Warrington and Halton Hospitals NHS Foundation Trust

Halton General Hospital

Quality Report

Hospital Way
Runcorn
WA7 2DA
Tel: 01928 714567
Website:
www.**warringtonandhaltonhospitals**.nhs.uk

Date of inspection visit: 28 January and 11 February 2015
Date of publication: 10/07/2015

This report describes our judgement of the quality of care at this hospital. 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 hospital	Good
Urgent and emergency services	Good
Minor injuries unit	Good
Medical care	Good
Surgery	Good
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Halton General Hospital is one of three locations providing care as part of Warrington and Halton Hospitals NHS Foundation Trust. It provides non-complex, elective surgery and a range of outpatient services. There is a minor injuries unit (open 9am to 10pm every day) which provides a range of minor emergency care services, and the hospital provides x-ray facilities until 8pm. There is a step down ward for patients who have had surgery or emergency medical care but who require some further support before going home. There are chemotherapy services on site and the hospital is home to the Delamere Macmillan Unit, which provides cancer support and advice.

The site is also home to a specialist orthopaedic facility – the Cheshire and Merseyside NHS Treatment Centre (CMTC). The CMTC is a standalone operating and clinical facility for orthopaedic surgery services across the trust.

Warrington and Halton Hospital NHS Foundation Trust provides services across the towns of Warrington, Runcorn (where Halton General Hospital is based), Widnes and the surrounding areas. It provides access to care for over 313,500 patients.

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

We carried out an announced inspection of Halton General Hospital on 28 January 2015. In addition an unannounced inspection was carried out between 3pm and 5.30pm on 11 February 2015. As part of the unannounced visit we looked at the management of medical emergencies out of hours.

Overall we rated Halton General Hospital as good.

Our key findings were as follows:

Access and flow

- The hospital was an elective surgical centre with a full range of outpatient and step down care facilities. The hospital specialised in routine, non-complex surgery.
- There were low operation cancellation rates, as routine surgery was not as affected by emergency cases.

Incident reporting

- There were systems in place for reporting incidents and 'near misses' across the hospital. Staff had received training and were confident in the use of the incident report system, but in medical care services and the outpatient department they did not always report incidents appropriately or in a timely way. This meant that opportunities for learning or improvement were sometimes missed.

Cleanliness and infection control

- There was a high standard of cleanliness throughout the hospital. Staff were aware of current infection prevention and control guidelines and observed good practices such as:
- Staff following hand hygiene and 'bare below the elbow' guidance.
- Staff wearing personal protective equipment, such as gloves and aprons, while delivering care.
- Suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.
- Cleaning schedules in place and displayed throughout the ward areas.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- Hand washing facilities and hand gel were available throughout the department.
- Data showed that healthcare-associated infections with MRSA and Clostridium difficile (C. difficile) rates for the hospital were low.

Summary of findings

Nurse staffing

- Nursing staffing levels had been reviewed throughout 2014 and were due to be reviewed again. Staffing levels had been assessed using a validated acuity tool. There were minimum staffing levels set for wards throughout the hospital, and required and actual staffing numbers were displayed outside each ward and department.
- Use of agency nursing staff was rare at the hospital. Short-term absences were covered by permanent staff working additional hours.

Medical staffing

- Surgical treatment was delivered by skilled and committed surgeons.
- Out-of-hours medical cover was provided to patients in the surgical wards by the two Resident Medical Officers (RMO) as well as on-call registrar.
- Medical cover in the medical care services was also provided by the RMO both in and out of hours. RMOs were provided by an agency and were on duty, day and night, for periods of up to two weeks. There were several RMOs who provided medical cover, sometimes for one week at a time, returning several weeks later, again on a short-term basis.
- The RMO was on duty without time off, day and night, for periods of up to two weeks. Any calls by nursing staff to the RMO were routed via the senior nurse in charge of the hospital out of normal working hours, to ensure the RMO was not disturbed unnecessarily. The RMO we spoke with told us that it was not unusual to be disturbed two or three times during the night. There was no cover provided the next day if they had been awake for most of the night. This represented a risk that the RMO's judgement could be impaired due to tiredness

Care of the deteriorating patient

- Staff used the National Early Warning Score (NEWS) that is designed to identify patients whose condition is deteriorating. Staff were prompted when to call for appropriate support. The chart incorporated a clear escalation policy and gave guidance about ensuring timely intervention by appropriately trained personnel. We found that that staff understood the tool and escalated changes in the patient's condition appropriately.
- There was a transfer policy in place for patients whose condition was deteriorating, and safe and timely transfer was supported by the RMO and suitably trained critical care nurses who were on site out of hours. Staff also had access to the on-call registrar and the on-call consultants based at Warrington Hospital.
- The trust had arrangements in place with the local ambulance service to ensure patients transferred between the hospitals were accompanied by a trained paramedic. However, the RMO in post at the time of our inspection was not aware of the standard operating procedures regarding the transfer of deteriorating patients to Warrington Hospital and was unclear about how to access a senior medical opinion.
- A review of medical cover at Halton hospital undertaken by the trust in May 2014 recommended that "training to specifically include accessing a medical opinion and the transfer policy from Halton" should be undertaken. The RMO on duty at the time of our inspection had not received training in either of the above and stated that the nurses would direct him.

Mandatory training

- Mandatory training attendance varied across the hospital. In the majority of cases, compliance fell below the trust's 85% target.

Nutrition and hydration

- Patients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs in relation to eating and drinking were supported by dieticians and the speech and language therapy team.
- There was a coloured jug system in place that identified patients who needed assistance with eating and drinking.

Summary of findings

- Support was given in a sensitive and discreet way.

Medicines management

- Medicines were provided, stored and administered safely and securely. However in the outpatients department the medicine stock levels were not recorded and stock checks did not take place. This meant that medicines could be removed or misappropriated without staff being aware.

Areas of outstanding practice included:

- The hospital ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the service of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and the trust needs to make improvements in these areas.

Importantly, the trust must:

- Ensure adequate medical staffing levels outside of normal working hours.
- Ensure all the resident medical officers have the appropriate skills and competencies so there is consistency.
- Improve incident reporting in the outpatient department.
- Take action to improve mandatory training completion levels.
- Ensure patient records are complete and ready for patient appointments.
- Ensure medicine stocks in the outpatient department are recorded and checked.

In addition the trust should:

In medical care services:

- Increase seven day working for all disciplines across the medical directorate.
- Improve the way risks are communicated to nursing staff within the medical directorate.

In outpatient and diagnostic services:

- Reduce patient waiting times and did not attend rates.
- Develop a strategy for the expansion of outpatient services to meet patient demand and preferences.
- Increase the visibility of executive staff and the board in the service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Minor injuries unit	Good 	Systems were in place for reporting and managing incidents. There was a risk-aware culture in the department and a willingness to learn from mistakes. Patients received care in safe, clean and suitably maintained environments with the appropriate equipment. Staff were aware of their role in safeguarding and could escalate concerns about abuse and neglect appropriately. There were sufficient numbers of suitably trained staff to provide the service for patients. Staff worked well together as a multidisciplinary team for the benefit of patients. National guidance was used to provide evidence-based care and treatment for patients. Patients were assessed for pain relief as they entered the unit. Staff treated patients with dignity, compassion and respect. Patients spoke positively about the care and treatment they had received. Staff provided patients and those close to them with emotional support and comforted patients who were anxious or upset. Staff were confident and competent in seeking appropriate consent. From April 2014 to December 2014, the service met the national Department of Health target to admit or discharge 95% of patients within four hours of arrival. Key risks and performance data was monitored regularly and remedial action taken when performance shortfalls were identified. A trust-wide complaints and concerns policy included information on how people could raise concerns, complaints, comments and compliments, but we noted complaints about the service weren't always closed in a timely manner. There was clearly defined and visible leadership within the service and staff felt free to challenge any staff members who were seen to be unsupportive or inappropriate in carrying out their duties. Staff were proud of the work they did and worked well together for the benefit of patients.
Medical care	Good 	Risks within the medical division were generally well managed and the wards were clean. Staff used a combination of National Institute for Health and Care

Summary of findings

Excellence (NICE) and Royal Colleges' guidelines to determine the treatment they provided. Local policies were written in accordance with best practice guidance and had been updated regularly as required. Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. Medical care services were delivered by caring and compassionate staff. We observed that staff treated patients with dignity and respect. Care was planned and delivered in a way that took into account the wishes of the patients. The services provided were responsive to people's needs. There was good communication and co-operation between the hospital staff and local community teams from both the NHS and local authority, which enabled safe, timely and effective discharge of patients from the wards. However, seven day working was not yet implemented in this service. For example, Patients who were not acutely ill were not routinely seen by a doctor at weekends and there was no routine service provided by allied health professionals out of normal working hours. Limited diagnostic services, such as x rays and ultrasound were available out of hours.

There was a positive approach to providing care to patients living with dementia. We found that care was delivered to meet patients' individual needs in a sensitive way and was well supported by robust and relevant care records. For patients whose first language was not English, staff could access a language interpreter if required. However there was limited evidence of the service learning from complaints.

There was a vision and strategy for the service with clear aims and objectives that had been cascaded and shared across the medical division. Risks and performance within the medical division were discussed regularly. However, the systems in place to communicate risks and changes in practice to frontline nursing staff were not robust.

Surgery

Good

Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in safe, clean and suitably maintained premises. There was an ample supply of suitable clean and well maintained equipment. Medicines were stored safely and securely. Patient records were completed appropriately. Staff involved patients and those close to them in their care and

Summary of findings

treatment planning. Patients and their relatives were supported with their emotional needs, and there were bereavement and counselling services in place to provide support for patients, relatives and staff.
Infection risks were well managed and staff observed good practice guidance in relation to the control and prevention of infection. Staffing levels and skills mix was sufficient to meet patients' needs. Staff received mandatory training in order to provide safe and effective care. However, the numbers of staff that had completed mandatory training was below the hospital's expected levels.
The surgical services provided effective care and treatment that followed national clinical guidelines and staff used care pathways effectively. The services participated in national and local clinical audits. Audit findings were used to improve service provision. The surgical services performed in line with similar sized hospitals and performed within the England average for safety and clinical performance measures.
Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought appropriate consent from patients before delivering care and treatment. Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Patients spoke positively about their care and treatment. Patients were treated with dignity and compassion. Data for patient satisfaction surveys showed that most patients were positive about recommending the hospital's wards to friends and family.
Services were planned and delivered to meet the needs of local people. There were systems in place to support patients with particular needs such as patients living with dementia. Complaints about the service were shared with staff to aid learning and secure improvement. Patients were admitted, transferred or discharged in timely manner. The surgical services achieved the 18 week referral to treatment standards for most specialties and there had been recent improvements in performance where these standards had not previously been achieved, such as trauma and orthopaedics.
Theatre efficiency was routinely monitored and the theatres consistently achieved the trust's internal performance and efficiency targets. However, operations

Summary of findings

were sometimes cancelled due to delays in the theatres or if a surgeon was unavailable. Most patients whose operation was cancelled for non-medical reasons were treated within 28 days. There was effective teamwork and clearly visible leadership within the surgical services. Staff were positive about the culture and support available. There was routine public and staff engagement and actions were taken to improve the services. The management team understood the key risks and challenges to the service and had plans in place to address them.

