

# Ipswich Hospital NHS Trust

## Inspection report

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Date of inspection visit: 30 August to 13 October  
2017  
Date of publication: 18/01/2018

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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

The Ipswich hospital NHS Trust has one general hospital, which was first built around 1910, and has been expanded to cover 45 acres. The private finance initiative (PFI) wing, opened in 2007. The hospital serves around 385,000 people from Ipswich and East Suffolk. Community hospitals and specialist community services were taken on by the Trust in October 2015.

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

Acute services are provided at Ipswich Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant and midwifery-led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. The hospital has a total number of 650 beds that includes 594 general and acute beds, 38 maternity beds and 15 critical care beds (commissioned for 12).

As of June 2017, the trust employed 3650 whole time equivalent (WTE) staff across all locations. In Ipswich, 11% of the population identify as Black and Minority Ethnic (BME) origin. The trust's overall BME workforce is 14.6%. BME response rates in the NHS staff survey 2016 were lower than the minimum recommended (45.6%). There are no BME board members on the Trust's executive board, or BME staff appointed above band 9.

Between February 2016 and January 2017 there were:

- 88,196 inpatient admissions. This was an increase of 4% from the same period 2015/16.
- 648,305 outpatient attendances. This was an increase of 7% from the same period 2015/16.
- 88,547 accident and emergency attendances. This was an increase of 5% from the same period 2015/16.
- 3,454 births. This was a decrease of 3% from the same period 2015/16
- 1,374 deaths. This was an increase of 4% from the same period 2015/16.

The trust was last inspected in January 2015 as part of our comprehensive inspection programme. At the 2015 inspection we rated the Trust good overall. Safe and responsive were rated as requires improvement with caring, responsive and well led rated as good.

Ipswich hospital NHS Trust is a part of the Suffolk and North Essex STP. In May 2016, The Ipswich Hospital NHS Trust (IHT) and Colchester Hospital University NHS Foundation Trust (CHUFT) committed to entering a long-term partnership. An outline business case was developed to consider the following merger options:

- a) A merger of the two Trusts with full integration of clinical services,
- b) A merger of the two Trusts with some integration of clinical services,
- c) An acquisition of one Trust by another and as a comparison, the scenario of 'no change' is also being considered.

A merger or acquisition would not necessarily require clinical services to move, but may mean that services would work together more closely, for example, sharing best practice in delivering high quality care. This sees the trusts developing working arrangements in line with the STP, with Nick Hulme as overall CEO for both trusts.

The recommendation from the outline business case, announced on 17 August 2017, was to form a single combined organisation with fully integrated clinical services. We have been advised that subject to the boards approving the case, the Trusts will go on to develop detailed plans for the combined organisation. A final decision to form a single organisation will then be taken by both Trust boards around June 2018.

# Summary of findings

## Overall summary

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

## What this trust does

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

Acute services are provided at Ipswich Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant and midwifery-led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. Community hospitals and specialist community services were taken on by the Trust in October 2015.

## 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. Following the 2015 inspection we undertook enforcement action and told the trust it must take action to improve. CQC served two Requirement Notices; one in relation to Regulation 9, Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. The other was in relation to Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.

Between 30 August and 13 October 2017 we inspected the following core services; urgent and emergency care, services for children and young people, end of life care and medical services. We also inspected community inpatient services at Aldeburgh community hospital, Bluebird Lodge community hospital and Felixstowe community hospital.

We inspected the above services provided by this trust as part of our continual checks on the safety and quality of healthcare services and because the trust now ran specialist community services that had not previously been inspected.

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?

## What we found

### Overall trust

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

# Summary of findings

Safe was requires improvement, effective, caring, responsive and well led were good.

Our inspection of the core services covered Ipswich hospital and Community In patient services at Aldeburgh Community Hospital, Bluebird Lodge Community Hospital and Felixstowe Community Hospital. Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

## Ipswich hospital

- Urgent and emergency care went down from outstanding to good overall. The question of safety went down from good to requires improvement. Responsive and Well Led went down from outstanding to good. There were concerns with safety aspects relating to equipment monitoring, maintenance, and risk assessment processes for the environment. Service performances against national standards were variable and the department was in the process of transition and was introducing a new model of nursing leadership.
- Medicine services remained rated as good overall, with all five questions remaining good. Safety and delivery of the service and outcomes for patients remained good, with some innovative developments in older people's services. Patients' needs were met and treatment delivered by well-trained competent caring staff. However there were some improvements required with ensuring the accuracy of venous thromboembolism (VTE) assessments.
- Services for children and young people had improved from requires improvement to good overall. The question of safety remained requires improvement, effective and well led had improved to good with caring and responsive retaining a good rating. There were concerns around medication storage, documentation completion by medical staff and safeguarding training to level three. However the trust had taken steps to improve the critical care pathway for children, with clarity now around patient flow and competent staffing to provide care to seriously ill children. A change in leadership had resulted in a more visible cohesive team.
- End of life care remained rated as good overall, with the effective rating improved from requires improvement to good. The documentation was now in line with National guidance, individualised care planning had been introduced and discussions with patients and families regarding end of life care planning decisions had improved. However there were shortfalls in monitoring of incidents specifically relating to EoLC and how many patients achieved their preferred place of care and preferred place of death.
- On this inspection we did not inspect surgery, critical care, maternity, and outpatients. The ratings we gave to these services on the previous inspection in January 2015 are part of the overall rating awarded to the trust this time.

## Community Inpatient service

- Community inpatient services had not been inspected and rated previously. Safe, effective, caring, responsive and well led were all rated as good. Care was provided in line with national and best practice guidelines. Patients' needs were met and there was clarity regarding management responsibility with engaged local leadership. However we also found that IT systems, at the time of inspection, did not allow staff to access the trust intranet. In some locations the vacancy rate was high and not all risk management processes were embedded.
- On this inspection we did not inspect community health services for adults or urgent care. These services had not been inspected previously therefore there is no rating provided.

## Are services safe?

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

- Urgent and emergency care had gone down for safety from a good rating at our last inspection to requires improvement. There was a lack of effective process to monitor equipment servicing to ensure items were safe for use,

# Summary of findings

and there were gaps in checking of resuscitation equipment. Risk assessments to ensure the environment utilised for patients suffering mental health conditions were not in place and had not been identified as an area of risk. Mandatory training and safeguarding training completion rates did not meet the trust's completion target and prompts to lead staff to explore potential types of abuse were limited to only physical signs.

- Services for children and young people remained rated as requires improvement. There was ineffective process to ensure medications were stored at appropriate temperatures to maintain efficacy. Compliance with mandatory training for nursing staff across the service was lower than the trust target of 95%, and safeguarding level three training was at 79% which for childrens service was particularly low. Medical staff were not completing the 'First hour of care' documentation on the neonatal unit.
- At our last inspection in January 2015, surgical services were rated as requires improvement for safe. The action plan and ongoing monitoring and engagement with the trust gave us a good degree of confidence that the trust had taken the right action to improve the safety of this service. This will be inspected at a later date.

