

# North West Anglia 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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Are resources used productively?

Combined quality and resource rating

# Summary of findings

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

## Background to the trust

North West Anglia NHS Foundation Trust (NWAFT) is a statutory not for profit, public benefit corporation. NWAFT was formed when Peterborough and Stamford NHS Foundation Trust acquired Hinchingsbrooke Health Care NHS Trust on 1 April 2017.

The trust provides a variety of acute services from its three main hospital sites:

- Hinchingsbrooke Hospital
- Peterborough City Hospital
- Stamford and Rutland Hospital

Hinchingsbrooke Hospital is a 304-bedded district general hospital located at Hinchingsbrooke Park in Huntingdon. The hospital opened in 1983 and provides a range of specialities including general surgery, ear, nose and throat, ophthalmology, orthopaedics, urology, breast surgery and vascular services. The hospital has an emergency department and a maternity unit. Children's inpatient and outpatient services are provided by a local community NHS trust and the hospital has private facilities for patients who choose to receive their care on the Mulberry suite. On the site, there is also a 23-bedded treatment centre, which opened in 2005.

Peterborough City Hospital is a 635-bedded purpose-built hospital and is located at Bretton Gate, Peterborough. The hospital has a haematology/oncology unit, radiotherapy suite, an emergency department, a dedicated women's and children's unit, a cardiac unit, a respiratory investigations facility and full diagnostic imaging facilities.

Stamford and Rutland Hospital is a 22-bedded hospital and provides a range of outpatient services. It also has a minor injuries unit and a day case surgery facility.

The trust employs 6,177 members of staff and is supported by approximately 450 volunteers. Some staff work across more than one hospital site. Approximately 90 members of staff are permanently based at Stamford and Rutland Hospital, 1,750 work at Hinchingsbrooke Hospital and approximately 4,337 members of staff are based at Peterborough City Hospital.

The trust also took over the delivery of outpatient services at Doddington Hospital and the Princess of Wales, Ely in September 2017, and is also commissioned to provide clinics at the Spalding (Johnson Hospital) and Peterborough City Care Centre.

The trust provides a full range of District General Hospital (DGH) services and some regional specialties for a catchment area of just under 700,000 people living in Peterborough, North and East Cambridgeshire, Huntingdonshire, South Lincolnshire, East Leicestershire, Rutland, Bedfordshire and East Northamptonshire.

The Trust's main clinical commissioning groups (CCG) are Cambridgeshire and Peterborough CCG and South Lincolnshire CCG. However, the trust's catchment area also falls within the boundaries of South West Lincolnshire CCG, East Leicestershire and Rutland CCG and Bedfordshire CCG.

Some services are provided in partnership with tertiary hospitals including joint appointments and visiting consultants from nearby trusts. They also have some partnership working with the private sector, notably in renal services, and are exploring new models of care and the potential to integrate with primary and community care in Peterborough and Stamford.

# Summary of findings

We inspected the trust between 5 June 2018 and 12 July 2018. Between 5 June and 7 June 2018, at the Hinchingsbrooke Hospital site, we inspected the core services of urgent and emergency care, medical care, surgery, maternity, critical care, end of life care and outpatient services. At the Peterborough City Hospital site, we inspected the core services of urgent and emergency care and medical care. We also undertook an unannounced inspection on 15 June 2018 to follow up on concerns identified at both sites. Between 10 July and 12 July, we undertook a well led inspection at provider level.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

North West Anglia NHS Foundation Trust provides acute, hospital based services. These include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology services, neonatal and paediatric care, end of life care, outpatient care and diagnostic imaging services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## 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.

Between 5 June and 12 July, we inspected nine core services provided by the trust at two locations. We inspected urgent and emergency care, medical care, surgery, critical care, maternity services, end of life care and outpatients at Hinchingsbrooke Hospital. We also inspected urgent and emergency care and medicine at Peterborough City Hospital.

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

We last inspected urgent and emergency care services and medical care services at Peterborough City Hospital in May 2015. Urgent and emergency care services were rated as good and medical care services were rated as requires improvement.

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

# Summary of findings

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 between 10 and 12 July 2018.

## What we found

### Overall trust

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

- We rated the overall key questions of safe, effective and well led as requires improvement and caring and responsive 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 nine core services we inspected as requires improvement and five as good.
- 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 requires improvement.

### Are services safe?

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

- The trust did not ensure sufficient numbers of staff completed mandatory training in key skills. Nursing and medical staff did not meet the trusts compliance target in most courses. In addition, staff were not always trained to the appropriate level of children's safeguarding.
- There were periods of understaffing or inappropriate skill mix, which was not always addressed quickly. There was a heavy reliance on agency, bank and locum staff.
- In the critical care unit, medical staffing remained a concern and did not comply with Guidelines for the Provision of Intensive Care Services (GPICS) 2015, as there were not enough consultants with intensive care qualifications.
- Medicines were not always managed consistently and safely. Medicines were not always stored correctly or disposed of safely.
- Lessons learned were not always communicated widely to support improvement in other areas where relevant, as well as services that were directly affected.
- Risks to patients who use services were not always assessed, monitored and managed on a day-to-day basis.
- Staff did not always keep appropriate records of patients' care and treatment. Within the emergency department, staff did not routinely complete patient safety checklists or undertake patient risk assessments, such as pressure ulcer risk assessments when they should have done. Records on Pear Tree Ward and the Medical Short Stay Unit were not up to date or accurate.

However:

- Most staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- There were good measures in place to prevent and control the spread of infection. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Equipment was maintained in line with manufacturer's recommendations.

# Summary of findings

- Generally, premises were suitable to deliver care and treatment.
- Staff monitored changes in patients' conditions using nationally recognised systems.

## Are services effective?

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

- Staff were not always supported to deliver effective care and treatment through meaningful and timely supervision and appraisal. Appraisal levels in most core services was low.
- Staff were not always competent to undertake their roles. For example, in maternity services midwifery care assistants were undertaking physiological observations without training or being assessed as competent to undertake this role. In the fracture clinic, health care assistants were preparing injectable medications without training or supervision.
- Guidelines and patient pathways were not always up-to-date.
- The emergency department did not meet some of the Royal College of Emergency Medicine (RCEM) relevant standards, and although they took part in national audits, action plans were not always updated, monitored or followed up.
- The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were not completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- Patients at the end of their life did not always achieve their preferred place of death and a high percentage of patients did not have their preferred place of death recorded.

However:

- Staff of different specialities mostly worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff assessed patient pain levels and provided pain relief in a timely manner.
- Staff met the nutritional and hydration needs of patients, including, when necessary, the use of special feeding and hydration techniques and referrals to dietitian support.

## Are services caring?

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

- Feedback from patient who used the service and those who are close to them was mostly positive about the way staff treated them.
- Patients were mostly treated with dignity, respect and kindness during all interactions and relationships with staff were positive.
- Patients mostly felt supported and said that staff cared about them.
- We found outstanding examples of caring in end of life care services.

## Are services responsive?

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

# Summary of findings

- The trust took account of patients' individual needs and used resources to meet these needs. For example, there were link nurses for dementia, learning disabilities, tissue viability, diabetes and wound care.
- The trust planned and provided services in a way that met the needs of local people.

However:

- The trust was not meeting the Royal College of Emergency Medicine standard that patients should wait no longer than an hour from arrival at the emergency department to receiving treatment.
- Learning from complaints was not always shared with staff throughout the trust and we saw little evidence to suggest that learning took place as a result of complaints.
- People could not always access services when they needed it. The hospital was not meeting its referral to treatment targets and the trust was performing worse than the England average in relation to delayed transfers of care.
- Patient flow within the critical care unit was impacted by the lack of available beds on the wards, which had a significant impact on delayed discharges from the critical care unit. Senior staff recognised that access and flow in the department was a key challenge.

## Are services well-led?

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

- Leaders did not have sufficient capacity to focus on continuous learning and improvement at all levels of the organisation.
- Risks, issues and poor performance were not always dealt with appropriately or quickly enough. The risk management approach was applied inconsistently.
- The information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively.
- The trust did not collect, analyse, manage or use information well to support all its activities. This was evident from a lack of governance and monitoring of Pear Tree ward.
- Staff felt that higher level management such as those at board level were not visible at Hinchingsbrooke Hospital.

However:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff, patients, and key groups representing the local community.
- The trust engaged with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Hinchingsbrooke Hospital

# Summary of findings

We rated this hospital as requires improvement because:

- We rated safe, effective and well led as requires improvement. We rated caring and responsive as good.
- We rated three of the seven core services we inspected as requires improvement.
- Systems and processes for sharing learning were not consistent across the surgery service which meant there was a risk that potentially avoidable incidents could reoccur, due to action plans or important lessons not always being shared effectively between different wards or theatres.
- The trust did not have appropriate policies in place to safeguard children and young people.
- Staff did not always keep appropriate records of patients' care and treatment. Within the emergency department, staff did not routinely complete patient safety checklists or undertake patient risk assessments, such as pressure ulcer risk assessments when they should have done. Records on Pear Tree Ward and the Medical Short Stay Unit were not up to date or accurate.
- There remained challenges with staffing in some areas across the trust, for example in urgent and emergency care and some areas of the medical care service.
- In the critical care unit, medical staffing remained a concern and did not comply with Guidelines for the Provision of Intensive Care Services (GPICS) 2015, as there were not enough consultants with intensive care qualifications.
- Medication was not always handled and stored in line with trust policy and national guidelines.
- Compliance with mandatory and safeguarding training consistently fell below the trust's target.
- The environment used to assess patients with a mental health condition was not in line with the Royal College of Emergency Medicine (RCEM) mental health tool kit for improving care in emergency departments.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. Data supplied by the trust following inspection showed that from April 2017 to March 2018, the trust consistently failed to meet the standard and performed generally worse than the England average for the same period.
- The trust was not auditing the length of time between screening and treatment times for sepsis.
- A number of guidelines and policies were out of date, priority had not been given to those that were of the highest risk. For example, in the critical care unit, urgent and emergency care and maternity services we found the guidance being used had not always been ratified and was out of date.
- Staff did not always have access to competency training or regular clinical supervision and staffing in some areas was not being maintained to keep people safe. Not all staff had an up to date appraisal.
- Patient confidentiality was not always maintained, for example during handover from ambulance crews to emergency department staff, and in maternity services.
- Complaints were not always resolved and closed in line with the trust's policy, which stated complaints should be completed within 30 days.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) forms were not completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- Governance and risk management was inconsistent and not embedded throughout the trust.



# Summary of findings

- Staff engagement was variable with some staff openly embracing the opportunities presented by cross site working. Other staff were less engaged citing they felt the hospital had been ‘taken over’ and that they had lost their ‘Hinchingbrooke identity’.
- The trust did not collect, analyse, manage or use information well to support all of its activities. This was evident from a lack of governance and monitoring of the staffing and safety issues on Pear Tree ward.

However:

- Most staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- The service was responsive to people’s needs. Vulnerable people had their needs met and there was good access to specialist staff and support services.
- We saw good multidisciplinary team working across many core services.
- The trust had a vision and strategy that had been developed in consultation with staff, patients and external stakeholders.
- Staff maintained and checked resuscitation, sepsis, and airways trolleys on a daily basis, and we found these well maintained with no gaps in staff records.
- Staff from various teams worked well together as a team to monitor and improve patient care and outcomes.
- Staff were passionate about the care they provided to patients. There were many examples of how staff had cared for patients in line with their needs and wishes. Patients and their families were involved in developing care plans and given information to help them understand choices available to them. Feedback was extremely positive from patients who confirmed that staff treated them well with dignity and with kindness.
- The end of life care service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people’s dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff.
- Staff felt that higher level management such as those at board level were not visible within the hospital.
- Surgery had achieved an ‘outstanding’ rating for general surgery and cancer in the 2018 ‘Getting It Right First Time’ (GIRFT) report. Clinical leads told us they were particularly proud of achieving the highest rate of complication-free day case surgery in the country.

## **Peterborough City Hospital**

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as good because:

- We rated one of the two core services we inspected as requires improvement. We rated the other core service 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 safe, effective, caring, responsive and well led as good.
- Staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- Incidents were investigated and lessons learned were shared with the relevant staff and teams.
- Effective processes were in place to prevent and control the spread of infection.
- The service was responsive to people’s needs. Vulnerable people had their needs met and there was good access to specialist staff and support services.
- In medicine, waiting times for referral to treatment were in line with national averages.



# Summary of findings

- Patient care was evidence based and delivered in line with national guidance.
- Staff from various teams worked well together as a team to monitor and improve patient care and outcomes.
- Patients and their families were involved in developing care plans and given information to help them understand choices available to them. Feedback from patients was uniformly positive about the caring attitude of staff.
- Despite being in it's infancy, there were clear management structures in place both locally and at divisional level.
- Staff spoke highly of the culture within the emergency department, telling us they felt supported and developed in their role.
- Senior managers promoted a positive and open culture amongst staff and managers had the necessary skills and experience to achieve the service objectives and vision.

