Peterborough and Stamford Hospitals NHS Foundation Trust

Quality Report

Bretton Gate
Peterborough
Cambridgeshire PE3 9GZ
Tel: 01733 678000
Website: www.peterboroughandstamford.nhs.uk

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

Ratings

Overall rating for this trust	Requires improvement
Are acute services at this trust safe?	Requires improvement
Are acute services at this trust effective?	Requires improvement
Are acute services at this trust caring?	Good
Are acute services at this trust responsive?	Requires improvement
Are acute services at this trust well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

Peterborough and Stamford Hospitals NHS Foundation Trust was one of the first wave of NHS trusts to be authorised as a foundation trust in April 2004. The trust has approximately 633 beds and over 3,500 staff spread across two sites, Peterborough City Hospital (611 beds) and Stamford Hospital (22 beds). Peterborough City Hospital is a new building funded under the private finance initiative (PFI); it became fully operational only in December 2010, combining services previously supported on three separate sites. It provides acute health services to patients in Peterborough, Cambridgeshire South Lincolnshire, North East Northants and Rutland.

In addition, the trust provides a range of community services including community midwifery and Macmillan nursing. The trust provides rheumatology and neurology services at the City Care Centre and services in support of Sue Ryder in Peterborough, at HMP Peterborough and in local GP practices. We did not inspect these services during this inspection.

The trust has had 10 inspections at its sites since registration in 2010. The most recent inspection took place at Peterborough and Stamford Hospitals NHS Foundation Trust on 10 July 2013, and the trust was found to be non-compliant with most of the outcomes inspected. Peterborough City Hospital was last inspected in April 2013; that inspection found the location to be non-compliant in respect of 'Outcome 4: Care and welfare of people who use services' and 'Outcome 16: Assessing and monitoring the quality of service provision'. These regulations relate to the completion of patient documentation. These were found to be compliant on this inspection.

Stamford Hospital was last inspected in July 2013, when it was found to be non-compliant in respect of 'Outcome 4, Care and welfare of people who use services', 'Outcome 13: Staffing' and 'Outcome 16: Assessing and monitoring the quality of service provision'. These relate to the assessment of patients' needs, completion of care records and adequate staffing being available to provide care. At this inspection, we found that all actions required to address these breaches of regulation had been taken and that both hospitals were compliant.

We found that the trust provided safe, effective and caring services to most of its patients and that it was well led by the senior team, with staff supported by their local managers. However, we found that the trust was not always responsive to the needs of its patients: because of capacity issues, it did not achieve the national targets set in relation to treatment times in the accident and emergency (A&E) department or the times from referral to treatment. This meant that patients' care was delayed.

Staffing

The hospital was in the process of reviewing the number of staff on every ward and was using the Safer Nursing Tool recommended by the NHS Institute for Innovation and Improvement. The initial review found that most wards were already functioning at the required level of staffing but a few wards needed further assessment of patient acuity (this is the complexity of needs of a patient). At our announced inspection, we found that most wards were appropriately staffed, but we heard that night times were a particular problem with regard to reduced staffing. We returned for our unannounced inspection during the late evening and found that staffing was appropriate to meet the needs of the patients on all the medical wards except one, where a member of staff had called in unwell. This gap was filled by a student nurse and, while this meant that staff were busy, patients remained safe during this night visit. Staffing at Stamford Hospital was appropriate to meet the needs of patients; the ward manager at the John Van Geest unit utilised her staffing budget in innovative ways to meet the needs of patients.

Cleanliness and infection control.

Both hospitals were found to be clean and infection was prevented and controlled through good use of cleaning schedules and monitoring systems. Each ward and department had audits displayed of the numbers of infections that had occurred and staff were aware of the need for good hand hygiene in preventing the spread of infections. However, at Peterborough City Hospital we found that a number of hand gel dispensers were empty

Summary of findings

and that on occasion people had to walk through several sets of doors to find a dispenser that had antibacterial hand gel in it. Hand gel dispensers at Stamford Hospital were found to contain gel on all occasions.

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

Most services at the trust are safe because the hospitals have systems in place to raise concerns and incidents and staff are aware of how to do this. Incidents are reviewed and lessons learned shared with staff. However services for children within the A&E department do not meet national guidance and whilst the trust has plans in place to address this these are not yet in place.

There are processes in place to ensure that the hospitals are clean and infection is prevented or controlled. The infection rates at the hospitals are low and these are monitored by ward and department. Hand gels across the Peterborough City Hospital were not always available; however, there was access to alternative supplies.

