well kept. Medicines were not always managed well. The service managed safety incidents well and learned lessons from them. However, in Surgery we found that the lessons learnt were not always embedded in daily practice. Staff collected safety information and mostly used it to improve the service.
- People could not always access care and treatment in the urgent and emergency core service when they needed it. Waiting times were above the National average and some patients were waiting too long for treatment.
- Leaders did not always use reliable information systems to identify and manage risks within their service. Staff in the urgent and emergency care department were not always involved in the development of the service plans. In medical care we found that identified risks to safe care and treatment were not consistently and effectively managed.

However,

- Staff provided evidence based care and treatment and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives.
- 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.
- Leaders 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.

## Ipswich Hospital

# Summary of findings

We rated this hospital as requires improvement because:

- We rated safe, responsive and well led as requires improvement. We rated effective and caring as good.
- We rated three of the eight core services we inspected as requires improvement.
- The urgent and emergency, surgery, critical care and maternity core services did not always have enough staff to care for patients and keep them safe. Not all staff had training in key skills or understood how to protect patients from abuse. Not all staff assessed risks to patients or acted on them. Records were not always well kept. Medicines were not always managed well. The service managed safety incidents well and learned lessons from them. However, in surgery we found that the lessons learnt were not always embedded in daily practice.
- People could not always access treatment in the urgent and emergency care or surgery core services when they needed it. Waiting times were above the National average and some patients were waiting too long for treatment.
- Leaders did not always use reliable information systems to identify and manage risk within their service. Staff in the urgent and emergency department were not always involved in the development of the service plans.

However,

- 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. In children and young people's and maternity services we found outstanding examples of the service being responsive to individual needs.
- Leaders 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.

## **Community Health Inpatient Services**

- The service had enough staff to care for patients and keep them safe. 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 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 most 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.



# Summary of findings

- Leaders ran services well and supported staff to develop their skills. 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.

However:

- Managers did not always make sure all staff completed required mandatory training. Not all staff had training on how to recognise and report abuse.
- The ward environment in all three community hospitals did not support patients living with dementia and other complex needs

## 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, critical care, children and young people's services, community inpatients, maternity and end of life care.

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

## Areas for improvement

We found areas for improvement including breaches of five regulations that the trust must put right. We also found 30 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 the quality of services.

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

## Action we have taken

We issued four requirement notices to the trust. That meant the trust must send us a report saying what action it will take to meet these requirements. Our action related to breaches of two legal requirements at a trust-wide level and 23 breaches of legal requirements in 10 core services across both locations.

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

## What happens next

We will make sure 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

### Colchester Hospital

#### Urgent and Emergency Services

# Summary of findings

- Consultants within the department dedicated their own time to provide training opportunities to medical and nursing staff on a regular basis. Staff described how valuable this training was.

## **Surgery Services**

- Staff in urology were using new technology to carry out prostate urethral lifts. The procedure relieves urinary symptoms caused by an enlarged prostate. The new technology allows staff to perform minimally invasive surgery, resulting in fewer complications.
- The service had recently introduced a virtual fracture clinic. Patients were no longer required to attend the hospital for a fracture assessment. Instead, the patient's x-ray and initial assessment documentation were reviewed virtually by an orthopaedic consultant and plaster technician. Patients were then called within 48 hours to discuss their treatment options.

## **Ipswich Hospital**

### **Critical Care**

- The service had developed an innovative critical care acuity tool to improve understanding of staffing requirements.

### **Maternity services**

- Following women's feedback of long waits and poor environment for induction of labour the service developed the 'NOVA suite'. This suite was a relaxing calm environment away from the delivery suite. It consisted of six beds and the 'nest' (an area with relaxing music, soft furnishings and lighting), where women could relax with their partners or play board games whilst waiting for labour to establish after being induced.
- The bereavement midwife had raised funds and purchased a selection of books to help families to grieve and come to terms with their loss. Specifically, a book for parents explaining how to break bad news to siblings and support for families with a recovery plan included.

### **Community Health Inpatient Services**

- The Short Term Assessment Reablement and Rehabilitation (STARR) Centre, based at Blue Bird Lodge Community Hospital was shortlisted for the Health in Community or Primary Care Services Redesign category in the 2018 Health Service Journal award. The project was shortlisted for transforming the way some patients were cared for, in partnership with Ipswich Hospital, community hospitals and adults and community services to get people home quicker.
- The STARR centre was set up as part of the Discharge to Assess (D2A) concept whereby patients are transferred from acute hospital at the point where they no longer require acute hospital care through one of three pathways; either at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3). The STARR centre (Bluebird Lodge) support patient as a Pathway 2 centre to provide rehab and reablement with maximum length of stay of 14 days.
- STARR centre has prevented avoidable harm such as deconditioning and falls in hospital, and also maximised potential for patients to recover to be independent for longer in usual place of residence
- As part of the STARR centre, the voluntary sector are involved to ensure support is in place once a patient leaves the STARR centre.

# Summary of findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. 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 **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to all of the core services we inspected.

### Overall trust

- The trust must ensure that mandatory training attendance improves to ensure that all medical staff are aware of current practices. Regulation 12 (1)(2)(c).
- The trust must ensure patient care records are accurate, complete and contemporaneous and that pertinent risk assessments are completed and updated for all patients across the trust. Regulation 17 (1)(2)(c).

### Colchester Hospital

#### Urgent and Emergency Care

- The trust must ensure that risks to patients are identified, documented and regularly reviewed to ensure patients are safe from avoidable harm. Regulation 12 (1)(2)(a)(b)(d).
- The trust must ensure that staff have the necessary skills and competencies to safely carry out their role. Notable improvements were required in some areas such as mandatory training (medical staff) and safeguarding training (medical staff). Regulation 12 (1)(2)(c).
- The trust must ensure that medical records and confidential patient information are stored securely to ensure patient confidentiality. Regulation 17 (1)(2)(c).
- The trust must ensure that there is an effective governance and risk management framework in place to identify, manage and assess all risks relevant to the emergency department. Regulation 17 (1)(2)(a)(b).
- The trust must ensure that there are clear lines of accountability for patients in the emergency department. Standard operating procedures should be developed and embedded in all areas. Regulation 17 (1)(2)(a)(b).

#### Medical Care

- The trust must ensure that the governance and risk management processes are embedded and consistently applied to maintain oversight of identified risks. Regulation 17 (1)(2)(a)(b).
- The trust must ensure that medical staff are up to date with mandatory and safeguarding training. Regulation 12 (1)(2)(c).

#### Surgery

- The trust must ensure it effectively audits compliance with the World Health Organisation's Five Steps to Safer Surgery checklist. Regulation 17 (1)(2)(a)(f).
- The trust must ensure medicines are recorded and stored in line with trust policy. Regulation 12 (1)(2)(g).
- The trust must ensure resuscitation equipment is checked in line with professional guidance. Regulation 12 (1)(2)(e).

# Summary of findings

- The trust must ensure medical staff complete mandatory training, in line with trust targets and national guidance. Regulation 12 (1)(2)(c).
- The trust must ensure changes made from never events are fully embedded in clinical practice to minimise the risk of reoccurrence. Regulation 17 (1)(2)(b).

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

### **Urgent and emergency care**

- The trust should ensure that there are adequate numbers of medical and nursing staff to ensure provision of safe patient care and treatment. Regulation 18.

### **Medicine**

- The trust should ensure that audits are consistently completed to identify areas for improvement. Regulation 17.
- The trust should ensure that medicines are administered and prescribed correctly, specifically on Tiptree ward. Regulation 12.
- The trust should ensure that there are sufficient numbers of appropriately skilled staff to keep patients safe from avoidable harm. Regulation 18.
- The trust should ensure that infection, prevention and control measures are consistently applied and specifically on Tiptree ward. Regulation 12.
- The trust should ensure that risk assessments are updated, specifically in relation to nutrition and hydration. Regulation 14.
- The trust should consider ways to improve the culture so that all staff understand that their concerns are listened to and acted upon.

### **Surgery**

- The trust should continue to review their processes to ensure that patients are able to access surgical services in a timely manner. (Regulation 12)
- The trust should ensure service risks are effectively identified and documented on the risk register. (Regulation 17)
- The trust should improve the access and flow in recovery. (Regulation 12)

### **Maternity**

- The trust should ensure that midwifery staffing numbers are improved to ensure women are kept safe. (Regulation 18)

### **Outpatients**

- The trust should ensure the service has a specific outpatient vision and strategy. (Regulation 17).
- The trust should ensure that all forms are stored securely in patient records. (Regulation 17).

### **Ipswich Hospital**

#### **Urgent and Emergency Care**

- The trust must ensure all medical staff complete mandatory and safeguarding training. Regulation 12 (1)(2)(c).

# Summary of findings

- The trust must ensure staff comply with infection prevention and control measures, including the correct and appropriate wearing of personal protective equipment. Regulation 12 (1)(2)(h).
- The trust must ensure staff undertake thorough risk assessments, including environmental risk assessments, to ensure its premises and facilities are suitable for the safe care and treatment of patients with mental health needs. Regulation 12(1)(2)(a)(b)(d).
- The trust must ensure all medications are appropriately and securely stored. Regulation 12 (1)(2)(g).
- The trust must ensure all patient records, including medication and fluid charts, provide a detailed record of patients' care and treatment and both paper and electronic records are appropriately and securely stored. Regulation 17 (1)(2)(c).
- The trust must ensure that there is an effective governance and risk management framework in place to identify, manage and assess all risks relevant to the emergency department. Regulation 17 (1)(2)(a)(b).
- The trust must ensure that there are clear lines of accountability in the emergency department. Standard operating procedures should be developed and embedded in all areas. Regulation 17 (1)(2)(a)(b).

## Medicine

- The trust must ensure that venous thromboembolism (VTE) assessments are completed for all patients in line with guidance. Regulation 12(1)(2)(a)(b).
- The trust must ensure that food and fluid balance charts are completed accurately and contemporaneously. Regulation 14 (1).

## Surgery

- The trust must ensure learning from incidents is embedded into clinical practice. Regulation 17 (1)(2)(b).

## Critical Care

- The trust must ensure that consent and best interest decisions are documented clearly in patient records, and that mental capacity assessments are carried out as soon as there is reason to doubt whether a patient has capacity to make decisions about their care. Regulation 11 (1)(2).
- The trust must ensure that mandatory training compliance and appraisal completion improves in line with the trust target. Regulation 12 (1)(2)(c).