However:

- Staff in the emergency department did not routinely complete the patient safety checklist or complete risk assessments for patients that had been in the department for over four hours.
- Compliance with mandatory and safeguarding training consistently fell below the trust's target.
- The trust did not have appropriate policies in place to safeguard children and young people.
- Reception staff in the emergency department had not received training in the identification of red flag signs and symptoms. This meant that critically unwell patients may not have been recognised or escalated in a timely manner.
- The emergency department was failing to achieve the Department of Health's standard for emergency departments, that 95% of patients should be admitted, transferred or discharged within four hours. The department had consistently failed to meet this standard from April 2017 to March 2018.
- The Royal College of Emergency Medicine (RCEM) recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet this standard for any of the 12 months from April 2017 to March 2018.
- Data showing arrival time to initial assessment was not routinely collected or used for quality oversight and service improvement.
- Senior staff in the emergency department were not effectively overseeing the completion of medical records including the use of patient safety checklists. In addition, medical records lacked pertinent risk assessments. This meant that risks posed to patients was not always effectively identified.
- Medical equipment, such as resuscitation trolleys lacked regular checks. Checking processes were embedded, or effectively overseen.

## 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 surgery and end of life care.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including breaches of seven 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 seven 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 legal requirement in the overall trust, urgent and emergency care, medicine (including older people's care), surgery, critical care, maternity services and outpatients at Hinchingbrooke Hospital and urgent and emergency care at Peterborough City Hospital.

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

### Surgery

- There was a focus on reducing falls in the service supported by the falls specialist nurse. This included trialling a smaller, louder and more responsive falls alarm, and a monthly falls scrutiny panel where ward managers and matrons presented specific cases and any learning was discussed and then shared at team meetings to help mitigate the risk of falls where possible in the future.
- The service had achieved an 'outstanding' rating for general surgery and cancer in the 2018 'Getting It Right First Time' (GIRFT) report. Clinical leads told us they were particularly proud of achieving the highest rate of complication-free day case surgery in the country.
- In general surgery, there was an audit programme ongoing for registrars to audit their own consultant's practice from the previous 12 months to identify and share ideas for improvement. This was good practice as it encouraged a culture of learning and using evidence to drive improvement among medical staff.

### End of Life Care

- The trust was part of the Dying Well in Custody pilot with a local prison where specialist palliative consultants reviewed patients that were at the end of their life and worked with prison and hospital staff to ensure patients were safely admitted to the hospital or referred to the local hospice. As part of the pilot; an end of life register, multidisciplinary team (MDT) meeting and the use of Supportive and Palliative Care Indicators Tool (SPICT- 4ALL), a tool designed to help health care professionals identify people who might benefit from better supportive and palliative care, was developed. This helped promote care quality and equality for patients who were in prison at the end of their life.
- There was an 'end of life companion' volunteer support service which was especially beneficial for patients who did not have close family.

# 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 staff are aware of current practices.
- The trust must ensure patient care records are accurate, complete and contemporaneous and that pertinent risk assessments are completed for all patients across the trust.

### Hinchingbrooke Hospital

#### Urgent and Emergency Care

- The trust must ensure staff complete patient documentation including time of arrival; patient observation times, and maintain records to ensure they are contemporaneous.
- The trust must ensure that staff using the Manchester Triage System complete competency requirements for the safe use of the assessment system.
- The trust must ensure that the emergency department embed rapid assessment and treatment processes for patients arriving by ambulance and designate appropriately trained staff to the ambulance assessment area, and improve control and command of this process.
- The trust must ensure the designated mental health room is safe and fit for its designated purpose.
- The trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients.
- The trust must ensure that staff mandatory training and appraisals meet the trusts compliance target of 90%.
- The trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

#### Medical Care

- The trust must ensure that Pear Tree ward is being run and monitored in a way that protects people's safety and ensures they are receiving care and treatment which meets their needs.
- The trust must ensure that medicine management arrangements are implemented in line with best practice.
- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices.
- The trust must ensure all staff are up to date with their advanced level life support training.
- The trust must ensure staff receive an annual appraisal.

# Summary of findings

## **Surgery**

- The trust must ensure there are consistent and reliable systems and processes for sharing learning from incidents across the surgery service, to help mitigate the risk of potentially avoidable incidents reoccurring, including sharing findings and lessons learned from never events or other serious incidents in a timely manner.

## **Critical Care**

- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team.
- The trust must ensure that ligature risks in patient rooms within critical care are reviewed and resolved.

## **Maternity**

- The trust must ensure a robust process to identify women with safeguarding issues in the paper medical records.
- The trust must ensure the electronic patient system identifies all women with safeguarding issues.
- The trust must ensure that women's weight is recorded on their prescription chart.
- The trust must ensure that maternity support workers are trained and competency assessed before they are able to perform physiological observations on patients.
- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team.
- The trust must ensure all emergency equipment is available to use.
- The trust must ensure all medicines, including intravenous fluids are securely stored in locked cupboards.

## **End of Life care**

- The trust must review 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms to ensure they are completed fully and in line with trust policy and national guidance.
- The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.
- The trust must ensure the robust monitoring of end of life care, including the achievement of preferred place of care and death and the timeliness of discharge through local audit.

## **Outpatients**

- The trust must ensure the proper arrangements for the security and handling of prescription pads throughout the department.
- The trust must ensure that medication is only prepared by those who have been assessed as competent to do so.

## **Peterborough City Hospital**

### **Urgent and Emergency Care**

- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices.
- The trust must ensure that systems are put in place to ensure the oversight of checking equipment.
- The trust must ensure patient records are complete, contemporaneous and inclusive of completed risk assessments relevant to patient care.

# Summary of findings

- The trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients.
- The trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

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

### **Hinchingbrooke Hospital**

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

- The trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas.
- The trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.
- The trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine (RCEM) audits.

#### **Medical Care**

- The trust should seek to improve its delayed transfer of care statistics.
- The trust should ensure there are enough staff to fill planned shifts.
- The trust should consider making improvements to the way in which the discharge planning team are enabled to support staff and patients with their discharge arrangements.
- The trust should ensure there are clear nursing competencies in place and that staff are supported to demonstrate these.

#### **Surgery**

- The trust should ensure all doors to side rooms in the ATSU are fully sealed when closed to help prevent the spread of airborne infections.
- The trust should have a member of staff trained in advanced life support (ALS) on each shift within recovery, in line with national guidance.
- The trust should monitor the length of time between screening and treatment times for sepsis on the wards, to have oversight of how often they are not meeting national guidance on this, and to act on any issues identified.
- The trust should review the staffing and escalation arrangements at night on Mulberry ward to ensure that if there is unexpected patient risk or deterioration, staff are able to access support promptly.
- The trust should ensure theatres staff change out of their theatre scrubs before leaving the department, in accordance with uniform policy and good practice for infection prevention and control.
- The trust should develop the local audit schedule within the theatres department to monitor and improve quality and performance.
- The trust should continue to improve complaints processes to ensure they are investigated and completed within 30 days, in line with trust policy.

#### **Critical Care**

- The trust should ensure that medical staffing meets Guidelines for the Provision of Intensive Care Services (GPICS) 2015.

# Summary of findings

- The trust should ensure that the risk register is regularly reviewed and risks to the service are appropriately managed.
- The trust should ensure that all equipment including the central venous pressure trolley is checked and restocked regularly according to trust policy.
- The trust should ensure that the critical care outreach team have a clear supervision pathway for appraisal.
- The trust should ensure that provision is made for the gap in service provision between the Critical Care Outreach Team finishing and the night medical team commencing.

## Maternity

- The trust should ensure handovers are confidential and are uninterrupted.
- The service should ensure that community midwives carry the correct medication in line with trust policy.
- The service should review the risk of the second theatre on labour ward and include the risk on the maternity risk register.
- The trust should ensure staff are aware of the vision for the service and the trust's vision and values.
- The trust should consider a pathway of care to enable babies on transitional care to have full treatment in one area.
- The trust should consider a seven day maternity assessment day unit and triage area in line with national guidance and best practice recommendations.
- The trust should ensure all equipment is clean and there is a system in place to identify that equipment has been cleaned.
- The trust should regularly audit hand held maternity notes and medical records.
- The trust should ensure the milk fridge is locked to ensure breast milk cannot be tampered with or taken by the wrong mother.

## Peterborough City Hospital

### Urgent and Emergency Care

- The trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas.
- The trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine (RCEM) audits.
- The trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.

## 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 as requires improvement because:

# Summary of findings

- Oversight by the executive team was not effective. Risk assessment and quality assurance process were not effective and challenge was not rigorous. We were not assured that the board had sight of the most significant risks or that mitigating actions were clear because there were insufficient audit trails through governance processes.
- Whilst the trust responded to concerns raised by us throughout inspection, they had not identified and addressed these internally, which meant risk assessment and quality assurance processes were not fully effective, and challenge was not rigorous. In addition, mitigating actions were not always clear.
- The trust did not have a policy or effective process in place to ensure all board level directors were fit and proper to undertake their role. In addition, arrangements in place to ensure that directors were fit to carry out their responsibility in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were not effectively undertaken or monitored.
- Structures, systems and processes for governance were not embedded or effective. There lacked consistency in the framework and structure of ward/ service team, division and senior trust meetings.
- Although senior leaders told us they made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced. Some staff at the Hinchingsbrooke site told us the senior leaders were not visible within their services.
- Risks, issues and poor performance were not always dealt with appropriately or quickly enough. Risk management was not robust and was not applied consistently throughout the trust.
- There was a lack of shared learning and implementations of actions across some services and divisions.
- The information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively.
- The trust did not collect, analyse, manage or use information well to support all of its activities. There was a lack of governance and monitoring around areas of key risk within the trust, for example the risks associated with Pear Tree ward.
- The trust did not always meet their target of 30 days to investigate and respond to complaints, but were working to improve this.
- There was a lack of governance, performance and management arrangements relating to Mental Health Act (MHA) administration and the provision of psychiatric liaison services. There were no board reports or an executive mental health lead for MHA provision.

However:

- The trust was aware of the issues associated with bringing two former trusts together. There was an organisational development strategy in place to ensure that the trust functioned as one entity whilst respecting the individual cultures within the three hospital locations.
- The executive team were supportive of each other. The team consisted of individuals with diverse backgrounds and initial steps to working collectively and cohesively had been taken.
- There was an established process for the appointment of board members with evidence of elements of succession planning taking place for recent appointments of non-executive directors and consideration of this with the recruitment of executive director vacancy at the time of inspection.



# Summary of findings

- Whilst progress had been made in relation to changing culture throughout the trust, the senior leadership team recognised there was still work to be done.
- There was a structured approach to engaging with people who use the services and those close to them and their representatives.
- The trust engaged with its workforce both formally and informally through walk arounds and thorough a presence on each main hospital site.
- The board sought additional assurance beyond written board papers through engagement activities such as their ward accreditation scheme, which was known as CREWS. This was based on key lines of enquiry relating to whether the service was caring, responsive, effective, well led and safe. Inspections took place and areas were awarded a rating.
- The trust was working alongside stakeholders, system partners, NHS England and NHS Improvement to improve patient flow through the hospital.
- The trust was part of the Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP) and had strong links with the STP and the development of integrated care system.
- The trust's senior leadership team had a good understanding of the needs of its local population and the provision of services delivered by other health and care providers.
- There was a clear statement of vision and values, driven by quality and sustainability. Most staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Candour, openness, honesty and transparency was encouraged. Staff could actively raise concerns.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

## 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<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Good<br>→←<br>Sept 2018 | Good<br>→←<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 |

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                                |
|-------------------------------|--|---|-------------------------|-------------------------|--|--|
| Hinchingbrooke Hospital       | Requires improvement<br>Sept 2018      | Requires improvement<br>Sept 2018       | Good<br>Sept 2018       | Good<br>Sept 2018       | Requires improvement<br>Sept 2018      | Requires improvement<br>Sept 2018      |
| Stamford and Rutland Hospital | Good<br>May 2014                       | Good<br>May 2014                        | Good<br>May 2014        | Good<br>May 2014        | Good<br>May 2014                       | Good<br>May 2014                       |
| Peterborough City Hospital    | Good<br>→←<br>Sept 2018                | Good<br>→←<br>Sept 2018                 | Good<br>→←<br>Sept 2018 | Good<br>→←<br>Sept 2018 | Good<br>→←<br>Sept 2018                | Good<br>→←<br>Sept 2018                |
| <b>Overall trust</b>          | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>→←<br>Sept 2018 | Good<br>→←<br>Sept 2018 | Good<br>→←<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 |