The number of falls at Peterborough and Stamford Hospitals NHS Foundation Trust is being reduced by 4% but further work needs to be done to address this area. Falls overall are above the national average.The trust has raised staff awareness and the trust is monitoring improvements. Peterborough City Hospital has a large number of single rooms and open spaces, which makes it difficult for those with limited mobility to move around. However, the staff are aware of the issue and use warning systems such as highlighting patients at risk and using crash mats to reduce harm from a fall. The staff at Stamford Hospital are also acutely aware of the limited mobility of patients and have sufficient staff on duty using preventative measures to ensure that the risks are minimised.

Are services effective?

Requires improvement

The trust uses national guidance in all areas of the hospitals to improve patient care. This includes guidance from the National Institute for Health and Care Excellence as well as from other specialist bodies, such as the royal colleges. Outcomes for patients are good in most areas apart from stroke care where improvements are needed.

The trust has not taken part in 2 national clinical audits for which it was eligible during 2013/14. Further monitoring is required so that the trust can monitor performance against national performance and improve outcomes for patients. Pain relief at the end of life should be reviewed as patients told us of delays in receiving pain relief.

The trust locally monitors a range of measures to ensure that patients receive good care. These include the monitoring of national initiatives such as the Safety Thermometer and local monitoring of call bell response times. Staff are aware of the findings of this monitoring and act upon any deficits in order to improve care.

Summary of findings

Are services caring?

Good

We heard from patients and families that the staff were very caring and involved them in their care and in the care of loved ones. At the listening event, people told us that, while there may have been some issues with the care received, most staff were indeed caring. Patients felt that they understood what was happening to them and we saw a good example of how the Peterborough City Hospital prepares people undergoing joint replacement surgery before their operation. At Stamford Hospital, patients thought that the care was exemplary and that they were treated as individuals.

Staff respected patients' privacy and dignity and were aware of those who were vulnerable. We saw some good examples of how staff treated patients with sensitivity and respect. We also witnessed some less good experiences for patients; however, these were in the minority and acted upon when we reported them.

Staff in the oncology wards and in maternity at Peterborough City Hospital were especially sensitive to patients and their families who had receivedbad news. This was done with tact and diplomacy. The mortuary staff provided an exceptional service to the recently bereaved.

Are services responsive to people's needs?

Requires improvement

While most patients received care that met their needs once they had been admitted to the appropriate ward areas, there was a number who did not. The capacity issue meant that patients sometimes had to be admitted onto a ward that had a bed available rather than onto a ward that met the needs of the patient. The trust continues to struggle to meet the four-hour wait target in the A&E department and target times for referral to treatment, which means that, although patients are seen, they are not always admitted in a timely manner.

The hospital was in line with national expectations for the number of cancelled operations, it used the operating theatre time available due to cancelled elective surgery, to perform emergency surgery and thus minimising the need to attend to cases out of hours. Action has been taken to address the backlog of complaints but more work is needed in this area to address complaints swiftly and to learn lessons from them. The trust is working with the local Healthwatch to improve the experience of patients who make complaints.

The trust has taken action to address some areas of mental health within the hospital; this work should be extended to include children's and young people's services. Mental health services for children and young people are provided by the local mental health trust. In addition the trust has implemented a number of initiatives that improve the care given to vulnerable patients, including those with dementia or learning disabilities. In children's services the trust should review the services for adolescents so that this group of patients have an improved experience.

Summary of findings

Are services well-led?

Good

Staff were aware of the values of the trust and we saw these in action in the behaviour of staff. The staff were seen to be caring, working more efficiently and working together with other stakeholders in patient care. Staff displayed an understanding of risk and risk registers were in place.

The senior leadership team was visible within both hospitals and staff knew who to report issues to. Most staff felt supported in raising issues but we found that some felt unsupported in doing so and were concerned that no action would be taken. This was reported by individuals from across Peterborough City Hospital. However the most recent staff survey for the trust shows significant improvements in the area of bullying and harassment felt by staff.

The trust used the experience of external reviews to improve services for patients and staff. There is a quarterly 'Learning from Lessons' event for staff and the board members undertake the '15 Steps Challenge' (this is a programme of audit using the concept that by taking 15 steps into the ward you can get a sense of what the ward if like) and night visits to ward areas. We saw the findings of these displayed on several wards.

Summary of findings

What people who use the trust's services say

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment. The results of this have been used to formulate the NHS Friends and Family tests for accident and emergency (A&E) and inpatient admissions. The trust is similar to other hospitals in England with respect to the response rate for inpatients and has a higher level of A&E responses. The tests indicate that most patients are extremely likely or likely to recommend the hospital to their family and friends.

The CQC's Adult Inpatient Survey for 2012 shows that the trust is performing at similar levels to other trust's for all 10 areas of questioning. Compared with the previous year, the hospital scored lower on only two issues: sharing same-sex accommodation and waiting times in response to call bells. The trust has begun monitoring call bell response times as part of its monitoring systems at the hospital. This shows that around 85% of call bells are responded to within 5 minutes.

