

West Suffolk NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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 West Suffolk NHS Foundation Trust has one acute hospital site in Bury St. Edmunds, Suffolk. The hospital was built as 'Best buy' hospital in the 1970s as it serves a population of around 280,000 in West Suffolk and surrounding areas. The trust also provides care in the community through Newmarket Hospital and community health services in West Suffolk that transferred to the trust in October 2017.

Acute services are provided at West Suffolk Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, maternity, neonatal and paediatric care, end of life and outpatient care. The hospital has a total number of 477 beds that includes 443 general and acute beds, 31 maternity beds and 11 critical care and six coronary care beds.

Prior to the acquisition of community services the trust employed 3,063 staff of which 411 were medical, 975 were Nursing and 1,787 other clinical and non-clinical staff.

For the last full year there were 62,673 inpatient admissions, 389,701 outpatient attendances and 62,106 accident and emergency attendances.

The trust was last inspected in March 2016 as part of our comprehensive inspection programme. At the 2016 inspection we rated the Trust good overall. Safe, effective, responsive and well led were rated as good with caring being rated outstanding.

We rated urgent and emergency care, surgery, intensive care, services for children and young people, end of life care, maternity and outpatients as good overall with medical care being outstanding.

West Suffolk NHS FT is a part of the Suffolk and North East Essex STP.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding  

What this trust does

West Suffolk NHS Foundation Trust provides acute, maternity and community health services across the following locations; West Suffolk Hospital and Newmarket community hospital. Shortly before our inspection the trust was registered for providing community health services for people in West Suffolk.

Acute services are provided at West Suffolk Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. Newmarket community hospital 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.

Summary of findings

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 our March 2016 inspection we served three Requirement Notices; one in relation to Regulation 11, Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Need for Consent, Regulation 10 Dignity and respect and Regulation 13 Safeguarding service users.

Between 9th November and 1st December 2017 we inspected the following core services; end of life care and outpatients. We also undertook a well led review of the trust which included interviewing executive and non-executive directors.

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

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

What we found

Overall trust

See guidance note 5 then add your text after the standard text paragraph below (and delete this help text).

Our rating of the trust improved. We rated it as outstanding because:

Safe remained good, effective improved to outstanding, caring remained outstanding and responsive and well led were good. Trust level leadership was rated outstanding.

Our inspection of the core services covered West Suffolk 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.

- End of life care improved to outstanding overall, with the effective rating improved from requires improvement to good and well led from good to outstanding. Staff had improved knowledge around the use and implementation of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were clear escalation plans and improved performance in audit. National guidance and best practice was embedded in the service and there was clear, strong leadership that was widely respected by staff.
- Outpatients remained good overall. The trust had had difficulties in reporting some referral to treatment (RTT) times following the introduction of eCare. With support from stakeholders, this had been addressed and the trust were able to report accurate RTT data.
- On this inspection we did not inspect urgent and emergency care, medicine, surgery, critical care, maternity or children's and young people's services. The ratings we gave to these services on the previous inspection in August 2016 are part of the overall rating awarded to the trust this time.

Are services safe?

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

- End of life care had sufficient, competent staff to support the service. Staff recognised incidents and reported them appropriately using the services electronic incident-reporting tool. There were good infection control practices. Staff

Summary of findings

used control measures to prevent the spread of infection. Medicines were prescribed, given, recorded and stored appropriately. Patients received the right medication at the right dose at the right time. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care. The service had implemented an electronic patient records system since our last inspection. Staff completed individualised care, which was in line with national guidance, and record keeping had improved since our last inspection. 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.

- In outpatients there were reliable systems in place to prevent and protect people from a healthcare associated infection. Staff kept themselves, equipment and the premises clean. The service prescribed, gave, recorded and stored medicines well. Prescriptions were stored and monitored safely. Resuscitation equipment was regularly checked and there was suitable personal protection equipment available for staff. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it. However, we found several pieces of equipment that did not have electrical testing date stickers. The trust supplied data which did not assure us that all equipment was regularly tested for electrical safety.

Are services effective?

