

# Papworth Hospital NHS Foundation Trust

## Quality Report

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

## Ratings

### Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Outstanding 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Papworth NHS Foundation Trust provides is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. The trust treats over 23,700 inpatient and day cases and provides over 124,066 outpatient appointments each year. Services are internationally recognised and include cardiology, respiratory medicine, and cardiothoracic surgery and transplantation. Papworth Hospital is a regional centre for the diagnosis and treatment of cardiothoracic disease, and a national centre for a range of specialist services, including pulmonary endarterectomy. It is one of the first centres in Europe to offer transcatheter aortic valve implantation (TAVI). Papworth Hospital has the largest respiratory support and sleep centre in the UK.

We carried out this inspection as part of our comprehensive inspection programme.

We carried out an announced inspection of the hospital on 3 and 4 December 2014, and an unannounced inspection on 14 December. We looked at all the inpatient services, including the Progressive Care Unit, and the outpatients department.

Our key findings were:

Overall we found that the trust provided highly effective care with outcomes comparable with or above expected standards. The service was delivered by highly skilled, committed, caring staff and patients were overwhelmingly positive about the care they received at the hospital. We rated both the effective and the caring domains as outstanding.

There were elements of the well led domain that were very good particularly in relation to the comprehensive research and development programme that encouraged service development and innovation for the benefit of patients.

There was a very positive culture in the trust. Staff were very proud of the work they did and very proud of the trust. They were aware of the trust's positive reputation and worked hard to maintain and enhance it.

However, staff were unaware of the vision for the future of the trust other than the building of a new hospital. The

trust's values of 'Care, Valued, Excellence and Innovation' were developed following a workshop with staff in June 2014 nevertheless the trust's vision and values were not widely visible or understood throughout the organisation.

We also found that the trust needed to develop its strategic approach as the trust did not have a quality strategy in place. In addition, there were no strategies in place for caring for people living with dementia, or organisational development. However the Organisational Development (people) Strategy was in development at the time of our inspection

Governance and risk management systems also required improvements as risk registers were not well managed at ward, department, business unit or corporate level. A significant proportion of the risks had been on the risk registers for years. Common themes were poor risk descriptions (particularly about the cause of the risk), out-of-date risks that were some years old and uncertainty whether reviews of the controls (existing policies and practices) had occurred. This led to concern about the trusts approach to the management of risks within the organisation.

Although the trust had outstanding ratings for two key questions and good ratings for the other three, the poor governance precluded an overall rating of outstanding across the trust.

### Access and flow

- The outpatients department provided 124,066 outpatient appointments during 2013/14, of which 67% were follow-up appointments. The follow-up to new patient ratio was in the highest 25% in the country.
- The referral-to-treatment time of 18 weeks for cardiology patients in the outpatients department was 98.8% which was good performance, and most other referral-to-treatment times were also meeting the national targets.
- The trust had been failing to meet national referral-to-treatment times for cardiothoracic surgery. This had been rectified at the time of our inspection.
- There were also a significant number of cancelled operations and high theatre use, and a number of

# Summary of findings

patients had not had their surgery 28 days after their operation was cancelled. This was due to a number of reasons, including late referrals to the hospital from other centres that meant referral-to-treatment time targets could not be met, changes in patients' conditions that meant they were unfit for surgery and capacity issues because of increased demand for some services.

- There were also concerns that the surgical department had no designated emergency theatre, which meant that elective operations were sometimes cancelled or emergency cases waited until a theatre was free.
- There was increasing demand for a number of services provided at the hospital, but service expansion was constrained because of the physical environment and limited building space on the site.

## Cleanliness and infection prevention and control

- Patients received their care in a clean and suitably maintained environment. There was a high standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.
- There was a good rate of compliance with hygiene audits across the hospital.
- Some aspects of infection prevention and control were not being managed effectively, including the routing of outpatients through inpatient wards.
- The hospital infection rates for *Clostridium difficile* and MRSA were within an acceptable range for a hospital of this size and the number catheter-associated urinary tract infections was consistently low.
- The trust had made a positive response to a small cluster of infections that had occurred in surgery. An investigation and root cause analysis were completed and changes to practice were made to reduce infection rates.

## Nutrition and hydration

- Patients had a choice of food and an ample supply of drinks during their stay. Patients with specialist needs for eating and drinking were supported by dietitians and other relevant professionals
- There was good support for patients who needed assistance with eating and drinking, who were offered appropriate and discreet support.

## Incident reporting

- The trust had an average patient safety incident reporting culture. The latest National Reporting and Learning System (NRLS) data indicated that the trust had a reporting rate of 7.59 per 100 admissions, which is just slightly below the average of 7.63 for the cluster of acute specialist trusts. This reflected our inspection findings, because although staff confirmed that they knew how and what to report, we found instances where incidents had not been reported or reported in a timely way.
- The trust was slow to upload incidents to the NRLS system, with 50% of incidents submitted more than 71 days after the incident occurred. This was in the lower performance bracket for specialist trusts. However, the trust's process was to upload the incidents to the NRLS following investigation and the requirement was for incidents to be reviewed/investigated within 28 working days. This approach means that incidents are uploaded on a monthly basis 2 months in arrears. The Trust did upload incidents for 6 out of 6 months in the reporting period.
- The trust had reported and investigated two Never Events over the last 18 months. The quality of the investigation reports for these incidents varied.
- Additional incident investigation reports reviewed also varied in quality, rigour and depth.
- The trust used a sharing lessons document to communicate learning from incidents, which had been in place since 2012. This was readily accessible on the intranet site and summarised findings and learning from serious incidents.
- However, some opportunities for learning were missed because of delays or omissions in reporting and there was limited evidence of staff sharing learning across services or directorates.