Outpatients and diagnostic imaging

Good 

The service was meeting the 18 weeks national targets for referral to treatment times. This meant the majority of patients had their initial appointments, investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP. The percentage of patients who were urgently referred on the two week pathway and seen by a specialist was about the same as the national average. The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average. However, some clinics over-ran and patients experienced long delays in their appointment time. There were high numbers of patients who failed to attend for their appointments. In order to reduce cancellations and DNA rates, the trust had devised an online form for patients to change, cancel or rearrange an outpatient appointment and was introducing a text message reminder service to encourage patients to attend.
Staff understood when to report incidents and were able to demonstrate how they would report an incident through the electronic reporting system. However, staff stated there were incidents when referral letters or assessment forms were missing from a patient's record (or the wrong ones were attached) that occurred on a regular basis. These incidents were not being routinely reported by staff. There was a good standard of cleanliness throughout the department. Staff followed good practice guidance in relation to the control and prevention of infection. Staffing levels were sufficient to meet the needs of the service. There was a system in place for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. Levels of mandatory training

Summary of findings

completion within the service varied but generally fell below the trust's set target of 85%. This had been recognised as an area requiring improvement and the service had taken steps to improve compliance levels. Patients attending the outpatient and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance. Staff worked well together in a multidisciplinary environment to meet patient's needs. Medical staff were supported well by specialist nurses. Outpatient and diagnostic imaging services were delivered by caring, committed and compassionate staff. Staff treated people with dignity and respect. Care was planned and delivered in a way that took into account the patients' wishes.

Staff were aware of the trust's vision and values but were unclear as to the future strategy for outpatient and diagnostic imaging services. Local managers demonstrated good leadership within the department and there was good team working. Staff were keen to improve and develop the service for the benefit of patients. The outpatient service reported risks through the women's, children's and clinical support services divisional governance structures. The divisional risk register included risks and ratings identified progress and improvements were monitored through the unscheduled care divisional integrated governance group.

Good

Halton General Hospital

Detailed findings

Services we looked at
Urgent & emergency services (Minor injuries unit); Medical care (including older people's care); Surgery; Outpatients & Diagnostic Imaging

Contents

Detailed findings

Background to Halton General Hospital

Halton General Hospital provides non-complex, elective surgery and a range of outpatient services. There is a minor injuries unit (open 9am to 10pm every day) which provides a range of minor emergency care services, and the hospital provides x-ray facilities until 8pm. There is a step down ward for patients who have had surgery or emergency medical care but who require some further support before going home. There are chemotherapy services on site and the hospital is home to the Delamere Macmillan Unit which provides cancer support and advice.

The site is also home to a specialist orthopaedic facility – the Cheshire and Merseyside NHS Treatment Centre (CMTC). The CMTC is a standalone operating and clinical facility for orthopaedic surgery services across the trust.

Warrington and Halton Hospital NHS Foundation Trust provides services across the towns of Warrington, Runcorn (where Halton General Hospital is based), Widnes and the surrounding areas. It provides access to care for over 500,000 patients. In total the trust has 591 beds.

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

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director and Consultant ENT Surgeon

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an inspection manager, nine CQC inspectors, two Experts by Experience and a variety of specialist advisors including consultant medical staff, senior nurses, allied health professionals and governance experts.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about Warrington and Halton Hospitals NHS Foundation Trust and asked other organisations to share what they knew about the hospital. These included local Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held a listening event in Halton and in Warrington on 26 January 2015 when people shared their views and experiences of Halton General Hospital and the CMTC. Some people also shared their experiences by email or telephone.

The announced inspection of Halton General Hospital took place on 28 January 2015. We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We also undertook an unannounced inspection between 3pm and 5.30pm on 11 February 2015. During the unannounced inspection we looked at the management of medical emergencies out of hours.

Detailed findings

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

Facts and data about Halton General Hospital

Halton General Hospital is one of three locations providing care as part of Warrington and Halton Hospitals NHS Foundation Trust. In total, the trust has 591 beds.

Warrington and Halton Hospital NHS Foundation Trust provides services across the towns of Warrington, Runcorn (where Halton General Hospital is based), Widnes and the surrounding areas. It provides access to care for over 500,000 patients. The trust employs 3,389 members of staff. The total revenue for the trust was £212.7 million while the full cost was £215.6 million. This meant the trust had a deficit of £2.9 million.

The health of people across Warrington and Halton varies, but outcomes for people tend to be worse than the national average, particularly in the Halton area. Life expectancy for men and women in both areas is worse than the national average. There is also a higher number of hospital stays due to self-harm and alcohol related harm in both areas compared to the national average.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Minor injuries unit

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

Information about the service

Urgent and emergency services were provided across two sites that formed part of Warrington and Halton Hospitals NHS Foundation Trust. Halton General Hospital has a minor injuries unit open from 9am to 10pm each day. The MIU treated a wide variety of problems including cuts and grazes, sprains and strains and minor head injuries. Children under the age of three could be treated if the problem was minor. The MIU was managed by a team of nurse practitioners with experience and expertise in treating minor injuries.

The minor injuries unit saw 2760 patients between November 2014 and December 2014 with an average of 920 patients a month.

We carried out an announced inspection during 29 January 2015. The MIU was in the process of moving to a purpose built area, the Urgent Care Centre (UCC), where services would be reconfigured.

We conducted an unannounced inspection on 11 February 2015 to look at the new facilities. The new purpose built area included a reception area and waiting room for adults. A separate secure area for children with a purpose built waiting room with play facilities, two treatment rooms and two observation rooms for children. In the main area there were two triage rooms, two cubicles and two treatment rooms for adults. X-ray facilities were in the process of moving into the UCC and there was a dedicated plaster room and an eye room. There were areas for parents to feed children and there were ample waiting rooms.

We spoke with patients and relatives, observed care and treatment and looked at care records. We also spoke with a range of staff at different grades including the associate divisional director of unscheduled care, the associate director of nursing of unscheduled care, the clinical lead, emergency nurse practitioners, nurses at all levels and the receptionists. We received comments from our listening events and from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

Minor injuries unit

Summary of findings

Systems were in place for reporting and managing incidents. There was a risk-aware culture in the department and a willingness to learn from mistakes. Patients received care in safe, clean and suitably maintained environments with the appropriate equipment. Staff were aware of their role in safeguarding and could escalate concerns about abuse and neglect appropriately.

There were sufficient numbers of suitably trained staff to provide the service for patients. Staff worked well together as a multidisciplinary team for the benefit of patients. National guidance was used to provide evidence-based care and treatment for patients. Patients were assessed for pain relief as they entered the unit.

Staff treated patients with dignity, compassion and respect. Patients spoke positively about the care and treatment they had received. Staff provided patients and those close to them with emotional support and comforted patients who were anxious or upset. Staff were confident and competent in seeking appropriate consent.

From April 2014 to December 2014, the service met the national Department of Health target to admit or discharge 95% of patients within four hours of arrival. Key risks and performance data was monitored regularly and remedial action taken when performance shortfalls were identified. A trust-wide complaints and concerns policy included information on how people could raise concerns, complaints, comments and compliments, but we noted complaints about the service weren't always closed in a timely manner.

There was clearly defined and visible leadership within the service and staff felt free to challenge any staff members who were seen to be unsupportive or inappropriate in carrying out their duties. Staff were proud of the work they did and worked well together for the benefit of patients.

Are minor injuries unit services safe?

Good

Systems were in place for reporting and managing incidents. There was a risk-aware culture in the department and a willingness to learn from mistakes. There were sufficient numbers of suitably trained staff to provide the service for patients.

Patients received care in safe, clean and suitably maintained environments with the appropriate equipment. Medicines were managed safely and securely and controlled drugs registers had been signed by two staff members. Staff were aware of their role in safeguarding and could escalate concerns about abuse and neglect appropriately.

Incidents

- A policy was in place for the reporting, management and investigation of incidents. Incidents could be reported via the online incident reporting system, by completing paper incident reporting forms or by leaving a message with an automated telephone system which was picked up by the governance team and entered into the online incident reporting system.
- Staff at all levels were confident about reporting incidents, near misses and poor practice. Staff were able to describe recent incidents and clearly outlined actions that had been taken as a result of investigations of incidents to prevent reoccurrence.
- Learning from incidents was shared across the department via noticeboards, newsletters and safety huddles at handovers.

Cleanliness, infection control and hygiene

- The newly opened urgent care centre (UCC) was clean, well maintained and provided a suitable environment for the treatment of patients. There was some ongoing construction work but the areas affected were clearly segregated and access to them was restricted to promote the safety of patients, staff and visitors.
- Staff were aware of current infection prevention and control guidelines and we observed good practices such as:
  - Staff following hand hygiene and 'bare below the elbow' guidance.

- Staff wearing personal protective equipment, such as gloves and aprons, while delivering care.
- Suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.
- Cleaning schedules in place and displayed throughout the ward areas.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- Hand washing facilities and hand gel were available throughout the department.

- Data showed that healthcare-associated infections with MRSA and Clostridium difficile (C. difficile) rates for the trust were within expected limits. There were no cases of C. difficile attributed to the urgent care department from April 2015 to December 2014.

Environment and equipment

- The emergency department was well maintained, safe and secure. The route for patient entry was streamlined and managed to ensure clear segregation for adults and children that attended the department.
- Staff confirmed all items of equipment were readily available and any faulty equipment was either repaired or replaced efficiently. Equipment was appropriately checked and decontaminated regularly with checklists in use for daily, weekly and monthly checks of equipment in the resuscitation trolleys and within the treatment cubicles.
- Staff were made aware of alerts that had been issues by the National Patient Safety Agency (NPSA) and warnings had been shared with staff such as potential equipment sabotage by the safety and risk link nurse.
- X-ray services were situated within the department for easy access.