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

- End of life care improved to good as the team provided care and treatment based on national guidance. Staff in the SPCT informally monitored their response times, preferred place of death and preferred place of care, and audited this data. The trust monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. All staff had access to an electronic patient records system that they could all update. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Consent to treatment was sought in line with legislation and guidance. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed well. We reviewed seven DNACPR forms and found that these included records of discussions with patients and relatives and signed by a senior clinician, this was an improvement since our last inspection.
- We do not rate outpatients for effectiveness. The service provided care and treatment based on national guidance and evidence of its effectiveness. There were processes to ensure that the most recent guidance was reviewed and applied. Staff gave patients enough food and drink to meet their needs. The main outpatients had introduced a volunteer service to provide refreshments following minor procedures. The service made sure staff were competent for their roles and there was good support and access to training for staff to develop. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, appraisal rates were not consistent across staff groups and did not meet trust targets.

Are services caring?

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

- End of life care stayed the same as outstanding. Staff truly respected and valued patients as individuals and empowered them as partners in their care, practically and emotionally, by offering an exceptional and distinctive service. Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients said that staff went that extra mile and their care and support exceeded their expectations. The end of life service had a strong, visible person-centred culture. Staff were highly

Summary of findings

motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff. Staff highly valued these relationships and felt promoted by leaders. Staff saw people's emotional and social needs as being as important as their physical needs.

- In outpatients staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we observed staff were friendly and welcoming and offered assistance when it was needed. Staff involved patients and those close to them in decisions about their treatment. We observed staff discussing options with patients and relatives and making joint decisions about care. However, there was no obvious information available to patients regarding the availability of chaperones which meant that patients did not know to ask for a chaperone if required.

Are services responsive?

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

- In end of life care, the trust planned and provided services in a way that met the needs of local people. People could access the service when they needed it. Waiting times from treatment were, arrangements to admit, treat, and discharge patients were in line with good practice. The service took account of patients' individual needs. The end of life care services received no complaints in the 12 months prior to our inspection. However, service knew how to treat concerns and complaints seriously, investigate them and learn lessons from the results, to share with all staff.
- In outpatients The trust planned and provided services in a way that met the needs of local people. Clinics were easily accessible and the newer specialist clinics were well planned and comfortable. The trust has consistently performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for a suspected cancer. The service took account of patients' individual needs. The trust provided good extra support for those who needed it and ensured people were seen in clinics in a timely way when there were transport needs. The overall referral to treatment times for non-admitted pathways were slightly worse than the England average between September 2016 and August 2017 (89.6% versus 85.9%). However 11 specialties were better than the England average with 7 worse. The trust had a cohort of patients on a 'backlog' or patient tracking list (PTL) awaiting outpatient appointments some of whom had been waiting more than 52 weeks for first treatment .

Are services well-led?

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

- End of life care improved to outstanding. The trust had compassionate, inclusive, and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care. Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond. The end of life strategy, supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. There was strong collaboration, team working, and support across all functions with a common focus on improving the quality and sustainability of care and people's experiences within end of life care. The trust celebrated safe innovation and there was a clear, systematic, and proactive approach to seeking out and embedding new and more sustainable models of care.
- In outpatients the service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service 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. There were concerns

Summary of findings

following a change to electronic patient recording when the trust had been unable to accurately report referral to treatment time data and had resorted to estimating data. This had been resolved and we were assured that the trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The outpatient management teams identified risks, and had planning processes in place to eliminate or reduce them. However there were ongoing concerns regarding photographic image governance, and this remained an issue on this inspection. The trust was in the final stages of implementing a secure app to capture patient consent and upload image data securely to trust systems but there was no implementation date as yet.

See guidance note 7 then replace this text with your report content. (if required)...

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

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.

Outstanding practice

We found examples of outstanding practice in end of life care services.

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

Areas for improvement

We found areas for improvement including

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

Action we have taken

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

- The SPCT developed a staff rotation scheme in partnership with a local hospice that enabled staff to shadow each other in their respective care settings to gain knowledge and share expertise in end of life care.
- The trust had employed a Macmillan education nurse on a two-year contract who was influential in offering a broad range of training and external stakeholder engagement to raise end of life issues across the trust and within the local community.