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 Hinchingsbrooke Hospital

|  | Safe                              | Effective                         | Caring                   | Responsive                        | Well-led                          | Overall                           |
|--|-----------------------------------|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Urgent and emergency services                | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 | Good<br>Sept 2018        | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 |
| Medical care (including older people's care) | Requires improvement<br>Sept 2018 | Good<br>Sept 2018                 | Good<br>Sept 2018        | Good<br>Sept 2018                 | Good<br>Sept 2018                 | Good<br>Sept 2018                 |
| Surgery                                      | Requires improvement<br>Sept 2018 | Good<br>Sept 2018                 | Good<br>Sept 2018        | Good<br>Sept 2018                 | Good<br>Sept 2018                 | Good<br>Sept 2018                 |
| Critical care                                | Requires improvement<br>Sept 2018 | Good<br>Sept 2018                 | Good<br>Sept 2018        | Good<br>Sept 2018                 | Requires improvement<br>Sept 2018 | Requires improvement<br>Aug 2018  |
| Maternity                                    | Requires improvement<br>Sept 2018 | Good<br>Sept 2018                 | Good<br>Sept 2018        | Good<br>Sept 2018                 | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 |
| End of life care                             | Good<br>Sept 2018                 | Requires improvement<br>Sept 2018 | Outstanding<br>Sept 2018 | Good<br>Sept 2018                 | Good<br>Sept 2018                 | Good<br>Sept 2018                 |
| Outpatients                                  | Good<br>Sept 2018                 | N/A                               | Good<br>Sept 2018        | Good<br>Sept 2018                 | Good<br>Sept 2018                 | Good<br>Sept 2018                 |
| <b>Overall*</b>                              | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 | Good<br>Sept 2018        | Good<br>Sept 2018                 | Requires improvement<br>Sept 2018 | Requires improvement<br>Sept 2018 |

\*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 Peterborough City Hospital

|  | Safe                                   | Effective                              | Caring                 | Responsive                             | Well-led                               | Overall                                |
|--|--|--|------------------------|--|--|--|
| Urgent and emergency services                | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Good<br>↔<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 | Requires improvement<br>↓<br>Sept 2018 |
| Medical care (including older people's care) | Good<br>↑<br>Sept 2018                 | Good<br>↑<br>Sept 2018                 | Good<br>↑<br>Sept 2018 | Good<br>↔<br>Sept 2018                 | Good<br>↑<br>Sept 2018                 | Good<br>↑<br>Sept 2018                 |
| Surgery                                      | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014                       |
| Critical care                                | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014                       |
| Maternity                                    | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014                       |
| Services for children and young people       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014       | Good<br>Jul                            | Good<br>May 2014                       | Good<br>May 2014                       |
| End of life care                             | Good<br>May 2014                       | Good<br>Jul 2015                       | Good<br>May 2014       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014                       |
| Outpatients                                  | Good<br>May 2014                       | N/A                                    | Good<br>May 2014       | Good<br>May 2014                       | Good<br>May 2014                       | Good<br>May 2014                       |
| <b>Overall*</b>                              | Good<br>↔<br>Sept 2018                 | Good<br>↔<br>Sept 2018                 | Good<br>↔<br>Sept 2018 | Good<br>↔<br>Sept 2018                 | Good<br>↔<br>Sept 2018                 | Good<br>↔<br>Sept 2018                 |

\*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 Stamford and Rutland Hospital

|  | Safe             | Effective        | Caring           | Responsive       | Well-led         | Overall          |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| Urgent and emergency services                | Good<br>May 2014 | N/A              | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 |
| Medical care (including older people's care) | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 |
| Surgery                                      | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 |
| Outpatients                                  | Good<br>May 2014 | N/A              | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 |
| <b>Overall*</b>                              | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 | Good<br>May 2014 |

\*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.

# Hinchingbrooke Hospital

Hinchingbrooke Park  
Huntingdon  
Cambridgeshire  
PE29 6NT  
Tel: 01480416416  
[www.hinchingbrooke.nhs.uk](http://www.hinchingbrooke.nhs.uk)

## Key facts and figures

Hinchingbrooke Hospital is a 304-bedded district general hospital located at Hinchingbrooke Park in Huntingdon. The hospital opened in 1983 and provides a range of specialities including general surgery, ear, nose and throat, ophthalmology, orthopaedics, urology, breast surgery and vascular services. The hospital has an emergency department and a maternity unit. Children's inpatient and outpatient services are provided by a local community NHS trust and the hospital has private facilities for patients who choose to receive their care on the Mulberry suite. On the site, there is also a 23-bedded treatment centre, which opened in 2005.

## Summary of services at Hinchingbrooke Hospital

**Requires improvement** 

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

The emergency and urgent care department (ED) at Hinchingsbrooke hospital offers facilities for all patients, including acute emergency patients arriving by ambulance, self-referrals or by NHS111. (NHS 111 is the free number to call when people have an urgent healthcare need. It is available across the whole of England making it easier for people to access urgent healthcare services when they need medical help fast). The ED is available for patients 24 hours a day, 365 days a year and provides facilities for adults and paediatrics (children). In addition, staff within the ED have access to computerised tomography (CT) scanning and x-ray imaging, including mobile x-ray 24 hours a day, seven days a week.

The ED has nine individual majors cubicles (for the assessment and treatment of major injury, trauma or illness), five minors cubicles (for the assessment and treatment of minor injury, trauma or illness, a paediatric cubicle and two resuscitation cubicles, one of which is appropriate for treating children. In addition, there is a private relative's room, and the department has a room to support patients with mental health conditions. The department has an eye room, where staff provide minor eye treatments, a plaster room, and two rooms dedicated for use by an emergency nurse practitioner.

From April 2017 to March 2018, the ED at Hinchingsbrooke Hospital saw 45,521 patients, with 10,262 admitted to the hospital through the ED.

Our inspection at Hinchingsbrooke Hospital was announced. Prior to our inspection, we reviewed data we held about this service along with data requested from the trust. Following our inspection, we reviewed additional data that we requested from the trust.

During our inspection, we spoke with 48 members of staff including staff from the emergency department who were in clinical and non-clinical roles, senior hospital staff, and members of the multidisciplinary team, paramedics, and therapists. We also spoke with eight patients and their relatives, carried out observations, reviewed 23 sets of patient records and considered other pieces of information or evidence to come to our judgement and ratings.

## Summary of this service

We rated this service as requires improvement because:

- Staff did not routinely complete the patient safety checklist and carry out patient risk assessments when they should be, for example, pressure ulcer assessments were lacking in our review of medical records. Medical records lacked completeness and pertinent risk assessments. This meant that risks posed to patients was not always effectively identified.
- The emergency departmental (ED) staff team compliance for mandatory training was below the 90% target set by the trust for all areas except equality, diversity, and human rights at 92%.
- The ED staff team compliance for safeguarding adults training was below the 90% target set by the trust. The hospital diverted all visitors through the ED reception after normal operating hours and closed the main hospital doors. The trust did not employ security personnel in the ED and reception staff we spoke with told us they felt this felt unsafe during these times.

# Urgent and emergency services

- There was a dedicated room within the ED for mental health assessments. However, the environment was not in line with the Royal College of Emergency Medicine (RCEM) mental health tool kit for improving care in emergency departments, which states any assessment area needs to be safe for staff, and conducive to valid mental health assessment and importantly, the assessment room must be safe for both the patient and staff.
- We noted throughout our inspection that children often sat in the adult waiting areas, this was not in line with national guidance which states that children and adults should be audio visually separated in ED environments.
- The department did not have a protocol for an upper gastro-intestinal bleed and severe haemorrhage or a rota for this process. The inability to manage high risk 'emergency bleed' patients in a timely fashion was on the trusts risk register and last reviewed in May 2018.
- Staff did not consistently monitor and record medication fridge temperatures to ensure medicines were stored in a safe manner to protect their integrity.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. Data supplied by the trust following inspection showed that from April 2017 to March 2018, the trust consistently failed to meet the standard and performed generally worse than the England average for the same period.
- From April 2017 to March 2018, the median total time in the emergency department, for all patients, was higher than the England average.
- Patients arriving by ambulance, had a dedicated route into the department, and ambulance staff reported to a streaming and triage process area. We observed a lack of command and control in this area.
- We reviewed nine patient pathways within the ED and all were out of date for review, most of these pathways were due for review in March 2017, therefore overdue for review. This included febrile seizure pathway, gastroenteritis pathway, head injury pathway, painful swollen joint or limp pathway, and unwell children pathway amongst others.
- The design and layout of the ED reception and ambulance handover area meant that conversations between staff regarding patients could be overheard, and did not promote privacy of information. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet this standard for any of the 12 months from April 2017 to March 2018.
- Most of the leadership roles within the emergency department (ED) were new at the time of our inspection. All the staff we spoke with felt that leadership and management had improved in the weeks leading up to our inspection; however, staff said that in the previous 12 months there had been little in terms of leadership of the department.
- Governance and risk systems and processes were not embedded within the department. Whilst the trust had a risk register and risks relating to the ED, most of the front-line staff did not know the risks or their impact.

However:

- Staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- Staff from various teams worked well together as a team to monitor and improve patient care and outcomes.
- Patient feedback was positive, describing staff as 'kind and caring'.
- Staff described a developing positive culture within the emergency department, telling us they felt supported and developed in their role.
- To improve mandatory training compliance the trust provided an experienced band seven ED sister as a clinical educator who spent two days each week in the ED at Hinchingsbrooke Hospital.

# Urgent and emergency services

- Staff maintained and checked resuscitation, sepsis, and airways trolleys on a daily basis, and we found these well maintained with no gaps in staff records.
- We reviewed the notes of three children in relation to PEWS, staff triaged the children within fifteen minutes of arrival, complying with the standards for children, and young people in emergency care settings set by the Royal College of Paediatrics and Child Health (RCPCH 2012).

## Is the service safe?

### Requires improvement



We rated safe as requires improvement because:

- The emergency departmental staff team compliance for mandatory training was below the 90% target set by the trust for all areas except equality, diversity, and human rights at 92%.
- The emergency departmental staff team compliance for safeguarding adults training was below the 90% target set by the trust.
- Staff did not routinely complete the patient safety checklist and carry out patient risk assessments when they should be, for example, pressure ulcer assessments were lacking in our review of medical records. Medical records lacked completeness and pertinent risk assessments. This meant that risks posed to patients was not always effectively identified.
- There was a dedicated room within the ED for mental health assessments. However, the environment was not in line with the Royal College of Emergency Medicine (RCEM) mental health tool kit for improving care in emergency departments, which states any assessment area needs to be safe for staff, and conducive to valid mental health assessment and importantly, the assessment room must be safe for both the patient and staff.
- The department did not have a protocol for an upper gastro-intestinal bleed and severe haemorrhage or a consultant rota for this process. The inability to manage high risk 'emergency bleed' patients in a timely fashion was on the trusts risk register and last reviewed in May 2018.
- The hospital diverted all visitors through the emergency department (ED) reception after normal operating hours and closed the main hospital doors. The trust did not employ security personnel in the ED and reception staff we spoke with told us they felt this was unsafe during these times.
- We noted throughout our inspection that children often sat in the adult waiting areas, this was not in line with national guidance which states that children and adults should be audio visually separated in ED environments. The inspection team recognised that adults may choose to sit in the adult waiting area with children who were waiting to be seen.
- Staff did not consistently monitor and record medication fridge temperatures to ensure medicines were stored in a safe manner to protect their integrity.
- Patients arriving by ambulance, had a dedicated route into the department, and ambulance staff reported to a streaming and triage process area. We observed a lack of command and control in this area.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. Data supplied by the trust following inspection showed that from April 2017 to March 2018, the trust consistently failed to meet the standard and performed generally worse than the England average for the same period.

# Urgent and emergency services

However:

- To improve training compliance the trust provided an experienced band seven ED sister as a clinical educator who spent two days each week in the ED at Hinchingsbrooke Hospital.
- Staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- Overall, since our last inspection we noted a significant improvement in standards of cleanliness and hygiene within the emergency department. Systems and processes generally effectively prevented and controlled the spread of infection.
- Staff maintained and checked equipment appropriately and the trust maintained a central record of equipment repairs and renewals. Staff checked resuscitation, sepsis, and airways trolleys daily, and we found these well maintained with no gaps in staff records.
- We reviewed the notes of three children in relation to the Paediatric Early Warning Score (PEWS), staff triaged the children within fifteen minutes, complying with the standards for children, and young people in emergency care settings set by the Royal College of Paediatrics and Child Health (RCPCH 2012).

## Is the service effective?

**Requires improvement**



We rated effective as requires improvement because:

- We reviewed nine patient pathways within the ED and all were out of date for review, most of these pathways were due for review in March 2017, therefore overdue for review. This included febrile seizure pathway, gastroenteritis pathway, head injury pathway, painful swollen joint or limp pathway, and unwell children pathway amongst others.
- The emergency department did not meet some of the Royal College of Emergency Medicine (RCEM) relevant standards, and although they took part in national audits, action plans were not always updated, monitored or followed up.
- Staff had not received regular appraisals. Data supplied by the trust showed that for the period June 2016 to May 2018, medical and dental staff and administrative and clerical staff did not meet the trust target for appraisal completion.
- Data requested from the trust following inspection showed that as of 31 May 2018, medical and dental, nursing and midwifery staff did not achieve the 90% compliance rate for Mental Capacity Act and Deprivation of Liberty Safeguards training.