## Maternity

- The trust must ensure that all risk assessments are completed for women, specifically the national enquiry question and carbon monoxide screening. Regulation 12(1)(2)(a)(b).
- The trust must ensure that women have their physiological observations taken in accordance with the service's policy. Regulation 12(1)(2)(a)(b).

## Outpatients

- The trust must ensure that the administration of hospital prescriptions are monitored and recorded. Regulation 17 (1)(2)(d).
- The trust must ensure that staff have the appropriate level of safeguarding training for their role. Regulation 12 (1)(2)(c).

## Actions the trust SHOULD take to improve

# Summary of findings

## Urgent and Emergency Care

- The trust should ensure all cleaning chemicals are appropriately and securely stored. (Regulation 12).
- The trust should ensure all policies are up to date and reviewed prior to any review date. (Regulation 17).
- The trust should ensure all staff have regular opportunities to meet with managers and staff to discuss their performance, and the performance of the service. (Regulation 17)
- The trust should ensure managers have effective systems and processes in place to obtain accurate patient feedback and satisfaction scores. (Regulation 17).

## Medicine

- The trust should ensure that infection prevention and control practices are followed and staff label equipment after cleaning. (Regulation 12).
- The trust should ensure that staff monitor the application and monitoring of transdermal therapeutic pain relief in line with trust policy. (Regulation 12)
- The trust should ensure that there is consistency in the management of staff competencies across the medical service. (Regulation 17).

## Surgery

- The trust should ensure staff complete mandatory, safeguarding and mental capacity Act training, in line with trust targets and national guidance. (Regulation 12).
- The trust should ensure people can access the service when they need it and receive the right care promptly. (Regulation 12).
- The trust should ensure use of the Ipswich Heart Centre (IHC) as an escalation area does not impact on patients attending the IHC for surgery. (Regulation 12).

## Critical Care

- The trust should ensure that systems and processes to maintain cleanliness and control infection are being implemented effectively. (Regulation 12).
- The trust should ensure that safety checks of equipment are carried out in accordance with policy. (Regulation 12).
- The trust should ensure that a formalised process is developed for carrying out risk assessments for patients thought to be at risk of self-harm or suicide. (Regulation 12).
- The trust should ensure that an environmental risk assessment for ligatures is completed and actioned on the critical care unit. (Regulation 12).
- The trust should consider reviewing access to multi-disciplinary team members to ensure that this is in line with national guidelines and seven day services standards.

## Maternity

- The trust should ensure that the environment meets national standards. (Regulation 12).
- The trust should ensure outcomes and safety improvement data is displayed for staff, women and visitors to see. (Regulation 17).
- The trust should ensure that staff document times in the entries made to records. (Regulation 17).

# Summary of findings

- The trust should ensure that there is a nominated non-executive director for maternity services. (Regulation 17).
- The trust should ensure that the service has a strategy, vision and values. (Regulation 17).

## Services for Children and Young people

- The trust should ensure that the coding of episodes of care is correct and appropriate so that issues such as multiple readmission rates are better understood and managed. (Regulation 17).
- The trust should ensure that medicines are stored in a safe manner to reduce the risk of inappropriate doses being administered. (Regulation 12).
- The trust should ensure that medicines have expiration and opened dates labelled to reduce the risk of less effective medicines being used. (Regulation 12).

## Outpatients

- The trust should ensure that tea and coffee making facilities for staff are appropriately located and not kept in clinical areas to minimise the risk of infection. (Regulation 12).
- The trust should ensure that mobile computer terminals are locked when not in use to minimise the risk of unauthorised access to confidential information. (Regulation 17).
- The trust should consider ways to improve signage so patients and visitors can locate clinics easier.

## End of life care

- The trust should review and increase medical staffing within the specialist palliative care team (SPCT) to ensure national guidance is met. (Regulation 18).
- The trust should increase education for staff around the evidence based tool used to identify end of life patients. (Regulation 18).
- The trust should consider ways to increase capacity within the specialist palliative care service to provide a seven day service to patients.
- The trust should ensure there is an effective system in place for monitoring whether all patients achieve their preferred place of care and preferred place of death. (Regulation 17).
- The trust should consider ways of collecting relevant data for all end of life care patients to identify areas for further improvement. (Regulation 17).

## Community Health Inpatient Services

- The trust must ensure all staff complete mandatory and safeguarding training. Regulation 12 (1)(2)(c).

## Actions the trust SHOULD take to improve

- The trust should ensure that the ward environment is reviewed to support patients living with dementia and other complex needs. (Regulation 12).
- The trust should ensure that staff are accessing and using policies that are up to date and from the correct intranet page. (Regulation 17).

# Summary of findings

## 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 the trust as good because:

- Leaders had the skills and abilities to run the trust and its services. They understood and managed the priorities and issues the organisation faced. They were visible and approachable in the services for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust 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.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. The services generally collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust and services promoted equality and diversity in daily work, and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- 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.

However:

- Leaders were in the process of embedding governance processes throughout the services to ensure staff at all levels were clear about their roles and accountabilities.
- Leaders had identified that some services needed support to consistently manage risks and identify actions to reduce their impact. Support included on-going training and practical help.
- The trust was in the process of ensuring information systems were integrated. Data or notifications were not consistently submitted to external organisations as required.

## Use of resources

Please see the separate use of resources report for details of the assessment which has not been rated as the trust is newly merged and there was not enough data. The report is published on our website at [www.cqc.org.uk/provider/RDE/Reports](http://www.cqc.org.uk/provider/RDE/Reports).



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020

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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Colchester Hospital	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
The Ipswich Hospital	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
<b>Overall trust</b>	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Community	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Colchester Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Medical care (including older people's care)	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Good Nov 2017
Maternity	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
End of life care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Outpatients	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020

\*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.

## Ratings for The Ipswich Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Medical care (including older people's care)	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Surgery	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020
Critical care	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Maternity	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Good Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020
End of life care	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Outpatients	Good Jan 2020	N/A	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

\*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.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
<b>Overall*</b>	N/A	N/A	N/A	N/A	N/A	N/A

\*Overall ratings for community health services 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.

# Acute health services

## Background to acute health services

The trust provides all eight core services across both locations.

## Summary of acute services

**Requires improvement** ● → ←

Our rating of these services stayed the same. We rated them as requires improvement.

# Colchester General Hospital

Turner Road  
Colchester  
Essex  
CO4 5JL  
Tel: 01206 747474  
[www.colchesterhospital.nhs.uk](http://www.colchesterhospital.nhs.uk)

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides both acute hospital and community health care and was formed on 1 July 2018 following the acquisition of The Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust. The new trust has nearly 10,000 staff and an annual budget in 2019/20 of over £715 million.

Colchester General Hospital is a medium sized teaching hospital in Colchester with approximately 763 beds. The hospital provides a range of elective and non-elective inpatient surgical and medical services as well as a 24-hour A&E, maternity and outpatient services to a surrounding population of around 370,000.

## Summary of services at Colchester General Hospital

### Requires improvement

Our rating of services. We rated them as requires improvement because:

A summary of this hospital appears in the overall summary above.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Emergency care is delivered at the Colchester and Ipswich sites. The emergency department at Colchester General Hospital consists of an adult emergency department with majors and minors cubicles, a resuscitation room, an ambulatory care unit and paediatric emergency department. The department is open 24 hours a day, seven days a week. The service also has a GP service, which is operated by another provider (not inspected during this inspection).

From June 2018 to May 2019, Colchester Hospital emergency department saw 19,225 children and 82,928 adult patients.

Our initial inspection from 11 June 2019 to 13 June 2019 was announced. We carried out an unannounced inspection on 26 June and 15 July 2019. Prior to our inspection, we reviewed data we held about the service along with data requested from the trust after the inspection.

## Summary of this service

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

We rated safe, responsive and well-led as requires improvement. We rated effective and caring as good.

- The service did not have enough staff to care for patients and keep them safe. Not all staff had completed the required mandatory training. Staff did not consistently assess risks to patients presenting with acute mental health illness and act on them, particularly in relation to environmental risks. Safe processes were not always followed to ensure medicines were always stored and recorded correctly.
- The service did not have enough medical and nursing staff with the right qualifications, skills and training to keep people safe from avoidable harm.
- People could not always access the service when they needed it and sometimes had to wait for treatment.
- The service did not operate effective governance and risk management systems. Not all risks the service faced had been effectively identified, monitored or mitigated (where possible) by leaders within the service.

However,

- The service controlled infection risk well. Staff understood how to protect patients from abuse. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided evidence-based care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, and supported them to make decisions about their care. 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.
- Leaders used 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.

# Urgent and emergency services

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not make sure that all medical staff completed mandatory training. The number of medical staff who completed it was significantly below the trust target.
- Staff received training on how to recognise and report abuse however, not all medical staff had regularly completed training.
- Staff did not always complete detailed risk assessments for patients experiencing mental health illness. They did not document that potential environmental risks had been removed or mitigated for patients with acute mental health illness who were at risk of harm to themselves or others.
- There were no formal systems, processes or documentation in place to demonstrate that self-presenting patients were seen in order of clinical acuity.
- The service did not have 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. However, managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- Medical records were not always securely stored.
- The service did not always use systems and processes to safely store and record medicines.

However:

- 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 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 mostly kept people safe.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.
- Staff knew how to protect patients from abuse and worked well with other agencies to do so.

## 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 best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.



# Urgent and emergency services

- 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.
- 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.
- 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 for both child and adult patients.
- Staff gave patients practical support and advice to lead healthier lives.

However:

- Staff monitored the effectiveness of care and treatment; however, they did not always use the findings to make improvements to achieve good outcomes for patients. We found limited information from action plans relating to the Royal College of Emergency Medicine audits (2016/17).
- Training compliance with the Mental capacity Act and Deprivation of Liberty Safeguards was significantly below the trust target for medical staff.

## 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 needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The median time from arrival to treatment (all patients) exceeded the Royal College of Medicine recommendations of one hour for all months from April 2018 to March 2019.
- The median total time spent in A&E (per patient), was consistently higher than the England average.

# Urgent and emergency services

However:

- 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.
- 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 investigations of their complaint.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders had not identified and escalated all relevant risks and that the service faced.
- We found a lack of timed and documented mental health risk assessments and documented mitigation of risk. There were no formal processes in place to ensure that self-presenting patients were seen in order of the highest clinical acuity.
- There was a lack of open engagement with staff with regards to departmental change.
- We saw that computer terminals were left unlocked when not in use. This meant that unauthorised personnel may have had access to confidential medical records and information.
- The service was not consistently using audits to drive necessary improvements.