## Are services effective?

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

- Urgent and emergency care remained good for effectiveness. Evidence-based guidance was used to provide care and treatment and staff were competent in their skills and knowledge. There was good multidisciplinary working. However the department did not continue to measure their performance against the Royal College of Emergency Medicine (RCEM) clinical standards for emergency departments in relation to sepsis.
- Medicine services remained good for effectiveness. Care and treatment was based on national guidance the service monitored the effectiveness of care and treatment and used the findings to improve them.
- Services for children and young people improved for effectiveness from requires improvement to good. Effectiveness of care and treatment was monitored through local and national audits and actions identified to improve. Working relationships with other providers of specialist care and regional networks were established. However we did find areas for improvement with regard to ensuring policies were updated in a timely manner, monitoring of fasting times in day surgery and consent process in respect of Gillick competence. Transition for adolescents was yet to be established in all areas.
- Services for end of life care remained requires improvement for effectiveness. There remained areas for improvement such as utilising local audit to monitor specialist palliative care response times and preferred place of death or preferred place of care. However care provided was in line with national guidance, documentation had been revised and individualised care plans introduced. Consultation was underway to increase the specialist palliative care team (SPCT) service to seven days and introduce an electronic system to co-ordinate care.
- Community Inpatient service was rated as good for effectiveness. Patients care, pain relief and nutrition were planned and delivered in line with national and best practice guidelines. There was established multidisciplinary working across all three community hospitals and staff were competent and encouraged to develop.

## Are services caring?

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

- Urgent and emergency care remained good for caring. Staff provided compassionate care and ensured privacy and dignity for patients at all times. Patients and those close to them were involved in decisions about their care and treatment, with explanations being given in terms the patient could understand. The chaplain for the emergency department carried a trauma bleep and offered emotional support to the relatives of critically ill patients. However friends and family test results needed to improve.

# Summary of findings

- Medicine services remained good for caring. The evidence was universally positive about the way patients and relatives were treated by staff. Staff displayed kind and gentle behaviour and offered positive support to patients that were uncomfortable or needed reassurance. Situated in the oncology and haematology department was the cancer information centre which meant patients and relatives had immediate access for information and support.
- Services for children and young people remained good for caring. Patients spoke of being treated with kindness and explanations were provided to the children as well as the parents. There were several specialist nurses, such as the bereavement midwife, that provided additional support. There were parent care plans in place in the neonatal unit, however despite this, inclusion of parents in discussions with medical staff was not always good with babies being removed from parents for medical ward rounds.
- Services for end of life remained good for caring. Both medical and nursing staff were aware of treating patients receiving end of life care, and their families, in a sensitive manner. Dignity and respect was embedded across all disciplines of staff including nurses, doctors, chaplains and porters. Individualised care plans included psychological and spiritual needs and there were a range of clinical nurse specialists in place to provide support and information.
- Community Inpatient services were rated good for caring. All staff were observed to be courteous, professional and kind when interacting with patients. Patient feedback was consistently positive. There were examples of special events, such as wedding ceremonies, being organised. Information for a range of support groups was available at all three community hospitals.

## Are services responsive?

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

- Urgent and emergency care went down for responsiveness from outstanding to good. The department had seen a downward trend against some national performance targets in the last 18 months. However the service continued to provide to the needs of the local people and had undertaken an external review to identify areas to enable improvement. There was a proactive approach to managing flow through the department.
- Medicine services remained good for responsiveness. Processes for admissions, discharges and peaks of capacity worked well. The Frailty Assessment Base (FAB) provided an alternative to acute admission provided liaison between local GPs, community teams and provided multidisciplinary team assessment. Health passports provided continuity in care with the community. Processes were in place for sharing and learning from complaints.
- Services for children and young people remained good for responsiveness. There was clear evidence that the service involved children and young people in design and development of the service. More age appropriate toys and materials had been introduced and a portable sensory unit meant availability across all wards. There were however areas for improvement such as the paediatric recovery area and reducing the need to treat children under the age of 16 in adult inpatient areas.
- Services for end of life remained good for responsiveness. Staff were aware of patients' individual spiritual and religious needs. Visiting hours were flexible to ensure relatives could spend as much time as needed with their loved ones. There was a compassionate approach from all staff including the chaplaincy and mortuary service. However there was recognition that delays with completion of death certificates and cremation documentation needed to improve.
- Community Inpatient services were rated good for responsiveness. There was evidence that the trust worked with other providers to plan and deliver services, providing both step up services (admission from primary care) and step down services (admission from acute beds). Patient admissions were pre-planned to allow for appropriate individual assessment and there were several specialist staff, such as dementia champions, provided support in the community setting. However there was no discharge co-ordinator to support community inpatients and there was evidence that delayed discharges could be improved.

# Summary of findings

## Are services well-led?

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

- Urgent and emergency care went down for well led from outstanding to good. The department was in a transition period with regard to nursing leadership. Staff continued to work well together and described an open and supportive culture. Staff were encouraged to share ideas about how to improve services and recent examples of this included a proposed pilot to trial out of hours cover for phlebotomy and ECG monitoring.
- Medicine services remained good for well led. Nursing and medical leadership at a local level was established and visible. There was a defined strategy with focus on alternative ways of working to manage capacity pressures with new developments such as pathway to support frail older patients both in the acute setting and in the community. Culture was positive with strong multidisciplinary working, with clear lines of accountability for risk management and performance.
- Services for children and young people improved for well led from requires improvement to good. Following some team-changes staff told us local leaders were more visible. A strategy had been drafted with a focus on high standards of care. There was a clear sense of pride amongst staff with clear lines of responsibility aligned to the accountability framework and staff felt communication was good.
- Services for end of life remained good for well led. A named non-executive director (NED) was now in place for end of life care. Staff had been engaged in developing the strategy for the service to ensure it met patient's needs. There were formalised quality assurance processes in place and a member of the mortuary now attended the end of life programme board meetings. However we found that there was limited oversight of incidents relating to end of life care and no formal bereavement survey, to gather the views and experiences of bereaved relatives.
- Community Inpatient services were rated good for well led. There were clear lines of management responsibility and accountability that linked into the accountability framework. At each hospital, we found knowledgeable, enthusiastic local leaders and staff stated they felt valued and supported. The united aim was to provide integrated services to provide seamless transition from acute care to community and primary care settings. At the time of inspection the community inpatient services were just preparing to adopt the trusts risk management processes and therefore these need to be fully embedded.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, for Ipswich Hospital, for acute and community health services, 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.

The information for Outpatients in the ratings table also applies to Diagnostic Imaging because the services were inspected together in 2015. We now inspect the two services separately. Ratings for two services in the Community health services ratings table show as not rated because we have not inspected and rated them yet.