## Governance risk and management and quality measurement

- Risk registers were not well managed at ward, department, business unit or corporate level. A significant proportion of the risks had been on the risk registers for years, some from as early as 2005. For example, in Cardiology 11 out of 17 risks and in Estates 12 out of 14 risks dated from before 2013, and in Finance all five risks dated from before 2011, with two from 2005. One risk identified in Cardiology had a risk

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rating of '20' (High Risk); this had been on the risk register for almost six years without a reduction in rating. We reviewed risk registers for a number of service areas. Common themes were poor risk descriptions (particularly about the cause of the risk), out-of-date risks that were some years old and uncertainty whether reviews of the controls (existing policies and practices) had occurred. The review dates for all risks had passed, but were within 2014, so it was not clear whether this was the last date that a review of the risk should have or did take place. Some staff confirmed that they were not confident in undertaking risk assessments but were aware that a number of risks had been escalated and remained on the risk register with no actions taken.

- In addition we found that the executive team provided the board with Board Assurance Framework document that contained risks set against the 'risk appetite' (within agreed tolerance levels) agreed by the board, as opposed to receiving current and target risk ratings. The Board Assurance Framework comprised 19 risks; nine were within the 'risk appetite' set by the Board. There had been limited change in the risks included on the Board Assurance Framework, with only one risk having changed in risk score, where the risk score had increased.

## Medicines management

- The trust used a comprehensive prescription and medication administration record chart for patients that enabled the safe administration of medicines. It included a separate section for antibiotic medication. Medicines reconciliation by a pharmacist was recorded in the medicines management section. The trust took part in the NHS Medication Safety Thermometer to compare key indicators with other trusts where the trust identified shortfalls action plans were developed to secure improvement.
- Medication errors are the highest error group in the trust. Missed doses are counted as an incident, which is considered good practice. Prescribing errors and medication errors are both audited and both show an upwards trend. However, harm rates are well below the national average and indicated good reporting in this area. Action plans were in place and completion timescales identified and monitored. Lessons learnt were shared through the trust's intranet page, junior

doctors' newsletter, pharmacy fact sheets and the sisters' network. Plans to set up medication safety champions were in place, with the first meeting scheduled for December 2014.

## Safeguarding

- Safeguarding policies and procedures were available on the trust's intranet for both vulnerable adults and children. Safeguarding was supported by staff training. All relevant staff had received safeguarding training.
- Staff were confident and competent in reporting and escalating issues of abuse and neglect.

## Nurse staffing

- Care and treatment were delivered by committed and caring nursing staff who worked well together for the benefit of patients. Nurse staffing levels were calculated using a recognised dependency tool and there were sufficient numbers of skilled and suitably qualified nurses to meet the needs of patients.
- However, we noted that in the Progressive Care Unit, where acuity of patients varied, there were no ongoing acuity assessments of patient needs. We raised this with the trust following our unannounced inspection; the trust took immediate action and introduced regular reviews of patient acuity and nurse staffing levels in this area.
- Any nursing vacancies or absences were covered by overtime or bank workers. There was limited use of agency workers, but when this was unavoidable there were systems in place to provide agency nurses with an induction and make sure that they had the required skills and qualifications to provide good care to patients.
- The trust was aware of its high nurse staffing turnover and as a result there was an ongoing recruitment campaign and a number of initiatives aimed at retaining staff. These included a comprehensive induction programme, a band 5/6 development programme and active support to achieve postgraduate qualifications. Nurses were positive about the initiatives and felt valued as a result.

## Medical staffing

- Care and treatment were delivered by highly skilled and committed medical staff.

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- There were excellent examples of senior medical staff supporting development and innovation in cardiothoracic services nationally and internationally.
- There was a good consultant presence throughout the wards, providing care to patients seven days a week.
- A 'consultant of the week' system had recently been initiated in medicine and was working well. A comprehensive handover took place from one consultant to another. Patients received high-quality care and treatment and were exceptionally complimentary about the medical staff in the trust.
- Junior medical staff felt well supported in their roles by senior medical staff and did not feel their workload was excessive. Findings from the General Medical Council Survey 2014 supported this.
- In terms of the consultant/patient ratio, with up to 33 patients on the unit and one or two consultant intensivists on duty, this falls below the best current evidence ratios as set out in the Intensive Care Society standards. However, the intensivists were supported by registrars and the consultants from the parent teams such as the transplant and cardiothoracic teams.
- From February 2015, following the anticipated addition of another consultant intensivist, this will mean that all Intensive Care Society standards for patient ratios, out of hours and training will be met with two consultant intensivist-led teams on the CCA. A review of the thoracic service commissioned in May 2014 highlighted that there was poor junior surgical support for the thoracic service and the emergency on-call rota was unsatisfactory because of the limited thoracic experience of some staff on the rota. These matters were being addressed by the trust through an action plan developed in response to the review findings.