Medicines

- Policies were available for the management of medication and posters were displayed reminding staff to check protocols if changes were made to patients regular medication.
- Medications were stored correctly and safely in locked cupboards or fridges and temperatures were recorded where necessary in both the paediatric and adult areas. Nurses employed by the trust kept the keys with an audit trail of who had possession of them during the shift. Drug cupboard keys were kept securely in a nearby ward when the UCC was closed.
- When issuing medication for patients to take home with them, the prescriptions and drugs dispensed were checked by two nurses.
- Medication issued for pain relief, which was given immediately via patient group direction (PGD) (medication provided on an individual on a patient-specific basis where this offers an advantage for patient care without compromising safety) was also safely stored and well managed.
- Staff from the pharmacy department had responsibility for maintaining minimum stock levels and checking expiry dates.
- We checked the storage and balance of controlled drugs and found the stock balance was correct. We found that the controlled drugs registers had been signed by two staff members when controlled drugs were dispensed.

Records

- The department had developed its own patient clinical assessment record that included the patients personal details, previous admissions, alerts for allergies, observations charts and as well as triggers for chest pain and asthma. There were separate records for adults and children.
- Patient records were kept securely, easy to locate and we could easily obtain any notes we required when conducting our patient record reviews.
- We looked at notes across the department and were able to follow and track patient care and treatment easily. Observations were well recorded; the timing of such was dependent on the acuity of the patient.

Safeguarding

- Policies were in place that outlined the trust's position on safeguarding vulnerable adults and children.
- A safeguarding link nurse and a health visitor for children worked with specific teams to ensure patients were not at increased risk of neglect or abuse.
- Staff confirmed they knew who to contact and were aware of the services being offered.
- The electronic system alerted staff to safeguarding issues and it was mandatory for staff to complete a safeguarding trigger for all children who attended A&E. Social services could be contacted by phone and there was a health visitor on site if needed to support good practice and timely referral.

Mandatory training

Minor injuries unit

- Medical and nursing staff confirmed they had received an induction specific to their role when they had begun work in the department. Local induction checklists included departmental safety instructions, orientation and policies and procedures. These had been signed by the staff and their supervisors.
- Staff received mandatory training in general areas such as infection prevention and control, moving and handling and safeguarding children and vulnerable adults as well as training specific to their role such as medicines management, resuscitation training such as Advanced Paediatric Life Support (APLS), Trauma Nursing Core Course (TNCC), Advanced and Immediate and Paediatric Life Support (ALS, ILS and PILS).
- The trust target was to have 85% of staff having received mandatory training. The performance dashboards showed targets hadn't always been met for example only 68% of medical and 35% of nursing staff had undertaken equality & diversity training, 75% of medical and 26% of nursing staff had undertaken moving and handling training, 53% of medical and 74% of nursing staff had undertaken infection control training and only 74% of medical and 51% of nursing staff had undertaken safeguarding adults training whereas 71% of medical and 77% of nursing staff had undertaken safeguarding children training.
- Mandatory training was delivered on a rolling programme and the matron and clinical lead told us they were confident the trust mandatory training compliance target would be achieved by year end (March 2015). All non-compliant staff had been identified and lists sent to their line management for action.
- The paediatric staff received simulation training in a range of emergency situations. Staff from the paediatric A&E received the majority of their training from the paediatric department rather than within the urgent care department.

Assessing and responding to patient risk

- All patients with minor injuries presented to the emergency department themselves (self-referral) and were booked in via the receptionist and then triaged by a nurse who asked routine questions using the Manchester Triage System to determine the nature of the ailment.
- Halton Hospital MIU/UCC didn't treat patients who were conveyed by an ambulance. Ambulance patients were treated at the A&E department at Warrington hospital.
- A qualified senior sister or an experienced band 5 nurse performed screening and triage of patients and then referred them for appropriate care and treatment
- The electronic admissions system automatically alerted staff if any patients had attended the hospital and the A&E department previously and whether they were assigned to any specialist team in the hospital e.g. the oncology team so staff could seek appropriate care for the patient.
- Patients 16 years and younger were triaged and referred to the children's waiting area where they could wait in a dedicated and secure area.

Nursing staffing

- The nursing establishment was based on the MIU model prior to 8 February and was sufficient to see the current number of patients. There were five nurse practitioners including a senior nurse practitioner as well as a number of band 5 nurses. The staffing was set up so there was at least two nurse practitioners in the department.
- There were vacancies for nurse practitioners and nurses in the department and efforts were being made to recruit to these posts to enable the UCC to run at its intended full capacity.
- Cover for staff leave or sickness was provided by bank staff made up of the existing nursing team or by agency nurses to provide cover at short notice. Where agency staff were used, the organisation carried out checks to ensure they had the right level of training and skills for delivering emergency care.

Medical staffing

- Before the move to the UCC there was no medical cover within the MIU. Since the move, a locum GP had been employed to work 8am to 5pm. This was a temporary arrangement until permanent GP's could be recruited to work from 8am to 10pm.
- Staff told us having a GP had made a difference and increased the number and type of patients the department could now treat.
- The UCC could also call upon the on-call consultant list if needed and the Resident Medical Officer. However, this was very rare.

Minor injuries unit

Major incident awareness and training

- Security guards patrolled the car park; corridors and public areas such as A&E. Staff in the emergency department could call security for immediate support and would also dial 999 for police assistance if required.
- Guidance for staff in the event of a major incident was available in the business continuity plan which listed key risks that could affect the provision of care and treatment.

Are minor injuries unit services effective? (for example, treatment is effective)

Good

National guidance was used to provide evidence-based care and treatment for patients. Patients were assessed for pain relief as they entered the unit. Records were managed effectively.

Staff worked well together as a multidisciplinary team for the benefit of patients. Staff were confident and competent in seeking appropriate consent from patients. Patients confirmed they had received information about their care and treatment in a manner they understood.

Evidence-based care and treatment

- The minor injuries unit used a combination of National Institute for Health and Care Excellence (NICE) and College of Emergency Medicine (CEM) guidelines to determine the treatment they provided.
- The department had a list of exclusion criteria and if any patients attended with ailments such as severe trauma or stroke then staff would assess them but also call for an ambulance to convey them to Warrington Hospital A&E Department for appropriate treatment.
- The patient assessment record reflected evidence-based guidance for effective risk assessment and included tools for assessing patient risks so that if the patient's condition deteriorated, staff could be alerted quickly.
- Guidance was regularly disseminated at governance meetings, and the impact that it would have on practice was discussed and action planning agreed.

Pain relief

- Patients were assessed for pain relief as they entered the department. Patients who required immediate pain relief were given analgesia via a patient group direction (PGD) (medication provided on an individual on a patient-specific basis where this offers an advantage for patient care without compromising safety).
- Records indicated that the patient's pain score had been recorded and suitable analgesia prescribed and administered.
- Patients reported that they had been offered appropriate pain relief in a timely way.

Nutrition and hydration

- The department had facilities to offer patients water if they asked. There were facilities to make drinks such as tea and coffee if required.

Patient outcomes

- Unplanned re-admittance rates for Halton Hospital within 7 days were below the 5% target set by the Department of Health.

Competent staff

- An appraisal gives staff an opportunity to discuss their work progress and future aspirations with their manager. Departmental records showed appraisal rates in the service varied between staff types. As of October 2014 71% or nursing staff in emergency care had received appraisals for the year 2014 to 2015.
- Staff confirmed that they had received an appraisal or were scheduled to have one. Information provided by the trust identified that the process for 2014 to 2015 had begun and was still ongoing.
- The nursing staff we spoke with were positive about on-the-job learning and development opportunities.

Multidisciplinary working

- This service did not require a full multi-disciplinary team; however, there was collaboration and communication among all members of staff to support the planning and delivery of patient care.
- Daily meetings, involving the nursing and administrative staff, were held and issues discussed included identification of patients' care needs, updates in practice and changes to legislation.

Seven-day services

Minor injuries unit

- The X-ray department was open Monday - Friday from 9am to 8pm and on a Saturday and Sunday from 2pm to 6pm. If patients required an x-ray outside of these hours, they were either asked to travel to Warrington General Hospital A&E or return during the X-ray department's opening hours.
- Pharmacy services were not available 7 days a week, but a pharmacist was available on call out of hours. The department held a stock of frequently used medicines such as antibiotics and painkillers that staff could access out of hours. Stock levels were appropriate and were regularly checked to ensure the supply was adequate for peak times such as weekends and public holidays.

Access to information

- Patients confirmed they had received information about their care and treatment in a manner they understood.
- Information on patient safety was displayed on notice boards in the areas we inspected. This provided up-to-date information on performance in areas such as hand hygiene, environment and equipment cleanliness, falls and other incidents.
- Staff accessed information such as audit results, lessons learned from incidents, performance indicators, clinical pathways and policies and procedures via the intranet site.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were clear on how they mostly sought verbal and implied informed consent due to the nature of the patients attending the department.
- Patient records showed that verbal or written consent had been obtained from patients appropriately. When a patient lacked capacity, staff sought the support of appropriate professionals so that decisions could be made in the best interests of the patient.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults and children, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS).
- Staff understood the legal requirements of the Mental Capacity Act 2005 and had access to link workers such as the safeguarding lead to support good practice in this regard.

Are minor injuries unit services caring?

Good

Staff treated patients with dignity, compassion and respect. Patients spoke positively about the care and treatment they had received.

Staff provided patients and those close to them with emotional support and comforted patients who were anxious or upset.

Compassionate care

- Patients, relatives and representatives were positive about the care and treatment provided in the unit.
- We observed many occasions of compassionate care including staff taking time out to speak to patients who were anxious or worried.
- A review of the data from our adult inpatient survey in 2013 showed that 81% of patients felt they were given information about their condition and 83% felt they were given sufficient privacy and dignity.

Understanding and involvement of patients and those close to them

- On admission, patients were allocated a named nurse to provide continuity of care.
- We observed positive interactions between staff, patients and their representatives when seeking verbal consent. Patients confirmed their consent had been sought before care and treatment was delivered.
- Patients and those close to them were involved in discussions about the care and treatment provided. Staff explained treatment options including the risks and benefits so that patients could make informed choices about their treatment.

Emotional support

- Staff were clear about the importance of providing patients with emotional support. We observed many positive interactions between staff and patients and witnessed staff providing reassurance and comfort to people who were anxious or worried.

Minor injuries unit

Are minor injuries unit services responsive to people's needs?
(for example, to feedback?)

Good

A departmental escalation policy was in place for responding to emergency situations. Translation services were available for patients where English was not their first language. Systems were in place for providing appropriate and sensitive support for patients living with dementia and those with learning disabilities.

From April 2014 to December 2014 the service had met the national Department of Health target to admit or discharge 95% of patients within four hours of arrival.

A trust wide complaints and concerns policy included information on how people could raise concerns, complaints, comments and compliments but we noted complaints about the service weren't always closed in a timely manner.