## Outstanding practice

We found examples of outstanding practice in medical care, end of life care services, children and young people's service and urgent and emergency care.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 22 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued two requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements at a trust-wide level and in a number of core services.

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

We found examples of outstanding practice in medical care, end of life care services, children and young people's service and urgent and emergency care.

We found the following outstanding practice:

- The emergency department (ED) worked collaboratively with the frailty assessment base to identify patients with frailty needs. These patients were moved to a specialist assessment ward within the trust.
- Within medicine the 2016 National Diabetes Inpatient Audit (NaDIA) measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital whatever the cause, and aims to support quality improvement. The NaDIA audit identified 86 in-patients with diabetes at the trust. The overall results indicate that the trust is in the best performing 25% of trusts in England.
- The Frailty Assessment Base (FAB) provided an alternative to acute admission and enabled instant advice for GPs or community teams as well as same or next day assessment by a dedicated MDT.
- The children and young people's service had achieved recognition in nominations for national awards with the Voice4Change young people's group and the research and development team.
- Within the children's service there was innovative use of various techniques, such as sensory equipment and animal handling, for stimulation, distraction and comfort for children with many different needs.
- The chaplaincy team provided a responsive supportive role throughout the Trust. They carried a trauma bleep to enable them to be available to offer emotional support to relatives of critically ill patients. They also offered emotional support to staff and had developed a resilience-training programme.
- The trust had a 'carer's cabin', which was run in partnership with a local charity. This was a cabin situated outside the hospital, which was open from Monday to Friday and offered carers free refreshments and the chance to drop in for emotional support and signposting to services.

# Summary of findings

Detailed evidence and data supporting our judgements is provided in the evidence appendix.

## 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 two services and the trust overall. The services were urgent and emergency care, and children and young people's services.

#### For the overall trust:

- The trust must ensure that staff are up to date with mandatory training in accordance to their roles, specifically basic, intermediate and advanced life support.
- The trust must ensure that all staff are up to date with safeguarding training to a level in accordance with their roles and that safeguarding documentation / flowcharts makes reference to the different aspects of potential abuse.
- The trust must ensure that there are effective processes in place for equipment maintenance and servicing. Oversight of the action plans for Electrical and Biomedical Engineering (EBME) department should continue to ensure the environment is fit for purpose.
- The trust must ensure that the recently established senior management oversight of the discharge lounge continues.

#### In urgent and emergency services:

- The trust must undertake a formalised assessment process to ensure that the area in majors used for mental health assessments is safe and suitable for use.
- The trust must ensure that staff are competent and documentation is accurate in relation to the modified early warning score (MEWS) within the emergency department.
- The trust must ensure there are effective processes in place to manage the electrical safety testing for all electrical equipment.
- The trust must ensure there are processes in place to manage effective equipment checks for example all resuscitation equipment is checked daily.
- The trust must ensure that staff complete the required mandatory training.

#### In children and young people's services:

- The trust must ensure that all relevant staff are up to date with safeguarding children level three training.
- The trust must ensure that the first hour of care documentation is completed by medical staff for all babies admitted to the neonatal unit.

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

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to urgent and emergency care, services for children and young people, end of life care, medical services and community inpatient services.

# Summary of findings

## **For the overall trust:**

- The trust should ensure that additional steps are taken to improve staff knowledge, understanding and ownership around safeguarding.
- The trust should ensure that additional steps are taken to improve staff knowledge, understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) applications.
- The trust should ensure that continued steps are taken to improve staff communications within the Electrical and Biomedical Engineering (EBME) department.
- The trust should ensure the opportunity is provided for junior doctors to attend mortality and morbidity meetings as a learning opportunity.
- The trust should consider the security of medical records in unlocked trolleys to reduce the potential risk of confidential information breach.

## **In medicine:**

- The trust should ensure records of venous thromboembolism (VTE) assessments are consistency completed both electronically and in hard copy paper records.

## **In children and young people's services:**

- The trust should ensure that effective systems are in place for checking of fridge temperatures and areas where medications are stored. Appropriate actions should be recorded when breaches are found.
- The trust should review fasting times for children undergoing day surgery.
- The trust should reduce readmission rates for children and young people with long-term conditions and following elective admission.
- The trust should ensure that transitional arrangements for adolescents are established in all areas.
- The trust should ensure that all staff are confident in assessing Gillick competence (a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).
- The trust should ensure that effective processes are in place to ensure timely review of all policies and guidelines.

## **In End of Life Care:**

- The trust should ensure that the actions identified in the recent infection prevention and control audit for the mortuary are completed and that refurbishment of the mortuary environment is undertaken as planned.
- The trust should ensure there is a system in place to coordinate care with other providers for patients in the last year of life.
- The trust should ensure there is a system in place for monitoring whether patients receiving end of life care achieve their preferred place of care and preferred place of death.
- The trust should ensure that consultant staffing in the specialist palliative care team is in line with national guidance.
- The trust should ensure that face-to-face specialist palliative care support is available to patients seven days a week and that there is a system in place for measuring the responsiveness of the service.
- The trust should ensure an effective process to review and improve documented assessment of the patient's mental capacity especially in relation to DNACPR.

# Summary of findings

- The trust should ensure there is clear oversight of incidents and risks relating to end of life care across the trust.
- The trust should ensure that death certificates and cremation forms are completed in a timely way.
- The trust should ensure the views of bereaved relatives are formally captured and acted upon.

## **In Community services:**

- The trust should ensure that risk management process is embedded in community settings.

For more information, see sections on individual services and on Regulatory action.

## Is this organisation well-led?

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

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

- The trust had an experienced leadership team and there were clear systems in place to ensure that leaders had the skills, knowledge and experience on appointment and on an ongoing basis.
- Non-executive and executive directors were clear about their areas of responsibility which were detailed in the trust's corporate governance framework. A Scheme of Delegation highlighted decisions making responsibility.
- The trust had a comprehensive Fit and Proper Persons Requirement (FPPR) process in place to ensure that directors were fit to carry out their responsible roles in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Leaders understood the challenges to quality and sustainability and worked together to find solutions and develop services.
- The senior leadership team was cohesive and inclusive and were focussed on delivering safe, high quality care and treatment for all patients.
- Senior leaders were visible and approachable. Members of the senior management team visited different areas of the trust throughout the year to increase visibility and engage with staff at all levels.
- There was a clear vision and strategy to deliver quality sustainable care, which was underpinned by a core set of values that had been developed with a range of stakeholders.
- The strategy was aligned to the local Sustainability and Transformation Plan (STP) and was monitored to ensure that the needs of the local population were being met.
- The trust had a system in place to engage with all stakeholders that took into account the need to engage with staff and public in diverse groups.
- Leaders had developed an effective governance and performance system which focussed on accountability and was proactively reviewed and adapted to take into account national best practice.
- The trust had a proactive approach to seeking out new and more sustainable models of care while maintaining delivery of high quality, safe care.