However:

- Leaders had the skills and abilities to run the service. 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.
- Leaders and teams used systems to manage performance effectively.
- 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 engagement took place through a variety of measures including face to face meetings, newsletters, handovers and the use of social media.
- Staff had some systems and processes in place to aid learning and improve services.

# Medical care (including older people's care)

Good   

## Key facts and figures

The trust provides a full range of consultant-led medical care on both acute sites including general and acute medicine, stroke, gastroenterology, cardiology, respiratory, diabetes, endocrine and metabolic medicine, neurology, nephrology.

Older People's services include frailty, movement disorder, metabolic bone disease, fragility fractures, falls, dementia, delirium, onco-geriatrics and interface geriatrics.

Acute care services for older people at Colchester are delivered across three main inpatient wards (total 82 beds) with an additional 30 beds on a nurse-led ward for older patients who are medically fit for discharge. At Ipswich there are three 27-bedded main inpatient wards (one of which is used for shorter stay patients where up to 6 beds are used for neurology) providing a total of 75-81 beds.

Stroke services see around 1,200 strokes a year (excluding mimics) split between Colchester and Ipswich and provide thrombolysis and a 24/7 hyper-acute service on both acute sites. The stroke unit at Colchester has 33 beds including 6 Hyper Acute Stroke Unit (HASU) beds and 9 side rooms and Ipswich has 25 beds including 4 HASU beds.

There are 14 consultant cardiologists providing a comprehensive range of services for a total of 53 beds across both sites. Respiratory Medicine services have a large inpatient workload and designated respiratory inpatient beds on both sites: 33 beds at Colchester and 43 beds at Ipswich.

*(Source: Routine Provider Information Request AC1 – Context Acute)*

The trust had 77,632 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 37,395 (48.2%), 891 (1.1%) were elective, and the remaining 39,346 (50.7 %) were day case.

Admissions for the top three medical specialties were:

- General medicine: 29,308
- Clinical oncology: 12,895
- Clinical haematology: 10,659

*(Source: Hospital Episode Statistics)*

## Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- Staff understood how to protect patients from abuse. 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 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.

# Medical care (including older people's care)

- 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.

However:

- During our inspection, we found a number of patient safety concerns mainly related to one ward only. This included not having enough nursing staff with the right qualifications and skill mix to keep patients safe, medicines were not prescribed and administered correctly and risk assessments were not consistently completed and updated. The concerns were mainly isolated to one ward. The trust responded immediately to ensure that patients were safe and we continue to monitor progress to their action plan through regular engagement.
- Leaders did not run all services well and support staff to develop their skills. Most staff felt respected, supported and valued; however, some staff felt that their concerns were not acted upon.
- Not all governance and management functions performed together effectively. Control measures to mitigate identified risks were not always robustly monitored.

## Is the service safe?

Good   

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

- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use equipment.
- Staff mostly kept detailed records of patients' care and treatment. Records were stored securely and easily available to all staff providing care.
- 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.
- Staff collected safety information and shared it with staff, patients and visitors.

However:

- The service, in most wards, had enough 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.
- During our inspection, we found a number of patient safety concerns related to one ward only. This included medicines not prescribed and administered correctly, infection risks were not controlled well and risk assessments were not consistently completed and updated. The majority of concerns were isolated to one ward.

# Medical care (including older people's care)

## 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 who were subject to the Mental Health Act 1983.
- The service made adjustments for patients' religious, cultural and other needs. 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. They used agreed personalised measures that limit patients' liberty.

However,

- Staff gave patients enough food and drink to meet their needs and improve their health. However, nursing staff did not always complete food and fluid balance charts accurately or contemporaneously. This meant the nutritional status of patients was not always accurate.

## 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

# Medical care (including older people's care)

## Is the service responsive?

Good ● → ←

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

- The 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.

## Is the service well-led?

Good ● → ←

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

- Leaders generally had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- Leaders and teams used systems to manage performance effectively. Leaders operated effective governance processes with partner organisations.
- 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.
- 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.
- 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.

However:

- The service had identified patient safety risks before our inspection but had not identified effective actions to reduce them. Whilst, this was mainly related to one ward there had been a lack of oversight and effective governance in this area.
- Staff mostly felt respected, supported and valued. However, there had been a lack of effective support for junior leaders that had had an impact on staff welfare and patients receiving care. Some staff felt that they could raise concerns without fear, however, actions were not taken in a timely manner.

## Medical care (including older people's care)

- Staff at all levels were not always clear about their roles and accountabilities.

# Surgery

Good ●

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust was formed in July 2018, following the acquisition of Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust.

The trust provides a range of elective and emergency surgical services to a local population, predominantly from the towns of Colchester and Ipswich. Surgery services include: general surgery; ear, nose and throat (ENT); trauma and orthopaedics; oral and maxillofacial surgery (OMFS); breast; ophthalmology; and vascular. The regional spinal service provides specialist services to a population of 1.6 million. The regional vascular centre, based at Colchester Hospital, carries out major arterial acute and elective surgery to a population of 900,000.

With the exception of vascular surgery, all surgical services are split evenly between Colchester Hospital and Ipswich Hospital. Some ophthalmology day case services are provided from the Primary Care Centre following closure of the Essex County Hospital.

From December 2017 to November 2018, the trust had 33,037 day admissions, 14,191 emergency admissions and 6,812 elective admissions.

*(Source: Hospital Episode Statistics)*

Colchester Hospital has 164 surgical inpatient beds and 39 surgical trolleys located across eight wards and units. The complete list of surgical wards, units and theatres at Colchester Hospital is shown in the table below:

Ward/unit	Speciality or description	Inpatient beds
Aldham Ward	Trauma and orthopaedics	28
Brightlingsea Ward	Ear, nose and throat (ENT) and general surgery	30
Elmstead Surgical Unit	Elective day surgery	32 trolleys
Fordham Ward	Trauma and orthopaedics	28
Great Tey Ward	Elective day surgery	26
Mersea Ward	General surgery	32
Preadmission service	Anaesthetic pre-assessment	
Surgical Assessment Unit	Rapid access facility for acute surgical patients who have been assessed by a medical practitioner	7 trolleys
Wivenhoe Ward	Vascular surgery	20
Theatres - Main	Five theatres for all specialties excluding orthopaedic surgery	



# Surgery

Theatres - Constable	<b>Five theatres for orthopaedic and gynaecology surgery</b>
Theatres - Elmstead	<b>Five theatres for day surgery</b>

During this inspection, we visited the surgical wards, theatres and units. We also visited interventional radiology and pre-assessment. We spoke with six patients and relatives, and 45 members of staff including medical and nursing staff, healthcare assistants, therapy and domestic staff. We observed care and looked at 17 sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

Although this evidence appendix focuses on Colchester Hospital, data for Ipswich Hospital is included in analysis of some data sets where no site-level breakdown was available.

## 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 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. Medicines were safely prescribed and administered. Staff recognised and reported incidents and near misses. 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. Staff advised patients how to lead healthier lives and supported them to make decisions about their care and treatment. 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.
- 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.

However:

- Although the service provided mandatory training in key skills, not everyone completed it.
- Resuscitation equipment was not always checked in line with professional guidance.
- The service did not effectively audit compliance with the World Health Organisation's Five Steps to Safer Surgery checklist.
- Medicines were not always recorded and stored in line with trust policy.

# Surgery

- Changes made from never events were not yet fully embedded in clinical practice.
- Referral to treatment times were below the England average.
- The access and flow in recovery needed improving. Patients could not always be discharged from recovery to the ward as ward capacity was full.
- Although there were clear processes for managing risks, issues and performance, we were not assured that service risks were always effectively identified.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills but not everyone completed it.
- Staff knowledge of female genital mutilation was poor.
- Resuscitation equipment was not always checked in line with professional guidance.
- The service did not effectively audit compliance with the World Health Organisation's Five Steps to Safer Surgery checklist.
- Medicines were not always recorded and stored in line with trust policy.
- Changes made from never events were not yet fully embedded in clinical practice.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills 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.
- Medicines were safely prescribed and administered.
- Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with staff.
- The service used monitoring results to improve safety.

## Is the service effective?

**Good** ● → ←

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

# Surgery

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. 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.
- Staff monitored the effectiveness of care and treatment using local and national audits.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- 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.

However

- Medical staff had not completed capacity training in line with trust targets.

## 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.
- 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:

- 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.
- It was easy for people to give feedback and raise concerns about care received.
- The trust was looking at ways to improve access, as referral to treatment times had been consistently below the England average. Performance had now improved and was better than the England average and on an upward trajectory.

However:

# Surgery

- The access and flow in recovery needed improving. Patients in the recovery department could not always be discharged to a ward as capacity was full.

## Is the service well-led?

Good   

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

- Service leaders had the capability and skills to deliver high-quality, sustainable care. They understood the challenges to quality and sustainability, and were visible and approachable. 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. 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 provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their role and responsibilities. Although team meetings were irregular, staff felt the safety huddles provided sufficient opportunity to discuss service performance.
- The service collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. The information systems were secure. Data was consistently submitted to external organisations as required.
- Staff, patients and relatives were engaged and involved in the service, improving the care and treatment delivered.
- 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:

- Although there were clear processes for managing risks, issues and performance, we were not assured that service risks were always effectively identified. Some concerns we identified during our inspection, for example those relating to resuscitation equipment checks and the access and flow in recovery, had not been identified as risks on the risk register.

# Maternity

Good 

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides maternity services, community midwifery and home birth services. Services include antenatal, day assessment unit, labour, surgery, birth and postnatal care in the hospital and the community.

At Colchester, the delivery suite consists of eight birthing rooms with two fully equipped co-located obstetric theatres to support consultant-led care and a four-bed midwifery-led birthing unit for women identified as at low risk of complications. The maternity ward has 26 beds and accommodates both antenatal and postnatal patients.

Specialist antenatal clinics are provided for women with diabetes, vulnerable women (specifically mental health), birth choices and a specialist obstetric scanning service. In addition, specialist midwives for safeguarding, bereavement, clinical effectiveness, practice development, and infant feeding work with the multi-disciplinary teams. Ultrasound is provided at both sites including fetal medicine specialist services.

From January 2018 to December 2018 there were 5,525 deliveries at the trust.