Service planning and delivery to meet the needs of local people

- A departmental escalation policy was in place for responding to emergency situations.
- Current capacity was being constantly monitored and the urgent care centre (UCC) was still not fully staffed or fully operational. There were plans in place to bring a phased increase of the patients into the UCC. The trust had plans in place to advertise the services on a gradual basis so people in the area would be more aware of the new services and may avoid the busier Warrington Hospital A&E.

Meeting people's individual needs

- A variety of information leaflets were available in the emergency department. These were mostly in English.
- Where English was not the patient's first language, Staff ascertained the need for interpreting services. Staff were clear that they would not use any relatives or family members to assist patients with consenting procedures and would seek the support of a professional interpreter.
- Interpreter services were available by the use of a telephone service or face-to-face to support patients appropriately and independently.

Access and flow

- The department currently saw approximately 40 patients daily and could easily cope with the patient flow. However, when patients arrived together and the department became busy this impacted on the waiting times.
- The Department of Health target for emergency departments is to admit, transfer or discharge patients within four hours of arrival. Disaggregated data for the MIU was available for the period April 2014 and December 2014. The data indicated that the service was achieving 100% for most weeks.
- Data for the first three weeks of January 2015 showed a current compliance of 100% with an average of 220 attendances each week.
- The plan was to increase capacity to see approximately 120 patients daily when the UCC was running at full capacity.

Learning from complaints and concerns

- There was a trust wide complaints and concerns policy which included information on how people could raise concerns, complaints, comments and compliments. This included contact details for the Patient Experience Team (PET) at the trust and included information around the Patient Advice and Liaison Service (PALS).
- The timescales to respond to a complaint varied by the severity of the compliant, low to moderate complaints would be dealt within 15 working days, moderate complaints would be dealt within 30 working days and high or severe complaints would be dealt within 50 working days.
- Information was displayed in the department about how patients and their representatives could complain. Nursing and administrative staff understood the process for receiving and handling complaints in the department and told us information about complaints was discussed during routine team meetings to raise staff awareness and to aid future learning.
- Complaints were recorded on a centralised trust-wide system. The emergency department (including A&E, the MIU and the CDU) had received 45 complaints between April 2014 and December 2014. The majority were in

relation to the standard of treatment receive by the patient and following that staff attitude towards patients, the care and diagnosis patients had received in the department.

Are minor injuries unit services well-led?

Good

Key risks and performance data was monitored regularly and remedial action taken when performance shortfalls were identified.

There was clearly defined and visible leadership within the service and staff felt free to challenge any staff members who were seen to be unsupportive or inappropriate in carrying out their duties.

Staff were proud of the work they did and worked well together for the benefit of patients.

Vision and strategy for this service

- The vision at Warrington and Halton Hospitals was "to be the most clinically and financially successful integrated health care provider in the mid-Mersey region". The three elements to deliver this were "Quality, People and Sustainability" that were visible across the department.
- These were underpinned by a range of improvements in each area such as the "Emergency Care Reform" to better deal with demand on the front end services in terms of extra space and staffing.
- The trust's priorities, outlined in the "Operational Plan Document for 2014-16", incorporated this vision and included specific strategic objectives such as maximising utilisation at Halton Hospital by working with the local commissioning group to expand the scope of current service provision by developing enhanced urgent care services.
- Staff received a corporate induction that included the trust's core values and objectives and staff we spoke with had a clear understanding of what these involved.

Governance, risk management and quality measurement

- The unscheduled care divisional integrated governance group was made up of many committees such as information governance and corporate records subcommittee and the infection control subcommittee that fed into the trust board of directors via the governance committee.
- Senior staff were aware of the risk register, performance activity, recent serious untoward incidents and other quality indicators.
- The divisional risk register included risks and ratings identified for the emergency department; progress and improvements were monitored through a regular quality committee meeting and fed back at divisional, departmental and at executive level. Risks were rated from low to high with the lower risks being managed at ward level and the higher risks being escalated corporately.
- The risk register was maintained by a safety and risk link nurse, mainly based at Warrington Hospital, and reviewed at regular governance and board meetings.
- Day-to-day issues, information about complaints, incidents and audit results were shared on notice boards in the department and also via meetings and the board huddles.

Leadership of service

- There were clearly defined and visible local leadership roles in the urgent care centre with the senior nurse practitioner having overall responsibility and being supported by senior staff such as the associate director leads based at Warrington Hospital.
- The teams were motivated and worked well together, with good communication between all grades of staff who felt free to challenge any staff members who were seen to be unsupportive or inappropriate in supporting the effective running of the service.
- Staff felt part of the wider team and linked in with the department at Warrington Hospital.

Culture within the service

- The associate divisional director of unscheduled care, the associate director of nursing of unscheduled care, the clinical lead, nursing and medical staff in the emergency department confirmed that the service was centred on the quality of care patients received and meeting targets was secondary.
- Staff at Halton Hospital spoke of an open culture where they could raise concerns or issues and that managers would respond appropriately.

Minor injuries unit

- Morale within the department was good and the teams worked well together.
- Staff were proud and positive of the service they delivered to patients.

Public and staff engagement

- Staff told us they routinely asked patients and relatives for their feedback.
- Information on the number of compliments and complaints received in the department was displayed on notice boards.
- Staff received communications in a variety of ways such as newsletters, emails, briefing documents and departmental meetings. Staff told us they were made aware when new policies were issued.
- Staff had completed the NHS survey. The 2013 results showed mainly positives responses 81% of staff were feeling satisfied with the quality of work and patient care they were able to deliver, 91% of staff agreed their role made a difference to patients. Some negative responses included 40% of staff suffered work related stress in the last 12 months and 14% of staff experienced physical violence from patients, relatives or the public in last 12 months.
- The department included 'What are you saying' information on notice boards, which listed improvements made by the trust in response to queries raised by patients.

Innovation, improvement and sustainability

- Prior to our inspection the emergency department and the minor injuries unit (MIU) had been reorganised creating an urgent care centre. Proposed benefits included improved patient experience by including a GP to treat a wider range of ailments so less people would need to go to Warrington Hospital. This move had been implemented from 8 February 2015. During our unannounced inspection staff told us having a GP had already had a positive impact whereby a patient with asthma and another patient with chest pains were seen and discharged by the GP. Previously, these patients would have been asked to attend Warrington A&E.

Medical care (including older people's care)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

There are two wards providing medical care services at Halton hospital. The programmed investigations unit provides a day ward for patients that need to be admitted for treatment such as blood and platelet transfusion, chemotherapy and clotting factor replacement. Ward B1 provides step-down care and rehabilitation for patients who live in Halton.

We carried out an announced inspection of medical care services at Halton Hospital on 28 January 2015. We carried out an unannounced inspection of the services on 11 February 2015 to look at the management of medical patients out of hours. We visited both wards during our inspections. We observed care, looked at records for four people and spoke with three patients, two relatives and eight staff across all disciplines, including doctors, nurses and allied health care professionals.

Summary of findings

Risks within the medical division were generally well managed and the wards were clean. Staff used a combination of National Institute for Health and Care Excellence (NICE) and Royal Colleges' guidelines to determine the treatment they provided. Local policies were written in accordance with best practice guidance and had been updated regularly as required.

Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. Medical care services were delivered by caring and compassionate staff. We observed that staff treated patients with dignity and respect. Care was planned and delivered in a way that took into account the wishes of the patients. The services provided were responsive to people's needs. There was good communication and co-operation between the hospital staff and local community teams from both the NHS and local authority, which enabled safe, timely and effective discharge of patients from the wards. However, seven day working was not yet implemented in this service. For example, Patients who were not acutely ill were not routinely seen by a doctor at weekends and there was no routine service provided by allied health professionals out of normal working hours. Limited diagnostic services, such as x rays and ultrasound were available out of hours.

There was a positive approach to providing care to patients living with dementia. We found that care was delivered to meet patients' individual needs in a sensitive way and was well supported by robust and

Medical care (including older people's care)

relevant care records. For patients whose first language was not English, staff could access a language interpreter if required. However there was limited evidence of the service learning from complaints.

There was a vision and strategy for the service with clear aims and objectives that had been cascaded and shared across the medical division. Risks and performance within the medical division were discussed regularly. However, the systems in place to communicate risks and changes in practice to frontline nursing staff were not robust.

Nursing staff did not always report incidents appropriately or in a timely way. The Resident Medical Officer in post at the time of our inspection was not aware of the standard operating procedures regarding the transfer of deteriorating patients to Warrington Hospital and was unclear about how to access a senior medical opinion. Levels of mandatory training within medical care services were variable, with some areas falling well below the trust target of 85%.

Are medical care services safe?

Requires improvement

Nursing staff did not always report incidents appropriately or in a timely way. The Resident Medical Officer in post at the time of our inspection was not aware of the standard operating procedures regarding the transfer of deteriorating patients to Warrington hospital and was unclear about how to access a senior medical opinion.

Risks within the medical division were generally well managed and the wards were clean. However, levels of mandatory training within medical care services were variable, with some areas falling below the trust target of 85%.

Incidents

- There were robust systems in place for reporting incidents and 'near misses' within the medical division. Staff had received training and were confident in the use of the incident report system but did not always report incidents appropriately or in a timely way. This meant that opportunities for learning or improvement were sometimes missed.
- Staff received feedback from the incidents that were reported so that learning and improvements could be implemented.
- Mortality and morbidity meetings were held regularly and were usually attended by matrons from within the medical division. These meetings discussed any deaths which had occurred within the medical directorate and the implementation of any learning opportunities that were identified as a result of the review.
- Staff we spoke with across all disciplines were aware of their responsibilities regarding the recently introduced Duty of Candour regulation.

Safety thermometer

- The medical division was appropriately managing patient risks such as falls, pressure ulcers, bloods clots, and catheter urinary infections as indicated in the NHS Safety Thermometer assessment tool. The NHS Safety Thermometer is a tool designed to be used by frontline

healthcare professionals to measure a snapshot of these harms once a month. The trust monitored these indicators and displayed information on the B1 ward performance board.

Cleanliness, infection control and hygiene

- The wards we inspected were clean. There were cleaning schedules in place and levels of cleanliness were audited regularly.
- Staff were aware of current infection prevention and control guidelines. Staff followed good hand hygiene practice on both of the wards we visited.
- Hand towel and soap dispensers were adequately stocked. There was a sufficient number of hand wash sinks and hand gels,
- There were suitable arrangements for the safe disposal of waste. Used linen that presented an infection risk was segregated and managed appropriately. Clinical and domestic waste was segregated in colour-coded bags and well-managed, including hazardous waste from patients receiving chemotherapy. Sharps such as needles and blades were disposed of in approved receptacles.