## Outcomes and evidence-based care

- Patients received care and treatment that was evidence-based and in accordance with national guidance. Clinical outcomes were comparable with or better than, the national average. Mortality rates were comparable with, or better than, other trusts nationally.
- Multidisciplinary team working was well established and used effectively to manage patients' care and treatment needs.

- Staff at the hospital participated in an extensive programme of local, national and internationally recognised research.

## Mandatory training

- The data provided by the trust showed that mandatory training levels were very good and that overall compliance with mandatory training was 91%.

## Environment and capacity

- The hospital consisted of multiple buildings spread across the site. However, space was limited and the expansion of services to cope with increased demand was hampered by the site's limitations.
- The trust was working hard to maximise its physical resources. For example, it had started to provide outpatients clinics at evenings and weekends so it could flexibly meet patient demand. However, the trust felt that the only real solution was to relocate the services in a new purpose-built hospital. At the time of our inspection the trust was waiting for confirmation that the new building project would go ahead.

We saw several areas of outstanding practice including:

- The surgical division's effectiveness and patient outcomes were outstanding and were among the best nationally and internationally.
- The Critical Care Area had recently developed guidelines for the prevention, recognition and management of delirium. This was a multidisciplinary piece of work led by the unit's matrons and also included members of the ALERT team and a consultant intensivist. The guidelines were about to be launched and plans were in place for the work to be shared through conference presentations.
- The hospital had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, such as details of their current medicine.

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

Importantly, the hospital must:

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- Stop the practice of routinely preparing one medicine (glyceryl trinitrate) in advance of its immediate use in the catheterisation laboratory because this practice is contravenes Nursing and Midwifery Council's standards.
- Ensure that incidents are reported in a timely manner and that learning from incidents takes place.
- Ensure that all fire exits are clear.
- Have an effective system in place to ensure that drugs stored in resuscitation trolleys are in date.
- Address the breach of single-sex accommodation on Duchess ward.
- Improve the way risk is managed and reported.
- Develop and implement a strategy for patients with a diagnosis of dementia.

In addition the trust should:

- Develop and implement a quality strategy.
- Develop and implement an organisational development strategy.
- Ensure the organisation's vision and values are clearly articulated, shared and understood by staff.
- Strengthen its approach to incident reporting and investigations.
- Ensure learning from incidents is shared across the organisation.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to Papworth Hospital NHS Foundation Trust

Papworth Hospital NHS Foundation Trust is located in Cambridgeshire and accepts patients nationally. The trust gained foundation status in 2004.

Papworth Hospital is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre.

The trust treats over 22,400 inpatient and day cases and over 48,400 outpatients each year from across the UK. Services are internationally recognised and include cardiology, respiratory medicine, and cardiothoracic

surgery and transplantation. Papworth Hospital is a regional centre for the diagnosis and treatment of cardiothoracic disease, and also a national centre for a range of specialist services, including pulmonary endarterectomy. It is one of the first centres in Europe to offer transcatheter aortic valve implantation (TAVI). Papworth Hospital has the largest respiratory support and sleep centre in the UK.

We inspected this trust as part of our comprehensive inspection programme.

## Our inspection team

Our inspection team was led by:

**Chair:** Ellen Armistead, Deputy Chief Inspector of Hospitals

**Head of Hospital Inspections:** Ann Ford, Care Quality Commission

The team included five CQC inspectors and a wide range of specialists including: consultant thoracic surgeon,

consultant cardiologist, consultant anaesthetist, medical devices and decontamination manager, senior physiotherapist; cardiac nurse, cardiothoracic theatre nurse manager, physiologist, nurse and former director of performance and clinical director, cardiac catheterisation laboratory manager, pharmacist and one expert by experience.

## How we carried out this inspection

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

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

Before our inspection we reviewed a wide range of information and asked other organisations to share what they knew about the hospital. These included clinical

commissioning groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

The announced inspection of Papworth took place on 3 and 4 December 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, student nurses, administrative and other staff, physiotherapists, occupational therapists and pharmacists. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records.



# Summary of findings

We undertook an unannounced inspection on 14 December 2014. We looked at inpatient services, including the Progressive Care Unit.

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

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

Friends and Family Test response rates were consistently better than the England average and indicated that most patients would be very likely to recommend the trust as a place to have care and treatment.

The trust actively sought feedback from patients, who were very positive about the quality of care and treatment provided.

The trust had not yet been rated by NHS Choices and no patient reviews had been recorded at the time of our inspection.

## Facts and data about this trust

Papworth Hospital is a specialist cardiothoracic hospital and heart and lung transplant centre. The trust offers a range of services for outpatients, including cardiac, thoracic, transplant, radiology and pathology services.