Summary of findings

- Consultant cover had improved since our last inspection in March 2016. The staff team felt that this had made a significant improvement in terms of meeting the needs of end of life patients as well as supporting the SPCT and wider staff team.
- The SPCT team sensitively and professionally promote cornea donation amongst the patients and families of end of life care patients. The team work closely with the tissue donation teams to provide this service.

The trust had made significant improvements to its Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) process since our last inspection.

Areas for improvement

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.

In outpatients:

- Should ensure that all equipment in outpatients is appropriately electrically safety checked.
- Should ensure that all staff receive an appraisal.
- Should ensure that patients receive treatment in a timely way.
- Should ensure team meetings are minuted.

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 outstanding because:

- The trust had a stable, experienced leadership team with only one executive being an interim appointment. This person had however worked at the trust for some time. There were clear systems in place to ensure that leaders had the skills and experience to complete their role effectively. This was reviewed regularly by ongoing checks. This met the regulation for Fit and Proper Persons (Regulation 5).
- All executive and non-executive directors were clear of their areas of responsibility. There was a structure in place for corporate decision making and a scheme of delegation clearly identified who was responsible for decision making.
- The senior team were a cohesive unit whilst able to challenge appropriately. We observed a public board meeting. There was the effective use of data and information to challenge executives. Non- executive directors gave consistent challenge to executive directors throughout the meeting. In all the challenges there was a clear focus on the impact on patient care with the patient being at the centre of decision making.
- There was an effective governance and performance system which was focussed on the best outcomes for patients. It was regularly reviewed, as we observed at the public board meeting, and adapted to ensure the most useful information was received. There was clinical and non-clinical representation at meetings across the organisation.

Summary of findings

- Following the implementation of eCare, the trust had significant problems in providing accurate referral to treatment time (RTT) figures. This meant that senior executives could not be sure that all patients were being seen in line with national standards. The trust has worked with the software provider of eCare, NHSI and NHSE to recover the situation. At the time of our inspection they were able to provide complete RTT figures. There had also been concerns about the quality of discharge summaries. The trust had worked with stakeholders to address these concerns which had seen an improvement in the quality of the summaries.
- There was a clear board to ward structure which all executives could describe. It ensured performance and risks were correctly escalated and addressed. The corporate risk register had identified risks and showed mitigations taken as well as the individual responsible for managing the risk.
- The trust had fully implemented processes for the learning from deaths reviews. This included asking if family wanted to contribute to reviews and the appointment of clinical reviewers to consider all aspects (not just clinical) of patient care. This was being supported by the further development of the Quality Improvement (QI) agenda at the trust.
- There was a comprehensive talent identification programme in place and a number of leadership programmes, individually tailored to meet the needs of leaders at different levels of the organisation. Leadership programmes were open to leaders at different levels of the organisation and not just those traditionally seen as senior leaders. There were novel leadership initiatives such as the 5 o'clock club which was open to all staff.
- Senior leaders were visible and approachable. All the staff we spoke with told us that the executive team were approachable with an open door policy. Staff felt well supported by the senior team who addressed concerns and enabled them to make positive changes to service delivery locally. Members of the senior team visited areas of the trust regularly.
- Staff we spoke with were overwhelmingly positive about the trust and leadership and committed to the values and direction of the organisation.
- All of the executive and non-executive directors we spoke with articulated a clear vision and strategy.
- The clearly defined strategy included the integration of community services was aligned to the local Sustainability and Transformation Plan (STP). Significant steps had been taken to align services with these plans. All the work streams and strategies across the organisation such as the estates strategy was patient focused and cross referenced each other to demonstrate a consistent approach to achieving the trust vision.
- The trust had very positive NHS staff survey results. The trust had the best staff engagement score in England and had built on a very positive score in the preceding year. Staff motivation and recommending the trust as a place to work or receive treatment were much better than the England average. Executives and trust governors were not complacent about the improved performance and action plans had been put in place to address areas of weaker performance.
- Significant work had been undertaken to address concerns regarding culture in maternity services since our last inspection.
- The trust had a number of mechanisms for stakeholder and public engagement both formal and informal. Healthwatch Suffolk attended one meeting and the trust was planning further engagement with them.
- The workforce race equality standard (WRES) was comprehensive and identified areas where the trust needed to improve. There was an action plan to address this alongside innovative methods to address the issues.
- The trust had made significant investment in its ICT strategy over the preceding two years. The centrepiece to this was the introduction of the electronic patient record. We found in the services we inspected that staff were confident in using the system and they spoke of the benefits of having information in one place as well as the timeliness in retrieving information.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the trust and a culture to support innovation. The executive team encouraged quality improvement (QI) within the trust and had recently appointed a QI practitioner to embed quality improvement across the organisation. Following our last inspection there had been a focus on improving care across the organisation and we saw improvements within end of life care.
- The trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the staff at the hospital. At this inspection we saw the introduction of a green cup used to highlight soluble medicines on wards. This was a suggestion from a student nurse. Staff told us there were no barriers (other than usual governance requirements) to the implementation of ideas and that they were supported to make change to practice locally.
- The trust had been recognised as a Global Digital Exemplar for its integrated digital technology supporting patient care.
- The trust had appointed a public health consultant, one of only approximately 15 in acute trusts in England. They were able to bring a wider population perspective when designing services and pathways. The consultant was in the process of setting up a strategy group encompassing trust staff and local GP's to work on pathways that fit the demographics and specific clinical needs of the local population. The public health registrar along with the medical director had been instrumental in the developing of learning from deaths and had been proactive in involving relatives in this work and looking beyond clinical aspects of the care of patients.