As part of this inspection we visited the following areas within the maternity services, antenatal clinic, maternity triage, inpatient overnight ward, consultant led delivery suite, maternity led delivery suite and obstetric theatres. We spoke with 10 women, eight partners and 58 members of staff including medical and midwifery staff, maternity support workers, therapy and domestic staff. We observed care and looked at nine sets of maternity records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information about this service.

## Summary of this service

We rated it as good because:

- We rated safe, caring, effective, responsive and well-led as good.
- Midwifery and medical staff had training in key skills. The service controlled infection risk well. 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. The design, maintenance and use of facilities, premises and equipment kept women safe. Staff were trained to use the equipment. Staff managed clinical waste well. When providing care in the women's home staff took precautions and actions to protect themselves and others.
- Staff provided evidence based care and treatment, gave women 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 women, advised them on how to lead healthier lives, supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated women 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 women, families and carers.

# Maternity

- The service planned care to meet the needs of local people, took account of women'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. They were focused on the needs of women 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:

- The service did not have enough midwifery staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm. The service continued to include supervisory staff in clinical duties due to staff shortages, which meant that they were unavailable to support junior staff.
- Whilst most staff felt respected, supported and valued, some staff felt that appropriate actions were not always taken to address behaviour that did not meet the trust's values.

## Is the service safe?

**Good** ●

. We rated it as good because:

- Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and locum staff a full induction.
- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. All patient safety equipment checked was within date of service and cleaned between use.
- The design, maintenance and use of facilities, premises and equipment kept women safe. Staff were trained to use the equipment. Staff managed clinical waste well. When providing care in the women's home staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff identified and quickly acted upon women who were at risk of deterioration.
- Staff kept detailed records of women' 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 women's 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.

However,

- The service did not have enough midwifery staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm. The service continued to include supervisory staff in clinical duties due to staff shortages, which meant that they were unavailable to support junior staff. However, there were plans to increase the midwifery establishment to meet the needs of patients.

# Maternity

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave women enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease the pain.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for women.
- 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, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain the women's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on women's care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress.
- 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** ●

# Maternity

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 women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- Women could access the service when they needed it and received the right care promptly.
- It was easy for women and their partners to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons with all staff. The service included the women and their families in the investigation of their complaint.

## Is the service well-led?

**Good** 

We rated it as good because:

- Leaders had the skills and abilities to run the service they understood and managed the priorities and issues the service faced. However, they were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service did not have a vision for what it wanted to achieve and used the trust wide vision and strategy.
- Staff felt respected, supported and valued by midwifery staff but not all senior medical staff. All staff were focused on the needs of women receiving care.
- The service told us they had an open culture where women their families and staff could raise concerns without fear. However, some staff told us they did not feel the service always took appropriate actions to address behaviour that did not meet the trust's values.
- Leaders mostly operated effective governance processes, throughout the service and with partner organisations.
- 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.
- Leaders and staff effectively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- 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.



# Outpatients

Good 

## Key facts and figures

Outpatient services at Colchester are provided at the main hospital, there are primary care centres at Clacton, Harwich and Halstead community hospitals. Services include clinics for a range of specialties including: orthopaedics, urology, diabetes, respiratory, gastroenterology, cardiology, ENT, haematology, neurology, rheumatology, therapy services, podiatry and paediatrics.

At the time of our inspection dermatology services had been a recent addition to the outpatient department at Colchester hospital. Outpatient services at Colchester are currently located in three buildings, Gainsborough clinic, Primary Care Centres (PCC) and the main Outpatient department. The main Outpatient department was located within the main hospital building not far from the urgent and emergency care department.

The trust had 1,328,156 first and follow up outpatient appointments from February 2018 to January 2019.

## Summary of this service

This is the first time we have inspected this service separately from diagnostic imaging, so we cannot compare previous ratings. 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 patient safety well. The service controlled infection risk well. 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. However, some documents within the patient records were not always secure.
- Staff provided evidence based 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. 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 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. However, the trust strategy and vision was under development and the service did not have its own vision and values.

# Outpatients

## Is the service safe?

**Good** ●

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.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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.
- 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

However:

Staff kept detailed records of patients' care and treatment. Although, some forms were not securely stored within patient records.

## Is the service effective?

We do not rate effective for outpatient core service:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs.
- The service made sure staff were competent for their roles.
- Staff monitored the effectiveness of care and treatment.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good** ●

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.

# Outpatients

- Staff provided emotional support to patients, families and carers to minimise their distress.
- 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** ●

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.
- It was easy for people to give feedback and raise concerns about care received.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The service was led by open and accessible managers. There were various lead roles within the department and staff told us they felt supported by leaders. Matrons and managers were visible and supportive.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used had clear governance structures underpinned by defined responsibilities.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with staff to provide appropriate services, there were regular team meetings.

However:

- There was no separate formal strategy for outpatients and staff were aware of the trust's values and where to keep track of the changing vision.

# Ipswich Hospital

Heath Road

Ipswich

Suffolk

IP4 5PD

Tel: <xxxx xxxx xxxx

[www.ipswichhospital.nhs.uk](http://www.ipswichhospital.nhs.uk)

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides both acute hospital and community health care and was formed on 1 July 2018 following the acquisition of The Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust. The new Trust has nearly 10,000 staff and an annual budget in 2019/20 of over £715 million.

The Ipswich hospital was first built around 1910 and has been expanded to cover 45 acres. The private finance initiative (PFI) wing, opened in 2007. The hospital serves around 385,000 people from Ipswich and East Suffolk. Community hospitals and specialist community services were taken on by the Ipswich Hospital NHS Trust in October 2017.

The trust provides acute, maternity and community health services across the following locations; Ipswich hospital, Gilchrist birthing unit, Foot and Ankle Surgery centre, Aldeburgh community hospital, Bluebird Lodge community hospital and Felixstowe community hospital.

Acute services are provided at Ipswich Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant and midwifery-led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. The hospital has a total number of 650 beds that includes 594 general and acute beds, 38 maternity beds and 15 critical care beds .

## Summary of services at Ipswich Hospital

Our rating of services. We rated them as requires improvement because:

A summary of this hospital appears in the overall summary above.

# Urgent and emergency services

**Requires improvement** ●

## Key facts and figures

Emergency care is delivered at the Colchester and Ipswich sites. The emergency department (ED) at Ipswich hospital offers facilities for all patients, including patients who self-present or arrive by ambulance or healthcare professional referral. The service is available 24 hours a day, seven days a week, 365 days a year.

It contains a resuscitation area, which comprises of six cubicles including a specialist paediatric cubicle, for the treatment of patients who are critically ill. It contains a majors area, which comprises of nine cubicles and one treatment room, for the treatment of patients with acute illnesses and injuries. It also has an ambulatory care area, which comprises of five cubicles and an accompanying waiting area for patients with minor injuries and illnesses. The department has a reception area with an accompanying seating area for patients and relatives to sit whilst awaiting treatment or test results.

The service has a dedicated children's emergency department, which adjoins the main emergency department, for the assessment and treatment of children aged under 16. The children's ED contains four specialist paediatric cubicles, along with a dedicated children's reception area and children's waiting area. It has a secured outdoor play area, which can be accessed from the children's waiting area.

We undertook an announced inspection between the 11 and 13 June 2019, followed by unannounced inspections on 25 June 2019 and 16 July 2019. During the course of the inspections, we spoke with 30 members of staff, including nurses, doctors, consultants, healthcare assistants, clinical support technicians and receptionists. We spoke with three patients and two relatives to ask about the care that they had received. We reviewed 25 sets of patient records, including seven sets of children's records.

## Summary of this service

We rated it as requires improvement because:

- The service did not control infection risk well. Staff did not use control measures consistently to protect patients, themselves and others from infection. Effective processes were not in place to indicate when equipment was clean and ready for use.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe, particularly patients with mental health needs. Staff did not always have access to the equipment they required to keep patients safe, such as quick access to ligature cutting devices. Medical equipment stores were not always appropriately secured to protect patients from harm.
- Staff did not always complete environmental risk assessments for each patient swiftly, particularly for patients with mental health needs. Staff did not always remove or minimise risks and update the assessments. Managers did not always identify all potential risks within the department and did not always manage them effectively.
- Staff did not always identify and quickly act upon patients at risk of deterioration. Early warning scores were not always taken and acted upon correctly. Patients were not always monitored appropriately. Patient observations were not always undertaken when required and were not always escalated for clinical review. Patients were not always placed in the most appropriate cubicle for their condition and current presentation.

# Urgent and emergency services

- Staff did not keep detailed records of patients' care and treatment. Paper records were not always clear, up-to-date or stored securely. Documents used to record patients' consent to treatment, fluid intake and nutrition levels were not fit for purpose. Staff did not always ensure electronic patient record systems were correctly locked when not in use to prevent unauthorised access.
- Leaders did not always operate effective governance processes throughout the service. Staff were not always clear about their roles and accountabilities. There was not always sufficient accountability for patients in ambulatory care and for patients held in corridors.
- Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- The service did not always use systems and processes to safely store medicines.
- Managers did not ensure patient feedback was actively captured within the department.

However:

- The department worked well with the hospital frailty teams to ensure patients who were frail received care that was tailored for their needs. This included a dedicated frailty nurse who worked with the department and helped inform on any patient discharge decision.
- 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- 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.
- Staff treated patients with compassion and kindness and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- 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.
- 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.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- The service provided mandatory training in key skills, including the highest level of life support, to all staff. However, managers did not always make sure all staff completed required mandatory training.
- Not all staff had received the correct level of training on how to recognise and report abuse.

# Urgent and emergency services

- The service did not control infection risk well. Staff did not use control measures consistently to protect patients, themselves and others from infection. Effective processes were not in place to indicate when equipment was clean and ready for use.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Staff did not always complete risk assessments for each patient swiftly. They did not always remove or minimise risks and update the assessments. Staff did not always identify and quickly act upon patients at risk of deterioration.
- Staff did not keep detailed records of patients' care and treatment. Records were not always clear, up-to-date, stored securely or easily available to all staff providing care.
- The service did not always use systems and processes to safely store medicines.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do this.
- Staff were trained to use equipment and managed clinical waste well.
- The service had enough nursing and 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 staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff prescribed, administered and recorded medicines appropriately.
- 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. 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** 

We rated effective 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.
- Staff monitored and assessed patients regularly to see if they were in 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.

# Urgent and emergency services

- Key services were available seven days a week to support timely patient 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. They used agreed personalised measures that limit patients' liberty.