Trust information for 2013/14 listed 255 beds, including 33 critical care beds. There were 23,700 inpatient admissions in 2013/14.

As at December 2014, 1,945 members of staff were employed, including medical, nursing and other staff.

The trust has an annual income of £175 million.

The hospital provides outpatient care to patients from all over the UK. Outpatient care is also provided to paying patients from overseas. The outpatients department provided 124,066 outpatient appointments during 2013/14. Of those appointments, 25% were new referrals, but the majority were follow-up appointments and accounted for over 67% of all the outpatient appointments provided. The follow-up to new patient ratio (25%) is among the highest in the country.

Surgical services provide heart and thoracic surgery to patients locally and nationally. In 2013/14 the hospital carried out over 3,300 operations, including coronary artery bypass grafting, transcatheter aortic valve implantation (TAVI) and thoracic surgery, and it is also a

major national transplant centre. It is the only centre in the UK to provide pulmonary endarterectomy and one of a small number of specialist centres providing extracorporeal membrane oxygenation (ECMO).

The hospital has five theatres, a small recovery and a main surgical ward, with a number of surgical patients cared for on other wards. Surgical services are known both nationally and internationally for their expertise and positive patient outcomes.

As a tertiary and national referring centre, the Critical Care Area also admits patients who need mechanical support such as ECMO treatment for heart failure and following transplant and pulmonary endarterectomy.

The hospital provides cardiothoracic services and treatments for all patients who are eligible for NHS care. Government policy allows NHS patients to choose which hospital they receive their non-urgent care in. The hospital does not provide an accident and emergency service.


Being a specialist centre, the hospital provides services for many different commissioners.

The hospital site is remote and people without their own transport may find access by public transport difficult.



# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Patients received their care in a clean and suitably maintained environment. There was a high standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.</p> <p>There was a good rate of compliance with hygiene audits across the trust.</p> <p>However, we observed some poor hand hygiene practice on the Progressive Care Unit (PCU).</p> <p>Some aspects of infection prevention and control were not being managed effectively, including the routing of some outpatients through inpatient wards.</p> <p>The hospital infection rates for <i>Clostridium difficile</i> and MRSA were within an acceptable range for a hospital of this size and the number catheter-associated urinary tract infections was consistently low.</p> <p>The quality of incident reporting and investigation varied. We found examples of robust and timely investigations, but we also found examples where incident reporting and the quality of investigation and action planning required improvement.</p> <p>Nurse staffing levels were calculated using a recognised dependency tool and there were sufficient numbers of skilled and suitably qualified nurses to meet the needs of patients.</p> <p>Care and treatment were delivered by appropriate numbers of highly skilled and committed medical staff.</p> <p>Staff were trained in safeguarding and were aware of their roles and responsibilities in this regard. Staff were competent and confident in identifying and escalating issues of abuse and neglect.</p> <p><b>Duty of candour</b></p> <ul style="list-style-type: none"><li>• The trust was well prepared for its new statutory obligations under the Duty of Candour regulation (Regulation 20).</li></ul>	<p><b>Good</b> </p>

# Summary of findings

## Safeguarding

- Staff were trained in safeguarding and were aware of their roles and responsibilities in this regard. Staff were competent and confident in identifying and escalating issues of abuse and neglect. All relevant staff had received safeguarding training.

## Incident reporting and management

- The trust had an average patient safety incident reporting culture. The latest NRLS data indicated that the trust had a reporting rate of 7.59 per 100 admissions, which is just slightly below the average of 7.63 for the cluster of acute specialist trusts. This reflected our inspection findings; staff confirmed that they knew how and what to report but we found instances where incidents had not been reported or reported in a timely way.
- Two potential serious incidents were also identified. The first potential incident involved complications following surgery and the death of the patient in hospital some months after this episode. The complications were known and identified at the time of the operation and were subsequently discussed at a mortality and morbidity meeting in August 2014 (surgery took place in July 2014). Following the patient's death in October 2014, there was a formal case review. At the time of our inspection this episode had still not been reported as an incident.
- The death of a patient was not reported as a serious incident until after the Coroner's inquest, when the Coroner issued a Regulation 28 report. (The Coroner has a duty to issue such a report where it is considered that future deaths can be prevented). If the trust had reported and investigated at the time of the incident through a robust root cause analysis, it may have led to the implementation of change in a timelier manner without the need for a Regulation 28 report. The trust requested an extension to respond to the Coroner because it could not meet the 56-day response timeframe. At a meeting of the Quality and Safety Management Group in June 2014, the actions for this incident were described as being in the early stages. All actions were confirmed as complete at the Quality and Safety Management Group on 29th July 2014.
- During our inspection, an incident relating to conscious sedation occurred. This incident was not reported as an incident nor communicated to other members of the clinical team. For example, the matron of the area was unaware that the incident had occurred. On discussion with the medical staff, we were told that another incident in this department had been

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reported and investigated in May 2014. The trust categorised the May 2014 incident as 'moderate harm' and did report and investigate this as an Orange Incident. However, the actions following this investigation were not implemented in line with the actions plan. For example, one of the actions was to 'establish a SOP [standard operating procedure] for patient-related and procedure-related indications for anaesthetic involvement in Electrophysiology (EP) procedures by October 2014. At the time of our inspection a draft SOP had been produced but was not finalised, approved or in place. Another action was to review conscious sedation practice in the trust. This was not scheduled for completion until the end of December 2014. We requested evidence of monitoring actions following serious incidents and were provided with a 'Quality and Safety Management Group Meeting Action List' and one-page paper 'Review of Serious Incidents 2013–14' from 17 June 2014, where this incident was recorded as requiring an update at the July 2014 meeting. It was unclear if further monitoring had taken place at the time of our inspection.