# Summary of findings

- The trust recognised the need to re-evaluate the board members to meet the demands of the evolving long-term partnership with the neighbouring NHS trust.
- The trust had appointed an interim equality and diversity advisor to conduct a review of current practice and work with leaders to develop an improvement plan. At the time of inspection there was no non-executive director with responsibility for equality and diversity.

## 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 ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 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.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018
Community	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
<b>Overall trust</b>	Requires improvement ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018

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

## Ratings for Ipswich hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↓ Jan 2018	Good ↓ Jan 2018	Good ↓ Jan 2018
Medical care (including older people's care)	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018
Surgery	Requires improvement Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Critical care	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Maternity	Good Jan 2015	Good Jan 2015	Good Jan 2015	Requires improvement Jan 2015	Good Jan 2015	Good Jan 2015
Services for children and young people	Requires improvement ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
End of life care	Good ↔ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018
Outpatients	Good Jan 2015	Not rated	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
<b>Overall*</b>	Requires improvement ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Jan 2018					
<b>Overall*</b>	Good Jan 2018					

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

# Acute health services

## Background to acute health services

The trust provides all eight acute core services from the Ipswich hospital location.

## Summary of acute services

**Good** ● → ←

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

The summary of acute services appears in the overall summary of this report

# Ipswich Hospital

Ipswich Hospital  
Heath Road  
Ipswich  
Suffolk  
IP4 5PD  
Tel: 01473712233  
[www.ipswichhospital.net](http://www.ipswichhospital.net)

## Key facts and figures

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

Acute services are provided at Ipswich Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant and midwifery-led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. Community hospitals and specialist community services were taken on by the Trust in October 2015.

We carried out a comprehensive inspection at Ipswich Hospital NHS Trust, as part of our comprehensive inspection programme under CQC next phase methodology (2017). We carried out unannounced inspections of five core services; urgent and emergency care and services for children and young people were inspected on 31 and 31 August 2017. We inspected end of life care and medical services on 19 and 20 September and community inpatients on 21 September 2017. We then carried out an announced well-led inspection on 12 and 13 October 2017.

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?

We decide all ratings using a combination of aggregating the core service ratings and the professional judgement of inspection teams. We provide ratings at different levels and we use a set of ratings principles to help us to determine the final ratings. The inspection report will specify the date when we awarded the rating for each service. If we have not inspected a core service or key question as part of the trust inspection, we will maintain the existing rating. Aggregated ratings will be a combination of previously allocated and new ratings from recent on-site inspection activity.

# Summary of findings

Before inspecting we reviewed a range of information we held about the provider, including Insight dashboard information. We engaged with the provider and engaged with stakeholders to share what they knew about the hospital. These included the clinical commissioning group (CCG), Quality Surveillance group (QSG) which includes NHS England; NHSI, Health Education England (HEE) and Healthwatch.

Following this inspection 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.

## Summary of services at Ipswich Hospital

**Good** ● → ←

Our rating of these services stayed the same. We took into account the current ratings of services not inspected this time. We rated them as good

A summary of our findings about Ipswich Hospital appears in the overall summary

# Urgent and emergency services

Good  

## Key facts and figures

The emergency department (ED) at Ipswich Hospital is located within the Private Finance Initiative (PFI) wing of the hospital that was purpose built and opened in 2007. The ED at Ipswich Hospital provides a 24-hour, seven day a week service to the local area. The department had 87,970 patient attendances from April 2016 to March 2017; of these 19,745 were attendances for children. The department also had 27,685 attendees arriving by ambulance during the same time period.

The ED provides consultant led care which was divided into different streaming areas from minor injuries to major trauma. The department has a resuscitation area, majors, ambulatory care and a designated children's ED.

The children's service is accessed from the main waiting room with swipe card access therefore patients and their parents had to be given access to the children's waiting area by a member of staff. The department had three treatment and assessment rooms for children in a secure area.

The emergency department has five resuscitation bays, two of which are used for rapid assessment and treatment and a further bay is designated for children. These are positioned next to the ambulance entrance. There are 12 cubicles for patients in the majors' stream and four assessment and treatment rooms for patients in the ambulatory care stream. The department also has an x-ray, low stimulation room and a relative's room.

During our inspection, we used a variety of methods to help gather evidence to assess and judge the urgent and emergency services at Ipswich Hospital NHS Trust. We spoke with 31 members of staff including consultants, nurses, support staff and ambulance crews, four adult patients and relatives. We reviewed 20 sets of patient records, six of which related to children.

We interviewed the associate director of nursing and three consultants working with the ED. We spoke with professionally qualified and support staff. We observed the environment and the care provided to patients. We also looked at a wide range of documents including policies, meeting minutes, action plans and audit results.

## Summary of this service

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

- The emergency department had processes in place to manage patient incidents. Staff identified incidents and reported them appropriately. Managers shared learning from the investigation of incidents and concerns with staff.
- Staff from different specialities worked effectively as a team and they had the required skills to treat patients presenting to the emergency department from minor injuries to major trauma.
- The department continually monitored performance both locally and nationally. These results were used to plan new services and improve existing services.
- Staff provided compassionate care to their patients tailoring care to the patient's individual needs.
- The department had a positive staff culture and staff felt able to contribute ideas to improve the services provided.
- There were processes in place to communicate information from the emergency department to the board.

However:

# Urgent and emergency services

- The trust did not have robust processes in place to ensure that equipment checking or testing was completed in a timely way.
- The completion of mandatory training by staff within the emergency department did not meet the trust completion target.
- There was no formalised assessment process to ensure that the area in majors used for mental health assessments was safe and suitable for use.
- The structure of the paper records did not help staff in identifying and recording all types of abuse.
- The department's performance against national standards was variable.

## Is the service safe?

**Requires improvement** ● ↓

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

- At the time of inspection there was no formalised risk assessment process to ensure that the area in majors used for mental health assessments was safe and suitable for use.
- Not all equipment was up to date with routine electrical testing. There was no clear process for monitoring items of equipment that were not available for electrical safety testing to ensure these were rebooked in a timely manner.
- The processes in place to ensure that daily checks were completed on resuscitation trolleys were not always followed. We found gaps in monitoring in the records that were reviewed on site. There were two resuscitation trolleys where the records had been removed completely.
- Mandatory training and safeguarding training completion rates for medical staff did not meet the trust's completion target. 44% of medical staff had completed safeguarding level 3 training and 36% had completed basic life support training.
- The documentation booklets used by staff did not include flow charts for all types of abuse and only referred to physical signs of abuse. This meant the prompts may lead to staff not ask patients about other types of abuse.
- Staff had a lack of oversight in the main waiting room, as the area was not visible from the nurses' station. However, the emergency department had plans to mitigate this risk with an emergency nurse practitioner stationed in the waiting room for the new GP streaming service.