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
Good Nov 2017	Outstanding ↑ Nov 2017	Outstanding ↔ Nov 2017	Good ↔ Nov 2017	Outstanding ↑ Dec 2017	Outstanding ↑ Dec 2017

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 West Suffolk Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Medical care (including older people's care)	Good Aug 2016	Outstanding Aug 2016	Outstanding Aug 2016	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016
Maternity	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good →← Nov 2017	Good ↑ Nov 2017	Outstanding →← Nov 2017	Good →← Nov 2017	Outstanding ↑ Nov 2017	Outstanding ↑ Nov 2017
Outpatients	Good →← Nov 2017	Not rated	Good →← Nov 2017	Good →← Nov 2017	Good →← Nov 2017	Good →← Nov 2017
Overall*	Good →← Nov 2017	Outstanding ↑ Nov 2017	Outstanding →← Nov 2017	Good →← Nov 2017	Good →← Nov 2017	Outstanding ↑ Nov 2017

*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 Aug 2016					
Overall*	Good Aug 2016					

*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.

West Suffolk Hospital

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Bury St Edmunds
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Key facts and figures

The West Suffolk NHS Foundation Trust has one acute hospital site in Bury St. Edmunds, Suffolk. The hospital was built as 'Best buy' hospital in the 1970s as it serves a population of around 280,000 in West Suffolk and surrounding areas. The trust also provides care in the community through Newmarket Hospital and community health services in West Suffolk that transferred to the trust in October 2017.

Acute services are provided at West Suffolk Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, maternity, neonatal and paediatric care, end of life and outpatient care. The hospital has a total number of 477 beds that includes 443 general and acute beds, 31 maternity beds and 11 critical care and six coronary care beds.

Prior to the acquisition of community services the trust employed 3,063 staff of which 411 were medical, 975 were Nursing and 1,787 other clinical and non-clinical staff.

For the last full year there were 62,673 inpatient admissions, 389,701 outpatient attendances and 62,106 accident and emergency attendances.

The trust was last inspected in March 2016 as part of our comprehensive inspection programme. At the 2016 inspection we rated the Trust good overall. Safe, effective, responsive and well led were rated as good with caring being rated outstanding.

We rated urgent and emergency care, surgery, intensive care, services for children and young people, end of life care, maternity and outpatients as good overall with medical care being outstanding.

West Suffolk NHS FT is a part of the Suffolk and North East Essex STP.