The Cancer Patient Experience Survey is designed to monitor national progress on cancer care. A total of 152 acute hospital NHS trusts took part in the 2012/13 survey, which comprised a number of questions relating to 13 different cancer type groups. There were 69 questions where the trust had a sufficient number of survey respondents on which to base findings, and Peterborough and Stamford Hospitals NHS Foundation Trust was rated by patients as being in the top 20% of all trusts nationally for ten of the 69 questions.

We met a number of people at the listening event held on 27 February 2014 and received feedback from the local Healthwatch. In general, people were positive about their experiences at the trust and the activities of the local Healthwatch also provided positive comments about the hospital. However, people told us that the trust could improve its complaint handling, the response to call bells, and care and dignity for patients. We undertook a review of complaints using representatives from the Patients Association; they have recommended some areas of improvement for the trust.

Areas for improvement

Action the trust SHOULD take to improve

- The trust should ensure that A&E staff are clear on the checking procedure in respect of whether a child is on the child protection register
- The trust should address the backlog of complaints and increase the number of face-to-face meetings offered to complainants.
- The trust should consider extending the good practice in complaints management that now occurs in the A&E department across the trust.
- The trust should enhance joint working with the mental health trust to ensure a better service for all patients.
- The trust should roll out intentional rounding to all areas, including A&E.
- The trust should review the number of admissions to inappropriate wards.
- Equipment should be stored in designated spaces to reduce the risk of trip hazards.
- The trust should support staff in raising concerns.
- .The trust should review the accommodation and services available for adolescents to improve their patient experience.
- The trust should review pain relief for those patients at the end of their life.
- The trust should ensure that services for children within the A&E department meet national guidance.

Good practice

Our inspection team highlighted the following areas of good practice:

Summary of findings

Joint School
The hospital has a joint school for patients who are having knee or hip replacement surgery. This is run jointly with medical, nursing, physiotherapy and occupational therapy staff. This promotes preplanning for discharge by patients and increases their awareness of the surgery.

Debrief session
The maternity unit offers debrief sessions for women following the delivery of their baby. This allows women to voice any concerns or queries following a difficult birth and also provides reassurance for women and advice on future pregnancies.

Mortuary and bereavement services
The mortuary team provided excellent sensitive services. The servicesoffered by the bereavement centre and mortuary were considered to be very good, as was their extended use to patients families in the longer term. The service wasworking with Peterborough Cruse to run counselling sessions in the evening.

Ventilator-associated pneumonia infection control
In 2013, the critical care team of intensive care consultants at Peterborough City Hospital shared a national award relating to healthcare-acquired infections (HAIs) for its work on and intervention in ventilator-associated pneumonia; this had reduced infection rates and saved the trust money.

Ward "flooding"
The ward manager on the John van Geest ward had introduced a system whereby once the team had ensured that patients had had breakfast and hand over had been taken from the night staff the whole team sat down at the ward table for ten minutes to discuss the activities of the day and to receive feedback about the management of the ward or trust. This ensured that staff were informed of issues within the ward and trust and that everyone knew what was happening with all patients.

Peterborough and Stamford Hospitals NHS Foundation Trust

Detailed Findings

Hospitals we looked at:
Peterborough City Hospital and Stamford and Rutland Hospital

Our inspection team

Our inspection team was led by:

Mark Pugh, Executive Medical Director of Isle of Wight NHS Trust and Fiona Allinson, Head of Hospital Inspections, CQC

Background to Peterborough and Stamford Hospitals NHS Foundation Trust

Peterborough and Stamford Hospitals NHS Foundation Trust was one of the first wave of NHS trusts to be authorised as a foundation trust in April 2004. The trust has approximately 633 beds and over 3,500 staff spread across two sites, Peterborough City Hospital (611 beds) and Stamford Hospital (22 beds). Peterborough City Hospital is a new building funded under the private finance initiative (PFI); it became fully operational only in December 2010, combining services previously supported on three separate sites. It provides acute health services to patients from Peterborough, Cambridgeshire South Lincolnshire, North-East Northants and Rutland.

In addition, the trust provides a range of community services including community midwifery and Macmillan nursing. The trust provides rheumatology and neurology services at the City Care Centre and services in support of Sue Ryder in Peterborough, at HMP Peterborough and in local GP practices. We did not inspect these services during this inspection.