However:

- Staff identified incidents and reported them appropriately. Lessons learned were shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff working in the ED controlled infection risk well. Staff kept themselves and the premises clean and used control measures to prevent the spread of infection.
- The department had suitable measures, such as audits in place to ensure medicines were prescribed, administered and stored safely. Patients received the right medication at the right dose at the right time.
- Records were clear, contemporaneous and were available to all staff providing care.
- Staff could explain how to protect patients from all types of abuse and the emergency department worked well with the trust's safeguarding team and outside agencies.

# Urgent and emergency services

- Staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm or abuse. Staffing levels were safe with the correct skill mix to provide the right care and treatment.
- The department planned for major emergencies and staff understood their roles if one should happen.

## Is the service effective?

Good ● → ←

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

- The emergency department monitored the effectiveness of the care and treatment and used the findings to improve. The local results were compared with those of other services to learn from them.
- Staff received appraisals and regular study sessions to enhance the key skills for their role.
- Staff from different specialities worked effectively together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff communicated well with other departments within the trust.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to paper based patient documentation and could access diagnostic results electronically.
- Staff understood their roles and responsibilities under the Mental Health Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Staff and volunteers ensured patients received hot drinks and sandwiches in the majors streaming area of the emergency department (ED). The department also had vending machines for snacks and drinks in the waiting room.

However:

- The emergency department did not continue to measure their performance against the Royal College of Emergency Medicine (RCEM) clinical standards for emergency departments in relation to sepsis.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion and maintained their privacy and dignity at all times. Feedback from patients confirmed that staff were kind and compassionate.
- Staff working within the emergency department (ED) involved patients and those close to them in decisions about their care and treatment. Patients told us that staff had explained there treatment in a way that they understood.
- Staff provided emotional support to their patient and those close to them to minimise their distress. The chaplain for the emergency department carried a trauma bleep and offered emotional support to the relatives of critically ill patients.

However:

- The trust performed below the England average for the friends and family test.

# Urgent and emergency services

## Is the service responsive?

Good  

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

- The rating for responsive went down from outstanding to good as the department had not achieved the 95% of patients for patients admitted, transferred or discharged within four hours standard. However, the department performed above the England average for patients admitted, transferred or discharged within four hours.
- The trust planned and provided services to meet the needs of local people. The emergency department (ED) had undertaken an external review to make improvement to their performance and quality of services.
- The trust had introduced innovative ways to manage the flow of patients through the ED.
- The trust performed better than the England average for the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted
- The staff within the ED took account of patients' individual needs.
- Patient concerns and complaints were treated seriously. Managers investigated all complaints and learned lessons from the results, which was shared with staff.

However:

- The emergency department performed below the England average for percentage of patient that left the trust without being seen.

## Is the service well-led?

Good  

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

- The rating for well-led went down from outstanding to good because the department had not achieved the 95% of patients for patients admitted, transferred or discharged within four hours standard. The leadership team had not put measures in place in a timely way to prevent this.
- The emergency department had a clear vision for what it wanted to achieve and had workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff. Feedback from staff confirmed department managers and the senior leadership team were supportive and valued their ideas to improve the service.
- The trust had processes in place to ensure there was communication from the floor of the department to the board.
- The emergency department had robust plans to mitigate or eliminate identified risks.
- The department engaged with staff, the public and local organisations to plan and manage appropriate services.
- The emergency department was committed to improving services by learning when things went well or when they went wrong, promoting training and innovation.

However:

# Urgent and emergency services

- The emergency department was in the process of transition and was introducing a new model of nursing leadership. Nursing staff could not explain the local nursing leadership structure.
- Local leaders had not identified potential risks in the use of bays within the majors' area for patients presenting with acute mental health illness. Having taken action in response to concerns the process needs to be embedded and documentation developed to provide assurance that steps to reduce risk have been appropriately taken when required.

## 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.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at the trust provides care and treatment as part of the medicine and therapies division. Specialties included gastroenterology, respiratory, cardiology, rheumatology, neurology, dermatology, endocrinology, care of the elderly, stroke, oncology and, haematology.

Ipswich Hospital has 244 medical inpatient beds and 81 day-case and short stay beds located across 14 wards.

The trust had 49,425 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 22,031 (45%), 1,360 (3%) were elective, and the remaining 26,034 (53%) were day case.

Admissions for the top three medical specialties were:

- General Medicine 20,011
- Clinical Oncology 9,792
- Clinical Haematology 6,086

During this inspection we visited 11 wards including Acute Medical Unit, Claydon ward, Debenham ward, Grundisburgh ward, Haughley ward, Stradbroke ward, Shotley ward and discharge lounge amongst others.

We used a variety of methods to help us gather evidence in order to assess and rate the medicine services at Ipswich Hospital. We spoke with 18 patients and relatives, 40 members of staff including nurses, doctors, therapists, health care assistants, discharge coordinators, clinical leads and the senior leadership team for the division amongst others.

We also reviewed 30 patient records including records in relation to patient medication during this inspection. We observed the environment and the care of patients. We also looked at a wide range of documents, including policies, minutes of meetings, action plans, risk assessments, and audit results.

## Summary of this service

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety-monitoring results well and provided care and treatment based on national guidance and evidence of its effectiveness.
- The service took account of patients' individual needs. Staff of different kinds worked together as a team to benefit patients. There was a strong culture of multidisciplinary staff working.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

However:

- Medical records were not always secure as these were stored in unlocked trolleys.

# Medical care (including older people's care)

- There was inconsistency between electronic and paper based records of venous thromboembolism (VTE) assessments.
- There was limited access to the acute psychiatric pathway and therefore delays in psychiatric assessment were an issue on the inpatient wards.

## Is the service safe?

Good ● → ←

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service used safety monitoring results and controlled infection risk well.
- The service prescribed, gave, recorded and stored medicines well.
- There were systems to recognise and respond to any deterioration in a patient's health. Patient observations were monitored using an early warning score, with designated steps to follow, which ensured early intervention if the patient's condition changed.
- 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 had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Medical and nursing records were kept in unlocked trolleys meaning records were not secure at all times.
- There was an inconsistency between the electronic records of venous thromboembolism (VTE) assessments completed by the medical staff and the paper records.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Where results from audits were below national averages action plans were in place to improve performance, these were monitored through individual specialty governance meetings and the accountability framework.
- 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.

# Medical care (including older people's care)

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff respected and recognised patients' individual needs and choices at all times.
- Staff provided emotional support to patients to minimise their distress. The chaplaincy service supported patients, families, and staff of all faiths and beliefs.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. The Frailty Assessment Base (FAB) provided an alternative to acute admission and enabled instant advice for GPs or community teams as well as same or next day assessment by a dedicated MDT.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice. The trust utilised discharge co-ordinators, who worked across the wards, to promote the safe and timely discharge of patients.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There was limited access to the acute psychiatric pathway and therefore delays in psychiatric assessment were an issue on the inpatient wards.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. 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.
- 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.