Environment and equipment

- Staff on all wards told us that equipment was readily available and any faulty equipment was either replaced or repaired promptly.
- We checked the resuscitation equipment on both of the wards we visited and found that the resuscitation trolley within the programmed investigation unit was not always checked daily.

Medicines

- The hospital used a comprehensive prescription and medication administration record chart for patients which facilitated the safe administration of medicines. Medicines interventions by a pharmacist were recorded on the prescription charts to help guide staff in the safe administration of medicines.
- We looked at the prescription and medicine administration records for two patients on B1 ward. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed.
- Controlled drugs were stored and managed safely and securely.

Records

- As part of our inspection we reviewed four sets of patient records. The nursing records were, comprehensive, consistently completed, current and easy to navigate. Records contained all the necessary information required to support the delivery of safe care.
- In all the medical and allied health professional records we found that documentation was accurate, legible, signed and dated, easy to follow and gave a clear plan and record of the patient's care and treatment.
- Nursing documentation contained a range of risk assessments. The standardised risk assessments covered risks such as tissue damage, risks of falls and use of bed rails. These had been reviewed and updated when required.
- Some patient records in the programmed investigation unit were stored on the unit due to the frequency of admissions. The door had fallen off the cupboard containing the patient records at time of our inspection. We discussed the condition of the records cupboard with the ward manager who told us that the door had only fallen off that morning and would be repaired by the end of the day. We found on our unannounced inspection, two weeks later, that the door to the records cupboard had been repaired.

Safeguarding

- There was a system in place for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. This process was supported by staff training
- Safeguarding training formed part of the mandatory training programme and the average training rates for level 1 adult safeguarding training for wards within the medical division at Halton Hospital were within the trust target of 85%.

Mandatory training

- Levels of mandatory training within the medical care services were variable, with some areas falling below the trust target of 85%.

Assessing and responding to patient risk

- Staff within the medical division used the National Early Warning Score (NEWS) which was designed to identify patients whose condition was deteriorating. Staff were

prompted when to call for appropriate support. The chart incorporated a clear escalation policy and gave guidance about ensuring timely intervention by appropriately trained personnel. We found that that staff understood the tool and escalated changes in the patient's condition appropriately.

- Staff told us how they accessed medical advice and assistance both within and outside of normal working hours via the Resident Medical Officer (RMO). RMOs were provided by an agency and were on duty, day and night, for periods of up to two weeks. There were several RMOs who provided medical cover, sometimes for one week at a time, returning several weeks later, again on a short term basis. This meant there was no continuity of medical cover for patients.
- We attempted to speak with one RMO during the inspection, but were unable to have a meaningful conversation due to their poor command of English. Nursing staff we spoke with agreed that it was difficult to converse with this RMO but had not reported it as a risk via the incident reporting system.
- We spoke with another RMO during the unannounced inspection who spoke good English.
- The RMO was on duty without time off, day and night, for periods of up to two weeks. Any calls by nursing staff to the RMO were routed via the senior nurse in charge of the hospital out of normal working hours to ensure the RMO was not disturbed unnecessarily. The RMO we spoke with told us that it was not unusual to be disturbed two or three times during the night. There was no cover provided the next day if they had been awake for most of the night. This represented a risk that the RMOs judgement could be impaired due to tiredness.
- We discussed access to a medical opinion from a more senior doctor with the RMO, who told us they could contact someone at Warrington hospital, but were unclear about the process.
- We showed the RMO a copy of the standard operating procedure for the transfer of patients to Warrington hospital following a respiratory or cardiac arrest. The RMO was not aware of the procedure and told us they would rely on the nursing staff to direct them.
- A review of medical cover at Halton hospital undertaken by the trust in May 2014 recommended that 'training to specifically include accessing a medical opinion and the transfer policy from Halton' should be undertaken. The RMO we spoke with had not received training in either of the above.

Nursing staffing

- Nursing staffing levels had been reviewed throughout the medical division during 2014 and were due to be reviewed again. Staffing levels had been assessed using a validated acuity tool. There were minimum staffing levels set for wards throughout the medical division and required and actual staffing numbers were displayed outside each ward.
- Use of bank and agency nursing staff within the medical division was rare at Halton hospital. There were vacancies for two nurses from B1 ward who had been seconded to other roles until March 2015. These shifts had been covered by permanent staff working additional hours.

Medical staffing

- Consultant cover on B1 was provided by a locum consultant who visited the ward twice a week. The locum consultant had been providing cover for 18 months. The consultant had given their mobile telephone number voluntarily to the RMO and nursing staff for advice and support when not on duty, although they did not officially provide an on call service.

Major incident awareness and training

- Strike action by public sector workers had been planned to take place during our inspection. Although the strike did not take place, both ward managers were able to discuss contingency plans in place to minimise the impact of the strike on patients.

Are medical care services effective?

Good

Staff within the medical division used a combination of National Institute for Health and Care Excellence (NICE), and Royal Colleges' guidelines to determine the treatment they provided. Local policies were written in accordance with best practice guidance and had been updated regularly, as required.

Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multi-disciplinary team, we saw that staff across all disciplines genuinely respected and valued the work of

other members of the team. Seven day working was not yet implemented in this service. For example, patients who were not acutely ill were not routinely seen by a doctor at weekends. There was no routine service provided by allied health professionals out of normal working hours.

Limited diagnostic services, such as x rays and ultrasound were available out of hours.

Evidence-based care and treatment

- Staff within the medical division used a combination of National Institute for Health and Care Excellence (NICE), and Royal Colleges' guidelines to determine the treatment they provided. Local policies were written in line with this and had been updated periodically, as required.
- Clinical guidelines for most conditions were available and accessible via the trust intranet
- There were specific care pathways for certain conditions in order to standardise and improve the care for patients. For example, care pathways were used for the care of patients with dementia.
- There was a planned programme of specific local audits cross each speciality within the medical division at Halton hospital in addition to more general, division wide audits, such as infection control.

Pain relief

- Patients we spoke with told us they received timely and effective pain relief.
- Medication records we reviewed demonstrated that patients were prescribed suitable analgesia and that it was administered correctly and monitored for efficacy.

Nutrition and hydration

- Appropriate nutritional assessments had been undertaken and were well documented in all the care records we reviewed.
- People were provided with a choice of suitable and nutritious food and drink and we observed hot and cold drinks available throughout the day.
- Staff were able to tell us how they addressed peoples' religious and cultural needs regarding food. Where possible, there was a period over mealtimes when all activities on the wards stopped, if it was safe for them to do so. This meant that staff were available to help serve food and assistance was given to those patients who needed help.
- A red jug lid system was used to highlight those patients who required help at mealtimes
- All the patients we spoke with complemented the quality of the meals provided at Halton hospital.

Patient outcomes

- Realistic goal setting was an important part of the recovery process for patients on B1 ward and patients and their families were involved at each stage of the goal setting process. Care plans identified goals set by the patients and these were monitored by them in partnership with the multi-disciplinary staff team.

Competent staff

- There was a system in place within the medical division to ensure that staff were registered with the General Medical Council and the Nursing and Midwifery Council and maintained active registration entitling them to practice.
- Appraisal rates for nursing staff were very good. Over 90% of staff had received an annual appraisal and staff we spoke with told us they had found the process useful.

Multidisciplinary working

- Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multi-disciplinary team, we saw that staff across all disciplines genuinely respected and valued the work of other members of the team.
- We saw that teams met throughout the day, both formally and informally, to review patient care and plan for discharge. MDT decisions were recorded and care and treatment plans amended to include changes.

Seven-day services

- There was no consultant presence on B1 ward at weekends.
- Patients who were not acutely ill and requiring a daily review of their condition were not routinely seen by a doctor at weekends.
- There was no routine service provided by allied health professionals out of normal working hours.
- Limited diagnostic services, such as X rays and ultrasound were available out of hours.

Access to information

Medical care (including older people's care)

- There was good access to information for patients and those close to them. We found examples of comprehensive information for patients regarding the safe management of their conditions that were presented in a user friendly way.
- The programmed investigation unit also provided an informal telephone advice service to patients following discharge.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were asked for their consent to procedures appropriately and correctly. The Mental Capacity Act 2005 was adhered to appropriately and the Deprivation of Liberty Safeguards (DoLS) were applied, when necessary.

Are medical care services caring?

Good

Services were delivered by caring and compassionate staff. We observed that staff treated patients with dignity and respect. Care was planned and delivered in a way that took into account the wishes of the patients.

Compassionate care

- Medical services were delivered by caring and compassionate staff. We found that staff treated patients with dignity and respect. All the people we spoke with were positive about their care and treatment.
- Ward B1 did not participate in the Friends and Family test as the ward was funded by the local authority and their customer satisfaction survey was used. Patient satisfaction rates were high within the service

Understanding and involvement of patients and those close to them

- Patients and relatives said they felt involved in their care.
- Patients confirmed that they had opportunities to speak with the consultant and other members of the multi-disciplinary team about their treatment goals. This enabled patients to make informed decisions about their care.
- Patients told us that if they did not understand any aspects of their care then the medical, nursing or allied health professional staff would explain to them in a way that they could understand.
- Patients explained that they had difficulty understanding conversations with the current RMO, and sometimes relied on nursing staff to interpret.

Emotional support

- Staff built up trusting relationships with patients through their interactions over time, particularly on the programmed investigations unit, and patients told us that they received considerable emotional support.
- Nursing staff from the programmed investigations unit provided telephone advice and support to patients on a daily basis.
- There was evidence of staff of providing individualised emotional support to patients in a sensitive and empathic way.

Are medical care services responsive?

Good

The services provided were responsive to people's needs. There was good communication and co-operation between the hospital staff and local community teams from both the NHS and local authority, which enabled safe, timely and effective discharge of patients from the wards.

There was a positive approach to providing care to patients living with dementia. We found that care was delivered to meet patients' individual needs in a sensitive way and was well supported by robust and relevant care records. For patients whose first language was not English, staff could access a language interpreter if required. However there was limited evidence of the service learning from complaints.

Service planning and delivery to meet the needs of local people

- The rehabilitation facilities on B1 ward were good. The nursing and allied health professionals were co-located on the ward which enabled good communication and effective multidisciplinary working to meet the individual needs of patients.

Medical care (including older people's care)

- There was good communication and co-operation between the hospital staff and local community teams from both the NHS and local authority, which enabled safe, timely and effective discharge of patients.

Access and flow

- Patients were assessed prior to admission to B1 ward and were not moved within the hospital once admitted to the ward unless there was a clinical need to do so.
- There was usually more demand for beds on B1 ward than beds available, which meant that patients did not always have timely access to the services provided. This sometimes meant that patients were admitted to a more acute setting at Warrington hospital for care and treatment.