The trust has had 10 inspections at its sites since registration in 2010. The most recent inspection took place at Peterborough and Stamford Hospitals NHS Foundation Trust on 10 July 2013, and the trust was found to be non-compliant with most of the outcomes inspected. Peterborough City Hospital was last inspected in April 2013; that inspection found the location to be non-compliant in

respect of 'Outcome 4: Care and welfare of people who use services' and 'Outcome 16: Assessing and monitoring the quality of service provision'. These regulations relate to the completion of patient documentation. These were found to be compliant on this inspection.

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Why we carried out this inspection

We inspected this trust as part of our in-depth hospital inspection programme. We chose this trust because they represented a variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. Using this model, Peterborough and Stamford Hospitals NHS Foundation Trust was considered to be a low-risk service.

How we carried out this inspection

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

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

The inspection team always inspects the following core services at each inspection:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young People
- End of life care
- Outpatients

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew about it. We carried out an announced visit on 4 and 5 March 2014. During the visit, we held focus groups with a range of staff in the trust, including nurses, doctors, physiotherapists, occupational therapists and pharmacists. We talked with patients and staff from all areas of the two hospitals. We observed how people were being cared for and talked with carers and/or family members and reviewed patients' personal care or treatment records. We held a listening event at which patients and members of the public shared their views and experiences of the trust. An unannounced visit was carried out on 10 March 2014 to review the ward and A&E areas at Peterborough City Hospital.

Requires improvement

Are services safe?

Summary of findings

Most services at the trust are safe because the hospitals have systems in place to raise concerns and incidents and staff are aware of how to do this. Incidents are reviewed and lessons learned shared with staff. However services for children within the A&E department do not meet national guidance and whilst the trust has plans in place to address this these are not yet in place.

There are processes in place to ensure that the hospitals are clean and infection is prevented or controlled. The infection rates at the hospitals are low and these are monitored by ward and department. Hand gels across the Peterborough City Hospital were not always available; however, there was access to alternative supplies.

The number of falls at Peterborough and Stamford Hospitals NHS Foundation Trust is being reduced but further work needs to be done to address this area. Falls overall are above the national average.The trust has raised staff awareness and the trust is monitoring improvements. Peterborough City Hospital has a large number of single rooms and open spaces, which makes it difficult for those with limited mobility to move around. However, the staff are aware of the issue and use warning systems such as highlighting patients at risk and using crash mats to reduce harm from a fall. The staff at Stamford Hospital are also acutely aware of the limited mobility of patients and have sufficient staff on duty using preventative measures to ensure that the risks are minimised.

Our findings

Learning and improvement

The trust was risk-assessed by CQC as being a low risk on our monitoring of risk. This is because, during 2013, the trust had only one 'never events', an event so serious that it should never happen. The trust is within expectations for its overall reporting of serious incidents for the most recent period (June 2012 – May 2013). Within the Safety Thermometer, the trust performs below the England average for pressure ulcers and venous thrombolisation but is above the average for falls and urinary tract infections associated with catheters. The trust recognises that the new building at Peterborough increases the risk of falling because of the large number of single rooms and open spaces, which make observation difficult and 'furniture walking' (patients using items of furniture to hold onto while walking around the bed space) difficult for patients with limited mobility. The trust has been above the national average for most of the previous year. However, the trust has a programme of raising staff awareness, flagging patients at risk of falls and putting preventative equipment in place to reduce falls. Early data from the trust shows that this is beginning to have an impact on the number of falls.

Systems, processes and practices

The trust uses the Datix system of incident reporting. Staff were aware of this and completed reports, and these were analysed by the trust. Incidents were investigated and action plans were in place. Most staff were aware of the lessons to be learned from any incidents that occurred. However, some staff were not aware and so systems could be strengthened so that staff can identify where practice should change as a result of learning from incidents.

There are a number of local audits in place that monitor care on individual wards and departments. The results of these audits were displayed at the entrance to all wards. Staff were aware of the results and were proud when their area had achieved good results, meaning that the area was safe for patients.

Infection Control

The trust had good systems in place to monitor the prevention and control of infection. Wards and all areas were seen to be clean, although some were cluttered with equipment. The contracted cleaning company had schedules that reflected national guidance in cleaning and it responded quickly to the ad hoc cleaning needs of the ward staff. This was highlighted at Stamford Hospital, where the on-site cleaners responded almost immediately to requests. The hospitals had had no cases of methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia in the previous 12 months and instances of Clostridium difficile (C. difficile) infections were in line with the expected range for a hospital of this size at Peterborough City Hospital.

Equipment

Staff reported that they had access to sufficient equipment in order for them to undertake their roles. Equipment was maintained in a timely manner and checked according to a regular maintenance schedule.

Requires improvement

Are services safe?