# Medical care (including older people's care)

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Local leaders, for example ward sisters and matrons were highly respected by staff we spoke with and staff felt respected and engaged with the services.
- 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. All nursing staff we spoke with knew what the localised risks were and the risks on the medicine risk register.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff said that the senior leadership team held open forums, and that all members of the executive team were visible on the ward areas. It was noted that the Chief Executive Officer often visited the wards sometimes as early as 6am, to see the patients and staff.

## 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.

# Services for children and young people

Good  

## Key facts and figures

The Ipswich Hospital paediatric service cares for children up to and including the age of 16 years. The service includes Bergholt inpatient ward with 25 beds, a paediatric assessment unit (PAU) with a triage and assessment room, four side rooms, and two bed spaces in its ambulatory care waiting area, a day surgery unit, and a paediatric investigations unit (PIU). There is a level two neonatal unit (NNU) called Framlingham ward, where babies who require additional support following birth are cared for, with 18 cots, and a children's outpatient department.

The service was previously inspected in January 2015. At the last inspection, we rated three key questions for the service, safe, effective and well led, requires improvement resulting in a rating of requires improvement overall. The trust was issued with a requirement notice in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Concerns related to the provision of care to extremely sick children including staffing numbers, competency and provision of specialist children's nurses as well as the critical care pathway for children was not well defined. We inspected all key questions to ensure that the issues in the requirement notice had been met. At this inspection we rated safe as requires improvement, with effective, caring, responsive and well led rated as good, providing a good rating overall.

We completed an unannounced inspection on 30 and 31 August 2017. Before our inspection, we reviewed performance information from, and about, the trust. During the inspection, we visited all areas of the paediatric service.

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

During the inspection, we spoke with six sets of parents and their children. We spoke with 24 members of staff; including registered nursing staff, nursery nurses, medical staff, a play specialist, administrative staff, a technician and the clinical lead the managers or acting managers for each of the wards. We observed care, and reviewed 17 sets of patient medical records, 18 prescription cards and records relating to the running of the service.

## Summary of this service

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

- The service now had enough trained staff and clear clinical leadership for the provision of high dependency care.
- The critical care pathway for children was now more defined. There was clarity around patient flow and expectations of staff when a patient may require critical care provision.
- Incident management was robust. Staff not only understood how and when to report incidents, but were now also informed regarding learning and improvement from incidents.
- An annual audit plan was in place for the service which received management and monitoring from the audit department and had oversight by a named consultant. Whereas previously there had been a lack of initiatives to measure and monitor patient outcomes.
- Both internal and external multidisciplinary (MDT) working was evident throughout the service.
- Compassionate care was consistently observed and noted by patients and their families, and privacy and dignity were well highlighted throughout the service.

# Services for children and young people

- Several support groups were established offering specialist advice to patients and their families. The Voice4Change young people's group was a finalist in the Patient Experience Network national awards.
- There was a portable sensory suite available. This provided a range of programmes to stimulate and provide enjoyment for all children, including those with additional needs.
- There was an improved governance system with increased staff awareness of identifying risks, and planning to reduce them. Staff were committed to improving services with innovation evident throughout the service.

However:

- Not all mandatory training, including safeguarding children level three, met the Trust target.
- Medication management and oversight of the temperature requirements for medication storage was inconsistent across the service.
- There was poor completion of the 'First hour of care' documentation on the neonatal unit by medical staff.
- There was no lead for the transition pathway for adolescents moving on to adult services. Transition was ad hoc. This was acknowledged by the trust however, plans to address this were in their infancy.
- Involvement of parents in ward rounds on the neonatal unit was not wholly transparent. Babies would be seen without their parents, with parents being brought into discussions at the end of the medical review of their baby, and updated on their care.
- There was no separate paediatric recovery area for children who had undergone day surgery and paediatric recovery nurses were not always available.

## Is the service safe?

**Requires improvement** ● → ←

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

- Whilst we found medicines to be securely stored throughout the service, the checking of medications and medication fridge temperatures was not consistent, with limited oversight or monitoring that appropriate actions were taken when required.
- Completion of the 'First hour of care' documentation on the neonatal unit by medical staff was poor. We reviewed five of these documents and medical staff had not completed any of them.
- Compliance with mandatory training was lower than the trust target of 95%, as was safeguarding level three training at 79%.

However:

- Incident management was well established throughout the service. Staff understood how and when to report incidents, and were informed about the outcomes of investigations into incidents and provided examples of learning and improvement from incidents.
- The provision of high dependency care had improved with a senior lead nursing role and lead consultant overseeing high dependency care of children, and a range of competencies designed to support caring for sick children.

# Services for children and young people

- The critical care pathway for children was more defined. There was clarity around patient flow and expectations of staff when a patient may require critical care provision. Training had been provided to ensure staff on the childrens unit could identify and escalate a child that was deteriorating and critical care staff had completed competencies appropriate to care for children.
- The service had suitable premises and equipment which was serviced and maintained.
- The service had set responsibilities around infection prevention and control practices. Infection control measures were audited and we found no evidence of any healthcare acquired infections. We consistently observed good hand hygiene and use of personal protective equipment such as aprons and gloves.

## Is the service effective?

**Good** ● ↑

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

- The service monitored the effectiveness of care and treatment through local and national audits and used the findings to make improvements.
- Staff worked together to assess and plan ongoing care and treatment. Working relationships with other providers of specialist care and regional networks were established.
- Service policies reflected national guidance and information needed to deliver effective care and treatment were available to relevant staff in a timely and accessible way.
- Staff had access to learning and development courses to support them in their roles and regular appraisal.
- The service had effective pain management processes, including age appropriate pain assessment tools and nurse prescribers.
- An evidence-based nutritional care bundle was in place on the neonatal unit and dieticians were available for advice and guidance.

However:

- Not all policies were consistently reviewed and updated in a timely manner.
- Some children on the Day Surgery Unit were experiencing extended fasting times prior to surgery.
- Not all staff were confident in assessing whether children had the understanding and maturity to consent to care.
- Transition for adolescents was not yet established in all areas, with a policy which was still in draft form and a consultant lead yet to be identified.
- The trust performed worse than the England average for the percentage of patients aged one to 17 years old who had multiple readmissions for asthma, diabetes and epilepsy. There were also a higher percentage of patients of this age range readmitted following an elective admission compared to the England average. Only limited formal action plans were available, however medical staff were able to describe audits that had recently been presented for shared learning.

# Services for children and young people

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Patients and their families told us they felt care was good and that they were pleased. Staff at the service maintained patients' privacy and dignity and privacy screens were available on the neonatal unit for mothers who wished to express breastmilk.
- Staff provided emotional support to patients and families to minimise their distress. Several support and condition-specific groups were established which were ran by nurses with the relevant knowledge and experience.
- Parent accommodation was available on the neonatal unit up to nine parents, with plans to increase this number further.

