

Trust Board of Directors
Report Summary

Date of Meeting: 5 March 2026	
Title of Document: Care Quality Commission – Ipswich Hospital Report	
To be presented by: Catherine Morgan, Chief Nurse	Author: Anthony May Associate Director of Governance, Risk and Compliance
1. Status: For assurance	
2. Purpose: This report provides a summary of the findings published by the CQC following their inspections of Medical Care and Urgent and Emergency Care at Ipswich Hospital during September 2025.	
Relates to:	
Strategic Objective	All
Operational performance	Achieving the fundamental standards of care will support meeting operation performance standards
Quality and equality impact	
Legal/Regulatory/Audit	CQC is the independent regulator of health and adult social care in England. Providers of regulated care services are required to meet a set of regulations including the fundamental standards of care (below which care standards must never fall). CQC Regulations 8, 9, 10, 12, 13, 14, 16, 17, 18, 20
Finance	To be assessed
Governance	
NHS policy/public consultation	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accreditation/inspection	CQC regulatory framework for assessment includes assessment of services against quality statements through on-site assessments and gathering of evidence
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services BAF5 - Workforce – recruitment and retention
Other	
3. Summary: An unannounced CQC inspection took place at Ipswich Hospital on 23 and 24 September. The inspection involved assessments of medical care (including older people’s care) and urgent and	

emergency services.

At its November meeting, the Board received the initial feedback letters following these inspections. The full report was published on Wednesday 18 February.

The overall rating following both assessments is 'requires improvement'. The [full report](#) is available on the CQC website.

Specific areas for improvement are highlighted within the report, as well as positive feedback for our teams. This includes staff being caring, working well together to provide good care under increasing pressure and feeling confident to raise concerns. Patients and their families also told inspectors that staff were "kind and friendly".

Since the inspection almost five months ago, we have been working hard to improve.

What we've done

- Successfully introduced EpicEPR at ESNEFT. This will help us to address some of the issues identified, such as gaps in documentation and communication between teams.
- Worked hard to reduce corridor care through the Emergency Department
- Made sure that at times of peak pressure when patients are, temporarily, cared for in corridors, strict safety standards are met
- Improved training compliance across departments
- Continued focused work through our **Fundamentals of Care Board**, which is addressing five priority areas at both Ipswich and Colchester hospitals:
 1. **People, leadership, staff experience** – to improve staffing challenges, leadership and morale
 2. **Mental and complex health, patient safety, experience and safeguarding** – to strengthen knowledge, training and National Early Warning Score (NEWS), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) compliance
 3. **Essential care** – to improve timely access to medicines and therapies
 4. **Patient journey** – to improve discharge planning and communication with patients and care homes
 5. **Environment and infection prevention and control** – to strengthen patient safety practices and improve infection prevention and control protocols.

What the report says

The CQC recognise the dedication of colleagues working in challenging circumstances. However, consistent safety processes, stronger documentation, better flow management and more effective oversight must now be accelerated.

We have already acted on several areas raised during the visits, and further improvement plans will be shared with teams as they develop.

A summary of the report is also outlined below:

Overall rating: Requires Improvement

Warning notices issued for safe care and treatment and good governance.

Key ratings by service area:

Service area	Safe	Responsive	Well-led	Overall rating
Medical care (including older people's services)	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Urgent and emergency care (UEC)	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Medical care (including older people's services)

Caring remains strong, but safety, responsiveness and leadership require improvement. Key concerns were long-standing, and several issues were identified in the January 2020 inspection that remain unresolved. Concerns include assessment and documentation, staffing shortages (especially evenings/nights), and delays in communication with families and community partners.

Positive feedback:

- Staff described as caring, warm and collaborative
- Good practice in medicines optimisation
- Active palliative care and specialist nurse support
- Efforts to improve patient feedback

Concerns identified:

- Risk assessments: VTE assessments incomplete in many records. Some wards below 95% target. Pressure ulcer risk assessments inconsistent. NEWS2 and CCOT response compliance below targets.
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) non-compliance: Gaps in knowledge. MCA/DoLS documentation absent in most records.

- Staffing concerns: Poor training compliance among medical staff (65% against 90% target). Frequent redeployment harming morale and competencies. Wards regularly below safe staffing levels.
- Poor governance and slow incident learning: Many early learning reviews overdue. Inconsistent follow-up of audits, repeated failures in MCA, VTE, documentation and IPC.
- Infection Prevention and Control: Cleaning logs not completed when housekeeping colleagues off work. Low ward cleaning compliance. Issues with cannula management and isolation room doors being left open.
- Flow, discharge and communication: Delayed discharge summaries, poor communication with GPs and families. Delays in therapies and discharge planning due to staffing.
- Environment and equipment risks: Fire exits blocked by equipment. Boarding/outlier use inappropriate, risk assessments missing. Stroke gym used as an escalation area.

Urgent and emergency care (UEC)

Inspectors praised staff professionalism, and acknowledged the new building is a positive step. However, high demand is impacting:

- safe observation and escalation
- waiting times and triage targets
- governance and risk management
- training compliance for medical staff

Positive feedback:

- Staff were described as kind, helpful, and patient-focused
- Medicines management was safe and reliable
- Good team culture and supportive leaders at department level
- Activity to improve safety, including corridor harm reviews, extended stay checklists, dedicated healthcare assistant in waiting room.

Concerns identified:

- Monitoring and deterioration management: NEWS2 and PEWS often incomplete, escalations not documented.
- Long waits and poor flow: Children waiting, on average, 122 minutes to see a clinician after triage. Many patients waiting more than 20 hours for a bed. Corridor care regularly used – but risk assessments not consistently completed.
- Ambulance handover issues: Reverse boarding continues. Lack of clarity on clinical responsibility.

- Incomplete documentation: Poor completion of mental health risk assessments, consent, MCA/DoLS, and rounding.
- Safeguarding and training shortfalls: Low safeguarding compliance for medical staff.
- Infection Prevention and Control: Hand hygiene compliance, 'I am clean' stickers not used.
- Governance gaps: Long-standing risks remain on the risk register. Lack of effective audits, including mental health pathways, VTE and CCTV monitoring.

Repeated breaches from previous inspections

The CQC found a number of areas where the same problems identified in the January 2020 inspection remained unresolved, leading to repeated breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) across both Medical Care and UEC.

- Risk assessments
- Mental Capacity Act (MCA) and DoLS non-compliance
- Documentation
- Infection Prevention and Control
- Governance
- Mandatory training
- Management of deterioration
- Medicines management in some areas

Warnings issued

A warning notice was issued for both Medical Care and UEC relating to safe care and treatment (Regulation 12) and good governance (Regulation 17).

Recommendations for improvement

- Strengthen completion and quality of risk assessments and observations.
- Improve MCA/DoLS understanding and documentation.
- Increase medical staff compliance with mandatory training.
- Strengthen governance systems to ensure audit findings lead to timely action.
- Enhance communication with patients about delays and care plans.
- Ensure safer deployment of outlier/boarding beds and environment risk management.

4. Recommendations / Actions

The Board is invited to review the outcome of the inspections and to note the ongoing improvement work.