Medicine Management

In four of the five ward areas we inspected at Peterborough City Hospital we found that intravenous fluids were not stored in locked facilities to prevent them being tampered with. However, at Stamford Hospital we saw that all intravenous fluid was stored securely. We found that all other medicines were stored securely at both hospitals. We found that emergency drugs were available for use, were checked regularly and were all in date.

We found that the charts used for the prescribing and administration of medicines were well completed across the trust. This demonstrated that patients were given their medicines as prescribed. Each ward received a visit from a pharmacist and this ensured that the prescribing of medicines was safe. Patients we spoke with told us that they had been given sufficient information about the use of their medicines before being discharged to enable them to take their medicines properly.

Monitoring safety and responding to risk

The trust had reviewed the staffing levels on all wards at Peterborough City Hospital using the Safer Nursing Tool and accredited nursing dependency tools. The early analysis showed that most wards at this site were staffed at the levels recommended; however, some wards required review. We saw at our inspections that the ward areas were staffed to meet the needs of patients. Despite receiving information that during night-time hours the level of staffing dropped, our evening inspection found sufficient numbers of staff on duty.

At our announced inspection we found that the A&E unit was working well and that the number of patients in the department was acceptable. However, during our unannounced inspection we found the department very busy and patients having to wait extended periods before being seen. We were told that the waiting time was nearly four hours for patients that evening. However, within the department we found that staff, although busy, ensured that patients were safe. We saw actions taken to ensure that one elderly and confused patient was kept safe by ensuring that she was within sight of staff at all times. This was undertaken without compromising her dignity. We heard and saw that staffing levels in this department sometimes fell below the minumum numbers set for the department.

Within the peadiatric service in the A&E at Peterborough City Hospital we found that services needed to be improved to ensure the safety of children. The early warning system was not working as well as that of the adult service, the responsibility for making checks against the safeguarding register needed clarifying and embedding.

We listened in to a number of handovers between various groups of staff and found that appropriate information was passed between them. This ensured that people received the care they needed. An electronic database was used to inform all staff about potential care needs, highlighting patients who had dementia, were at risk of falling and were on an end of life care pathway. This ensured that this information was passed between staff and retained for any unexpected re -admission.

Anticipation and planning

The trust currently has a number of military personnel working within the hospital, but there is a planned withdrawal of these staff following a Ministry of Defence decision. The human resources department, working with the nursing and medical directors, has identified potential shortfalls in staffing and is currently recruiting to meet staffing needs once the military staff withdraw.

Requires improvement

Are Services Effective?

(for example, treatment is effective)

Summary of findings

The trust uses national guidance in all areas of the hospitals to improve patient care. This includes guidance from the National Institute for Health and Care Excellence as well as from other specialist bodies, such as the royal colleges. Outcomes for patients are good in most areas apart from stroke care where improvements are needed.

The trust has not taken part in two national clinical audits for which it was eligible during 2013/14. Further monitoring is required so that the trust can monitor performance against national performance and improve outcomes for patients. Pain relief at the end of life should be reviewed as patients told us of delays in receiving pain relief.

The trust locally monitors a range of measures to ensure that patients receive good care. These include the monitoring of national initiatives such as the Safety Thermometer and local monitoring of call bell response times. Staff are aware of the findings of this monitoring and act upon any deficits in order to improve care.

Our findings

We saw many instances throughout the trust where national guidance was being used to improve care outcomes. NICE guidance was in place where appropriate and staff were able to describe actions taken as a result of audits by royal colleges. For example, in the maternity unit we saw screening teams undertaking physical examinations of babies in line with the 'Routine Postnatal Care of Women and Babies' (NICE 2006) and the UK National Screening Committee's recommendations for a physical examination of all newborns.However the stroke care pathway for care and treatment was not in line with national guidance due to the level of therapy support.

We saw that venous thromboembolism assessments were carried out in line with guidance issued by NICE. Other assessments of patients' needs were also conducted, monitored and recorded in the patient's notes.

Performance, monitoring and improvement of outcomes

We found that participation in the clinical audit programme at the hospital was well defined but that some audits were not undertaken as per plan. In A&E the hospital had undertaken one audit for the inspection year but the remaining three had not started due to delays in receiving national guidance.

All staff were able to discuss the results of monitoring. These results were displayed at the entrances to the ward areas and were discussed at ward and departmental meetings with staff. Regular board 'walk arounds' occurred and the results of these and details of areas for improvement were also displayed. These 'walk arounds' monitored the quality of the service. A monthly quality report was produced and discussed at board level. A number of initiatives were in place to monitor the effectiveness of the organisation and cost improvement plans were scrutinised to ensure that they did not impact on the effectiveness or the safety of the service.

We found and heard that the pain relief service for patients at the end of their life required improvement so that patients were kept pain free.