Summary of services at West Suffolk Hospital

Outstanding  

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

A summary of our findings about West Suffolk Hospital appears in the overall summary

End of life care

Outstanding ☆ ↑

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

Key facts and figures

West Suffolk NHS Trust 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.

The 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.

Between 1 Jan 2017 and 31 Oct 2017, there were 8,404 patients referred as suspected cancer and first seen in the West Suffolk hospital. Of these 658 patients commenced treatment for a new cancer during that period, giving the cancer conversion rate of 7.8%.

The SPCT was available six days a week, from 9am to 5pm, Monday to Friday and 8am until 4pm on Saturdays. Outside these hours, on call consultants from the local hospice and SPCT provided support by via telephone.

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 executive chief nurse had responsibility for end of life care within the executive team.

The service was previously inspected in March 2016 and was issued with a requirement notice in relation to Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent and Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

Concerns included the trust's policy was inappropriate and misleading with regard to applying and following the principles of a Mental Capacity Assessment and Deprivation of Liberty Safeguards DoLS. Staff knowledge around the use and implementation of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was inconsistent. Completion of Escalation Plan and Resuscitation Status (EPARS) forms was inconsistent and often did not match other documentation or had sections incomplete. We inspected all five key questions to ensure that the issues in the requirement notice had been met.

We completed an unannounced inspection of the end of life care service on the 9 and 10 November 2017 staff did not know we were coming, to enable us to observe routine activity. We visited eight wards, including the stroke unit, accident and emergency, medical wards, and surgical wards. We also visited the mortuary and the multifaith chapel. We spoke with three patients. We spoke with 25 members of staff including medical and nursing staff, allied health professionals, the SPCT, porters, mortuary and chaplaincy staff. We reviewed ten patient care records, seven Do Not Attempt Cardiopulmonary Resuscitation

Summary of this service

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End of life care

Between 1 Jan 2017 and 31 Oct 2017, there were 8,404 patients referred as suspected cancer and first seen in the West Suffolk hospital. Of these 658 patients commenced treatment for a new cancer during that period, giving the cancer conversion rate of 7.8%.

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

- The trust 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. This was an improvement since our last inspection.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the services electronic incident-reporting tool.
- The trust controlled infection risk. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had suitable premises and equipment and looked after them.
- The trust prescribed, gave, recorded and stored medicines. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care. The service had implemented an electronic patient records system since our last inspection. Staff completed individualised care, which was in line with national guidance, and record keeping had improved since our last inspection.
- 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 trust 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. This was an improvement since our last inspection.
- The trust 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.
- The trust provided care and treatment based on national guidance and evidence of its effectiveness. We reviewed end of life care clinical guidelines and found that they were version controlled, ratified and in date for review. Staff in the SPCT informally monitored their response times, preferred place of death and preferred place of care, and audited this data.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other preferences.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update patient care records.

End of life care

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Consent to treatment was sought in line with legislation and guidance. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed well. We reviewed seven DNACPR forms and found that these included records of discussions with patients and relatives and signed by a senior clinician, this was an improvement since our last inspection.
- Staff truly respected and valued patients as individuals and empowered them as partners in their care, practically and emotionally, by offering an exceptional and distinctive service.
- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients said that staff went that extra mile and their care and support exceeded their expectations.
- The end of life service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff. Staff highly valued these relationships and felt promoted by leaders.
- Staff recognised and respected the totality of people's needs. They always considered people's personal, cultural, social, and religious needs, and found innovative ways to meet them.
- Staff consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these are recorded and communicated.
- Staff saw people's emotional and social needs as being as important as their physical needs.
- 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 and staff went over and above their normal roles to provide additional care and support.
- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients and actively sought to promote these within individual care plans.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The end of life care services received no complaints in the 12 months prior to our inspection. However, staff knew how to treat concerns and complaints seriously, investigate them and learn lessons from the results, to share with all staff.
- The trust had compassionate, inclusive, and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.