## Is the service responsive?

Good ● → ←

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

- The children's services were planned and provided in a way that met the needs of local people. Children and young people were involved in discussions regarding the service.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service took account of patients' individual needs. Staff had access to a portable sensory suite for children with sensory disabilities and specialist nurses were available to provide advice and support.
- Patients had timely access to initial assessment, diagnosis or urgent treatment.
- The service treated complaints seriously. Staff knew how to deal with complaints and concerns. Lessons were learnt from complaint investigations and these were shared with all staff.

However:

- There was no separate paediatric recovery area for children who had undergone day surgery. Paediatric recovery nurses were not always available however to mitigate this all eight recovery nurses had received paediatric immediate life support training (PILS) and were required to complete a recovery paediatrics core competencies work book.

## Is the service well-led?

Good ● ↑

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

- The children's and young people service was clinically led. There had been changes to the leadership team which staff reported had resulted in leaders that were more visible and approachable.

# Services for children and young people

- The service had developed a draft strategy by involving staff to ensure it met with the needs of patients and staff. The strategy included a logistical redesign of the service to make better use of its footprint on the hospital site.
- Governance systems had been strengthened resulting in an improved risk management process. There was detailed scrutiny of incidents and risk at the risk and governance meetings and a developed and monitored audit programme for quality improvement. Staff were involved in identifying risks and planning to eliminate or reduce them and could articulate examples of shared learning.
- There was a positive culture of support and staff felt valued and proud to work for the service with respect between nursing and medical staff.
- The service inputted to a trust wide accountability framework to assess and seek to improve the quality of service provided. Innovation was evident throughout to improve patient care and outcomes.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Not all governance issues had appropriate oversight and management, such as inconsistent medicines and medicines fridge temperature checks, and sub-optimal safeguarding and mandatory training compliance.

## 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.

# End of life care

Good   

## Key facts and figures

Ipswich Hospital provides end of life care to patients across all clinical areas and treats patients with a variety of conditions, including cancer, stroke, cardiac and respiratory disease and dementia.

Ipswich Hospital does not have a dedicated ward for end of life care. The specialist palliative care team (SPCT), which consists of specialist consultants and nurses, provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of life.

There were 1374 deaths at Ipswich hospital from February 2016 to January 2017. The SPCT received 941 referrals from 1 October 2016 to 30 September 2017, 709 (75%) of these being for patients with a diagnosis of cancer. The SPCT was available five days a week, from 9am to 5pm, Monday to Friday. Outside these hours, advice was provided by the local hospice via telephone or in person if required.

A bereavement team provided support to relatives from Monday to Friday, 8am to 4pm and a chaplaincy service was available to patients, relatives and staff, 24 hours a day, seven days a week. The director of nursing had responsibility for end of life care within the executive team.

The service was previously inspected in January 2015 where we rated one key question, effective, as requires improvement. The trust was issued with a requirement notice in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Concerns included a lack of individualised end of life care planning, lack of staff training on end of life care, gaps in recording discussions with patients and families regarding end of life care and concerns around the documentation of patients' mental capacity. We inspected all key questions to ensure that the issues in the requirement notice had been met.

We completed an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity of the end of life care service on 19 and 20 September. We visited 11 wards, including the stroke unit, accident and emergency, medical wards, surgical wards and the ward at Aldeburgh community hospital. We also visited the mortuary and the chapel. We spoke with four patients and one patient's loved one. We spoke with 38 members of staff including medical and nursing staff, allied health professionals, the SPCT, portering, mortuary and chaplaincy staff. We reviewed 16 patient care records, 14 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits.

## Summary of this service

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

- The service had enough staff with the right qualifications, skills, training and experience. The nurse staffing for the specialist palliative care team (SPCT) was now in line with national guidance.
- The service managed patient safety incidents well. Staff knew their responsibilities around reporting incidents and shared learning from incidents related to end of life care.
- Staff kept appropriate records of patients' care and treatment. The symptom assessment tool had been improved and there were now individualised care plans which were in line with national guidance.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were mostly well completed. Records of discussions with patients and relatives, signed by a senior clinician, had improved.

# End of life care

- Staff at the service treated patients with compassion, dignity and respect and involved them in their care. All patients we spoke to were positive about the care given by staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The director of nursing was the executive lead for end of life care and there was now a named non-executive director with responsibility for end of life care.
- The end of life care strategy included defined local priorities, outcomes and measures of success.

However:

- Staff in the SPCT informally monitored their response times but did not formally audit this. The trust did not audit preferred place of death or preferred place of care so were unable to measure the efficacy of the service.
- Patient's mental capacity was not always clearly documented.
- There were sometimes delays in completion of death certificates and cremation documentation.
- Senior staff had limited oversight of incidents relating to end of life care across the trust and there was no risk register specific to end of life care.
- The mortuary was still in need of refurbishment.

## Is the service safe?

Good ● → ←

Our rating of safe stayed the same. 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 nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance and were up to date with mandatory and 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.
- Staff kept appropriate records of patients' care and treatment. The symptom assessment tool had been improved since our last inspection and included advice for staff on what action to take and how to escalate concerns around patients' symptoms. Staff completed individualised care plans for patients receiving end of life care. This was in line with national guidance and was an improvement since our last inspection.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- Refurbishment of the mortuary environment remained outstanding. It was noted on the risk register and we were informed that there were plans for a staged refurbishment. Results of an infection prevention and control audit, dated 22 June 2017 highlighted concerns relating to the age of the mortuary environment and some areas for improvement. Actions that could be undertaken prior to the refurbishment were completed by September 2017.

# End of life care

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff in the SPCT informally monitored their response times but did not formally audit this. There was a lack of audits locally to ensure the effectiveness of the service.
- Two out of 14 DNACPR forms (14%) did not have a clearly documented assessment of the patient's mental capacity and we raised this with ward staff at the time of inspection. The medical team took immediate action to rectify this omission.
- The trust performed poorly in the End of Life Care Audit Dying in Hospital 2016. However subsequently the trust had implemented an action plan which was monitored through the End of Life Programme Board. This demonstrated some progress in improving care for patients who were at the end of their life.
- The SPCT did not currently provide a seven-day service although a consultation was underway to extend the service. The trust did not use the electronic palliative care co-ordination system (EPaCCS). SPCT staff told us this system had been trialled but there was limited uptake by community providers. There were plans in place to roll out the Supportive and Palliative Care Indicators Tool (SPICT) as an alternative system.

However:

- 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 always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Care plans had improved since our last inspection. Staff had updated the 'symptom control form' since our last inspection. Results of compliance with the completion of the end of life care plans showed improvement.
- The service made sure staff were competent for their roles. The SPCT offered regular study days and all wards we visited had an end of life "ambassador". Chaplaincy staff developed a training programme to support volunteers in the hospital.
- Staff of different kinds worked together as a team to benefit patients.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff at the service maintained people's privacy and dignity
- Staff involved patients and those close to them in decisions about their care and treatment. The service had open visiting hours, allowed relatives and carers to stay overnight and made arrangements to meet individual's needs.
- Staff provided emotional support to patients to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and signposted families to relevant information and support, including counselling services provided by external providers.