- The trust has reported and investigated two Never Events over the last 18 months. The quality of the investigation reports for these two incidents varied. The first investigation reviewed was a 34-page comprehensive investigation. The investigation identified care and service delivery problems, contributory factors, root causes and good practice with a detailed, comprehensive timeline and a clear, concise executive summary. A lead person was nominated to communicate with the patient's family throughout the investigation and staff support was also recorded in the report. The report template included sign-off from an Executive Director. This investigation informed a national rapid response alert and the trust took immediate remedial actions to prevent a reoccurrence.
- The quality of the second Never Event investigation reviewed was in relation to a retained guide wire. This used the same template but did not include the same level of information and lacked both rigour and analysis. In addition, the severity of harm to the patient was recorded as a 'never event', and not a harm rating as required by the process. The Trust informed us, following our inspection, that this incident was not formally categorised as a Never Event, as the date of the incident (not the investigation) predates the Never Events requirement. This was in agreement with its commissioner and it was investigated as a serious incident.

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## Monitoring safety and responding to risk

- The trust had a process in place for monitoring the implementation of safety alerts. Action plans for all applicable alerts were monitored centrally, with updates requested from the clinical leads. The trust did not have any overdue patient safety alerts reported in the last publication by NHS England (4 November 2014).

## Medicines management

- The trust used a comprehensive prescription and medication administration record chart for patients that enabled the safe administration of medicines. It included a separate section for antibiotic medication. Medicines reconciliation by a pharmacist was recorded in the medicines management section. The trust participated in the NHS Medication Safety Thermometer to compare key indicators with other trusts.
- Medication errors are the highest error group in the trust. Missed doses are counted as an incident; this is considered good practice. Prescribing errors and medication errors are both audited and both show an upwards trend. However, harm rates are well below the national average and indicated good reporting in this area. Action plans were in place and completion timescales identified and monitored. Lessons learnt were shared through the trust's intranet page, junior doctors' newsletter, pharmacy fact sheets and the sisters' network. Plans to set up medication safety champions were in place, with the first meeting scheduled for December 2014.
- However, the practice of routinely preparing one medicine (glyceryl trinitrate) in advance of its immediate use in the catheterisation laboratory must stop because this practice is contravenes Nursing and Midwifery Council's standards. Since our inspection the trust has confirmed this practice has ceased.

## Nurse staffing

- Care and treatment were delivered by committed and caring nursing staff who worked well together for the benefit of patients. Nurse staffing levels were calculated using a recognised dependency tool and there were sufficient numbers of skilled and suitably qualified nurses to meet the needs of patients.
- However, we noted that in the PCU, where acuity of patients varied, there were no ongoing acuity assessments of patient

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needs. We raised this with the trust following our unannounced inspection; the trust took immediate action and introduced regular reviews of patient acuity and nurse staffing levels in this area.

- Any nursing vacancies or absences were covered by overtime or bank workers. There was limited use of agency workers, but when this was unavoidable there were systems in place to provide agency nurses with an induction and make sure that they had the required skills and qualifications to provide good care to patients.
- The trust was aware of its high nurse staffing turnover and as a result there was an ongoing recruitment campaign and a number of initiatives aimed at retaining staff. These included a comprehensive induction programme, a band 5/6 development programme and active support to achieve postgraduate qualifications. Nurses were positive about the initiatives and felt valued as a result.

## Medical staffing

- Care and treatment were delivered by highly skilled and committed medical staff. There were excellent examples of senior medical staff supporting development and innovation in cardiothoracic services nationally and internationally.
- There was a good consultant presence throughout the wards, providing care to patients seven days a week.
- A 'consultant of the week' system had recently been initiated in medicine and was working well. A comprehensive handover took place from one consultant to another. Patients received high-quality care and treatment and were exceptionally complimentary about the medical staff in the trust.
- Junior medical staff we spoke with felt well supported in their roles by senior medical staff and did not feel their workload was excessive. Findings from the General Medical Council Survey 2014 supported this.

A review of the thoracic service commissioned in May 2014 highlighted that there was poor junior surgical support for the thoracic service and the emergency on-call rota was unsatisfactory because of the limited thoracic experience of some staff on the rota. These matters were being addressed by the trust through an action plan developed in response to the review findings.

## Are services at this trust effective?

Care and treatment were delivered in accordance with evidence-based practice and national guidance. There was effective use of clinical audit and results compared favourably with similar trusts.

Outstanding



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Clinical outcomes were among the best nationally and internationally. The trust was actively involved in a comprehensive research and development programme that encouraged service development and innovation for the benefit of patients.