End of life care

- The end of life strategy, supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.
- The SPCT were proud of the organisation as a place to work and spoke highly of the culture. Staff were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was strong collaboration, team working, and support across all functions with a common focus on improving the quality and sustainability of care and people's experiences within end of life care. The trust celebrated safe innovation and there was a clear, systematic, and proactive approach to seeking out and embedding new and more sustainable models of care.

Is the service safe?

Good   

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

- The trust 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. This was an improvement since our last inspection.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the services electronic incident-reporting tool.
- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had suitable premises and equipment and looked after them appropriately.
- The trust prescribed, gave, recorded and stored medicines appropriately. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care. The service had implemented an electronic patient records system since our last inspection. Staff completed individualised care, which was in line with national guidance, and record keeping had improved since our last inspection.
- 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 trust 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. This was an improvement since our last inspection.
- The trust 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.

Is the service effective?

Good  

End of life care

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

- The trust provided care and treatment based on national guidance and evidence of its effectiveness. We reviewed end of life care clinical guidelines and found that they were version controlled, ratified and in date for review. Staff in the SPCT informally monitored their response times, preferred place of death and preferred place of care, and audited this data.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other preferences.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. All staff had access to an electronic patient records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Consent to treatment was sought in line with legislation and guidance. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed well. We reviewed seven DNACPR forms and found that these included records of discussions with patients and relatives and signed by a senior clinician, this was an improvement since our last inspection.
- 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 and staff went over and above their normal roles to provide additional care and support.
- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients and actively sought to promote these within individual care plans.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service caring?

Outstanding ☆ → ←

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

- Staff truly respected and valued patients as individuals and empowered them as partners in their care, practically and emotionally, by offering an exceptional and distinctive service.
- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients said that staff went that extra mile and their care and support exceeded their expectations.

End of life care

- The end of life service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff. Staff highly valued these relationships and felt promoted by leaders.
- Staff recognised and respected the totality of people's needs. They always considered people's personal, cultural, social, and religious needs, and found innovative ways to meet them.
- Staff saw people's emotional and social needs as being as important as their physical needs.
- Staff consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these are recorded and communicated.

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.
- People could access the service when they needed it. Waiting times from treatment were, arrangements to admit, treat, and discharge patients were in line with good practice.
- The service took account of patients' individual needs.
- The end of life care services received no complaints in the 12 months prior to our inspection. However, service knew how to treat concerns and complaints seriously, investigate them and learn lessons from the results, to share with all staff.

Is the service well-led?

Outstanding ☆ ↑

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

- The trust had compassionate, inclusive, and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care. The SPCT were respected throughout the organisation for their support of staff and patients.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.
- The end of life strategy, supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The end of life care strategy patient centred and was fundamentally supported by the trust's nursing strategy and aligned to the overall trust strategy.
- All staff we spoke with recognised end of life care as a priority for all across the organisation which had been driven by the specialist palliative care team and trust leadership.
- There was a clear focus on improving care quality, in aligning services and comprehensive auditing of the service.

End of life care

- The SPCT were proud of the organisation as a place to work and spoke highly of the culture. The trust actively encouraged staff to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was strong collaboration, team working, and support across all functions with a common focus on improving the quality and sustainability of care and people's experiences within end of life care. The trust celebrated safe innovation and there was a clear, systematic, and proactive approach to seeking out and embedding new and more sustainable models of care.

Outstanding practice

- The SPCT developed a staff rotation scheme in partnership with a local hospice that enabled staff to shadow each other in their respective care settings to gain knowledge and share expertise in end of life care.
- The trust had employed a Macmillan education nurse on a two-year contract who was influential in offering a broad range of training and external stakeholder engagement to raise end of life issues across the trust and within the local community.
- Consultant cover had improved since our last inspection in March 2016. The staff team felt that this had made a significant improvement in terms of meeting the needs of end of life patients as well as supporting the SPCT and wider staff team.
- The SPCT team sensitively and professionally promote cornea donation amongst the patients and families of end of life care patients. The team work closely with the tissue donation teams to provide this service.
- The trust had made significant improvements to its Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) process since our last inspection.