# End of life care

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it 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. A nurse on Sproughton ward told us about how they arranged a key worker to support a patient's relative, who had learning disabilities.
- 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 programme board meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.

However:

- There were sometimes delays in completion of death certificates and cremation documentation. However, the trust had taken action to improve this service and continued to monitor this for improvement.
- The trust did not audit preferred place of death or preferred place of care so were unable to measure the responsiveness of the service. The continuing health care team at the local CCG held this information which they shared with the trust. The trust had planned implementation of the Evolve form that would capture this information commencing in January 2018.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. 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. The director of nursing was the executive lead for end of life care and chaired the programme board for end of life care. There was a named non-executive director with responsibility for end of life care. This was an improvement since our last inspection.
- 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. The strategy referenced key national guidance. The end of life care strategy included defined local priorities, outcomes and measures of success. Staff were engaged in the development of the end of life care strategy and SPCT staff understood their role in delivering the strategy.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. An end of life programme board meeting took place every month. This meeting included representatives from across the trust and included work streams focused on key priorities for end of life care. There was representation from the mortuary at end of life programme board meetings. This was an improvement since our last inspection.

# End of life care

- 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 well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service had arranged a patient forum to gain feedback on the end of life care strategy before it was launched.

However:

- Senior staff had limited oversight of incidents relating to end of life care across the trust and there was no risk register specific to end of life care.
- There was no formal bereavement survey, to gather the views and experiences of bereaved relatives. However, the chief executive sent a letter to the relatives of any patient that died, to express their condolences and ask for feedback on the service.

## 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.

# Community health services

## Background to community health services

The trust provides adult community in-patient and outpatient services and community urgent care across five locations.

## Summary of community health services

**Good** ●

Our rating of this service was good. Community inpatient services had not been inspected and rated previously.

The summary of community services appears in the overall summary of this report.

# Community health inpatient services

Good 

## Key facts and figures

Since October 2015, Ipswich Hospital NHS Trust has been registered to provide community inpatient services from three community hospitals across East Suffolk: Aldeburgh Community Hospital, Bluebird Lodge Community Hospital and Felixstowe Community Hospital.

Until 30 September 2017, the trust provided community inpatient services in partnership with two local NHS trusts and a GP federation. From 1 October 2017, Ipswich Hospital NHS Trust became the sole provider of community inpatient services.

The trust has 64 inpatient beds across the three community hospitals, providing rehabilitation and enablement care. The services are delivered by nurse-led multidisciplinary teams. All community hospitals accept both 'step up' patient admissions, transferred from primary care services, and 'step down' admissions, transferred from acute beds. The hospitals also provide palliative care placements for patients who are unable to be supported at home.

During the inspection, we visited all three community hospitals. We spoke with five patients and 21 members of staff including matrons, nursing staff, medical staff, pharmacy, administrative staff, therapy and domestic staff. We observed care and looked at 10 sets of medical records. We also looked at 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.

We have not inspected community inpatient services since they registered with the provider. We announced our intention to inspect community services one day prior to our visit. We inspected the service on 21 September 2017, during an interim period, 10 days before the service became exclusively managed by Ipswich Hospital NHS Trust.

## Summary of this service

We had not rated community services before. We rated community services as good because:

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

A summary of our findings about this service appears in the Overall summary

## Is the service safe?

Good 

We rated safe as good because:

- We saw evidence of an open and honest culture in relation to incident reporting. Staff knew how to report incidents and learning from incidents was shared. Staff were aware of the principles of duty of candour and could give examples of when it should be triggered.
- There were safeguarding systems and processes to ensure that people were kept safe.
- Medicines, including controlled medicines, were recorded, stored and disposed of safely.

# Community health inpatient services

- Clinical areas were visibly clean and staff complied with infection control procedures. The results of the Patient-led Assessments of the Care Environment (PLACE) audit were all above 90% for cleanliness at all three community hospitals however this was below the England average of 98%. Actions had been identified and monitoring was in place through the infection control group.

- Patient records were accurate, stored safely and provided detailed accounts of care and treatment.

- Staff assessed, monitored and managed risks to patients daily. Risk assessments were person centred and regularly reviewed. The service used Modified Early Warning Scores (MEWS) to identify when the escalation of care need was appropriate.

- Staffing levels and skill mix were planned and reviewed three times each day.

However:

- Vacancy rates were high but were improving. From July 2016 to June 2017, the trust reported an overall vacancy rate of 25% for all staff in community inpatient services however this had reduced to 16% as of September 2017 following additional recruitment.

- Service and maintenance checks at Bluebird Lodge Community Hospital were not all up to date.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Care was planned and delivered in line with national and best practice guidelines.

- Patients received appropriate pain relief and staff checked to ensure their pain was managed.

- Nutritional and hydration needs were identified, monitored and met through individualised care plans.

- The trust took part in national and local audits to measure and improve patient outcomes.

- Appraisals were regular and staff were encouraged to develop their professional skills.

- There was effective multidisciplinary working across all community sites.

- Consent to care and treatment was sought in line with legislation and guidance.

## Is the service caring?

**Good** ●

We rated caring as good because:

- We observed staff providing compassionate care, maintaining patient privacy and dignity at all times.

- Patient feedback was consistently positive. Patients said that staff responded compassionately to their needs.

- Patients were involved in making decisions about their care and treatment.

- Staff gave patients appropriate and timely support and information to cope emotionally with their care, treatment or condition.

# Community health inpatient services

- The results of the Friends and Family Test (FFT) in April 2017, showed 100% of patients would be either 'likely' or 'extremely likely' to recommend community services to their friends and family.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust worked with other providers to plan and deliver services to meet the needs of the local people.
- Admissions were pre-planned so staff could assess patient individual needs prior to their arrival.
- Dementia champions provided new and innovative ways of supporting community inpatients.
- Complaints were responded to in a timely way and used to improve the quality of the service.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Community inpatient services had clear lines of management responsibility and accountability, feeding into the trust wide accountability framework.
- At each hospital, we found the nursing team to be managed by a visible, experienced and enthusiastic leader.
- The trust had a clear vision and strategy for community inpatient services. Drop-in sessions were being used to communicate the strategy to staff.
- The trust had effective systems in place to capture staff and patient feedback.

However:

- We found arrangements for identifying, recording and managing risks were not yet fully embedded.

## Areas for improvement

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

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Antoinette Smith and Tracey Wickington, Inspection managers, led this inspection. Fiona Allinson, Head of Hospital Inspection, supported our inspection of well led for the trust overall.

The team included ten inspectors and 14 specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.