However:

- During our inspection, staff assessed patient pain levels and provided pain relief in a timely manner.
- The emergency department worked effectively as part of a wider team and promoted effective multidisciplinary working with other specialities including physiotherapist, and occupational therapists,
- Staff we spoke with knew and applied the principles of the Mental Capacity Act (2005) and consent.
- Staff felt supported and developed in their role.
- The department provided patients with information to manage their illness or condition and general health.
- Staff met the nutritional and hydration needs of patients.

# Urgent and emergency services

- We reviewed three sets of emergency department paediatric notes, which revealed staff offered children pain relief within 20 minutes, if clinically required. This demonstrated compliance with the RCEM management of pain in children (July 2013).

## Is the service caring?

**Good** 

We rated caring as good because:

- We observed compassionate care delivered by staff towards patients. Feedback from patients confirmed that staff had treated them well and with kindness and compassion.
- Staff spoke to patients politely and with a smile, introducing themselves and their role within the emergency department (ED).
- All the patients we spoke with told us that staff respected their privacy and dignity during their stay and that staff had been thoughtful in their approach and patients appreciated the way staff had cared for and treated them.
- During our inspection, we spoke with three children, all of them said the nurses and doctors in paediatrics had been kind, and they felt safe.
- We observed staff provided emotional support to patients to reduce their anxiety and distress as much as possible. The paediatric nurses used distraction techniques when supporting children and had a wide range of equipment, for example toys, and TV to support patients and help to keep them calm.
- The ED staff communicated with and involved patients and relatives in the decisions about their care and treatment, whenever this was possible.
- The chaplaincy team provided emotional support 24 hours a day, seven days a week by. All patients and visitors were encouraged to make use of chaplaincy facilities.

However:

- At the ED, reception and streaming areas did not promote the confidentiality of patients' private information.
- Our observations showed staff understood patients with particular needs, for example those living with a form of dementia, and did not generally display judgemental behaviour towards them. However, we observed a patient who entered the ED under the influence of alcohol who had previously attended to the ED on a number of occasions. Staff did not consider their individual and wider needs.

## Is the service responsive?

**Requires improvement** 

We rated responsive as requires improvement because:

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet this standard for any of the 12 months from April 2017 to March 2018.

# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. Data supplied by the trust following inspection showed that from April 2017 to March 2018, the trust consistently failed to meet the standard and performed generally worse than the England average for the same period.
- Data supplied by the trust following inspection showed that between June 2017 and March 2018, the ED received 46 complaints about urgent and emergency care at Hinchbrook Hospital. The trust took an average of 40.1 days to investigate and close complaints, which is not in line with their complaints policy, which states complaints should be completed within 30 days. One complaint remained open at the time of reporting.
- Staff that we spoke with did not know of any examples of improvements or learning related to complaints.

However:

- During our inspection, we noted sufficient seating was available in all areas for patients and relatives. The reception areas were well equipped to provide food and drink as well as a dedicated phone line to enable patients to call a taxi service.
- The ED took account of patient's individual needs. Where possible staff made reasonable adjustments within the ED for patients, for example those living with a dementia, Autism or learning disability.
- Data supplied by the trust following inspection showed that from April 2017 to March 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Data supplied by the trust following inspection showed that from April 2017 to March 2018, no patients waited more than 12 hours from the decision to admit until being admitted in March 2018.
- Data supplied by the trust following inspection showed that from April 2017 to March 2018, the monthly median percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was generally below to the England average.

## Is the service well-led?

**Requires improvement** 

We rated well led as requires improvement because:

- The local management team were relatively new in post and the trust had not had time to embed management systems and governance processes.
- Whilst the trust had a risk register and risks relating to the emergency department (ED), most of front line staff did not know the risks or their impact.
- Medical records lacked completeness and pertinent risk assessments. This meant that risks posed to patients was not always effectively identified.
- We observed differing leadership styles within the ED, it was not always clear who was in charge and this led to staff not receiving clear direction.
- During inspection, we were unable to locate minutes from any meetings within the ED, and staff we spoke with said that meetings did not take place on a routine basis.

# Urgent and emergency services

- We observed little in terms of learning and innovation. It was apparent that the teams had been through a significant period of change and that the focus of the department had been to promote the safety of patients and appropriate staffing levels.

However:

- The trust did have values and a vision for maintaining the ED at Hinchingsbrooke Hospital.
- In the main, we observed staff working well together and helping each other in an open, friendly, and professional atmosphere.
- The medical staff we spoke with regarded each other very highly, there was a level of mutual respect and challenge, and communication was effective in terms of sharing ideas and patient information.
- Senior managers that we spoke with during our inspection demonstrated they had a good understanding of performance across the department and gave examples of how, performance was used to drive improvements across the service.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Medical care (including older people's care)

Good 

## Key facts and figures

In April 2017, Hinchingsbrooke Hospital merged with Peterborough and Stamford Hospitals NHS Foundations Trust to form North West Anglia NHS Foundation Trust. Although inspections by the Care Quality Commission have previously been carried out at this hospital it has not been inspected under its new identity and therefore new ratings have been given.

The medical care services at Hinchingsbrooke Hospital have 120 medical inpatient beds located across seven wards and units. There is also an endoscopy service.

A ward breakdown can be found below:

- Walnut Ward (respiratory, general medicine and cardiology)
- Apple Tree Ward (stroke and general medicine)
- Cherry Tree Ward (dementia and general medical)
- Ambulatory Care Unit
- Acute Assessment Unit (rapid assessment and treatment for emergency admissions)
- Short Stay Unit (general acute medicine and gynaecology)
- Pear Tree Ward (escalation unit)

The trust had 56,071 admissions from January to December 2017. Emergency admissions accounted for 30,734 (54.8%), 24,888 (44.4%) were day cases, and the remaining 449 (0.8%) were elective.

Of these admissions, 2,401 emergency admissions, 2,845 day cases and 51 elective admissions occurred at Hinchingsbrooke Health Care NHS Trust from January to March 2017 prior to it being acquired by Peterborough and Stamford Hospitals NHS Foundation Trust to form North West Anglia NHS Foundation Trust in April 2017. Between April 2017 and March 2018 there were 11,690 inpatient admissions to this hospital.

During this inspection, we visited all of the wards, the acute assessment unit and short stay unit. We also visited the endoscopy suite. We spoke with 42 members of staff including service leads, doctors, nursing staff, healthcare assistants and administrative staff. We also spoke with seven patients and three relatives.

We looked at 13 sets of medical records and a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

We rated this service as good because:

- The service gathered and acted on safety information. This information was shared with staff, patients and visitors and improvements were made where necessary.

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance. There was a good amount of auditing taking place and the hospital performed well against England averages in its national auditing programme.
- The service was responsive to people's needs. Vulnerable people had their needs met and there was good access to specialist staff and support services.
- Staff were passionate about the care they provided to patients. There were many examples of how staff had cared for patients in line with their needs and wishes. Patients and their families were involved in developing care plans and given information to help them understand choices available to them.
- There was a good local leadership team who were working within clear governance structures to provide assurance on the quality of service being provided. Staff were open and honest and worked well together.

However:

- Medicine management practices were not implemented effectively to ensure patient safety. Temperature recording was not taking place in drug storage rooms and where drug refrigerator temperatures went out of range action was not taken to ensure this was remedied.
- Staff did not have access to competency training or regular clinical supervision and staffing in some areas was not being maintained to keep people safe. Not all staff had an up to date appraisal.
- The hospitals escalation ward, Pear Tree, was not being used effectively. We found that a patient had been admitted to this ward outside of the admission criteria, records were not completed appropriately, staffing was inconsistent and there was a lack of equipment to meet people's needs. There was also no quality monitoring taking place on this ward.
- The hospitals short stay unit was short staffed and patient care and appropriate record keeping was being impacted negatively.
- There was confusion about specific roles and responsibilities in discharge planning. Recent changes to the discharge planning team and additional responsibilities given to nursing staff had led to disjointed working. There was a high level of delayed transfers of care when compared to the England average.

## Is the service safe?

**Requires improvement**



We rated safe as requires improvement because:

- The service did not make sure everyone completed mandatory training in key skills. Nursing and medical staff did not meet the trusts compliance target in most courses provided and staff were not up to date with their advanced level life support training.
- The service did not record or store medicines well. Temperature recording was not taking place in drug storage rooms and where drug refrigerator temperatures went out of range action was not taken to ensure this was remedied. Controlled drug recording was not accurate.
- The service did not have 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. Staffing was not always at planned levels to meet patient needs. We found that planned staffing was not being met on the Medical Short Stay unit and staffing on Pear Tree ward was inconsistent which meant there was a lack of continuity in people's care.

# Medical care (including older people's care)

- Staff did not keep appropriate records of patients' care and treatment. Records on Pear Tree ward and the Short Stay Unit were not up to date or accurate.
- The service did not manage patient safety incidents well. Whilst staff recognised incidents and reported them appropriately, they were unaware of any recent incidents which had led to improvements within their area.

However:

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.

## Is the service effective?

**Good** 

We rated effective as good because:

- The service provided care and treatment based on national guidance and there was evidence of its effectiveness through regular auditing. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The service 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.
- 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.

However:

- The service did not make sure staff were competent for their roles. Nursing or medical staff were not up to date with their appraisals and nursing staff did not have access to clinical supervision or competency framework to maintain or enhance their clinical skills.

## Is the service caring?

**Good** 

We rated caring 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.

# Medical care (including older people's care)

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people. Interpretation services were available.
- The service took account of patients' individual needs. Dementia and palliative specialist nurses were in place to support staff in caring for patients. There was good access to specialist staff such as tissue viability nurses, diabetes specialist nurses and respiratory nurses.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Not all staff groups worked together as a team to benefit patients. There was confusion and frustration about specific roles and responsibilities in discharge planning. The hospital was performing worse than the England average in relation to delayed transfers of care.

## Is the service well-led?

**Good** 

We rated well led 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. Local leaders were visible and approachable and staff we spoke with had confidence in their abilities to deal with issues and take things forward.
- The trust had 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.
- 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 improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Staff felt that higher level management such as those at board level were not visible within the hospital.
- The trust did not collect, analyse, manage or used information well to support all its activities. This was evident from a lack of governance and monitoring of Pear Tree ward.

# Medical care (including older people's care)

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Good 

## Key facts and figures

Hinchingbrooke Hospital provides a range of surgical services for all ages including general surgery, elective and trauma orthopaedics, ear, nose and throat (ENT), urology and ophthalmology. Surgery services are also provided at the trust's other site in Peterborough.

Hinchingbrooke Hospital has five surgical wards and two main operating theatre suites. The Acute Trauma and Surgical Unit (ATSU) is a 29-bedded mixed specialty surgical ward for acute and trauma admissions. Juniper Ward is a 30-bedded acute combined medical and surgical ward. Birch Ward is a 20 -bedded orthopaedic surgery ward and Mulberry Ward is a seven-bedded separate facility for private patients, but also accommodates NHS patients as and when required. The treatment centre accommodates Daisy Ward, for general surgery and day surgery patients. There are seven theatres in the main hospital and five theatres in the treatment centre.

We inspected the whole core service on this inspection. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The trust had 43,857 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 9,288 admissions (21.2%), 29,129 (66.4%) were day cases, and the remaining 5,440 (12.4%) were elective.

During our inspection, we spoke with seven patients and a total of 47 members of staff across the service, including clinical leads, medical and nursing staff, porters, student nurses, allied health professionals and domestic staff. We reviewed 11 patient care records and a range of information before, during and after the inspection, such as policies, procedures, risk registers, performance reports and audit data.

## Summary of this service

We rated this service as good because:

- The service used safety monitoring information to improve the service and shared this information with staff and patients, through both the NHS safety thermometer and the internal 'matron's balanced score card'.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication, at the right dose, at the right time.
- There were measures in place to assess and respond to patient risk in a timely manner.
- There was a strong focus on safeguarding processes and staff knew how to recognise and report abuse.
- 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. Where there were unfilled shifts, the service used a core group of bank, agency and locum staff with the appropriate competencies to treat patients safely. Staff across surgery services reported timely access to consultants, if required.
- The service provided care and treatment based on national guidance and participated in national and local audits to benchmark its performance and identify areas for improvement.