Meeting people's individual needs

- There was a positive approach to providing care to patients living with dementia. We found that care was delivered to meet patients' individual needs in a sensitive way and was well supported by robust and relevant care records.
- For patients whose first language was not English, staff could access a language interpreter if required.
- The hospital ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the service of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.

Learning from complaints and concerns

- Complaints were handled in line with trust policy. Staff would signpost patients to the Patient Advice and Liaison Service team if they were unable to deal with concerns directly. Patients would be advised to make a formal complaint if their concerns remained.
- There was information displayed throughout the medical wards and hospital corridors on how to complain. We spoke with patients and relatives who knew how to raise concerns, make complaints and provide comments, should they wish to do so.
- There was very limited evidence of learning from complaints. Staff we spoke with could not give us examples of feedback from complaints or any action that had taken place to improve the service provided.

Are medical care services well-led?

Good

There was a vision and strategy for the service with clear aims and objectives that had been cascaded and shared across the medical division. Risks and performance within the medical division were discussed regularly. However, the systems in place to communicate risks and changes in practice to frontline nursing staff were not robust.

Vision and strategy for this service

- There was a vision and strategy for the service with clear aims and objectives that had been cascaded and shared across the medical division.
- Most staff had some awareness of the future plans for the service although awareness by the medical staff was limited as the service was covered by locum doctors.
- There was a trust wide older people's strategy in place however; there was no individual strategy for taking the specialised services provided on B1 ward forward.
- There was no strategy in place for the services provided on the programmed investigations unit.

Governance, risk management and quality measurement

- Risks within the medical division at Halton hospital were discussed regularly at both ward and divisional level and escalated where necessary.
- The medical division maintained a quality dashboard for each service and ward area. This showed performance against quality and performance targets, which were presented and discussed monthly at the clinical governance meetings.
- The system in place to communicate risks and changes in practice to frontline nursing staff was not robust within the medical division at Halton hospital. Staff told us they received little information well understood by staff unless it related directly to their ward. They could not describe any learning from risk management in other areas of the trust.

Leadership of service

Medical care (including older people's care)

- There were several examples of good leadership by individual members of medical and nursing staff throughout the medical division who were positive role models for staff.
- Staff confirmed that their immediate line managers were accessible and approachable. However, they felt that the members of the executive team were not as visible at Halton hospital l and commented that they felt some of the executive team were "target driven" and did not always appreciate the day to day operational challenges involved in delivering direct care and treatment to patients.

Culture within the service

- Staff spoke enthusiastically about their work. They described how they enjoyed their work, and how proud they were to work at Halton Hospital. The Culture in the service was positive and patient centred.

Public and staff engagement

- Data from the NHS staff survey 2013 showed that the percentage of staff reporting good communication between senior management and staff was in line with the national average of approximately 30%.

Innovation, improvement and sustainability

- There were plans in place to further develop services on the Halton hospital site that included the medical division.

Surgery

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

Information about the service

We visited Halton General Hospital as part of our announced inspection during 28-29 January 2015. We also carried out an out-of-hours unannounced visit on 11 February 2015.

A range of day case and elective surgical services were provided from two separate locations within the hospital. The main hospital site included four theatres, an inpatient ward and a day case unit and provided services such as urology, ear, nose and throat (ENT), maxillofacial surgery and general surgery. The Cheshire and Merseyside Treatment Centre was a purpose built building with four theatres, an inpatient ward and a day case unit that mainly provided elective orthopaedic surgery as well as ophthalmology services.

As part of the inspection, we inspected the theatres, ward B4 (the elective general surgery ward) and the day case unit at the main hospital site. We also inspected the theatres, the inpatient elective surgery ward and the day case unit at the Cheshire and Merseyside Treatment Centre.

We spoke with nine patients. We observed care and treatment and looked at care records. We also spoke with a range of staff at different grades including nurses, doctors, ward managers, general managers, the theatres manager, the matron for Halton and the Cheshire and Merseyside Treatment Centre, the matron for trauma and theatres, the divisional clinical lead and the associate divisional director for scheduled care. We received comments from our listening event and from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

Surgery

Summary of findings

Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in safe, clean and suitably maintained premises. There was an ample supply of suitable clean and well maintained equipment. Staff involved patients and those close to them in their care and treatment planning. Patients and their relatives were supported with their emotional needs, and there were bereavement and counselling services in place to provide support for patients, relatives and staff.

Infection risks were well managed and staff observed good practice guidance in relation to the control and prevention of infection. Staffing levels and skills mix was sufficient to meet patients' needs. Staff received mandatory training in order to provide safe and effective care. However, the numbers of staff that had completed mandatory training was below the hospital's expected target. Surgical services provided effective care and treatment that followed national clinical guidelines and staff used care pathways effectively. The services participated in national and local clinical audits. Audit findings were used to improve service provision. Surgical services performed in line with similar sized hospitals and performed within the England average for safety and clinical performance measures.

Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought appropriate consent from patients before delivering care and treatment. Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Patients spoke positively about their care and treatment. They were treated with dignity and compassion. Data for patient satisfaction surveys showed that most patients were positive about recommending the hospital's wards to friends and family.

Services were planned and delivered to meet the needs of local people. There were systems in place to support patients with particular needs such as patients living with dementia. Complaints about the service were shared with staff to aid learning and secure improvement. Patients were admitted, transferred or discharged in timely manner. The surgical services achieved the 18 week referral to treatment standards for most specialties and there had been recent improvements in performance where these standards had not previously been achieved, such as trauma and orthopaedics.

Theatre efficiency was routinely monitored and the theatres consistently achieved the trust's internal performance and efficiency targets. However, operations were sometimes cancelled due to delays in the theatres or if a surgeon was unavailable. Most patients whose operation was cancelled for non-medical reasons were treated within 28 days. There was clearly visible leadership within the surgical services. Staff were positive about the culture and support available. There was routine public and staff engagement and actions were taken to improve the services. The management team understood the key risks and challenges to the service and had plans in place to address them.

Surgery

Are surgery services safe?

Good

Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in safe, clean and suitably maintained premises. There was an ample supply of suitable clean and well maintained equipment. Medicines were stored safely and securely .Patient records were completed appropriately.

Infection risks were well managed and staff observed good practice guidance in relation to the control and prevention of infection. Staffing levels and skills mix was sufficient to meet patients' needs. Staff received mandatory training in order to provide safe and effective care. However, the numbers of staff that had completed mandatory training was below the hospital's expected levels.

Incidents

- The strategic executive information system data showed that there had been one 'never event' (serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers) reported by the hospital since March 2013 relating to surgery.
- The incident occurred when a right knee implant was placed in a patient following a routine left knee replacement in November 2013. This was investigated and remedial actions were put in place to prevent recurrence, such as the inclusion of additional checks in the world Health Organization (WHO) surgical safety checklist and training of theatre staff.
- There were no reported serious incidents in the surgical services at this hospital during 2013–2014.
- Staff were aware of the process for reporting any identified risks to staff, patients and visitors. All incidents, accidents and near misses were logged on the trust-wide electronic incident reporting system. Complaints and allegations of abuse were also logged on the electronic incident reporting system.
- Incidents logged on the system were reviewed and investigated by ward and theatre managers to look for learning and improvement opportunities. Serious incidents were investigated by staff with the appropriate level of seniority and learning shared to minimise the risk of reoccurrence.
- Incidents and complaints were discussed during monthly staff meetings so shared learning could b
- Patient deaths were reviewed by individual consultants within their surgical specialty area. These were also presented and reviewed at monthly clinical audit meetings within the scheduled care division.

Safety thermometer

- The NHS Safety Thermometer assessment tool measures a snapshot of harms once a month (risks such as falls, pressure ulcers, bloods clots, catheter and urinary infections).
- Safety Thermometer information between July 2013 and July 2014 showed that the surgical services performed within the expected range for falls with harm, catheter urinary tract infections and new pressure ulcers.
- Staff told us there were low numbers of patient falls and pressure ulcers in the surgical wards because most patients underwent elective surgery. This meant they were less likely to be dependent on staff or stay at the hospital for extended periods of time.
- Information relating to this was clearly displayed in the wards and theatre areas we inspected.

Cleanliness, infection control and hygiene

- Information supplied by the trust indicated that there had been no MRSA bacteraemia infections or Clostridium difficile (C. diff) infections during the past year in the surgical service at this hospital.
- Public Health England data showed there had been no surgical site infections following orthopaedic surgery reported by the trust between April 2013 and March 2014.
- The wards and theatres we inspected were clean and well maintained and equipped. Staff were aware of current infection prevention and control guidelines. Cleaning schedules were in place, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.

- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. There were enough hand wash sinks and hand gels. Staff followed good hand hygiene and 'bare below the elbow' guidance.
- Staff were observed wearing personal protective equipment, such as gloves and aprons, while delivering care. Gowning procedures were adhered to in the theatre areas.
- Patients identified with an infection or an infection risk were isolated in side rooms and appropriate signs and guidance were used to protect other patients, staff and visitors.
- The matron for Halton and the Cheshire and Merseyside Treatment Centre produced a monthly infection control report that included results from hand hygiene, commode, environment cleanliness and high impact intervention (catheter care) audits. We looked at a report from December 2014 that indicated there was a high level of staff compliance across the surgical wards. For example, compliance against environmental hygiene audits in the surgical wards and theatres ranged from 83% to 99% and action plans were in place to address any identified shortfalls.

Environment and equipment

- The wards and theatre areas were well maintained, free from clutter and provided a suitable environment for treating patients.
- The equipment in the wards and theatre areas was clean and well maintained. Staff in the theatres confirmed that they always had access to the equipment and instruments they needed to meet patients' needs.
- Maintenance concerns were logged with the trust's estates department and these were prioritised based on risk. Maintenance issues were resolved in a timely manner.
- Staff used single-use, sterile instruments where possible. The single use instruments we checked were all within their expiry dates.
- The trust had arrangements with an external contractor for the sterilisation of reusable surgical instruments. The assistant general manager for theatres was responsible for overseeing the sterilisation contract and held monthly performance meetings with the sterilisation service provider to discuss issues such as defective or damaged items.
- There was sufficient storage space in the theatres and we saw that items such as surgical procedure packs were appropriately stored in a tidy and well organised manner.
- Emergency resuscitation equipment was available in all the areas we inspected and this was checked on a daily basis by staff.