Outpatients

Good   

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

West Suffolk NHS Foundation Trust provides its main outpatients services at West Suffolk Hospital. It also provides outpatients clinics at services based at Newmarket Hospital and in local health centres. These satellite services are managed by the same team who oversee main outpatients. We did not inspect any of the other locations during this inspection.

There are consultant, allied health professional and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients department and in separate dedicated clinics around the hospital. Outpatient clinics are held from Monday to Friday from 8am until 6pm with some late clinics until 7.30pm and regular Saturday appointments are provided dependant on speciality.

The main outpatient department provided approximately 180 clinics per week but this did not include speciality clinics such as the pain clinic, breast clinics, or oncology clinics.

The trust had 360,873 first and follow-up outpatient appointments between July 2016 and June 2017.

The previous inspection in 2016 rated the service as good, the negatives were;

- We could not be confident that outpatient clinics were appropriately staff by skilled and qualified staff, for example paediatric dermatology.
- Some outpatient areas, for example audiology, were very cramped.
- Policy making in the outpatients department lacked timeliness, trust-led scrutiny or endorsement.

The trust was also required to; ensure a robust process for data management with regard to medical photography and comply with all information governance protocols including informed consent, data protection, tracking and tracing and appropriate audit systems implemented to ensure quality improvement.

During this unannounced inspection we visited the main outpatient area where we observed dermatology and colorectal and orthopaedic and fracture clinics, and visited other clinics including cardiology and respiratory physiology, ophthalmology, diabetes, breast, pain and gynaecology. During the inspection we spoke with 46 members of staff including three consultants, seven managers, 23 nurses, four administrative or support staff, one junior doctor and one volunteer. We spoke with 16 patients and two relatives of patients. We looked at the environment, we observed staff interacting with patients and their colleagues and we looked at eight patient's records, and information including policies, procedures, and audits.

Summary of this service

West Suffolk NHS Foundation Trust provides its main outpatients services at West Suffolk Hospital. It also provides outpatients clinics at services based at Newmarket Hospital and in local health centres. These satellite services are managed by the same team who oversee main outpatients. We did not inspect any of the other locations during this inspection.

See guidance note AL4 then add your text after the standard text paragraph below (and delete this help text).

Outpatients

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

- Staff ensured equipment and premises were clean and ready to use and used appropriate practises to prevent and protect people from a healthcare associated infection.
- Medicines and prescriptions were stored and monitored safely and records were accessible clear and up to date.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- Staff cared for patients with compassion and empathy.
- Staff involved patients and those close to them in decisions about their treatment and provided emotional support. Many of the specialist services had telephone advice lines to where patients were able to access advice and support.
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness to improve outcomes.
- There were sufficient 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 and there was good support and access to training for staff to develop.
- Staff of different kinds worked together as a team. Staff also worked well with other health care providers to benefit patients.
- The trust planned and provided services in a way that met the needs of local people and of individuals who required additional support. Clinics were easily accessible and the newer specialist clinics were well planned and comfortable.
- The trust has consistently performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for a suspected cancer.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run the service providing high-quality sustainable care and had vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff. There was good team work within the teams and staff were proud of their service and this was evident in the family like atmosphere and good interpersonal relationships.
- The concerns following a change to electronic patient recording when the trust had been unable to accurately report referral to treatment time data had been resolved and we were assured that the trust collected, analysed, managed and used information well.
- 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 trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Appraisal rates were not consistent across staff groups and did not meet trust targets. Mandatory training was below trust targets and the trust had not addressed the training of clinicians to Safeguarding level three for children despite them seeing 4,742 children between May and October.

Outpatients

- We were not assured that all equipment was regularly tested for electrical safety.
- There was no obvious information available to patients regarding the availability of chaperones which meant that patients did not know to ask for a chaperone if required.
- The overall referral to treatment times for non-admitted pathways were worse than the England average between September 2016 and August 2017 (89.6% versus 85.9%). However 11 specialties were better than the England average with 7 worse. The trust had a cohort of patients on a 'backlog' or patient tracking list (PTL) awaiting outpatient appointments some of whom had been waiting more than 52 weeks for first treatment .
- There were concerns raised in the inspection in 2016 regarding ward and clinic staff compliance with standards of photographic image governance, and this remained an issue on this inspection. The trust was in the final stages of implementing a secure app to capture patient consent and upload image data securely to trust systems but there was no implementation date as yet.
- Although outpatient services had regular team meetings we were not provided with minutes to ascertain content so we were not assured that all information was passed to all staff from 'board to ward'.