However:

- Not all elements of the Code of Practice: Mental Health Act 1983 were fully embedded.
- Records were inconsistent to demonstrate whether timely pain relief was administered.
- Completion of annual appraisal remained below trust targets.

## Is the service caring?

**Good** 

We rated caring 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 patient's 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.

## Is the service responsive?

**Requires improvement** 

We rated responsive as requires improvement because:

- Access to external mental health services was pressured out of hours and was not always available in a timely fashion 24 hours a day, seven days a week.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However:

- 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.
- 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.



# Urgent and emergency services

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:

- Leaders did not always operate effective governance processes throughout the service and with partner organisations. Staff at all levels were not always clear about their roles and accountabilities and did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues or identify actions to reduce their impact.
- The service did not always collect reliable data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Staff did not always follow the necessary steps to ensure confidential information was securely stored.

However:

- 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 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.

# Medical care (including older people's care)

Good 

## Key facts and figures

The trust provides a full range of consultant-led medical care on both acute sites including general and acute medicine, stroke, gastroenterology, cardiology, respiratory, diabetes, endocrine and metabolic medicine, neurology, nephrology.

Older People's services include frailty, movement disorder, metabolic bone disease, fragility fractures, falls, dementia, delirium, onco-geriatrics and interface geriatrics.

The trust had 77,632 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 37,395 (48.2%), 891 (1.1%) were elective, and the remaining 39,346 (50.7 %) were day case.

Admissions for the top three medical specialties were:

- General medicine: 29,308
- Clinical oncology: 12,895
- Clinical haematology: 10,659

(Source: Hospital Episode Statistics)

During the inspection of Ipswich Hospital site we visited fifteen wards and clinical areas. We spoke with 40 staff including consultants, doctors, registered nurses (RN), health care assistants (HCA) and pharmacists. We interviewed senior nursing staff and service managers. We spoke with eight patients and six relatives and we reviewed 27 medical care records along with a selection of policies and meeting minutes.

## Summary of this service

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. 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.

# Medical care (including older people's care)

- 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.

However

- Medical and nursing staff did not meet the trust target for mandatory training or for safeguarding adults training.
- Staff did not label monitoring equipment or hoists after cleaning and had not completed appropriate risk assessments for VTE in nine of the 27 (33%) nursing and medical care records we reviewed.
- There was an inconsistent approach to the application and monitoring of transdermal therapeutic pain relief and nursing staff did not always complete food and fluid balance charts accurately or contemporaneously. This meant the nutritional status of patients was not always accurate.
- Staff did not complete and update risk assessments for venous thromboembolism (VTE) for every patient.
- There was inconsistency in the management of staff competencies across the medical service.

## Is the service safe?

**Requires improvement** 

We rated it as requires improvement because:

- Medical staff did not meet the trust target for mandatory training or safeguarding vulnerable adults training.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Vacancy rates were high in a number of wards.
- Staff did not label monitoring equipment or hoists after cleaning so we were unable to be sure equipment had been cleaned and was ready for use.
- Staff had not completed appropriate risk assessments for VTE in nine of the 27 (33%) nursing and medical care records we reviewed.
- The service did not always record medicines. There was an inconsistent approach to the application, recording and monitoring of transdermal therapeutic pain relief. Staff did not follow trust policy, body charts were used inconsistently, daily checks were not recorded and staff did not sign to confirm that patches had been removed within 72 hours.

However:

- 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 kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Medical care (including older people's care)

- 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** ●

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 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. 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,

- Nursing staff did not always complete food and fluid balance charts accurately or contemporaneously. This meant the nutritional status of patients was not always accurate.
- On some wards, managers kept evidence of certificates of competencies for all staff and on other wards the staff kept them at home. This meant ward managers did not always know which nurses were competent to complete which task.

# Medical care (including older people's care)

## Is the service caring?

**Good** ●

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.

## Is the service responsive?

**Good** ●

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 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.

## Is the service well-led?

**Good** ●

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.

# Medical care (including older people's care)

- 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. 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.

# Surgery

Requires improvement ●

## Key facts and figures

East Suffolk and North Essex NHS Foundation was formed in July 2018, following the acquisition of Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust.

The trust provides a range of elective and emergency surgical services to a local population, predominantly from the towns of Colchester and Ipswich. Surgery services include: general surgery; ear, nose and throat (ENT); trauma and orthopaedics; oral and maxillofacial surgery (OMFS); breast; ophthalmology; and vascular. The regional spinal service provides specialist services to a population of 1.6 million. The regional vascular centre, based at Colchester Hospital, carries out major arterial acute and elective surgery to a population of 900,000.

With the exception of vascular surgery, all surgical services are split evenly between Colchester Hospital and Ipswich Hospital. Some ophthalmology day case services are provided from the Primary Care Centre following closure of the Essex County Hospital.

From December 2017 to November 2018, the trust had 33,037 day admissions, 14,191 emergency admissions and 6,812 elective admissions.

*(Source: Hospital Episode Statistics)*

Ipswich Hospital has surgical inpatient beds located across wards and units. The complete list of surgical wards, theatres and other reporting units at Ipswich Hospital is shown in the table below:

Ward name	Description of ward/service	No. of Beds
Lavenham Ward	<b>General surgery</b>	<b>36</b>
Martlesham Ward	<b>Trauma and orthopaedics</b>	<b>28</b>
Needham Ward	<b>Trauma and orthopaedics</b>	<b>28</b>
Ophthalmic Day Case Unit	<b>Ophthalmology</b>	<b>4</b>
Raedwald Day Surgery	<b>General surgery</b>	<b>18</b>
Saxmundham Ward	<b>Trauma and orthopaedics</b>	<b>27</b>
Stowupland Ward	<b>General surgery</b>	<b>25</b>
Stradbroke Ward	<b>General surgery</b>	<b>28</b>

# Surgery

Surgical Assessment Unit (GACSAU)	<b>General surgery</b>	<b>0</b>
Theatres - South		
Theatres - East		
Blyth Theatres		

During this inspection, we visited the wards, operating theatres, recovery and day stay unit. We spoke with five patients and relatives, and 27 members of staff including medical and nursing staff, healthcare assistants, pharmacists, therapy and domestic staff. We observed care and looked at 13 sets of patient medical records and 22 prescription charts. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

We rated it as requires improvement because:

- Staff did not always consistently complete mandatory, safeguarding and mental capacity Act training in line with trust targets.
- The service did not consistently manage safety incidents well and lessons from them were not embedded across the service.
- Records were not stored securely on some wards.
- None of the surgery staff groups met the trust target for appraisals.
- People could not always access the service when they needed it and occasionally had to wait too long for treatment.

However,

- 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 mostly managed medicines well.
- 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.



# 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?

**Requires improvement** ●

We rated safe as requires improvement because:

- The service did not make sure all staff completed mandatory training in key skills.
- Records were not always stored securely in all areas.
- The service did not consistently manage safety incidents well and lessons from them were not embedded across the service.

However:

- 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- 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 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, agency and 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ●

# Surgery

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. 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.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- 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 personal measures that limit patients' liberty.

However,

- None of the surgery staff groups met the trust target for appraisals. Therefore, we were not assured that managers appraised staff work performance or provided the necessary support and development.
- Staff completion of DoLS and Mental Capacity Act Level 2 training was significantly below trust targets for nursing and medical staffing groups.
- The trust did not evidence that they used findings to make improvements and achieved good outcomes for patients.

## Is the service caring?

**Good** 

We rated caring 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.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** 

We rated responsive as requires improvement because:

# Surgery

- People could not always access the service when they needed it and did not consistently receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, and treat patients were not in line with national standards or averages.
- Trust performance for cancelled operations had declined below the national average in the lead up to our inspection.

However,

- 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.
- It was easy for people to give feedback and raise concerns about care received.

## Is the service well-led?

**Good** 

We rated well-led as good because:

- Leaders had the 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.
- 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.

# Critical care

Requires improvement 

## Key facts and figures

The trust has 35 critical care beds. A breakdown of these beds by type is below.

### **Breakdown of critical care beds by type, East Suffolk and North Essex NHS Foundation Trust and England.**

#### **This trust** **England**

*(Source: NHS England)*

Critical care services (invasive and non-invasive ventilation, renal replacement therapy, advanced cardiovascular support, cardiac output monitoring, continuous EEG monitoring and high flow nasal oxygen therapy) are provided at both Colchester General Hospital and Ipswich Hospital. Care is delivered to adult patients with life-threatening illnesses, post-operative patients and children who may require short term admission for ventilation and clinical stabilisation prior to transfer to retrieval by the regional paediatric transfer team. The units provide support for all inpatients within the acute hospitals, and to the emergency department, including major trauma patients and the regional surgical specialities of gynaecological cancer, vascular and spinal surgery.

Critical care outreach teams assist in the management of critically ill patients on wards across both hospitals and are available 24/7.

Colchester General Hospital has 13 bed spaces and Ipswich Hospital has 15 (although currently commissioned for 12). Around 700 patients are admitted at Colchester Hospital each year - approximately 60% medical, with the remainder comprising 20% elective surgical patients and 20% emergency surgical patients and around 900 patients are admitted. At Ipswich Hospital 76% of admissions are emergencies (split between medicine and surgery) and 24% from elective surgery each year.

A post anaesthetic care unit, in the adjacent main theatre suite at Colchester Hospital, has the capacity to provide overnight care for two patients that require higher levels of observation or post-operative intervention and the staff are able to work flexibly as surge capacity for critical care.

*(Source: Trust Routine Provider Request)*

The last inspection of the critical care service took place in 2015, where the service was rated good overall. Safe, effective, caring, responsive and well-led were all rated good. The inspection identified some concerns regarding the critical care pathway for children, delayed transfers out of hours, as well as governance and risk management.

We carried out an announced inspection of the service on 11 to 13 June 2019. During the inspection visit, the inspection team spoke with 24 members of staff, including nursing staff, healthcare assistants, housekeeping staff, doctors, allied health professionals, and managers. We spoke with nine patients and relatives, and reviewed eight patient records.