Medicines

- Medicines, including controlled drugs, were securely stored in the surgical wards and theatres.
- Staff carried out daily checks on controlled drugs and medication stocks to ensure that medicines were reconciled correctly. There was also a weekly medication audit carried out by a pharmacy technician.
- We found that medicines were ordered and discarded safely and appropriately. Medical staff were aware of the policy for prescribing antimicrobial medicines.
- We saw that medicines that required storage at temperatures below 8ºC were appropriately stored in medicine fridges. Fridge temperatures were checked daily to ensure medicines were stored correctly.
- A pharmacist reviewed all medical prescriptions, including antimicrobial prescriptions, to identify and minimise the incidence of prescribing errors. The ward staff and available records confirmed a pharmacist carried out daily reviews on each ward.
- We looked at the medication charts for three patients and found these to be complete, up to date and were regularly reviewed
- We identified two patients on the surgical wards that had received oxygen treatment and the use of oxygen had been prescribed and documented correctly on their medication charts.

Records

- The trust used paper patient records and these were securely stored in each area we inspected.
- We looked at the records for four patients. These were structured, legible, complete and up to date.
- Patient records included risk assessments, such as for falls, venous thromboembolism, pressure care and nutrition and were reviewed and updated on a regular basis.
- Patient records showed that nursing and clinical assessments were carried out before; during and after surgery and that these were documented correctly.

- Standardised nursing documentation was kept at the end of patients' beds. Observations were well recorded and the records well maintained.

Safeguarding

- Staff received mandatory training in the safeguarding of vulnerable adults and children. Staff were aware of how to identify issues of abuse and neglect and were able to report safeguarding concerns.
- Information on how to report adult and children's safeguarding concerns was clearly displayed in each area we inspected. The wards and theatre areas also had safeguarding link nurses in place.
- Safeguarding incidents were reviewed by the departmental managers and also at trust-wide safeguarding strategy meetings that took place every three months.

Mandatory training

- Staff received annual mandatory training that included key topics such as infection control, information governance, equality and diversity, fire safety, health and safety, safeguarding children and vulnerable adults, manual handling and conflict resolution.
- Mandatory training was delivered on a rolling programme and monitored on a monthly basis.
- Trust data showed that the majority of staff across surgery and trauma and orthopaedics had completed their mandatory training. However, the trust's internal target of 85% of staff completing training had only been achieved for health and safety training (92%) within the scheduled care division. Remedial action plans were in place to secure increased numbers of staff undertaking mandatory training.

Assessing and responding to patient risk

- The staff were aware of how to escalate key risks that could affect patient safety, such as staffing and bed capacity issues. There was daily involvement by ward managers and matrons to address these risks.
- On admission to the surgical wards and before surgery, staff carried out risk assessments to identify patients at risk of avoidable harm. Patient records included risk assessments for venous thromboembolism, pressure ulcers, and nutritional needs, risk of falls and infection control risks.
- Patients at high risk were placed on care pathways and care plans were put in place to ensure they received appropriate care.
- Staff used an Early Warning Score system and carried regular monitoring of patients' individual needs to ensure any changes in their medical condition could be promptly identified and escalated.
- If a patient's health deteriorated, staff were supported by medical staff and had a policy in place to transfer the patient to Warrington Hospital for further urgent care and treatment.
- Trust data showed that 72 surgical patients (including 42 patients from the CMTC) were transferred to Warrington Hospital during 2013. The main reason for transfer was patients developing complications after surgery.
- Patients were assessed by an anaesthetist and surgeon on the day of surgery and a decision was made whether they could be operated on at the hospital. If patients had any medical conditions or were deemed at risk of developing complications after surgery, they were transferred to Warrington Hospital for their treatment.
- The trust had arrangements in place with the North West Ambulance Trust to ensure patients transferred between the hospitals were accompanied by a trained paramedic during transport.
- The theatre teams carried out the 'five steps to safer surgery' procedures, including the use of the World Health Organization (WHO) checklist. The theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the 'five steps to safer surgery' procedures.
- The theatres manager also carried out a monthly audit to monitor adherence to the WHO checklist by reviewing completed records and observing the checklist being performed during surgical procedures across the theatres department. The audit report for October 2014 looked at a sample of 20 patients and showed compliance was 99.98%. The audit report showed that any issues identified during the audit were discussed with the theatre teams and followed up at the next audit to check that improvements had been made.

Nursing staffing

- Staffing levels were monitored against minimum compliance standards using an acuity tool and was

reviewed every six months. The expected and actual staffing levels were displayed on notice boards in each area we inspected and these were updated on a daily basis.

- The ward managers carried out daily staff monitoring and escalated staffing shortfalls due to unplanned sickness or leave. Managers then responded to secure safe staffing levels.
- The wards and theatres we inspected had sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients received appropriate levels of care and support.
- Trust data showed that the vacancy rate for nursing staff in the five surgical wards ranged from zero to 4.4% during December 2014.
- Staffing levels were maintained by staff working overtime and with the use of bank and agency staff. Trust data showed that the average rate of use of bank and agency staff between January 2014 and September 2014 was 3.8% in surgery and 5.5% in trauma and orthopaedics.
- The ward managers told us they tried to use regular bank or agency staff and ensured temporary staff were accompanied by permanent trained staff where possible. Agency staff were provided with an induction and checks were carried out to ensure they had completed required mandatory training.
- The ward managers were included as part of the staffing establishment but did not have any administrative days allocated for carrying out their management duties.
- The ward staff told us they felt the wards were appropriately staffed. Staff told us that during quiet periods they were routinely transferred to work on other wards at Warrington Hospital to support areas where staffing levels were not sufficient. Two nurses stated that they were not happy with this arrangement due to increased travel times.
- Nursing staff handovers occurred twice a day and included discussions about patient needs and any staffing or capacity issues.

Surgical staffing

- The theatres had sufficient numbers of consultant surgeons and anaesthetists with an appropriate skills mix to ensure that patients were managed appropriately.
- Medical cover on ward B4 (the elective surgery ward) and the day case unit was provided by a ward-based doctor (senior house officer) from Monday to Friday 8am to 7pm, with the exception of alternate Wednesday afternoons, that was protected teaching time. This doctor supported the preoperative clinic and the wards and theatres.
- The hospital also had two Resident Medical Officers (RMOs); one was based in the Cheshire ad Merseyside Treatment Centre and the other at the main hospital site. During their shift, the RMOs were based at the hospital 24 hours per day covering a weekly or fortnightly rota. As part of the rota planning both RMOs were required on site for one day to ensure there was an appropriate handover.
- There was an arrangement with an external employment agency that supplied the RMOs to the hospital. The six-week RMO shift rota at the main hospital site listed five individual RMOs to provide cover on a rotating week during that period.
- The RMO based in the Cheshire and Merseyside Treatment Centre received induction training and was provided with trust policies applicable to their role, such as the policy for transferring patients to Warrington Hospital.
- The RMOs were resident on site and were available on call outside of normal working hours. We found there was sufficient on-call medical cover over a 24-hour period. The RMO also told us they received good support from the ward staff and could contact an on-call surgical, orthopaedic or anaesthetic registrar for support if needed. There was no dedicated on-call consultant cover at the hospital. However, the registrars could escalate any concerns to the on-call consultants covering Warrington Hospital if needed.
- Staff in the inpatient ward in the Cheshire and Merseyside Treatment Centre told us they received good support from the RMOs. Staff on ward B4 also told us they were well supported but felt this varied depending on the individual RMO and some RMOs would respond to calls quicker than others.
- The associate divisional director for scheduled care was of the view that the medical cover was sufficient as the majority of patients at the hospital were non-complex elective and day case patients. A review of medical staffing at the hospital had been completed in June 2014 and this did not highlight any significant issues relating to medical cover in the service.

Major incident awareness and training

Surgery

- There was a documented major incident plan and business continuity plan in the surgical services, and this listed key risks that could affect the provision of care and treatment.
- Guidance for staff in the event of a major incident was available in each of the areas we inspected.
- There was a hospital-wide resuscitation team in place for dealing with medical emergencies. The team was led by the RMO and included the site coordinator nurse and supporting staff that were trained in advanced life support for adults and children.

Are surgery services effective?

Good

The surgical services provided effective care and treatment that followed national clinical guidelines and staff used care pathways effectively. The services participated in national and local clinical audits. Audit findings were used to improve service provision. The surgical services performed in line with similar sized hospitals and performed within the England average for safety and clinical performance measures.

Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought appropriate consent from patients before delivering care and treatment. Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards.

Evidence-based care and treatment

- Patients received care according to national guidelines. Clinical audits included monitoring of National Institute for Health and Care Excellence (NICE) and Royal College of Surgeons guidelines.
- During 2013/14, the surgical teams participated in 38 clinical audits. Findings from clinical audits were reviewed at the monthly clinical audit meetings and divisional integrated governance group meetings and any changes to guidance and the impact that it would have on their practice was discussed and actions agreed.
- Staff provided care in line with 'Recognition of and response to acute illness in adults in hospital' (NICE clinical guideline 50) and 'Rehabilitation after critical illness' (NICE clinical guideline G83).
- The staff we spoke with told us policies and procedures reflected current guidelines and were easily accessible via the trust's intranet.

Pain relief

- Patients were assessed pre-operatively for their preferred post-operative pain relief. Staff used pain assessment charts to monitor pain symptoms at regular intervals.
- Staff in the surgical wards and theatres were supported by a team of four acute pain specialist nurses that worked across both hospitals. The acute pain nurse monitored and supported l of the patients undergoing major surgery including general surgery and orthopaedics.
- The patient records we looked at showed that patients received the required pain relief and that they were treated in a way that met their needs and reduced discomfort.
- Patients told us staff gave them appropriate pain relief medication when needed.

Nutrition and hydration

- Patient records included assessments of patients' nutritional requirements.
- Patients who required support and assistance with eating and drinking were discreetly identified using a coloured jug system and supported by staff accordingly.
- Patient who required specialist dietary help were supported by specialist dieticians.
- Patients told us they were offered a choice of food and drink and did not highlight any concerns about the quality of the food offered.

Patient outcomes

- There was participation in national audits such as the national joint registry database, the national bowel cancer audit and the lung cancer audit.
- The national joint registry data showed that the hospital had 100% compliance over the past three years, and hip and knee mortality rates were within the national average.

Surgery

- The associate divisional director for scheduled care told us clinical audits were routinely reviewed and could not attribute the bowel cancer audit performance to any specific factors.
- Performance reported outcomes measures (PROMs) data between April 2013 and December 2013 showed that the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.
- Hospital episode statistics 2013/14 data showed that the average length of stay for patients across all elective and non-elective specialties at the hospital was better than the England average.
- Hospital episode statistics 2013/14 data showed that the number of patients that underwent elective and non-elective surgery and were readmitted to hospital following discharge was in line with the England average
- The data also showed that day surgery rates (number of patients seen and discharged the same day) at the hospital were within acceptable standards across all surgical specialities.