The services participated in national and local clinical audits and results compared favourably with similar trusts. National transplant and ventricular assist device audit results were among the best in the UK.

## **Evidence-based care and treatment**

- Care and treatment were delivered in accordance with evidence-based practice and national guidance.
- Local policies were written in line with national guidance and were updated periodically. Some guidelines had been amended to take into account the highly specialised nature of the work undertaken at the hospital.
- The trust maintained a database of NICE clinical guidelines, technology appraisals, interventional procedures and quality standards. The database was comprehensive and updated for circulation on a quarterly basis. Each quarterly report detailed new national guidance, whether a response as to its relevance to the trust had been received within 30 days, whether it had been determined to be compliant with the guidance and if an action plan was in place. The quarterly report also detailed historic NICE guidance that had not been recorded as fully compliant. In the quarter 2 report, guidance that was partially compliant from 2011 and 2012 had recent updates indicating progress with agreed action plans.
- The trust had well-attended joint anaesthetic and surgical audit meetings. Mortality and morbidity were routinely discussed at these meetings and learning points were discussed, agreed and shared.
- The services participated in national and local clinical audits and results compared favourably with similar trusts.
- Clinical audit was monitored centrally and at business unit level. Results from audits were shared at clinical audit meetings and clinical governance meetings. Forward plans were monitored and quarterly reports were provided to the business units. There was evidence of learning and service improvement as a result of local and national audit findings.
- National transplant and ventricular assist device audit results were among the best in the UK.
- Staff used care pathways effectively.

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## Patient outcomes

- Patient outcomes were outstanding and were among the best nationally. In surgery, readmission rates for elective procedures were better than the England average, with the exception of cardiothoracic transplantation, which was worse than the England average.
- Readmission rates for non-elective procedures were better than the England average.
- Individual surgeons' performance data provided by the Society for Cardiothoracic Surgery showed that they consistently performed better than the England average. Most recent audit data from November 2013 to October 2014 showed that all surgeons at the hospital achieved a lower level of mortality than would be predicted for the procedures, with most having a significantly lower mortality rate.
- In medicine, the latest Myocardial Ischaemia National Audit Project (MINAP) indicated average or above average performance for those sections of the audit the trust was eligible to participate in, when compared with other trusts nationally.
- Data related to the percentage of deaths following treatment within the Primary Percutaneous Coronary Intervention service indicated that patient mortality was lower (better) than the national average. Between April and July 2014, the mortality rate at the hospital was almost 5% compared with a national mortality rate of over 6%.

## Multidisciplinary working

- Multidisciplinary working was well established throughout the trust. Doctors, nurses and allied health professionals worked well together to provide a person-centred approach to care and treatment. The sharing of information across the disciplines was well managed. Each discipline listened to and valued the contribution of their colleagues.

## Consent, Mental Capacity Act & Deprivation of Liberty Safeguards

Staff had a good understanding of trust policies and procedures related to consent. However, some staff in the imaging and diagnostic services had a limited understanding of the implications of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was of concern because patients who lack capacity may not have always received appropriate assessment and assistance to ensure decisions were made in their best interests.



# Summary of findings

## Are services at this trust caring?

Care and treatment were delivered to patients in a person-centred, empathic and sensitive way. Patients and those close to them were extremely positive about the caring and supportive attitudes of staff.

Staff were highly motivated and keen to provide care that promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive.

Patients were active partners in their care and all patients told us they felt very involved in the decision-making process. People's individual preferences and needs were always reflected in how care was delivered.

Patients and those close to them also understood their treatment and the choices available to them. There were good examples of how staff had worked together with patients to overcome obstacles to ensure that people's daily lives continued despite serious illness.

Meeting people's emotional needs was recognised as important by all staff disciplines and staff were skilled and sensitive in supporting patients and those close to them during difficult and stressful periods.

### Compassionate care

- Services were delivered by caring and compassionate staff. We found numerous examples of person-centred compassionate interactions between patients, those close to them and staff. Staff worked hard to establish a rapport with patients to allay their fears and anxieties.

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

- Care was planned and delivered in a way that took into account the wishes of the patients.
- Patients were active partners in their care. Patients told us they felt very involved in the decision-making process. People's individual preferences and needs were always reflected in care and treatment plans and how care was delivered.

### Emotional support

- Meeting people's emotional needs was recognised as important by all staff disciplines and staff were skilled and sensitive in supporting patients and those close to them during difficult and stressful periods.

Outstanding



# Summary of findings

## Are services at this trust responsive?

Staff were responsive to patients' needs through effective communication and sensitive, safe handovers of information.

Good systems were in place to ensure that services were able to meet the individual needs of people who travelled long distances to be treated at the trust.

Translation and interpretation services, and support for patients with other communication difficulties, were available.

The trust had a rapid discharge pathway to enable patients to be discharged to a preferred place of care at the end of life.

The outpatients department was well managed, responsive and flexible in meeting patients' needs.