Staff, equipment and facilities

The trust had a 8% vacancy rate at the end of February 2014. The recruitment team was actively recruiting staff to fill these vacancies. The senior trust managers meet weekly to approve vacancies and ongoing advertising is being undertaken to recruit into these posts. The trust has produced a video of staff in the theatre department in order to aid recruitment in this area.

Staff reported good access to training and development; however, the systems in place to record this were cumbersome and were not always completed, so the trust did not have a complete picture of the training that had been undertaken by staff. Local records reflected this more accurately. There were a number of specialised teams in place with staff who had further specialised training in order that patients received timely treatment.

Staff had appraisals and supervision as outlined in the trust's policy. Most staff reported finding this useful in aiding their development. External reviews of the trusts performance were used to improve the quality of the service provided.

Requires improvement

Are Services Effective?

(for example, treatment is effective)

Multidisciplinary working and support

We saw some good examples of multidisciplinary working. Doctors, nurses and paramedical staff worked together to ensure that appropriate discharge occurred. The trust had begun to work with the local mental health trust so that patients with physical and mental health needs received the care that they required. While the trust had recently agreed a service for adult patients requiring mental health interventions, no such service had yet been agreed for children's services.

The trust works with the local community to support patients in their health journey. We saw a bank of volunteers assisting people to navigate the hospital. We also heard about a project with the local American airbase, whose staff volunteer to become part of a befriending service to elderly patients in hospital.

Good

Are services caring?

Summary of findings

We heard from patients and families that the staff were very caring and involved them in their care and in the care of loved ones. At the listening event, people told us that, while there may have been some issues with the care received, most staff were indeed caring. Patients felt that they understood what was happening to them and we saw a good example of how Peterborough City Hospital prepares people undergoing joint replacement surgery before their operation. At Stamford Hospital, patients thought that the care was exemplary and that they were treated as individuals.

Staff respected patients' privacy and dignity and were aware of those who were vulnerable. We saw some good examples of how staff treated patients with sensitivity and respect. We also witnessed some less good experiences for patients; however, these were in the minority and acted upon when we reported them.

Staff in the oncology wards and in maternity at Peterborough City Hospital were especially sensitive to patients and their families when they received bad news. This was done with tact and diplomacy. The mortuary staff provided an exceptional service to the recently bereaved.

Our findings

Services provided by Peterborough and Stamford Hospitals NHS trust are caring

Compassion, dignity and empathy

Caring is one of the values of the trust, which defines it as: 'Caring for our patients and each other. Treat everyone with dignity and respect.' We found that most staff embraced this value. Patients we spoke with at both hospitals told us that the staff were excellent and that, although they were busy, they did a good job. We saw that intentional rounding (planned care to meet patients' basic needs) was undertaken in almost all areas. The A&E department had no system of intentional rounding and we witnessed the impact this had on some patients. However, within this department we saw some excellent examples of caring; these included staff caring compassionately and patiently for one patient who was confused, maintaining the patient's dignity and not talking down to them.

We heard from many people and from the local Healthwatch that the response to call bells was poor. As part of the new building, a system for monitoring the response to call bells had been installed. This allowed the trust to monitor the call bell response rate at Peterborough City Hospital. Call bell response times can be monitored by individual ward or department, and these times are displayed on the wall of the ward. The report covering the period April 2013 to January 2014 showed that the average response time was 1 minute and that over 85% of calls were responded to within 5 minutes. Although we heard and saw call bells being responded to promptly, while on our inspection we also noted that some staff responded to the call bell by turning it off and telling the patient that they would be back in a minute. However, this was noted on only a few occasions.

Involvement in care and decision making

Patients understood what was happening to them and why. Staff explained procedures in terms patients could understand. Patients felt that they were able to ask questions and families were involved in important decisions should the patient wish them to be. We saw that vulnerable patients were flagged on the trust's IT system so that this was highlighted to staff. We saw a care passport that was in an easy-read format so that people with a learning disability could complete it. This explained how the person liked to live and what care they needed. There was a separate 'This is me' care document for people with dementia that informed staff of likes and dislikes as well as care needs and included some background information on the person.

Interpreters were available for hospital staff if required; however, most staff reported that they were not used often. A disability adviser provided advice for the staff on capacity and supported patients who required advice on entitlements, for example Disability Living Allowance. We saw and heard from patients that informed consent was taken prior to treatments or surgery being carried out and that doctors and nurses took time to explain procedures to patients.

Good

Are services caring?