# Surgery

- The service had achieved an 'outstanding' rating for general surgery and cancer in the 2018 'Getting It Right First Time' (GIRFT) report. Clinical leads told us they were particularly proud of achieving the highest rate of complication-free day case surgery in the country.
- Staff assessed and managed patients' pain well, and staff assessed and met patients' nutrition and hydration needs, including making adjustments for patients' religious, cultural and other preferences.
- Staff received regular appraisals to ensure they had the skills and competencies to carry out their roles, and there were opportunities for staff to undertake additional training and development, for example in breast care and catheterisation.
- There was strong multidisciplinary team (MDT) working, both internally and externally.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and mental capacity assessments were carried out appropriately.
- Staff were kind and compassionate in their interactions with patients and relatives and patients reported they were happy with the care they had received. Staff took the time to ensure patients understood and were involved in their care.
- There were measures for supporting patients' emotional needs, including an 'end of life companion' volunteer support service.
- The trust planned and provided services in a way that met the needs of local people. Access and flow through the service was well managed, with support from a discharge planning team.
- The service took account of patients' individual needs and used resources to meet these needs. For example, there were link nurses for dementia, learning disabilities, tissue viability, diabetes and wound care.
- There was strong local leadership and staff felt local leaders provided the support and guidance they needed.
- The service had a vision for what it wanted to achieve and workable plans to implement their vision. Plans had been developed with involvement from staff, patients, and key groups representing the local community.
- There was evidence of a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was an effective 'ward to board' governance structure and a systematic approach to improving the quality of surgery services.
- There were effective systems for identifying and managing risks.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Systems and processes for sharing learning were not consistent across the surgery service which meant there was a risk that potentially avoidable incidents could reoccur, due to action plans or important lessons not always being shared effectively between different wards or theatres.
- The service was not auditing the length of time between screening and treatment times for sepsis.
- Planned night staffing levels on Mulberry ward at night meant there was a risk that in the event of unexpected patient risk or deterioration, staff may not be able to access support promptly, although this ward used criteria aimed at admitting lower-risk patients.



# Surgery

- The 90% target for mandatory training compliance was not met for any modules for either medical or nursing staff within surgery, from June 2017 to May 2018.
- Staff on surgical wards reported concerns with timely access to patient records due to issues with the transfer of records from the A&E department to wards.
- One side room on the acute trauma and surgical unit (ATSU) had a visible gap in the door when closed which meant it was not best suited for preventing the spread of airborne infections.
- Local audit within the theatres department was more limited than on the wards meaning they could miss the identification and improvement of specific quality aspects.
- The service did not always investigate and close complaints in line with their complaints policy, which stated complaints should be completed within 30 days.
- Staff on the wards and in theatres felt that although divisional leads were visible and accessible, the trust senior team did not have a strong presence in clinical areas.

## Is the service safe?

### Requires improvement



We rated safe as requires improvement because:

- Systems and processes for sharing learning were not consistent across the surgery service. There was a risk that potentially avoidable incidents could reoccur, due to action plans or important lessons not always being shared effectively between different wards or theatres. Although staff could give examples of incidents they had personally reported, not all staff could give examples of learning from recent incidents. Furthermore, an action plan following a never event in anaesthetics in February 2018, was still in draft form as of 8 June 2018, so the findings and any lessons learned had not yet been shared with the wider staff group.
- The service was not auditing the length of time between screening and treatment times for sepsis on the wards, even though this was identified as a risk on the risk register. This meant they could not demonstrate how often they were or were not meeting NICE guidance which recommends a timeframe of one hour from screening to treatment.
- As a result of the low-risk admission criteria, planned night staffing levels on Mulberry ward were for two nurses only. This meant there was a risk that if a patient, for example, became aggressive or went into cardiac arrest, there may not always be sufficient staff to raise the alarm promptly and also to attend to the other patients. It also meant the nurses could not leave the ward during the night shift.
- The trust did not have an up-to-date children's safeguarding policy in place at the time of our inspection, although we raised this as an immediate concern and the trust submitted an action plan and implemented a policy to address this.
- The 90% target for mandatory training compliance was not met for any modules for either medical or nursing staff within surgery, from June 2017 to May 2018. Some modules had particularly low compliance; notably, four per cent of nursing staff and 0.9% of medical staff were up-to-date with their infection control training.
- We had concerns that one side room on the acute trauma and surgical unit (ATSU) had a visible gap in the door when closed. This meant it was not best suited for preventing the spread of airborne infections, although measures for infection prevention and control were otherwise good.

However:

# Surgery

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication, at the right dose, at the right time.
- There were measures in place to assess and respond to patient risk in a timely manner; for example, there were risk assessments for falls, VTE, malnutrition and pressure ulcers. Sepsis screening was consistently carried out, medical staff reviewed patients regularly in line with individual care plans, and staff were confident with escalation procedures in the case of a deteriorating patient.
- Staff kept appropriate records of patients' care and treatment. Records were clear, comprehensive and up-to-date, although staff in the service reported there were sometimes issues with the transfer of records from the A&E department to wards.
- 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 their knowledge.
- The service had sufficient staff to provide safe care and treatment. Where there were unfilled shifts, the service used a core group of bank, agency and locum staff with the appropriate competencies to treat patients safely. Staff across surgery services reported timely access to consultants if required.
- Alongside the provision of safety information under the NHS safety thermometer, the service also used the 'matron's balanced score card' (MBSC) which was a monthly internal review of ward safety, comprising aspects such as hand hygiene, falls, and incidents.

## Is the service effective?

**Good** 

We rated effective as good because:

- The service provided care and treatment based on national guidance. The service monitored its effectiveness through participation in national audit, and used results to improve and develop.
- There was evidence of local audit on the wards, to assess and improve quality and performance. Audit responsibilities and results were shared among staff to encourage all staff to have an active role in the monitoring and improvement of their service. For example, within general surgery, there was an audit ongoing to assess workload which would then feed into recruitment plans and staffing levels.
- The service had achieved an 'outstanding' rating for general surgery and cancer in the 2018 'Getting It Right First Time' (GIRFT) report. Clinical leads told us they were particularly proud of achieving the highest rate of complication-free day case surgery in the country.
- Staff assessed and managed patients' pain well.
- Staff assessed and met patients' nutrition and hydration needs, including, when necessary, the use of special feeding and hydration techniques and referrals to dietitian support. The service made adjustments for patients' religious, cultural and other preferences.

# Surgery

- The service made sure staff were competent for their roles. Managers appraised staff work performance regularly and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff were encouraged to develop their skills and competencies; for example, HCAs were supported to undertake nursing training, and there were opportunities for additional specialist training and learning in breast care and catheterisation.
- 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 understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients with mental illness and those who lacked the capacity to make decisions about their care.

However:

- Local audit within the theatres department was limited, meaning they could miss the identification and improvement of specific quality aspects.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff cared for patients with compassion. All patients and relatives spoke highly of the staff and the care they had received, and we saw examples of staff respecting patient privacy and confidentiality.
- Feedback from patients confirmed that staff treated them well and with kindness. The service achieved higher than average response rates in the friends and family test from March 2017 to February 2018. All surgical wards achieved annual recommendation rates of over 95%, higher than the national target.
- 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. There were links to the on-site Macmillan palliative care team, and the 'end of life companion' volunteer support service for additional emotional support.

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people. There was evidence of initiatives to improve the service to better respond to needs in a timely manner, including an increase in ophthalmology 'see and treat' clinics and arrangements with another local NHS trust for patients requiring interventional radiology due to reduced services at this hospital.
- People could access the service when they needed it and arrangements to admit, treat and discharge patients were in line with good practice. Access and flow through the service was well managed with support from a discharge planning team and rates of delayed discharges were low.
- The service took account of patients' individual needs and used resources to meet these needs. For example, there were link nurses for dementia, learning disabilities, tissue viability, diabetes and wound care.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Information on how to raise a complaint was clearly available to patients and relatives.

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However:

- The service did not always investigate and close complaints in line with their complaints policy, which stated complaints should be completed within 30 days.

## Is the service well-led?

**Good** 

We rated well led as good because:

- There was strong local leadership and staff felt local leaders provided the support and guidance they needed. Service leads could explain clearly how their ward or area was performing and recognised their risks and areas of strength or development. We saw ward managers had good oversight of activity, performance, staffing and safety on their ward.
- The service had 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.
- There was evidence of a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was an effective 'ward to board' governance structure.
- There was a systematic approach to continually improving the quality of surgery services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish.
- There were effective systems for identifying and managing risks, and coping with both the expected and unexpected. Risks were monitored on a service risk register with appropriate mitigating actions, named owners and dates for review.
- The service engaged well with patients, staff, the public and local organisations, to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Staff based on wards and theatres reported that the trust senior team did not have a strong presence in clinical areas.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above:

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

# Critical care

**Requires improvement**



## Key facts and figures

The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust manages three hospitals – Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital. The hospitals were previously run by two separate trusts – Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingsbrooke Health Care NHS Trust.

During this inspection we inspected the critical care service at Hinchingsbrooke Hospital. The critical care service has a combined intensive care unit and high dependency unit. This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three care (patients who require advanced respiratory support or a minimum of two organ support) and acute cardiac care.

The unit has 10 bed spaces, including four single isolation rooms. At the time of our inspection the unit was funded for nine beds. These flexed between level two, level three beds and cardiac beds as required, with a maximum capacity of five level three patients. Staffing was dependent on the level of patient care and additional staff were available on an on-call basis if required.

A critical care outreach team provides a supportive role to the wards caring for deteriorating patients and support to patients discharged from critical care. The team is available seven days a week from 8am to 8pm.

The critical care service is part of the East of England Critical Care Operational Delivery Network.

During our inspection, we visited the critical care unit. We spoke with 17 staff including managerial, medical, nursing, and ancillary staff, two patients, and two relatives. We also reviewed electronic policies and documentation and six sets of patient care records.

## Summary of this service

We rated this service as requires improvement because:

- There were equipment and environment concerns with patient rooms containing ligature risk blind pulls and equipment on the central venous pressure trolley out of date airway or missing.
- We were not assured that learning from medications incidents was embedded.
- Medical staffing remained a concern and did not comply with Guidelines for the Provision of Intensive Care Services (GPICS) 2015, as there were not enough consultants with intensive care qualifications.
- There was a potential risk that the service's ability to provide care and treatment based on national guidance was compromised by using out of date and unratified guidance documentation.
- Step down care was impacted by patient flow on the wards which contributed to delayed discharges and discharges direct to home from the CCU.
- There was a gap in service provision between the CCOT finishing and the night medical team starting and this was rated as a significant risk on the department risk register.
- Leadership was inconsistent with key service managers and lead staff relatively new in post and senior and executive level visibility poor. There was no formal lead for the CCOT.

# Critical care

- Governance and risk management was inconsistent and not embedded within the CCU department.
- The service vision for what it wanted to achieve for its critical care service was not developed with involvement from staff and the majority of key staff were not aware of it
- There was limited evidence of the sharing of information from 'board to ward' and 'ward to board' with team meeting minutes devoid of governance information.
- Staff engagement was variable with some staff openly embracing the opportunities presented by cross site working. Other staff were less engaged citing 'they felt the hospital had been taken over' and that they had lost their 'Hinchingbrooke identity'.

However:

- The service had state of the art purpose, built premises and equipment was well stocked and readily available for the service. All clinical practice areas were visibly clean and tidy and staff adhered to good hygiene practices.
- Staff recognised and reported patient safety incidents, shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept clear, up-to-date appropriate records of patients' care and treatment which were available to all staff providing care.
- Staff collected safety information and shared it with staff, patients and visitors.
- Staff cared for patients with compassion. Feedback was extremely positive from patients who confirmed that staff treated them well with dignity and with kindness.
- Staff took time to interact with people who use the service and those close to them in a respectful and considerate way and involved patients and those close to them in decisions about their care and treatment.
- The CCU had a room where relatives could sleep overnight if necessary and a peaceful garden space, opened in November 2017, to provide a quiet, reflective space for the families of patients in critical care.
- Nursing staff were competent and the service provided good opportunities for learning and professional development.
- There was good multidisciplinary working within the staff groups The service provided good opportunities for learning and professional development. 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.
- The trust contributed to the Intensive Care National Audit Research Centre (ICNARC). Outcomes of care delivered and patient mortality rates at the trust were similar to the national average.
- The service offered monthly rehabilitation clinics which met national guidance requirements to provide support following discharge run by a consultant and a member of the critical care outreach team (CCOT).
- The service flexed beds to meet the differing clinical needs of level two, level three and acute cardiac patients.
- The service took account of patients' individual needs and had access to other link services such as a specialist learning disabilities nurse and the mental health team for support.
- Staff were committed to providing quality care to their patients and supported each other.
- The CCU engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Critical care

## Is the service safe?

### Requires improvement



We rated safe as requires improvement because:

- Medical staffing remained a concern and did not comply with Guidelines for the Provision of Intensive Care Services (GPICS) 2015 as there were not enough consultants with intensive care qualifications.
- We were not assured that learning from medications incidents was embedded.
- There was a lack of systematic approach to ensuring staff had access to current safety guidance documentation with undated and out of date documentation in rooms and staff using unratified electronic documentation.
- The patient rooms had window blinds operated by 'beaded' cords. We were concerned that these were a ligature risk; this had been identified on the department risk register prior to the new unit opening.
- The unit's central venous pressure trolley had an out of date airway and was missing another piece of equipment. We were unable to review the weekly check documentation and information supplied following the inspection did not match what was requested. This meant we did not have assurance that the equipment was checked in line with trust policy.
- It had been identified that there was a gap in critical care outreach service provision between the day team finishing and the night duty medical team starting. This was rated as a significant risk on the department risk register.