The trust had been failing to meet national referral-to-treatment times for cardiothoracic surgery. This had been rectified at the time of the visit. There were also a significant number of cancelled operations and high theatre use, and a number of patients had not had their surgery 28 days after their operation was cancelled. This was due to a number of reasons, including late referrals to the hospital from other centres that meant referral-to-treatment time targets could not be met, changes in patients' conditions that meant they were unfit for surgery and capacity issues because of increased demand for some services.

The Trust did not have a strategy for dealing with patients living with dementia or an embedded approach for dealing with patients with protected characteristics.

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

- Staff in the clinical areas were unaware of the trust's business continuity or major incident plans. A major incident plan was not available on the trust's intranet site, although a major incident policy was. The policy did not inform staff of their roles and responsibilities if a major incident occurred. The risk manager told us that a plan was available in a staff shared drive, but staff were unaware of its existence.

## Meeting people's individual needs

- The trust did not have a strategy for caring for patients living with dementia. With the exception of four questions included as part of the routine admission screening process, screening

Good



# Summary of findings

for dementia did not take place on the wards and departments providing care and treatment to medical patients. There was a dementia pathway and assessment plan in place for surgical patients requiring this type of support.

- Information on the Alzheimer's Society was available in the outpatients department. Patients with a diagnosis of Alzheimer's and their families were encouraged by staff to complete the 'this is me' booklet from the start of their outpatient journey. Staff had received some basic information in understanding the needs of people living with dementia, but no formalised training had been provided. Initiatives to alert and inform staff about patients with dementia were not widely used in the trust.
- In addition there was an inconsistent approach for managing the needs of patients with protected characteristics.

## Access and flow

- The trust had been failing to meet national referral-to-treatment times for cardiothoracic surgery. This had been rectified at the time of our inspection. There were also a significant number of cancelled operations and high theatre use, and a number of patients had not had their surgery 28 days after their operation was cancelled. This was due to a number of reasons, including late referrals to the hospital from other centres that meant referral-to-treatment time targets could not be met, changes in patients' conditions that meant they were unfit for surgery and capacity issues because of increased demand for some services.
- There was no designated emergency theatre, which meant emergency cases were prioritised and as a result elective surgical cases needed to be deferred and rescheduled.

## Learning from complaints and concerns

- The trust had robust processes in place for learning from experiences, concerns and complaints. The trust received very low numbers of complaints, with just 18 complaints being received in Quarter 2 (July to September 2014). Response times were agreed with complainants at the beginning of the process and were occasionally renegotiated if the investigation was more complex than initially thought. The majority of complaint investigations were completed before or on the target date. Examples of learning from complaints were recorded in the database, shared in the quarterly Quality and Safety report and reported to the trust board through the Quarterly Patient Experience Report.

# Summary of findings

The trust had a number of mechanisms in place to obtain patient feedback and learn from experience. As national patient-reported outcome measures (PROMs) data do not apply to the services provided at the trust, the trust had developed its own PROMs. The PROM group met regularly and more recently became the Patient Experience Group, where a wider set of experience and outcome measures were reviewed. We were provided with a draft Patients and Carer Experience Strategy that confirmed the mechanisms in place across the trust.

## Are services at this trust well-led?

There was an established executive team who were well known to staff. The Chairman was very well informed and was a regular visitor to ward and service areas. Staff were positive about the visibility and accessibility of the senior team.

Staff were committed and passionate about their work. Staff were keen to learn, develop and continuously improve the services they offered to patients.

However, there were no clear links between the trust's values and its strategic approach. A number of key strategies to support quality were not in place and risk management was not well developed at service or trust level.

## Vision and strategy

- Staff were unaware of the vision for the future of the trust other than the building of a new hospital. The trust's values of 'Care, Valued, Excellence and Innovation' were developed following a workshop with staff in June 2014. The values had been shared in a relatively new team brief newsletter available on the intranet, although there had only been two formal newsletters and one pilot at the time of our inspection. Some wards and departments had developed their own vision and values; however, the trust's vision and values were not widely visible or understood throughout the organisation.
- The trust did not have a quality strategy in place. In addition, there were no strategies in place for caring for people living with dementia, or organisational development. However the Organisational Development (people) strategy was in development at the time of our inspection. The trust had 'signed up to safety'; however, this was a recent national initiative and was not yet measuring progress against safety priorities so we could not evaluate its effectiveness.