## Summary of this service

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

# Critical care

- The service was not regularly monitoring the quality of records or medicines management through audit activity. Mandatory training completion rates for medical staff was not always meeting the trust target. The unit did not have a formalised process for carrying out risk assessments for patients thought to be at risk of self-harm or suicide and had not carried out an environmental risk assessment for ligatures. Staffing levels did not always meet national guidance. Safety checks of transfer equipment were not always carried out in accordance with policy.
- Staff were not always carrying out mental capacity assessments when required or clearly recording information about consent or best interest decisions in the patients' records. Improvements as a result of audits were not always checked and monitored. Access to multi-disciplinary team members was not always in line with national guidelines. Appraisal rates were below the trust target and the number of nurses in possession of a post registration award in critical care was not in line with national guidance.
- The service was not always managing information effectively. There was not always a systematic programme of clinical and internal audit to monitor quality, operational and financial processes. Arrangements for identifying, recording and managing risks, issues and mitigating actions were not always effective. Leaders had not always ensured that learning from external reviews, audits, incidents, or mortality and morbidity reviews was used to make improvements in a timely manner.

However,

- Staff were highly motivated to offer care that was kind and promoted people's dignity. We were provided with a range of examples of staff going above and beyond to provide compassionate care to patients and relatives. Staff 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.

## Is the service safe?

**Requires improvement** 

We rated it as requires improvement because:

- The service had not been regularly monitoring medicines management or the quality of record keeping through audit activity in the 12 months prior to our inspection.
- Mandatory training completion rates for medical staff was not always meeting the trust target. This included three courses with completion rates below 65%.
- Safety checks of transfer equipment were not always carried out in accordance with policy.
- The unit did not have a formalised process for carrying out risk assessments for patients thought to be at risk of self-harm or suicide and had not carried out an environmental risk assessment for ligatures. Around two thirds of discharges were delayed and this meant that patients spent an increased length of time on the unit whilst they would be physically capable of harming themselves or others.
- Staffing levels did not always meet national guidance. There were not always sufficient numbers of competent nurses to work in the Acute Respiratory Care Unit and there were not always enough trainee medical staff on shift. However, the service was taking action to address this concern.

# Critical care

- We observed several examples where systems and processes to maintain cleanliness and control infection were not being implemented effectively.
- We were not provided with assurance that actions identified as part of serious incident investigations or mortality and morbidity meetings were being implemented in a timely manner.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The design and use of facilities, premises and equipment generally kept people safe. Staff managed clinical waste well.
- Staff recognised incidents and near misses and reported them appropriately. Managers shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had developed an innovative critical care acuity tool to improve understanding of nurse staffing requirements.

## Is the service effective?

**Requires improvement** ●

We rated it as requires improvement because:

- Staff were not always carrying out mental capacity assessments when required. Staff did not always clearly record information about consent or best interest decisions in the patients' records. Managers were not effectively monitoring how well the service followed the Mental Capacity Act and the use of Deprivation of Liberty Safeguards.
- Improvements as a result of audits were not always checked and monitored. Managers did not always carry out a comprehensive audit programme.
- Multi-disciplinary team members were not always available seven days a week to support timely patient care. Access to members of the multidisciplinary team was not always in line with national guidelines.
- Appraisal rates were below the trust target and the number of nurses in possession of a post registration award in critical care was not in line with national guidance.
- There was a lack of documentation regarding pain management in three out of eight patient records reviewed.
- Staff were not always referring to up-to-date policies and guidelines.
- There had been delays in implementing changes to practice following a peer review in 2017.

However,

- The unit performed well compared to other units in the Intensive Care National Audit Research Centre (ICNARC) data.
- 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 supported those unable to communicate the level of pain they were in by using suitable assessment tools and gave additional pain relief to ease pain.

# Critical care

- Staff gave patients practical support and advice to lead healthier lives.

## Is the service caring?

**Good** ●

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. Feedback from patients and relatives was continually positive about the way staff treated them. Patients and relatives thought that staff went the extra mile and their care and support exceeded their expectations.
- Staff were highly motivated to offer care that was kind and promoted people's dignity. We were provided with a range of examples of staff going above and beyond to provide compassionate care to patients and relatives. This included staff ensuring that patients had access to their favourite foods, staff helping patients to go outside where possible, and the introduction of grooming packs for patients so that staff could wash and brush their hair.
- Staff recognised and respected the totality of people's needs. They took people's personal, cultural, social and religious needs into account. We were provided with examples of how staff had worked to meet the individual needs of a patient living with anxiety and to ensure that the needs of a foreign national patient whose family lived abroad were met.
- Staff provided emotional support to patients, families and carers to minimise their distress. The unit had introduced an 'ICUsteps' support group programme and follow up clinics, which provided patients with the opportunity to discuss their experiences and receive emotional support.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The unit had introduced 'what matters to you boards' to ensure staff were aware of patients' preferences and could adapt their care accordingly. Staff filled out patient diaries so that patients could better understand the care and treatment that had been provided to them whilst on the critical care unit.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service mostly 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 to plan care.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could mostly access the service when they needed it and received the right care promptly. The service admitted and treated 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.

However,

- An average of 67.6% of discharges were delayed (discharge occurred more than four hours after the decision to discharge).

# Critical care

- Facilities did not always meet the needs of visitors to the unit as signage to the unit was limited, the family room was too small to accommodate all visitors and the visitor's toilet was located outside of the unit.
- The critical care electronic records system did not include a flagging system to ensure staff were made aware of patients' individual needs and leaflets were not available in languages other than English.

## Is the service well-led?

### Requires improvement

We rated it as requires improvement because:

- The service was not always managing information effectively. Leaders did not have access to reliable staffing data to monitor mandatory training and appraisal rates. The service did not always ensure that information gathered through audits or incident investigations was used effectively by implementing and updating action plans.
- There was not always a systematic programme of clinical and internal audit to monitor quality, operational and financial processes.
- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not always effective.
- Leaders had not always ensured that learning from external reviews was used to make improvements in a timely manner. In addition, we were not provided with assurance that learning identified through audits, serious incident investigations, or mortality and morbidity reviews was being used to make improvements in a timely manner.
- Leaders either had not identified or had not taken action to address some of the concerns that we identified during our inspection.
- The critical care matron's visibility and workload had been impacted by becoming responsible for the management of the critical care units at both Ipswich and Colchester Hospitals.
- Medical staff had not completed leadership training. This was an area of concern identified at our last inspection which had not been resolved.
- The service did not have a formal strategy. The service had developed objectives for critical care for the year 2019 to 2020 but we were not provided with evidence that these objectives had been reviewed since they had been created

However,

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients



# Maternity

Good 

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides maternity services, community midwifery and home birth services. Services include antenatal, day assessment unit, labour, surgery, birth and postnatal care in the hospital and the community.

Women can access intrapartum (birth of the baby) midwife-led care for birth on the Brook Birth Centre or at home if they are deemed low risk following a risk assessment. Consultant-led intrapartum care is provided on the Deben delivery suite. The antenatal and postnatal ward has 23 beds, with an additional induction of labour suite with four beds on the same floor. The delivery suite is based on the fourth floor and the obstetric theatre is situated on the seventh floor.

Specialist antenatal clinics are provided for women with diabetes, vulnerable women (specifically mental health), birth choices and a specialist obstetric scanning service. In addition, specialist midwives for safeguarding, bereavement, clinical effectiveness, practice development, and infant feeding work with the multi-disciplinary teams. Ultrasound is provided at both sites including fetal medicine specialist services.

*(Source: Trust Provider Information Request – Acute sites)*

From January 2018 to December 2018 there were 5,525 deliveries at the trust. Another 731 deliveries were made at Ipswich hospital prior to becoming part of the trust which are not included in this figure.

## Summary of this service

This is our first time inspecting the core service without including Gynaecology.

We rated it as good because:

- We rated safe as requires improvement, effective, caring and well-led as good and responsive as outstanding.
- Staff understood how to protect women from abuse, and managed safety well. The service had enough staff to care for women and babies and keep them safe. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided evidenced based care and treatment to women and gave them pain relief when they needed it. Managers monitored the outcomes of the service and made sure staff were competent. Staff worked well together for the benefit of women and babies.
- Staff cared for women and babies in a compassionate manner and ensured their privacy and dignity. Women and partners gave positive feedback. Staff ensured women received emotional support when required.
- The service planned care to meet the needs of local women, took account of women's individual needs, and made it easy for women to give feedback.
- Leaders were accessible, all staff felt respected, supported and valued. Staff were clear about their governance roles and accountabilities. The service engaged well with women, external agencies and the community to plan and manage services. All staff were committed to improving services continually.

However,

# Maternity

- Staff were not completing all risks assessments or checking women's vital signs to enable them to detect a deteriorating woman. The service collected safety information but did not share it with staff, women and visitors. Documentation in women's records was not in line with national guidance. The service was not fully compliant with their training targets, required by the trust.
- Leaders had a lack of awareness that not all risk assessments were not being completed by staff. There was a maternity strategy for the service. Not all staff understood the maternity strategy or the trust's vision and values, and how to apply them in their work. Risks were mitigated, however there were no plans to resolve long term risks.

## Is the service safe?

### Requires improvement

We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however, the trusts target for attendance had not been achieved.
- The design, maintenance and use of facilities, premises and equipment was not in line with national guidance the obstetric theatres were not near to the delivery suite. Although the service had systems and processes in place to mitigate the risks.
- Staff did not always complete and updated risk assessments for each woman to remove or minimise risks or identify women at risk of deterioration.
- The service did not always use monitoring results well to improve safety. The service collected safety information, although the service did not display or share information with staff women and visitors.

However:

- Staff did not complete all safeguarding risk assessments in line with national guidance. Although, staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women 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 locum staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm.
- Staff kept records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, documentation was not always in line with national guidance, not all entries were timed.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed women's 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.

# Maternity

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for women.
- 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, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for women.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain the women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ●

We rated it as good because:

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

## Is the service responsive?

**Outstanding** ☆

We rated it as outstanding because:

# Maternity

- The service planned and provided care in a way that met the needs of local women and the communities served. It also worked with others in the wider system and local organisations to plan care. The service offered several support groups for women in the community. For example, a specific tailored parenting group for women having twins or triplets. There was also a pregnancy loss support group. Both groups were advertised in the antenatal clinic waiting room.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for women with multiple and complex needs. Following women's feedback of long waits and poor environment for induction of labour the service developed the 'NOVA suite'. This suite was a relaxing calm environment away from the delivery suite. It consisted of six beds and the 'nest' (an area with relaxing music, soft furnishings and lighting), where women could relax with their partners or play board games whilst waiting for labour to establish after being induced.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. Classes for pregnant women were provided in the community. For example, antenatal classes, hypnobirthing classes and breastfeeding workshops. All classes were free to attend which meant they were inclusive for all women.
- There was a proactive approach to understanding the needs and preferences of different groups of women and to delivering care in a way that meets these needs, which is accessible and promotes equality. The bereavement midwife had raised funds and purchased a selection of books to help families to grieve and come to terms with their loss. Specifically, a book for parents explaining how to break bad news to siblings and support for families with a recovery plan included.
- Women 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 women were in line with national standards. The service had a physiotherapy team dedicated to maternity. A physiotherapist from the team visited the ward daily and all women received an assessment to ensure they received the correct treatment and advice before and after childbirth. If women were discharged home out of hours the physiotherapy team followed them up by telephone. A maternity physiotherapist clinic was available for women to attend to continue specific treatments after they were discharged home.
- It was easy for women and their partners to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons with all staff. The service included the women and their families in the investigation of their complaint.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Staff felt respected, supported and valued. They were focused on the needs of women and babies receiving care. The service promoted equality and diversity in daily work, and an open culture where women, 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.