However:

- Staff recognised and reported patient safety incidents. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- The service controlled infection risk well. They used control measures to prevent the spread of infection. All clinical practice areas were visibly clean and tidy and staff adhered to good hygiene practices.
- The service had state of the art purpose, built premises and equipment was well stocked and readily available for the service.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff were clear about what was a safeguarding issue and how to escalate safeguarding concerns.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- All medication prescribing was electronic which enabled multidisciplinary teams to prescribe, order and record administration of medicines to patients by electronic means.

## Is the service effective?

### Good





# Critical care

We rated effective as good because:

- Nursing staff were competent and the service provided good opportunities for learning and professional development. During the previous 12 months 95% of CCU nursing staff had received an appraisal meeting the trust target of 95%.
- 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.
- The service monitored the effectiveness of care and treatment and compared local results with those of other services to learn from them.
- The trust contributed to the Intensive Care National Audit Research Centre (ICNARC). Outcomes of care delivered and patient mortality at the trust were similar to the national average.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- There was good monitoring of pain and nutritional status of patients, and each patient had an up-to-date care plan to support this.
- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The service offered monthly rehabilitation clinics which met NICE CG83 requirement to provide support following discharge run by a consultant and a member of the critical care outreach team (CCOT).

However:

- There was a potential risk that the service's ability to provide care and treatment based on national guidance was compromised because some guidance documentation was out of date and unratified.
- As there was no overall lead manager some of the CCOT nurses had not received nor had a planned appraisal in place, we were not assured there was an effective process to manage oversight of this team.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff cared for patients with compassion. Feedback was extremely positive from patients who confirmed that staff treated them with dignity and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff took time to interact with people who use the service and those close to them in a respectful and considerate way.
- Staff had a good understanding of the impact that a person's care, treatment or condition would have on their wellbeing and on those close to them.



# Critical care

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The service flexed beds to meet the differing levels of clinical need for critical and cardiac care patients.
- The service took account of patients' individual needs and had access to other link services such as a specialist learning disabilities nurse and the mental health team for support.
- The service provided a follow up rehabilitation clinic once a month led by a critical care outreach nurse and a consultant in line with the guidelines for the Provision of Intensive Care Services (GPICS) standards.
- The critical care unit (CCU) provided a room where patients' relatives could sleep overnight if necessary and a peaceful garden space, opened in November 2017, to provide a quiet, reflective space for the families of patients in critical care.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Patient flow was impacted by the lack of available beds on the wards which a significant impact on delayed discharges from the critical care unit (CCU). The number of delayed discharges to the wards between 01 June 2017 and 31 May 2018 was 218. Senior staff recognised that access and flow in the department was a key challenge.
- Patient discharge from the CCU direct to home was a concern for staff on the unit. Between 01 June 2017 and 31 May 2018, 53 patients remained longer on the CCU than necessary and were discharged to their home address mainly due to lack of beds to discharge to within the trust. For the same period eight patients were transferred to other units due to lack of space or nursing staff capacity.

## Is the service well-led?

**Requires improvement** 

We rated well led as requires improvement because:

- A reconfiguration of critical care services meant the management structure was largely based at Peterborough City hospital with the clinical lead and matron dividing their time between the units. This meant there was limited contact with the middle leadership team. Executive level visibility was poor. There was no formal lead for the critical care outreach team (CCOT).
- The key service managers and lead staff were relatively new in post and were still developing their skills and abilities to run the service.
- The service had a vision and strategy for what it wanted to achieve for its critical care service and workable plans to turn it into action, however these were not developed with involvement from staff and key staff were not aware of the vision or strategy.
- Governance and risk management was inconsistent and not embedded within the critical care unit (CCU). There was a lack of knowledge, governance and monitoring of CCU risk and guidance documentation.

# Critical care

- Staff progress to address gaps and areas of non-compliance such as with GPICS medical staffing were slow.
- There was limited evidence of the sharing of information from 'board to ward' and 'ward to board' with team meeting minutes not evidencing governance information.
- Staff engagement was variable with some staff openly embracing the opportunities presented by cross site working. Other staff were less engaged citing 'they felt the hospital had been taken over' and that they had lost their 'Hinchingbrooke identity'.

However:

- Staff were committed to providing quality care to their patients and supported each other.
- The trust collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- The CCU engaged well with patients, staff, the public and local organisations collaborated with partner organisations effectively.
- The educational lead in CCU was involved in devising an education action plan/strategy for 2018-2019 with identified priorities, targets and success criteria.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

# Maternity

**Requires improvement**



## Key facts and figures

North West Anglia Foundation NHS Trust provides maternity services at the Hinchingsbrooke Hospital. The maternity unit comprises a maternity day care unit, antenatal clinic, maternity ward (antenatal and postnatal), labour ward and the maternity led unit. Additional antenatal and postnatal services are provided at the Peterborough Hospital.

From October 2016 to September 2017 there were 3,395 deliveries at the trust. Analysis of deliveries from October 2016 to March 2017 includes data for Hinchingsbrooke Health Care NHS Trust prior to its acquisition by Peterborough and Stamford Hospitals NHS Foundation Trust in April 2017 to form North West Anglia NHS Foundation Trust. This information has been provided for contextual purposes and it did not form part of our judgement.

Our inspection was announced due to us inspecting all core services provided by the hospital.

Before the inspection visit, we reviewed information we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 31 staff members; including service leads, matrons, midwives, doctors, non-registered and administrative staff.
- Spoke with five women and two relatives who were using the service.
- Reviewed 21 medical records.
- Reviewed ten prescription charts.

## Summary of this service

We rated this service as requires improvement because:

- The service did not have maternity support workers with the right qualifications, skills, training and experience to undertake important aspects of their role.
- Safeguarding folders were not up to date. Not all women with safeguarding plans had been given an alert on the hospital electronic system. The paper medical records did not have a process to identify women with safeguarding concerns.
- The service did not have a robust system to audit medical records.
- The service did not have a designated triage area, low risk women were regularly assessed in the high risk labour ward not in the maternity led unit.
- Handovers on the labour ward took place in an area that did not protect confidentiality. There were distractions whilst the handover was in place.
- A number of guidelines and policies were out of date, priority had not been given to those that were of the highest risk.
- Not all services were accessible seven days a week the maternity day assessment unit was open Monday to Friday.

# Maternity

- The service did not have a triage unit. Women were assessed on the labour ward and staff told us that this sometimes blocked a bed that could have been used for a woman in labour.
- The ward did not have a dedicated Transitional care unit (babies who require enhance observations or antibiotics). Midwives cared for these babies which increased their workload without extra staff allocated to enable them to do so.
- There was no maternity strategy and staff were not aware of the vision of the service.
- The new governance meeting arrangements were in their infancy they had only started nine months after the acquisition in April 2018.
- The amalgamation of the two sites guidelines had not been prioritised following the acquisition many remained with the Hinchingsbrooke logo on and a high number were out of date. This had not been added to the risk register we reviewed.
- The maternity dashboard and safety thermometer were not displayed for staff or the public to see.
- Staff described not being actively involved or engaged in changes within the service.
- Staff were committed to give good quality care to women and their families however staff were not able to give examples of new initiatives within the unit.

However:

- 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 women and families honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff with different roles worked together as a team to provide holistic care to women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Teamwork was continuous and evident throughout the unit.
- Staff understood and respected the personal, cultural, social and religious needs of women and those important to them.
- Without exception, women and their relatives we spoke with told us they were treated with dignity, kindness and respect.
- Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treated people.
- The service had recruited a number of specialist midwives to support the women and staff.
- The bereavement room enabled women to be cared for in a home from home environment which supported their partners to stay and baby to be with them for as long as they wanted.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There were good working relationships between the senior leadership team and the executive team.

# Maternity

## Is the service safe?

**Requires improvement** 

We rated safe as requires improvement because;

- The service did not always control infection risk well. In the midwifery led unit the premises and some equipment was not kept clean or monitored regularly. However, they used control measures to prevent the spread of infection.
- Not all birth room checklists were completed daily. We found out of date equipment in the birthing rooms, essential emergency equipment was missing on the suction equipment and unopened packets meant that the equipment was not sterile.
- The service did not have maternity support workers with the right qualifications, skills, training and experience to undertake important aspects of their role.
- Safeguarding folders were not up to date. Not all women with safeguarding plans had been given an alert on the hospital electronic system. The paper medical records did not have a process to identify women with safeguarding concerns.
- There was confusion regarding what medication community midwives were carrying. We were told two different practices by different managers.
- The service did not have a robust system to audit medical records.
- The service did not have a designated triage area, low risk women were regularly assessed in the high risk labour ward not in the maternity led unit.
- We observed the handovers on the labour ward in a non-confidential area. There were distractions whilst the handover was in place.

However:

- The service used an acuity tool for midwifery and the midwife to birth ratio was in line with the national recommendation.
- Staff kept appropriate records of women's care and treatment. Handheld and medical records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible. Completion of cardiography trace records was in line with trust policy.
- 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 women and families honest information and suitable support.

## Is the service effective?

**Good** 

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Women were able to have a choice of pain relief in a timely manner.

# Maternity

- Staff gave women a choice of food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required.
- The service made adjustments for women's' religious, cultural and other preferences.
- Midwives mandatory training was not always compliant in line with trust target of 90%.
- The training data provided for medical staff was provided in a format that could be analysed.
- Staff with different roles worked together as a team to provide holistic care to women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Teamwork was continuous and evident throughout the unit.
- 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. Specialist midwives for vulnerable women worked closely with staff and other agencies to provide care for women in need.
- Consent was obtained from women before invasive and surgical procedures. Staff were aware of legislation for young women under the age of 16.

However:

- The service did not ensure maternity support workers were competent for their roles.
- A number of guidelines and policies were out of date, priority had not been given to those that were of the highest risk.
- Not all services were accessible seven days a week the maternity day assessment unit was open Monday to Friday.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff understood and respected the personal, cultural, social and religious needs of women and those important to them.
- Women and their relatives we spoke without exception with told us they were treated with dignity, kindness and respect.
- Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treated people.
- Staff provided emotional support to patients to minimise their distress. Bereavement services and staff knowledge on supporting bereaved families ensured people received the care physical and emotional care required.
- Staff routinely involved women who used the services and those close to them in planning and making shared decisions about their care and treatment.
- Birthing partners were included and involved in the care of their partner and new-born baby.

# Maternity

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics and high and low risk services at the unit.
- Staff could request the services of an interpreter when required.
- The service took account of patients' individual needs. Comprehensive handheld records assessed and identified the individual needs of women.
- The service provided a range of specialist clinics and specialist midwives to meet the needs of women using the service.
- The service treated concerns and complaints seriously.
- Women with no complications could have a induction of labour as an outpatient.
- There were displays on how to complain to the service and staff could explain how to support a woman to complain and the complaints processes.
- The service had recruited a number of specialist midwives to support the women and staff.
- The bereavement room enabled women to be cared for in a home from home environment which supported their partners to stay and baby to be with them for as long as they wanted.

However:

- The service did not have a triage unit and women were assessed on the labour ward staff told us that this sometimes blocked a bed that could be used for a women in labour.
- The midwifery led unit was not consistently available to all low risk women staff told us low risk women were sometimes cared for on the labour ward.
- The ward did not have a dedicated Transitional care unit (babies who require enhance observations or antibiotics). Midwives cared for these babies which increased their workload without extra staff allocated to enable them to do so.
- Staff were not able to explain any changes in practice following a complaint.
- We observed a lack of low risk birth philosophy, there was a lack of commitment and drive by the midwives and managers to push forward the low risk normality pathway to truly offer women a choice of where to birth.

## Is the service well-led?

**Requires improvement** 

We rated well led as requires improvement because:

- Staff could not explain the trusts vision or values.
- We were not assured that managers had engaged well with women and staff to develop the vision for the service.