Good



# Summary of findings

## Governance, risk management and quality measurement

- Risk registers were not well managed at ward, department, business unit or corporate level. A significant proportion of the risks had been on the risk registers for years, some from as early as 2005. For example, in Cardiology 11 out of 17 risks and in Estates 12 out of 14 risks dated from before 2013, and in Finance all five risks dated from before 2011, with two from 2005. One risk identified in Cardiology had a risk rating of '20' (High Risk); this had been on the risk register for almost six years without a reduction in rating. We reviewed risk registers for a number of service areas. Common themes were poor risk descriptions (particularly about the cause of the risk), out-of-date risks that were some years old and uncertainty whether reviews of the controls (existing policies and practices) had occurred. The review dates for all risks had passed, but were within 2014, so it was not clear whether this was the last date that a review of the risk should have or did take place. Some staff confirmed that they were not confident in undertaking risk assessments but were aware that a number of risks had been escalated and remained on the risk register with no actions taken.
- In addition we found that the executive team provided the board with Board Assurance Framework document that contained risks set against the 'risk appetite' (within agreed tolerance levels) agreed by the board, as opposed to receiving current and target risk ratings. The Board Assurance Framework comprised 19 risks; nine were within the 'risk appetite' set by the Board. There had been limited change in the risks included on the Board Assurance Framework, with only one risk having changed in risk score, where the risk score had increased.
- The board carried out a self-assessment against the Foundation Trust Quality Governance Framework in August 2014. It had assessed itself as meeting virtually all of the requirements in full.
- However, the self-assessment included a column for 'evidence of compliance'. The range of evidence used to support the trusts conclusions was quite limited; it relied heavily on minutes and committee reports and did not refer to the lack of a quality strategy or other strategic documents.
- The trust had not yet commissioned an external review of quality and governance mechanisms at the time of our inspection.

# Summary of findings

## Leadership of the trust

- There was strong leadership and good management support for staff from their line managers. Staff felt supported and valued. The Executive team and the Chairman were visible and accessible to staff at trust level and supported the delivery of high-quality care, learning and innovation.
- The trust had provided leadership development programmes including a development programme for nursing staff at bands 5 and 6. The leadership programmes were evaluated well by staff, who felt it supported their professional development.
- There were some very positive role models for staff at service and trust level. There was strong evidence of staff in all disciplines that were very focused and committed to developing and improving services that would improve clinical outcomes, longevity and quality of life for patients in their care.

## Culture within the trust

- There was a very positive culture in the trust. Staff were very proud of the work they did and very proud of the trust. They were aware of the trust's positive reputation and worked hard to maintain and enhance that reputation through a commitment to continuous improvement and innovation.

## Fit and proper persons

- The trust had robust recruitment policies and procedures in place for recruiting its directors and senior team. Directors were appropriately vetted and checked before appointment.

## Public and staff engagement

- The trust was proactive in securing patient feedback and used it effectively to improve patients' experience.
- Staff routinely engaged with patients and their relatives to seek their views about their experiences at the trust.
- The trust was highly regarded in the local area and enjoyed good support from local residents, who often offered visitors and patients affordable accommodation within the village of Papworth Everard.
- Staff received communications in a variety of ways such as newsletters, emails, briefing documents and meetings. All staff were aware of the plans for the new hospital and were positive about the opportunities this would bring for the further development and expansion of services. However, staff were not familiar with the challenges facing the organisation outside of their own service area.

# Summary of findings

## **Innovation, improvement and sustainability**

- Clinical outcomes for patients treated at the trust were among the best nationally and internationally. The trust was actively involved in a comprehensive research and development programme that encouraged service development and innovation for the benefit of patients.
- Service growth was hampered by the lack of physical space on the site; the trust had plans to address this by constructing a new purpose-built hospital.



# Overview of ratings

## Our ratings for Papworth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Outstanding	Outstanding	Good	Good	Good
Critical care	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Outstanding	Good	Good	Good
Overall	Good	Outstanding	Outstanding	Good	Good	Good

## Our ratings for Papworth Hospital

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

# Outstanding practice and areas for improvement

## Outstanding practice

### **We saw several areas of outstanding practice including:**

- The surgical division's effectiveness and patient outcomes were outstanding and were among the best nationally and internationally.
- The Critical Care Area had recently developed guidelines for the prevention, recognition and management of delirium. This was a multidisciplinary piece of work led by the unit's matrons and also

included members of the ALERT team and a consultant intensivist. The guidelines were about to be launched and plans were in place for the work to be shared through conference presentations.

The hospital had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, such as details of their current medicine.

## Areas for improvement

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

- Stop the practice of routinely preparing one medicine (glyceryl trinitrate) in advance of its immediate use in the catheterisation laboratory because this practice is contravenes Nursing and Midwifery Council's standards.
- Ensure that incidents are reported in a timely manner and that learning from incidents takes place.
- Ensure that all fire exits are clear.
- Have an effective system in place to ensure that drugs stored in resuscitation trolleys are in date.
- Address the breach of single-sex accommodation on Duchess ward.

- Improve the way risk is managed and reported.
- Develop and implement a strategy for patients with a diagnosis of dementia.

### **In addition the trust should:**

- Develop and implement a quality strategy.
- Develop and implement an organisational strategy.
- Ensure the organisation's vision and values are clearly articulated, shared and understood by staff.
- Strengthen its approach to incident reporting and investigations.
- Ensure learning from incidents is shared across the organisation.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  (1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to-  (b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the Regulated activity.'  The provider has established a quality assurance system but this is not sufficiently embedded yet to be assured that all risks are identified, assessed and managed to protect people using the service

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises  (1) The registered person must ensure that service users and others having access to the premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises , by means of-(a) suitable design and layout. The provider has not appropriately managed the single sex accommodation and provision of privacy and dignity in the ward areas.

Regulated activity	Regulation
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This section is primarily information for the provider

## Compliance actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

**13. The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.**