# Maternity

- 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. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and babies.
- 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.
- Leaders were focused on sustainability of services and aligned their vision for the service to local plans of the local maternity systems.

However:

- Staff were not aware of the maternity specific strategy or the trust's vision and values.
- Leaders did not always understand and manage the priorities and issues the service faced. There was a lack of awareness and oversight of risk assessments that were not completed. They were visible and approachable in the service for women and staff. Staff told us that the executive team were not accessible.
- Leaders and teams used systems to manage performance. Although they identified and escalated relevant risks and identified actions to reduce their impact. Leaders had not progressed to find long term solutions to resolve some risks.

# Services for children and young people

**Outstanding** 

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust has 92 inpatient paediatric beds across two sites:

- Colchester General Hospital: 45 beds are located across five units.
- Ipswich Hospital: 47 beds are located across three wards

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

Paediatric services provide care to neonates, infants and young people up to their 16th birthday, with some outpatient services extended up to 18yrs of age. The catchment area has an under 16 population of 134,000 (Colchester 74,000, Ipswich 60,000).

Both sites provide acute paediatric services and include a paediatric emergency assessment unit, an inpatient ward and an elective care unit. The facilities at Colchester are in a modern, purpose-built unit. Those at Ipswich are now in need of refurbishment and a bid for STP capital funding is in preparation.

The children's elective care units admit both medical and surgical patients on a day case basis. The play specialist team support all areas. The service has a range of nurse specialists including transition, gastroenterology, diabetes, oncology, asthma, allergy and outpatient services all supporting a well-established team of consultants.

As well as covering general paediatrics, the medical teams over the two locations offer a wide range of special interest clinics, supported by clinical nurse specialists and other allied health professionals including cystic fibrosis, oncology, cardiology, epilepsy, allergy, asthma, endocrinology, paediatric diabetes, chronic fatigue, rheumatology, enuresis and encopresis.

*(Source: Routine Trust Provider Information Request (RPIR) – Acute context tab)*

The trust had 11,878 spells from February 2018 to January 2019.

Emergency spells accounted for 94% (11,136 spells), 5% (621 spells) were day case spells, and the remaining 1% (121 spells) were elective.

**Percentage of spells in children's services by type of appointment and site, from February 2018 to January 2019, East Suffolk and North Essex NHS Foundation Trust.**

**Total number of children's spells by Site, East Suffolk and North Essex NHS Foundation Trust.**

Site name	Total spells
Colchester General Hospital	7,391
Ipswich Hospital	3,281
This trust	11,878
England Total	1,147,968

(Source: Hospital Episode statistics)

# Services for children and young people

Services for children and young people at Ipswich Hospital were last inspected between August and October 2017, where the service was rated good overall. Effective, caring, responsive and well-led were all rated good. Safe was rated as requires improvement.

We carried out an announced inspection of the service on 11 to 13 June 2019. During the inspection visit, the inspection team spoke with 14 members of staff, including nursing and medical staff, healthcare assistants, housekeeping staff, students and managers. We spoke with five patients and relatives and reviewed eleven patient records.

## Summary of this service

We rated it as outstanding because:

- We rated safe, effective and caring as good. We rated responsive and well-led as outstanding.
- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. The service managed patient risk well. The design and use of facilities, premises and equipment kept people safe. The service managed safety incidents well and learned lessons from them.
- The service undertook regular audits and discussed these at leadership meetings to improve the service. Leaders ensured that staff received appraisals. The service provided care and treatment in a multidisciplinary way both internally and externally.
- Staff cared for and showed respect to babies, children and their families. Patients and their families told us examples of staff providing compassionate care. Staff informed children and their families and made them partners in their own care, and 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 sought feedback from children and their families. Children could access the service when they needed it and did not have to wait too long for treatment. The service ensured that children's education did not fall behind when children had to spend extended time in hospital.
- Leaders had good oversight of the service. There were governance processes in place to monitor the service and risks were well managed. Staff felt respected and worked well with their colleagues on all levels.

## Is the service safe?

**Good** ●

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 children, young people and 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 most equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

# Services for children and young people

- Staff completed and updated risk assessments for each child and young person and took action to remove or minimise 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 nursing staff with the right qualifications, skills, training and experience to keep children, young people and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed 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 children, young people and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of children and young peoples' 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 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 children, young people and their families 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, children, young people, their families and visitors.

However,

- Staff did not always follow systems and processes when storing and recording all medicines. Liquid medicines were not always annotated with open dates and anticipated expiry dates on them. This meant that staff could not be assured that medicines were effective.
- Staff did not always store medicines safely. Stocks of some drugs of different concentrations were stored next to each other. This meant there was a risk of the wrong strength drug being used, leading to over dose or under dose.
- The service did not always have enough suitable equipment to help them to safely care for children and young people. A lack of appropriate paediatric beds within the service had been noted on the service risk register, although we saw appropriate actions to manage this risk in minutes of the service quality and risk meetings.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and best 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.
- 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.



# Services for children and young people

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes such as the Baby Life Support Systems (BLISS) accreditation.
- 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 patient care.
- 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 families who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- The service performed worse than the England average for patient who had multiple readmissions for epilepsy and asthma. This service felt this was related to data coding errors although this was not confirmed, therefore we were not assured that children with these long term conditions were having their acute episodes effectively managed.

## Is the service caring?

**Good** 

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 and their families to minimise their distress. They understood patients' 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** 

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 children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Services for children and young people

- 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.

## Is the service well-led?

**Outstanding** 

We rated it as outstanding 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.
- 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.
- 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.

# End of life care

Good 

## Key facts and figures

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

The trust provides end of life care at both Colchester General Hospital and Ipswich Hospital. All wards at both acute sites offer high quality generalist palliative care and end of life care that can relate to any patient caring situation. Specialist palliative care is provided at Colchester and Ipswich Hospitals.

The Ipswich team will also see any patient with a life limiting/progressive illness not limited to those with cancer. The team is currently available 5-days a week with cover at night and at weekends provided via an MOU with St Elizabeth Hospice to provide specialist palliative care advice from CNS or consultants via 'OneCall'. All inpatients with palliative needs (adults & children) can be referred to the specialist palliative care team either by ward staff, or community-based staff upon discharge

Team members provide education and training to all staff that have potential involvement in end of life care or supportive care. Education takes place at junior doctor induction and within the regular teaching programme at all grades; student nurses, ward link nurse 'ambassadors'; study days including use of simulation suite, and clinical skills nurses review inpatients in the last days of life and educate ward staff in hands-on care.

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

The trust had 2,475 in-hospital deaths from December 2017 to November 2018.

*(Source: Hospital Episode Statistics)*

Our inspection covered end of life care at Ipswich hospital. During the inspection we visited ten wards at the trust, which included general medicine wards, neurology, stroke and respiratory. We also visited the mortuary and the hospital chapel. We spoke with 27 members of staff, which included medical and nursing staff, the specialist palliative care team, the executive lead for end of life care, chaplaincy, mortuary and bereavement staff. We spoke to two patients who were receiving end of life care and three patients' relatives. We reviewed six care records for patients receiving end of life care, 21 do not attempt cardiopulmonary resuscitation (DNACPR) records and four prescription charts throughout the inspection.

## Summary of this service

We rated the service as good because:

- The service had enough nursing 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 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 live well until they died, supported them to make decisions about their care, and had access to good information.

# End of life care

- 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 specialist palliative care 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 staff to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good

We rated safe 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.
- 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 managed clinical waste well.
- The service had enough 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. Managers regularly reviewed staffing levels and skill mix.
- The service had medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. However, medical staffing did not meet the recommendations of national guidance.
- Staff kept detailed records of patients' care and treatment. Records were clear 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 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- Staff kept detailed records of patients' care and treatment, but these were not always updated in a timely manner. Records were clear and easily available to all staff providing care. However, records were not stored securely.

# End of life care

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and best 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.
- 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 staff received supervision meetings 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.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment.

However,

- The specialist palliative care team (SPCT) was not available seven days per week.
- We were not assured that the evidence based tool used to identify end of life patients was used widely throughout the trust.

## Is the service caring?

**Outstanding** ☆

We rated caring as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Feedback from patients and carers was consistently positive about the way they were treated.
- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. We observed very caring interactions between staff and patients. Staff would hold a patient's hand and offer comfort.

# End of life care

- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- Staff provided emotional support to patients, families and carers to minimise their distress. People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. People who used services and those close to them were active partners in their care. We observed a SPCT nurse showing family members how to deliver mouth care for their loved one and encouraging them to do it if they wanted to.

## Is the service responsive?

Good 

We rated responsive 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.
- Patients could access the specialist palliative care service when they needed it.
- 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.

However,

- **Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were monitored for Fast Track patients.** Preferred place of care (PPC) and preferred place of death (PPD) data was not captured electronically. This meant that the service was only able to collate this information for fast track patients, not for every patient

## Is the service well-led?

Good 

We rated well-led as good because:

- Leaders had the skills, knowledge, experience and integrity to run a service providing high-quality sustainable care.
- The service had a strategy in place for providing end of life care.
- Staff promoted a positive culture of providing quality end of life care which was reflected by leaders in the trust.
- There was a governance structure in place with processes and systems of accountability to support a sustainable service.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and demonstrated the ability to cope with both the expected and unexpected.
- Appropriate and accurate information was being effectively processed, challenged and acted upon.

# End of life care

- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However,

- There was not a trust wide end of life care strategy. There were two separate strategies for the different hospital sites.