# Maternity

- The risk register was comprehensive, although not all risks highlighted were on the register and staff did not have an awareness of the risks throughout the service. There were three risks on the register that had just become out of date.
- The new governance meeting arrangements were in their infancy they had only started nine months after the acquisition in April 2018.
- Following the acquisition, the review of the amalgamated guidelines from the maternity services at each site had not been prioritised. Many remained with the Hinchingsbrooke logo on and a high number were out of date. This had not been added to the risk register we reviewed.
- Not all risks were added to the maternity risk register. Staff told us that the second theatre on labour ward had been added to the risk register at the end of 2018 with an issue regarding its size and the air flow system was not working appropriately. However, we were informed by a member of staff the theatre was occasionally used if there was an emergency and theatre one was in use, in the last 12 months it was used five times. We reviewed the May 2018 risk meeting minutes and the risk was not included in the maternity risk register.
- The maternity dashboard and safety thermometer were not displayed for staff or the public to see.
- Staff described not being actively involved or engaged in changes within the service.
- Staff were committed to give good quality care to women and their families however staff were not able to give examples of new initiatives within the unit.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There were good working relationships between the senior leadership team and the executive team.
- The senior midwifery and medical team and managers were visible and staff told us that they could approach them.
- Staff said there was an open and honest culture within the unit. Staff could demonstrate a high level of cohesive team work when delivering care. We observed this within the maternity staffing and between other departments delivering care on the labour ward.
- Staff told us they felt respected by each other and valued.
- The five-year strategy for both maternity services following the acquisition was being combined and near completion.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above



# End of life care

Good 

## Key facts and figures

North West Anglia NHS Foundation Trust provides end of life care at both Peterborough City Hospital and Hinchingsbrooke Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 1,769 deaths within end of life care from January 2017 to December 2017. One hundred and thirty-eight of these deaths occurred at Hinchingsbrooke Health Care NHS Trust from January to March 2017, which was prior to the trust being acquired by Peterborough and Stamford Hospitals NHS Foundation Trust in April 2017 to form North West Anglia NHS Foundation Trust.

(Source: Hospital Episode Statistics)

The specialist palliative care team (SPCT), which consists of specialist consultants and nurses, who provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also support ward staff to deliver care to patients at the end of their life. The SPCT consists of a 0.8 whole time equivalent (WTE) palliative care consultant, one WTE lead palliative care nurse and 3.8 WTE clinical nurse specialists (CNSs) in palliative care.

The hospital also provided bereavement and chaplaincy services. The bereavement team offered a comprehensive bereavement service that included mortuary services, and alongside the chaplaincy service, provided a wide range of support to families, relatives, and friends of the dying and deceased.

Data supplied by the trust showed for the reporting period April 2017 to March 2018, the Specialist Palliative Care Team (SPCT) received 832 referrals, of which 43% were cancer related and 57% were noncancer related. The SPCT provides a seven-day service between the hours of 9am to 5pm. Out of hours, on call advice was provided by the local hospice.

Community based palliative care nurses work at the hospital on a rotational basis to provide specialist palliative care services to patients at weekends.

Palliative and end of life care champions were identified within each clinical area and teams. Champions were given additional ongoing training to support them within their roles.

The service was previously inspected in May 2016, prior to the acquisition, and was rated overall as good.

We completed an announced inspection of the end of life care service from 5 to 7 June 2018. We visited 12 areas, including accident and emergency, medical wards, surgical wards, mortuary, bereavement suite and hospital chapel. We spoke with one patient and one relative. We spoke with 35 members of staff including the medical director, director of nursing, medical and nursing staff, allied health professionals, the SPCT, portering, mortuary and chaplaincy staff.

We reviewed 12 sets of patient care records, 12 prescription charts, 19 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits. We observed board rounds, a SPC multidisciplinary team (MDT) meeting and attended an end of life steering group meeting.

## Summary of this service

We rated this service as good because:

# End of life care

- The service managed patient safety incidents well. Staff recognised incidents and reported 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.
- The nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance.
- The trust had suitable premises and equipment and looked after them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness, where the organisation did not meet clinical indicators there were actions from audits in place.
- Staff in the SPCT informally monitored their response times, preferred place of death and preferred place of care, and audited this data.
- Staff treated patients with compassion, dignity and respect. 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. The service had open visiting hours, enabling relatives and carers to stay overnight and made arrangements to meet each individual's needs.
- Staff provided emotional support for patients to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and sign posted families to relevant information and support, including counselling services provided by external providers.
- The trust planned and provided services in a way that met the needs of local people. The trust had a system in place to highlight patients who were at the end of their life by placing a swan magnet around their bed space and on the ward white board for ease of identification and discussion at board round.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the SPCT and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.
- The end of life care service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff. However:
- The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were not completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- Documentation around preferred place of death was poor, and not all patients had a preferred place of death recorded. Between February 2017 and January 2018, 64% of patients did not have their preferred place of death recorded.
- A high proportion of patients were too unwell to discuss their preferred place of death, indicating delays in referrals to the hospital specialist palliative care team.
- The trust did not audit how long it took to discharge patients to their preferred place of death. This was an area of improvement identified at the 2016 inspection, to ensure a clear target for fast track discharge of patient requiring end of life care and ensure a consistent monitoring of the timeliness of these discharges.

# End of life care

## Is the service safe?

**Good** 

We rated safe as good because:

- 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 staffing for the specialist palliative care team (SPCT) was in line with national guidance.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the services electronic incident-reporting tool.
- The trust had suitable premises and equipment and looked after them appropriately
- The trust prescribed, gave, recorded and stored medicines appropriately. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.

## Is the service effective?

**Requires improvement** 

We rated effective as requires improvement because:

- The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were not consistently completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- Documentation around preferred place of death was poor, and not all patients had a preferred place of death recorded. Between February 2017 and January 2018, 64% of patients did not have their preferred place of death recorded.
- A high proportion of patients were too unwell to discuss their preferred place of death, indicating delays in referrals to the hospital specialist palliative care team.
- The trust did not audit how long it took to discharge patients to their preferred place of death. This was an area of improvement identified at the 2016 inspection, to ensure a clear target for fast track discharge of patient requiring end of life care and ensure a consistent monitoring of the timeliness of these discharges.

However:

- The trust provided care and treatment based on national guidance. Staff in the SPCT monitored their response times, preferred place of death and preferred place of care, and audited this data.
- Staff of different specialities 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.

# End of life care

- The service made sure staff were competent for their roles. The SPCT offered training and all wards we visited had an end of life champion. The trust developed a training programme for volunteers to support end of life care patients and their family in the hospital.

## Is the service caring?

**Outstanding** 

We rated caring as outstanding because:

- Staff truly respected and valued patients as individuals and empowered them as partners in their care, practically and emotionally, by offering an exceptional and distinctive service.
- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients said that staff went that extra mile and their care and support exceeded their expectations.
- The service developed a memorial garden to give bereaved families and friends a place to sit and reflect.
- The trust had a companion scheme that enabled volunteers to come into the trust to support patients who were nearing the end of their life, which was especially beneficial for patients who did not have close family.
- Staff treated patients with compassion, dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. For example, the mortuary and bereavement team, supported a couple who lost their baby, to deal with a very difficult situation, in the process and decision of choosing a coffin.
- The service had open visiting hours, allowed relatives and carers to stay overnight and made arrangements to meet individual's needs.
- Staff saw people's emotional and social needs as being as important as their physical needs. The hospital also provided a comfort pack for family members called 'into the hospital at short notice' or that stayed with patients nearing the end of their life.
- The hospital provided a comfort pack for family members who were called 'into the hospital at short notice' or that stayed with patients nearing the end of their life.
- Staff consideration of people's privacy and dignity was consistently embedded in everything that staff did.

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients.
- The trust planned and provided services in a way that met the needs of local people. The trust had a system in place to highlight patients who were at the end of their life by placing a swan magnet around their bed space and on the ward white board for ease of identification and discussed at board round.

# End of life care

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.

## Is the service well-led?

**Good** ●

We rated well-led 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. End of life care was led at an executive level by the medical director and chief nurse. The end of life care steering group was chaired by the palliative care lead consultant.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff, patients, and key groups representing the local community.
- The end of life care strategy referenced key national guidance and included defined local priorities, outcomes and measures of success. Staff were engaged in the development of the end of life care strategy and the specialist palliative care team (SPCT) and staff understood their role in delivering the strategy.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff recorded risks relating to end of life care on divisional risk registers.
- The trust engaged with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust also had a patient representative on their end of life care steering group.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

# Outpatients

Good 

## Key facts and figures

Outpatient clinics at Hinchingsbrooke Hospital are based in the treatment centre and in the main hospital. Most clinics run Monday to Friday, 9.00am to 5.30pm with a late running gastroenterology clinic running until 7.00pm on Tuesdays.

On this inspection we visited ophthalmology, Ear, Nose and Throat (ENT), cardiology, phlebotomy, breast screening and the trauma and orthopaedics clinics. In addition to consultant-led clinics, there are nurse-led clinics across a range of specialities. We spoke with patients, relatives, and members of staff. Including nurses, healthcare assistants, receptionists, consultants, medical staff, IT manager, lead operations manager, assistant general manager for outpatients and records.

We observed interactions between patients and staff, and considered the environment.

We also reviewed national data and performance information about the trust, and a range of policies, procedures and other documents relating to the operation of the outpatient department.

## Summary of this service

We rated this service as good because:

- Staff recognised incidents and reported them appropriately.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff cared for patients with compassion.
- Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- 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.

However:

- All departments within this service except one, prescribed, gave, recorded and stored medicines well.
- All departments within this service except one, had good governance processes around the use and storage of prescription pads.

# Outpatients

- Not all managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

## Is the service safe?

**Good** 

We rated safe 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 used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service 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.
- The service planned for emergencies and staff understood their roles if one should happen.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

However:

- All departments within this service except one, prescribed, gave, recorded and stored medicines well.
- All departments within this service except one, had good governance processes around the use and storage of prescription pads.

## Is the service effective?

**Not sufficient evidence to rate** 

We do not currently rate the effectiveness of outpatient services. However, we found the following areas of good practice.

- 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.

# Outpatients

- 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 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.

However:

- Some parts of the service made sure staff were competent for their roles. Not all managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff did not have access to an electronic records system that they could all update.

## Is the service caring?

**Good** 

We rated caring 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 responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- 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.

## Is the service well-led?

**Good** 

We rated well led as good because:



# Outpatients

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had 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.
- 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 improve 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.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

# Peterborough City Hospital

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PE3 9GZ  
Tel: 01733 678000  
<https://www.nwangliaft.nhs.uk/>

## Key facts and figures

Peterborough City Hospital is a 635-bedded purpose-built hospital and is located at Bretton Gate, Peterborough. The hospital has a haematology/oncology unit, radiotherapy suite, an emergency department, a dedicated women's and children's unit, a cardiac unit, a respiratory investigations facility and full diagnostic imaging facilities.

We only inspected urgent and emergency care and medical care at this visit.

## Summary of services at Peterborough City Hospital

**Good**   

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

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

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The urgent and emergency care department at Peterborough City Hospital is located in Peterborough, Cambridgeshire and provides emergency care to both adults and children. The department consists of an adult emergency department with majors and minors cubicles, resuscitation cubicles, a clinical observations and decision unit, and minors area which are open 24 hours a day, seven days a week. The paediatric emergency department consists of six cubicles and is open seven days a week between the hours of 9am and midnight.

From April 2017 to March 2018, there were 94,759 urgent and emergency care attendances at Peterborough and Stamford Hospitals NHS Foundation Trust. For the same time frame, an additional 20,032 paediatrics attended the service. Patients arrive either by emergency ambulance, self-present or are referred to the department by another healthcare professional.

The department has a dedicated mental health assessment room.

The paediatric emergency department is open between the hours of 9am and midnight, consisting of six cubicles. Outside of these hours, paediatric patient assessment and treatment takes place in the main adult emergency department.

The Care Quality Commission last inspected urgent and emergency care services at Peterborough City Hospital in May 2015, prior to the acquisition of Hinchingsbrooke Health Care NHS Trust by Peterborough and Stamford Hospitals NHS Foundation Trust in April 2017 to form North West Anglia NHS Foundation Trust. At that time, we rated the department as good overall in all key questions of safe, effective, caring, responsive and well-led.

Our inspection at Peterborough City Hospital was unannounced. Prior to our inspection we reviewed data we held about this service along with data requested from the trust. After our inspection we reviewed additional data that we requested from the trust.

During our visit, we looked at all areas within the emergency and urgent care service, waiting areas, resuscitation rooms, ambulance arrival areas and other clinical and non-clinical areas. We spoke with 21 staff and reviewed 21 medical records.

## Summary of this service

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

- The newly implemented patient safety checklist was not routinely completed. Risk assessments were not always carried out when they should have been, for example, we saw that pressure ulcer assessments were not always carried out in our review of medical records.
- The department was not meeting the trust's target for compliance with mandatory training. Training compliance for paediatric basic life support was just below trust target at 86.2%, and paediatric intermediate life support was significantly below at 46.5% compliance against a target of 90%. Safeguarding training compliance for medical staff fell short of the trust's 90% target in four out of five areas.
- Staff were not consistently monitoring and recording medication fridge temperatures to ensure medicines were stored in a safe manner to protect their integrity.