Trust and communication

We heard from patients that they felt that nurses were too busy to take time to talk to them; however, we saw and heard some very positive interactions between patients and care staff. Women on the maternity unit at Peterborough City Hospital were offered an opportunity to discuss the birthing process through debriefing sessions. This improved the experience for the women we spoke to. The trust has established a bank of 340 volunteers who support patients in hospital and it has an agreement with the local American air force base, which provides a befriending service to patients who are in hospital.

Emotional support

Staff throughout the trust provided emotional support to patients and their families. Staff at the John Van Geest unit in Stamford Hospital discussed with patients how they could return to a life as near their normal on discharge. This included ensuring that they had access to community services that would support them on discharge. The palliative care team had recently appointed two Macmillan nurses who provided emotional support for people who were on an end of life care pathway. The mortuary staff provided a sensitive and compassionate service to families who had recently been bereaved. They offered advice and support in registering the death and in dealing with the necessary arrangements. The consultant in the mortuary was passionate about making every death a positive experience for the family.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

While most patients received care that met their needs once they had been admitted to the appropriate ward areas, there was a number who did not. The capacity issue meant that patients sometimes had to be admitted onto a ward that had a bed available rather than onto a ward that met the needs of the patient. The trust continues to struggle to meet the four-hour wait target in the A&E department and target times for referral to treatment, which means that, although patients are seen, they are not always admitted in a timely manner.

The hospital was in line with national expectations for the number of cancelled operations, it used the operating theatre time available due to cancelled elective surgery, to perform emergency surgery and thus minimising the need to attend to cases out of hours. Action has been taken to address the backlog of complaints but more work is needed in this area to address complaints swiftly and to learn lessons from them. The trust is working with the local Healthwatch to improve the experience of patients who make complaints.

The trust has taken action to address some areas of mental health within the hospital; this work should be extended to include children's and young people's services. In addition the trust has implemented a number of initiatives that improve the care given to vulnerable patients, including those with dementia or learning disabilities. In children's services the trust should review the services for adolescents so that this group of patients have an improved experience.

Our findings

The service did not always meet the needs of patients due to capacity issues within the hospital.

Meeting people's needs

Patients admitted to Peterborough City Hospital do not always have access to a bed on a ward that is appropriate for their needs. This is due to the limited capacity and increasing bed pressures within the hospital. As this hospital is a new build, there are no old wards that can be opened up to increase capacity for the trust. The trust has therefore developed a number of processes that reduce the pressure on acute beds: these include the Ambulatory Care Unit, where patients who need hospitalisation for a specific treatment of short duration, such as a blood transfusion, can attend to receive this without going through the A&E process.

Vulnerable patients and capacity

Patients who are vulnerable are flagged on the patient database at the trust. Symbols are used both here and on the patient boards on the wards to denote the type of vulnerability (e.g. dementia, end of life, etc.). Care records called 'This is me' have been introduced for people with dementia, as well as a care passport for people with learning disabilities. These records allow the staff to understand what the person is usually like, their likes and dislikes, and their abilities. It is anticipated that these records will improve the care of vulnerable patients in hospital, as staff awareness of a patient's likes and dislikes will affect the care they receive.

There was a limited service for adolescents at the main hospital site in terms of accommodation and activities available. Patients on the children's ward shared different sex bays and whilst the decisions made were individualised staff were not aware of the trusts guidance nor were the decisions and choice of the patient recorded to achieve consistency of decision making.

Most staff were aware of the Mental Capacity Act 2005 and could articulate what this means in practice for them. We saw examples where risk assessments had been completed in this respect. The trust has established some joint working arrangements with the local mental health trust to provide adult psychiatric liaison team services to the acute trust. However, services for children have not been included. We heard from a number of families about the lack of provision of out-of-hours mental health services for children and adolescents, which resulted in children and young people being admitted to acute wards. The trust has bank staff arrangements in place to provide appropriate personnel to manage the mental health of patients admitted to the trust but these members of staff are not always available at short notice. Mental health services for children are provided by the local mental health trust.

Access to services

The trust regularly fails to meet the four-hour target in A&E. A number of stakeholders have reviewed the pathway in

Requires improvement

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A&E and an urgent care action plan is in place. However, on our unannounced visit, A&E was extremely busy with waits of around four hours for treatment. The trust has put a number of systems in place to move patients onto a ward and has allocated areas into which to decant patients who require short hospital stays. It has also put in place appropriate systems to ensure that care and treatment are provided by the appropriate staff in these areas. However, an increasing population, good road links and the limited number of beds compound the issue of the rising number of A&E attendees for the trust.

The hospital did not meet the national 18-week maximum referral to treatment (RTT) waiting standards recording 88.7% against a target of 90%. The trust was meeting the national waiting time target for patients to have planned surgery and for patients to receive an operation within 28 days following cancellation. While the number of cancelled operations was within the expected range for a hospital of its size, reducing the number of operations cancelled either shortly before admission or on admission is high on the trust's list of priorities.