Is the service safe?

Good   

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

- There were reliable systems in place to prevent and protect people from a healthcare associated infection. Staff kept themselves, equipment and the premises clean.
- The service prescribed, gave, recorded and stored medicines well. Prescriptions were stored and monitored safely.
- Resuscitation equipment was regularly checked and there was suitable personal protection equipment available for staff.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- There were sufficient 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:

- We found several pieces of equipment that did not have electrical testing date stickers. The trust supplied data which did not assure us that all equipment was regularly tested for electrical safety.

Is the service effective?

We do not rate outpatients services for effective.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were processes to ensure that the most recent guidance was reviewed and applied.

Outpatients

- Staff gave patients enough food and drink to meet their needs. The main outpatients had introduced a volunteer service to provide refreshments following minor procedures.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles and there was good support and access to training for staff to develop.
- Staff of different kinds worked together as a team. Staff also worked well with other health care providers to benefit patients.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Appraisal rates were not consistent across staff groups and did not meet trust targets. Overall rates between August 2016 and July 2017 showed 53.4% of staff within Outpatients had received an appraisal compared to a trust target of 90%.

Is the service caring?

Good  → ←

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we observed staff were friendly and welcoming and offered assistance when it was needed.
- Staff involved patients and those close to them in decisions about their treatment. We observed staff discussing options with patients and relatives and making joint decisions about care.
- Staff provided emotional support to patients to minimise their distress and we heard of staff going out of their way to support patients. Many of the specialist services had telephone advice lines to where patients were able to access advice and support.

However:

- There was no obvious information available to patients regarding the availability of chaperones which meant that patients did not know to ask for a chaperone if required.

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. Clinics were easily accessible and the newer specialist clinics were well planned and comfortable.
- The trust has consistently performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for a suspected cancer.

Outpatients

- The service took account of patients' individual needs. The trust provided good extra support for those who needed it and ensured people were seen in clinics in a timely way when there were transport needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Staff informed patients if a clinic was running late and there were pagers available if patients wanted to leave the department.

However:

- The overall referral to treatment times for non-admitted pathways were slightly worse than the England average between September 2016 and August 2017 (89.6% versus 85.9%). However 11 specialties were better than the England average with 7 worse.
- The trust had a cohort of patients on a 'backlog' or patient tracking list (PTL) awaiting outpatient appointments some of whom had been waiting more than 52 weeks for first treatment. Patients had been clinically assessed and prioritised to reduce the risk for those waiting longer times.
- There was no hearing loop in existence so patients who were hard of hearing were at a disadvantage.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with were very proud of their service and this was evident in the family like atmosphere and good interpersonal relationships.
- Staff told us there was good team work within the teams and we saw that on a day to day basis, staff worked together to resolve issues, and were flexible to accommodate the service needs.
- The service 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.
- There were concerns following a change to electronic patient recording when the trust had been unable to accurately report referral to treatment time data and had resorted to estimating data. This had been resolved and we were assured that the trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 outpatient management teams identified risks, and had planning processes in place to eliminate or reduce them.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Outpatients

However:

- There were concerns raised in the inspection in 2016 regarding ward and clinic staff compliance with standards of photographic image governance, and this remained an issue on this inspection. The trust was in the final stages of implementing a secure app to capture patient consent and upload image data securely to trust systems but there was no implementation date as yet.
- Although outpatient services had regular team meetings we were not provided with minutes to ascertain content so were not assured that all information was passed to all staff from 'board to ward'.

Our inspection team

The inspection was led by Mark Heath, Inspection Manager. Fiona Allinson, Head of Hospital Inspection, supported our inspection of well led for the trust overall.

The team included 2 inspectors, 2 doctors, 2 nurses a board level nurse and governance specialist.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.