# Outpatients

Good 

## Key facts and figures

Ipswich has a central outpatient function for a number of general clinics in surgery and medicine. Specialist clinics are run from specific areas across the sites. The management of which mostly sits within the division responsible for the service such as gynaecology, trauma and orthopaedics, ENT, dermatology, ophthalmology and oncology. The specialist areas have equipment relevant to the needs of those services.

The trust had 1,328,156 first and follow up outpatient appointments from February 2018 to January 2019. 427,387 appointments were at Ipswich Hospital location.

During this inspection, we visited main outpatients, ear nose and throat (ENT) clinic, trauma and orthopaedic clinic, the plaster room, rheumatology, dental clinics and diabetic clinic. We spoke with six patients, one relative and 38 members of staff including medical and nursing staff, allied health professionals, healthcare assistants, therapy, domestic staff and volunteers. We observed care and looked at seven sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information from April 2018 to December 2018 about the trust.

## Summary of this service

We rated this service as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training was delivered face to face and via e-learning, Managers ensured staff were up to date with their training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were processes in place to make sure staff followed guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We saw different staff groups working together to provide the timely care to patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff treating patient with care and compassion.
- Staff involved patients and those close to them in decisions about their care and treatment. The trust planned and provided services in a way that met the needs of local people.



# Outpatients

- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- Although the service stored medicines well in most areas we visited there was not a robust process in place to monitor the distribution of hospital prescriptions.
- Not all nursing staff that treated children were trained to safeguarding level three in line with the intercollegiate document 'Safeguarding children – roles and competencies for healthcare staff' 2014.
- The service did not control infection risk well in all areas. Staff kept themselves, equipment and the premises clean. However, staff did not label equipment to show when it was last cleaned. We found inconsistencies with the cleaning of children's toys in outpatient waiting areas. Water dispensers in trauma and orthopaedic clinic did not appear visibly clean.
- Staff collected safety information but this was not routinely shared with patients and visitors. We did not see information displayed relating to hand hygiene audit results, did not attend rates (DNAs), clinic cancellation and friend and family test results.
- People could not always access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice but did not meet the England average for all specialities.
- The trust were in the process of developing a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. This was out to staff consultation at the time of the inspection.

## Is the service safe?

**Good** ●

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had suitable premises and equipment and looked after them well.

# Outpatients

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Although the service stored medicines well in most areas we visited there was not a robust process in place to monitor the distribution of hospital prescriptions. Within rheumatology drugs were routinely placed on trolleys during clinic meaning that the medicines were not safely stored.
- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all nursing staff that treated children were trained to safeguarding level three in line with the intercollegiate document 'Safeguarding children – roles and competencies for healthcare staff' 2014.
- The service did not control infection risk well in all areas. Staff kept themselves, equipment and the premises clean. However, staff did not label equipment to show when it was last cleaned. This meant it was not clear which equipment had been cleaned and was ready for use. Tea and coffee making facilities were located in a clinic room in trauma and orthopaedic clinic and water dispensers did not appear visibly clean.
- Staff collected safety information but this was not routinely shared with patients and visitors. We did not see information displayed relating to hand hygiene audit results, did not attend rates (DNAs), clinic cancellation and friend and family test results.

## Is the service effective?

We do not rate effective. However, we found the following:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff 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.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** 

# Outpatients

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- People could not always access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice but did not meet the England average for all specialities.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

# Outpatients

However:

- The trust were in the process of developing a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. This was out to staff consultation at the time of the inspection.
- In main outpatients we observed staff leaving computer on wheels computer screen unlocked and unattended.

## Community health inpatient services

Good   **Time rating**



## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust has responsibility for three Community Hospitals within East Suffolk:

- Bluebird Lodge - a 28 bedded short stay rehabilitation unit based in Ipswich for patients with an expected stay of up to 2 weeks.
- Felixstowe Community Hospital - a 16 bedded unit providing intermediate care for patients with an expected stay of up to 4 weeks.
- Aldeburgh Community Hospital - a 20 bedded unit providing intermediate care for patients with an expected stay of up to 4 weeks.

The beds are accessed from the acute hospitals by way of a referral process either from the inpatient wards, emergency departments or frailty assessment units. Patients are also referred by general practitioner services or from community teams such as the Responsive Emergency Assessment and Crisis Team (REACT) which is focused on admission prevention.

The community hospitals are all nurse led units and have intervention from an interface geriatrician with day to day medical support provided by GP practices locally, or outreach cover from medical staff. The hospitals have a multi-disciplinary team including volunteers and external support services. The hospitals offer care for some patients at end of life as well as rehabilitation and reablement. The trust also subcontracts six beds to manage patients suffering from delirium (Barham Care) and six beds for patients for rehabilitation, including non-weight in Hartismere Place (Care UK). All the settings are accessed via the discharge to assess pathways, of which there are regular oversight meetings to review quality and operational progress.

During our inspection we visited Bluebird Lodge, Felixstowe Community Hospital and Aldeburgh Community Hospital. We reviewed 14 sets of patient care records including 13 medicine charts. We spoke with 24 members of staff including, consultant, doctor, nurses, pharmacist, allied health care professionals, generic support workers and administration staff. We also spoke with 10 patients and two relatives. We observed handovers and ward rounds in all three community hospitals.

## Summary of this service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. 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 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.

# Outpatients

- 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 most 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 and supported staff to develop their skills. 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.

However:

- Managers did not always make sure all staff completed required mandatory training. Not all staff had training on how to recognise and report abuse.
- The ward environment in all three community hospitals did not support patients living with dementia and other complex needs

## Is the service safe?

Good   

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

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Staff kept themselves, equipment and the premises clean. Staff complied with the trust's infection prevention and control policy.

Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

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.

The service had suitable equipment which was serviced according to the manufacturer's instructions.

However:

Managers did not always make sure all staff completed required mandatory training.

Not all staff had training on how to recognise and report abuse.

## Is the service effective?

Good   

# Outpatients

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

The service provided care and treatment based on national guidance and best 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.

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

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.

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

However:

Policies and guidelines were available on the trust intranet and staff were able access these on the trust's intranet pages. However, staff were still accessing policies that were part of the previous community services alliance, where some of the policies and guidelines were not updated.

## 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.

## 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.

People could access the service when they needed it and received the right care promptly.

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.

However

# Outpatients

The service did not always take account of patients' individual needs and preferences. The ward environment in the three hospitals we visited were not supportive of patients living with dementia. We saw a very limited amount of additional activities and equipment in Aldeburgh and Felixstowe Community Hospitals.

## 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.

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.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

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.

However:

Staff told us they had good access to information. Staff used the trust intranet regularly to locate all policies. However, during the inspection staff were still accessing policies that were part of the previous community services alliance, where some of the policies and guidelines were not updated.

# Community health services

## Background to community health services

The trust provides adult community and inpatient services from a range of locations. For this inspection we inspected community inpatient services at three community hospitals managed by the trust. Because we did not inspect all of the community services, on this occasion we have not given an overall rating for the newly acquired community services.

## Summary of community health services

We rated the service we inspected as good.



# Community health inpatient services

Good   

## Key facts and figures

East Suffolk and North Essex NHS Foundation Trust has responsibility for three Community Hospitals within East Suffolk:

- Bluebird Lodge - a 28 bedded short stay rehabilitation unit based in Ipswich for patients with an expected stay of up to 2 weeks.
- Felixstowe Community Hospital - a 16 bedded unit providing intermediate care for patients with an expected stay of up to 4 weeks.
- Aldeburgh Community Hospital - a 20 bedded unit providing intermediate care for patients with an expected stay of up to 4 weeks.

The beds are accessed from the acute hospitals by way of a referral process either from the inpatient wards, emergency departments or frailty assessment units. Patients are also referred by general practitioner services or from community teams such as the Responsive Emergency Assessment and Crisis Team (REACT) which is focused on admission prevention.

The community hospitals are all nurse led units and have intervention from an interface geriatrician with day to day medical support provided by GP practices locally, or outreach cover from medical staff. The hospitals have a multi-disciplinary team including volunteers and external support services. The hospitals offer care for some patients at end of life as well as rehabilitation and reablement. The trust also subcontracts six beds to manage patients suffering from delirium (Barham Care) and six beds for patients for rehabilitation, including non-weight in Hartismere Place (Care UK). All the settings are accessed via the discharge to assess pathways, of which there are regular oversight meetings to review quality and operational progress.

During our inspection we visited Bluebird Lodge, Felixstowe Community Hospital and Aldeburgh Community Hospital. We reviewed 14 sets of patient care records including 13 medicine charts. We spoke with 24 members of staff including, consultant, doctor, nurses, pharmacist, allied health care professionals, generic support workers and administration staff. We also spoke with 10 patients and two relatives. We observed handovers and ward rounds in all three community hospitals.

## 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. 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 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.

# Community health inpatient services

- 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 most 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 and supported staff to develop their skills. 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.

However:

- Managers did not always make sure all staff completed required mandatory training. Not all staff had training on how to recognise and report abuse.
- The ward environment in all three community hospitals did not support patients living with dementia and other complex needs

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept themselves, equipment and the premises clean. Staff complied with the trust's infection prevention and control policy.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- 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.
- The service had suitable equipment which was serviced according to the manufacturer's instructions.

However:

- Managers did not always make sure all staff completed required mandatory training.
- Not all staff had training on how to recognise and report abuse.

# Community health inpatient services

## 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 best 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.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- 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.
- 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

However:

- Policies and guidelines were available on the trust intranet and staff were able access these on the trust's intranet pages. However, staff were still accessing policies that were part of the previous community services alliance, where some of the policies and guidelines were not updated.

## 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.

## Is the service responsive?

Good ● → ←

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

# Community health inpatient services

- 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.
- People could access the service when they needed it and received the right care promptly.
- 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.

However:

- The service did not always take account of patients' individual needs and preferences. The ward environment in the three hospitals we visited were not supportive of patients living with dementia. We saw a very limited amount of additional activities and equipment in Aldeburgh and Felixstowe Community Hospitals.

## 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.
- 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- 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.

However:

- Staff told us they had good access to information. Staff used the trust intranet regularly to locate all policies. However, during the inspection staff were still accessing policies that were part of the previous community services alliance, where some of the policies and guidelines were not updated.

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](http://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.

#### Regulated activity

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Fiona Allinson, CQC Head of Hospital Inspections chaired this inspection which was led by an inspection manager. An executive reviewer and governance lead, supported our inspection of well-led for the trust overall.

The team included 17 inspectors, one executive reviewer and 19 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.