Leaving hospital

The trust works with local partners to ensure that discharge for patients is safe and appropriate. However, there are challenges in doing this as there are five local authorities that border the hospital, each with a different system of referral. The trust has set up systems to attempt to address this issue but further work is needed to ensure that patients have the support they require on discharge and that they receive this support in a timely manner.

Learning from experiences, concerns and complaints

The trust has received an increasing number of complaints. In 2012, 448 complaints were received by the trust; in 2013 this had increased to 494. In March 2012, the CQC served a compliance action at the trust as the time taken to implement actions arising from complaints was lengthy. The chief executive acknowledged that, in March 2012, the trust had a backlog of complaints. We asked the Patients Association to review the way in which complaints were handled at this trust. They concluded that: while the trust had begun work on the backlog, there was still a number of outstanding complaints; patients should be offered a face-to-face meeting early in the process; improvements within the A&E department should be rolled out across the trust; and learning from complaints should be shared. The trust has taken action to highlight how patients can make a complaint and there have been early improvements to the handling of complaints following the trust's action planning.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

Staff were aware of the values of the trust and we saw these in action in the behaviour of the staff. The staff were seen to be caring, working more efficiently and working together with other stakeholders in patient care. Staff displayed an understanding of risk and risk registers were in place.

The senior leadership team was visible within the main Peterborough City Hospital site but less so at the Stamford and Rutland Hospital. Staff knew who to report issues to. Most staff felt supported in raising issues but we found that some felt unsupported in doing so and were concerned that no action would be taken. This was reported by individuals from across Peterborough City Hospital.

The trust used the experience of external reviews to improve services for patients and staff. There is a quarterly 'Learning from Lessons' event for staff and the board members undertake the '15 Steps Challenge' and night visits to ward areas. We saw the findings of these displayed on several wards.

Our findings

The trust is well led by its senior managers.

Vision, strategy and risks

Staff were able to verbalise the values of the trust and displayed these characteristics in their work. Most staff knew of plans for their areas and were aware of the risks the trust faces in terms of capacity and pressures within the A&E department. They understood their role in managing the risk to patients. Risk registers were in place and had identifiable actions to be taken to reduce the risks to patients and services.

Governance arrangements

There were robust governance arrangements in place. A clearly identified system of reporting from ward to board was in place; this enabled issues to be raised, discussed and addressed. The trust was able to produce clear documentary evidence of issues, actions and monitoring for the inspection team. This assured the inspection team that the trust was managing these issues well.

Leadership and culture

The trust has a system of rewarding areas where there is good performance through presentation ceremonies. Staff receive appraisals and supervision sessions to help them improve. Staff also have access to training, although the trust's database was found by some to be cumbersome and local records showed a more accurate picture of training undertaken.

The trust had recently introduced a directorate structure; while this was understood by staff, it was taking some time to be embedded in the medical staff's accountability and responsibility systems. We spoke to some staff who felt unwilling to raise concerns because they did not believe that action would be taken. Staff wishing to report incidents relating to their manager were unclear about who to report these to. This was reflected by a number of individual staff from across the Peterborough City Hospital site. The trust's management team stated that the whistleblowing policy had recently been reviewed and highlighted in team briefings. However, this was yet to be embedded.

Patient experiences, staff involvement and engagement

The trust continues to refine its board development programme and undertakes an annual self-assessment against the quality governance framework. The senior management team has further plans to include staff in the development of its annual business and quality account planning process. Staff on ward areas were able to tell us about the developments at the trust and for their particular ward.

The trust has systems in place such as team briefings to keep staff informed of plans and activity. Team meetings were held regularly with staff and issues within the area discussed. The ward manager at the John Van Geest unit had developed an innovative way of sharing information with the staff which involved a 10-minute daily team meeting and a monthly newsletter.

Staff at the Stamford and Rutland Hospital site felt that the senior leaders were not as visible as they were at the Peterborough City Hospital location. Whilst they knew their immediate line managers a number of staff stated that they felt that greater support would be felt if the senior leaders were more visible at this site.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Learning, improvement, innovation and sustainability

The trust was able to demonstrate the actions taken as a result of national reports such as the Francis, Berwick and Keogh reports. The actions for the trust were incorporated into the quality improvement programme, which had been rolled out across the trust. Actions from this are ongoing.

The board members undertake the '15 Steps Challenge' across all wards and departments alongside night-time quality visits. We saw the findings of these displayed on quality boards in ward areas. These are notice boards which display the results of audits undertaken on the ward. The staff we spoke to about this were positive that these visits had an effect on the team's performance and drove improvements towards achieving their quality targets.

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