# Urgent and emergency services

- Reception staff had not received training in the identification of red flag signs and symptoms. This meant that critically unwell patients may not have been recognised or escalated in a timely manner.
- We were not assured, that self-presenting patients received an initial assessment in order to establish their degree of clinical acuity during hours when the streaming nurse was not present at the reception desk. The department did not hold records to monitor and ensure that patients had been seen in order of clinical priority. This had not been recognised as a risk by departmental leaders.
- The emergency department was failing to achieve the Department of Health's standard for emergency departments, that 95% of patients should be admitted, transferred or discharged within four hours. The department had consistently failed to meet this standard from April 2017 to March 2018.
- From April 2017 to March 2018, the median total time in the emergency department, for all patients, was higher than the England average.
- The Royal College of Emergency Medicine (RCEM) recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet this standard for any of the 12 months from April 2017 to March 2018.
- Senior staff were not effectively overseeing the completion of medical records including the use of patient safety checklists. In addition, medical records did not always contain all pertinent risk assessments. This meant that risks posed to patients was not always effectively identified.
- Medical equipment, such as resuscitation trolleys lacked regular checks.
- We were not assured that checking processes were embedded, or effectively overseen.
- Data showing arrival time to initial assessment was not routinely collected or used for quality oversight and service improvement.

However:

- Staff maintained oversight of the ambulance waiting area. Patients were cared for by dedicated staff, to ensure that clinical deterioration was identified in a timely manner.
- Equipment was clean and well maintained.
- The environment was clean. Effective processes were in place to prevent and control the spread of infection.
- Staff understood their responsibilities to identify and report incidents and safeguarding concerns.
- The service provided care which was evidence based and in line with national guidance.
- Staff from various teams worked well together as a team to monitor and improve patient care and outcomes.
- Patient feedback was positive, describing staff as 'kind and caring'.
- Despite being in it's infancy, there were clear management structures in place both locally and at divisional level.
- Staff spoke highly of the culture within the emergency department, telling us they felt supported and developed in their role.

## Is the service safe?

**Requires improvement**  

# Urgent and emergency services

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

- Medicine fridges lacked regular temperature checks. Resuscitation trolley checks in both the paediatric and majors area of the department were not consistently documented.
- Patient medical records were inconsistently completed and did not always contain pertinent risk assessments.
- Mandatory training rates did not meet the trust's target of 90% completion in a number of subjects. Nursing staff had failed to meet the target in eight out of 21 mandatory training subjects and medical staff had not met the target in nine out of 16 mandatory training subjects.
- Safeguarding compliance rates showed that medical staff had not reached the trust's target in four out of five safeguarding training courses.
- Staff did not have access to a specific safeguarding children policy. Whilst guidance was available, this was not tailored to the trust or specific to the emergency department setting.
- The paediatric waiting area lacked audio and visual separation from the adult waiting area.
- There were no dedicated paediatric treatment cubicles in the main adult emergency department. The department lacked formalised risks assessments for paediatric patients placed in this area during the hours of paediatric emergency closure.
- Reception staff had not received training in the identification of red flag signs and symptoms. This meant that critically unwell patients may not be escalated in a timely manner upon arrival to the department.
- We could not gain assurances that self-presenting patients received an initial assessment in order of clinical acuity. There were no records in place to ensure patients who self-presented to the department were seen in order of clinical acuity when the streaming nurse was not present at the main reception desk.
- Documentation did not always reflect the time of initial triage therefore we were not assured that patients had received an assessment or early warning score in a timely manner to detect for serious illness.
- The newly implemented patient safety checklist, within medical records was not consistently used. This meant that patients' needs such as nutrition, hydration and comfort may not have been addressed in a timely manner.
- Training compliance data showed that 52% of staff had received training in paediatric immediate life support.

However:

- Systems and processes effectively prevented and controlled the spread of infection. The department was visibly clean, well organised and free from clutter.
- Staff were aware of their responsibilities in relation to the identification and reporting of a vulnerable child or adult.
- Equipment was maintained in line with manufacturer's recommendations.
- The ambulance waiting area was regularly overseen by registered nurses, the shift co-ordinator and other staff to ensure that patient deterioration was assessed on a regular basis.
- Staffing was sufficient to meet the needs of the service.
- Staff understood their responsibilities to identify and report incidents. We saw evidence of learning from incidents and changes in practice to improve patient care and experience.

# Urgent and emergency services

## Is the service effective?

**Requires improvement**  

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

- Staff had not received regular appraisals. Data showed that 60% of nursing staff and 81% of medical staff had received an appraisal against the trust's target of 90%.
- The department failed to meet the Royal College of Emergency Medicine relevant standards in the Consultant sign-off audit 2016/17, Severe sepsis and septic shock audit 2016/17, Moderate and acute severe asthma 2016/17.
- The RCEM procedural sedation audit for 2017/2018 lacked ownership, clear timeframes for completion and did not detail progress on action plan objectives such as; improvements in documentation, documented use of the Local Safety Standards for Invasive Procedures for procedural sedation (LocSSIP) and patient feedback.
- There was a lack of effective processes in place to use audit data to drive improvements.

However:

- The emergency department provided care that was based on national guidance and best practice.
- The emergency department worked effectively as part of a wider team. We saw effective multidisciplinary working with other specialities including orthopaedic teams, the ambulance service, physiotherapists and psychiatric liaison services.
- Staff were knowledgeable on the principles of the Mental Health Act.
- The department provided patients with information to manage their illness or condition and general health

## Is the service caring?

**Good**   

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

- Patients were treated with compassion, respect and dignity.
- Patients feedback was consistently positive, describing staff as polite and caring.
- Staff offered reassurance, explained procedures and showed empathy in an often busy environment.
- Emotional support was provided 24 hours a day, seven days a week by the trust's chaplaincy team. All patients and visitors were encouraged to make use of chaplaincy facilities.

However:

- Self-presenting patients were required to discuss their presenting complaint in the public waiting area. This meant that potentially sensitive information was discussed in front of other patients and visitors.

## Is the service responsive?

**Requires improvement**  

# Urgent and emergency services

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

- The department consistently failed to meet the Department of Health's standard for emergency: '95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department'. This target was not met between the months of April 2017 and March 2018 inclusive.
- From April 2017 to March 2018, the median total time in the emergency department, for all patients, was higher than the England average.
- The Royal College of Emergency Medicine (RCEM) recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet this standard for any of the 12 months from April 2017 to March 2018.

However:

- Senior staff recognised that access and flow in the department was a key challenge. There were clear processes and triggers in place in the event of capacity issues within the department demonstrating regular with regular communication taking place with the trust wide site team.
- The service handled and responded to complaints in a timely manner, in line with trust policy.
- The emergency department was meeting the individual needs of patients. Staff had access to a range of specialist staff including dementia and learning disability nurses to provide guidance and support for patients, their families and staff.

## Is the service well-led?

**Requires improvement**  

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

- The local management team were relatively new in post. Systems and governance processes were yet to be embedded.
- The service had not identified all risks that the department faced.
- We could not gain assurances that equipment checking processes were embedded or effectively overseen.
- Medical records lacked completeness and pertinent risk assessments. This meant that risks posed to patients were not always effectively identified.
- Data showing arrival time to initial assessment for self-presenting patients was not routinely collected or used for quality oversight and service improvement.
- There were no systems or processes in place to ensure that patients were seen in order of clinical acuity. Reception staff had not received training in red flag signs and symptoms of illness.

However:

- There was an open and transparent culture in the emergency department, staff felt valued in their role describing senior leaders as approachable.
- Local leaders and departmental staff were clear on the trust's vision and demonstrated working in line with trust values.

# Urgent and emergency services

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at North West Anglia Foundation NHS Trust had 467 medical inpatient beds located across 21 wards and units.

Peterborough City Hospital had 325 beds, which were located within 16 wards and units

The trust had 56,071 admissions from January to December 2017. Emergency admissions accounted for 30,734 (54.8%), 24,888 (44.4%) were day cases, and the remaining 449 (0.8%) were elective.

Of these admissions, 2,401 emergency admissions, 2,845 day cases and 51 elective admissions occurred at Hinchingbrooke Health Care NHS Trust from January to March 2017 prior to it being acquired by Peterborough and Stamford Hospitals NHS Foundation Trust to form North West Anglia NHS Foundation Trust in April 2017.

Between April 2017 and March 2018, the cardiology service saw 2,692 patients. The cardiology service provided diagnostic angiography, simple permanent pacing, transoesophageal echo assessments and a full range of cardiac investigations.

The stroke service provided a thrombolysis service using an in-house staff team. Transient ischaemic attack (TIA) patients were assessed within 24 hours. There was also a one-stop neurovascular clinic for low-risk TIA patients. Stroke follow-up clinics were provided through nurse-led follow-up.

Two wards, one specialising in Parkinson's disease and the other in delirium/dementia, offered care for older people. The medicine for older people speciality saw 4,378 patients between April 2017 and March 2018.

During our inspection, we visited the following medical wards and specialities: Cardiac Unit, Coronary Angiography, Coronary Care Unit, Endoscopy Unit, Ward B1 (All specialities – isolation), Ward A3 (Acute Medicine - Short Stay), Ward B6 (Endocrine / General Medicine), Ward A8 (Renal), Ward A9 (Medicine for the Elderly), Ward A10 (Gastroenterology), Ward B11 (Stroke), Ward B12 (Respiratory), Ward B14 (Medicine for the Elderly), Ambulatory Care Unit, Medical Assessment Unit (MAU), and the Discharge Lounge.

During our inspection, we spoke with ten medical staff, 32 nursing staff, four healthcare assistants, four pharmacists, two hospital chaplains, nine allied healthcare professionals, and 18 patients and relatives. We looked at performance information and data from, and about the trust. We reviewed 17 sets of patient records, including medical and nursing assessments and 17 Medication Administration Records (MAR) with other documents such as team meeting minutes and trust policies. We obtained feedback through Healthwatch and from reviewing the results of the NHS Friends and Family Test. We also undertook interviews with other key members of staff.

We last inspected this service in May 2015 and rated medical care (including older people's services) as requires improvement overall. We rated safe, effective, caring and well led requires improvement and responsive as good.

## Summary of this service

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

- Medicines management and records management practices were implemented effectively.
- Most staff had received an up to date appraisal and safeguarding and Mental Capacity Act (2005) training.

# Medical care (including older people's care)

- Staff reported and managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff kept themselves, equipment and the premises clean.
- Patients and their families were involved in developing care plans and given information to help them understand choices available to them. Feedback from patients was uniformly positive about the caring attitude of staff.
- The service was responsive to people's needs. Vulnerable people had their needs met and there was good access to specialist staff and support services.
- Waiting times for referral to treatment were in line with national averages.
- Senior managers promoted a positive and open culture amongst staff and managers had the necessary skills and experience to achieve the service objectives and vision.

However:

- Mandatory and safeguarding training rates for medical staff were consistently below the trust target.

## Is the service safe?

**Good**  

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

- 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 safeguarding training to staff. Nursing staff exceeded the trust target for completion of safeguarding training.
- 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 used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. The storage and administration of medicines had improved since our previous inspection in 2015.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care, which was an improvement on our last inspection in 2015.
- 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.

However:

- The service provided mandatory training in key skills to staff, but insufficient staff had completed their mandatory training in the majority of training modules.

# Medical care (including older people's care)

- The number medical staff that had completed the safeguarding adults training module was significantly below the trust target.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. 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 patient feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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 trust had made progress in its monitoring of quality and provision of the service in line with national guidance since our inspection in 2015.
- 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. The number of staff receiving an appraisal had improved since our inspection in 2015.
- Staff of different roles 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 patient 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  

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

- Staff cared for patients with compassion. Feedback from patients had improved since our last inspection and 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 and their relatives to minimise their distress. This was an improvement on our observation of the level of support staff provided on our inspection in 2015.

## Is the service responsive?

Good   

# Medical care (including older people's care)

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

- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with targets or national averages.
- 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.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. 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 and leaders were embedded within the ward teams, which was an improvement on our inspection in 2015.
- The trust had 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.
- 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 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.

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  | Regulation  |
|---|---|
| Diagnostic and screening procedures   | Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors |
| Maternity and midwifery services  |   |
| Surgical procedures   |   |
| Treatment of disease, disorder or injury  |   |
| Regulated activity  | Regulation  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment          |
| Maternity and midwifery services  |   |
| Surgical procedures   |   |
| Treatment of disease, disorder or injury  |   |
| Regulated activity  | Regulation  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment           |
| Diagnostic and screening procedures   |   |
| Treatment of disease, disorder or injury  |   |
| Regulated activity  | Regulation  |
| Diagnostic and screening procedures   | Regulation 17 HSCA (RA) Regulations 2014 Good governance                  |
| Maternity and midwifery services  |   |
| Surgical procedures   |   |
| Treatment of disease, disorder or injury  |   |

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Fiona Collier, Inspection Manager led this inspection. Fiona Allinson, Head of Hospital Inspection, three specialist advisors, a pharmacy inspector and a children's safeguarding lead supported our inspection of well-led for the trust overall. Specialist advisers are experts in their field who we do not directly employ.

The team for the core service inspection included two inspection managers, 16 inspectors, including two mental health inspectors, two assistant inspectors and 13 specialist advisers.