Competent staff

- Newly appointed staff had an induction and their competency was assessed before working unsupervised.
- Trust data showed the majority of staff across the planned care division (68.22%) had completed their annual appraisals during the year (April 2014 to March 2015). Appraisals were on-going and the staff we spoke with told us they regularly received supervision and annual appraisals.
- Consultants had peer appraisals that were overseen by the medical director. Medical staff received routine clinical supervision and appraisals and they did not highlight any concerns relating to revalidation. The external recruitment agency was responsible for ensuring Resident Medical Officers working at the hospital had the appropriate skills and qualifications and for ensuring that they are fully registered with the General Medical Council.
- Nursing and medical staff we spoke with were positive about on-the-job learning and development opportunities and felt they were supported well by their line management in terms of their professional development.

Multidisciplinary working

- There was effective daily communication between multidisciplinary teams within the surgical wards and theatres. Staff handover meetings took place during shift changes and 'safety huddles' were carried out on a daily basis to ensure all staff had up-to-date information about risks and concerns.
- The ward staff we spoke with told us they had a good relationship with consultant surgeons, anaesthetists and ward-based doctors. Staff worked well as a team for the benefit of patients.
- There were regular team meetings that involved staff from the all disciplines and it was apparent that the disciplines valued each other's contribution.
- The patient records showed that there was regular input from nursing and medical staff and allied health professionals, such as physiotherapists.
- The ward and theatre staff were positive about the support they received from pharmacists, dieticians, physiotherapists, occupational therapists and radiology staff.

Seven-day services

- Staff rotas on the two inpatient wards showed that nursing staff levels were sufficiently maintained outside normal working hours and at weekends.
- The day case unit operated during normal week day hours and was not open overnight or at weekends.
- We found that sufficient out-of-hours medical cover was provided to patients in the surgical wards by the two Resident Medical Officers as well as on-call registrar. The Cheshire and Merseyside Treatment Centre also had critical care trained nursing staff overnight seven days per week.
- At weekends, newly admitted patients were seen by a consultant, and existing patients on the surgical wards were seen by the ward-based doctors.
- Microbiology, imaging (e.g. x-rays), physiotherapy and pharmacy support was available on-call outside of normal working hours and at weekends. The dispensary was also open on Saturdays and Sundays.
- The ward and theatre staff told us they received good support outside normal working hours and at weekends.

Access to information

- The trust used paper patient records. The records we looked at were complete, up to date and easy to follow. They contained detailed patient information from admission and surgery through to discharge. This meant that staff could access all the information needed about the patient at any
- Information such as audit results, performance information and internal correspondence was displayed in all the areas we inspected. Staff could access information such as policies and procedures from the trust's intranet.
- The theatres department used an electronic system to capture information about patient scheduling and theatre performance and used the information to support the efficient management of the department.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients or their representatives. Staff were clear about how they sought informed verbal and written consent before providing care or treatment.
- The patient records we viewed indicated that verbal or written consent had been obtained from patients or an appropriate person and that planned care was delivered with their agreement.
- Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards.
- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- Patient records showed that staff carried out mental capacity assessments for patients that lacked capacity and where deprivation of liberties safeguards applications had been made, the records for these were in place and completed correctly.
- There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.

Are surgery services caring?

Good

Patients spoke positively about their care and treatment. They were treated with dignity and compassion. Data for patient satisfaction surveys showed that most patients were positive about recommending the hospital's wards to friends and family.

Staff involved patients and those close to them in their care and treatment planning. Patients and their relatives were supported with their emotional needs, and there were bereavement and counselling services in place to provide support for patients, relatives and staff.

Compassionate care

- Patients were treated with dignity, compassion and empathy. We observed staff providing care in a respectful manner.
- The areas we inspected were compliant with same-sex accommodation guidance. Patients' bed curtains were drawn and staff spoke with patients in private to maintain confidentiality.
- We spoke with nine patients. All the patients we spoke with said they thought staff were kind and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included "everyone here is part of a team, helpful and happy" and "support was excellent".
- The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare they have received. The test data between April 2013 and July 2014 showed that the two surgical wards consistently scored above the England average, indicating that most patients were positive about recommending the hospital's wards to friends and family.
- The average response rates were also better than the England average across the two surgical wards.
- A review of the data from the CQC's adult inpatient survey 2013 showed that the trust was about the same compared with other trusts for all 10 sections, based on 374 responses received.

Understanding and involvement of patients and those close to them

- Staff respected patients' rights to make choices about their care. We observed staff speaking with patients clearly and in a way they could understand.
- The patient records included pre-admission and pre-operative assessments that took into account individual patient preferences.
- Patients were kept informed about their care and treatment. They spoke positively about the information they received verbally and also in the form of written materials, such as information leaflets specific to their condition and related treatments.
- The patients we spoke with told us the medical staff fully explained the treatment options to them including risks and benefits that allowed them to make informed decisions about care and treatment.

Emotional support

- Staff understood the importance of providing patients with emotional support. We observed staff providing reassurance and comfort to patients who were anxious or upset. Patients told us they felt supported by staff in this regard.
- There were information leaflets readily available that provided patients and their relatives with information about chaplaincy services and bereavement or counselling services. Patients and their relatives were also provided with a bereavement booklet if needed.
- Staff told us they were supported by the trust's palliative (end of life care) team and the trust-wide bereavement team for support and advice during bereavement.

Are surgery services responsive?

Good

Services were planned and delivered to meet the needs of local people. There were systems in place to support patients with particular needs such as patients living with dementia. Complaints about the service were shared with staff to aid learning and secure improvement.

Patients were admitted, transferred or discharged in timely manner. The surgical services achieved the 18 week referral to treatment standards for most specialties and there had been recent improvements in performance where these standards had not previously been achieved, such as trauma and orthopaedics.

Theatre efficiency was routinely monitored and the theatres consistently achieved the trust's internal performance and efficiency targets. However, operations were sometimes cancelled due to delays in the theatres or if a surgeon was unavailable. Most patients whose operation was cancelled for non-medical reasons were treated within 28 days.

Service planning and delivery to meet the needs of local people

- The hospital provided a range of day case and elective surgery procedures for patients in Runcorn, Widnes, Warrington and the surrounding areas.
- The hospital included an elective general surgery ward with 27 beds, a day case unit with 20 beds and four operating theatres. Patients were admitted for day surgery and elective urology and general surgery, such as ear, nose and throat surgery and laparoscopic cholecystectomy (removal of the gallbladder).
- All elective orthopaedic surgery and some ophthalmology treatments were provided at the Cheshire and Merseyside Treatment Centre. This was a purpose built orthopaedic hospital centre with 44 inpatient beds, a day case unit and four operating theatres.
- Hospital Episode Statistics 2013/14 data showed that 11,303 patients were admitted for surgery at the hospital. The data showed that 73% of patients had day case procedures and the remaining 27% had elective surgery. The data also showed that 48% of all admissions were for trauma and orthopaedics.
- The hospital did not carry out any emergency surgical procedures and any patients requiring emergency surgery were transferred to Warrington Hospital.
- The service had previously provided complex spinal surgery procedures at the Cheshire and Merseyside Treatment Centre. However the local clinical commissioning group (CCG) had commissioned these services at the regional centre. Patients requiring complex spinal surgery were required to be transferred there for treatment.
- The associate divisional director for scheduled care confirmed this was specifically a commissioning issue that did not reflect any patient safety issues and that patients that had undergone surgery at the hospital in the past had been treated by trained specialist consultants.

Surgery

Access and flow

- Patient were assessed on admission to the wards or prior to undergoing surgery.
- Patients undergoing day surgery were given morning and afternoon appointment times. Surgical specialties such as urology and ear, nose and throat surgery also operated all day lists. This meant that a patient arriving early in the morning could potentially wait for an extended period of time. Staff told us they prioritised patients based on risk to patients with greater dependency or additional medical needs were operated on earlier in the day.
- We did not highlight any concerns relating to the admission, transfer or discharge of patients from the surgical wards and theatres. The patients we spoke with did not have any concerns in relation to their admission, waiting times or discharge arrangements.
- Patient records showed discharge planning took place at an early stage and there was multidisciplinary input into discharge planning. Staff completed a discharge checklist that covered areas such as medication and communication to the patient and other healthcare professionals to ensure patients were discharged in a planned and organised manner.
- Discharge letters written by the doctors included all the relevant clinical information relating to the patients stay at the hospital. Trust data between April 2014 and September 2014 showed discharge summaries were given to GP's within 24 hours on 97% of occasions within the scheduled care division and the trust target of 95% had been achieved during this period.
- There was sufficient bed space in the wards and theatres to ensure patients could be appropriately cared for before and after surgery. Patients were cared for in a calm and relaxed environment. Staff on the day case unit at the main hospital site told us day case patients could be transferred to the inpatient if there was insufficient bed space on the unit.
- Trust data between July 2014 and December 2014 showed the theatre utilisation (efficiency) target of 85% was achieved across all the theatres at the hospital.
- NHS England data showed national targets for 18 week referral to treatment standards for admitted patients at the end of September 2014 were being met for most specialties. The data showed that the trust did not meet the waiting time target of 90% for trauma and orthopaedics (82.3%).
- Trust data showed the performance against waiting time standards had improved significantly and the trust had achieved the 90% target for trauma and orthopaedics between October 2014 and December 2014.
- The associate divisional director for scheduled care confirmed that performance against waiting time standards was routinely monitored and the improvements were achieved through better planning and routine multidisciplinary meetings.
- NHS England data showed that the number of elective operations cancelled was lower (better) than the England average from July 2014 to September 2014. Trust data between April 2014 and January 2015 showed there had been 121 operations cancelled at this hospital. The most frequent reasons for cancellations were that theatre lists overran or were overbooked (42%) or the surgeon was unavailable (20%). Staff told us start times were delayed if a surgeon or anaesthetist was seeing patients and theatre list finished later than scheduled if there were complications during surgery that meant more time was needed with a patient.
- NHS England data showed that between January 2012 and June 2014 the trust performed better than the England average for the number of patients whose operations were cancelled and were not treated within the 28 days. When an operation was cancelled, staff arranged a new date with the patient on the day of the cancellation.

Meeting people's individual needs

- Information leaflets about services were readily available in all the areas we visited. Staff told us they could provide leaflets in different languages or other formats, such as braille, if requested.
- Staff could access a language interpreter for patients whose first language was not English.
- Staff received mandatory training in dementia care. The areas we inspected also had dementia link nurses in place. Staff could also contact a trust-wide safeguarding team for advice and support for supporting patients living with dementia or a learning disability.
- Staff also used a 'forget me not' document for patients admitted to the hospital with dementia. This was completed by the patient or their representatives and

included key information such as the patient's likes and dislikes. The ward staff told us the additional records were designed to accompany the patients throughout their hospital stay. Patient records confirmed this.

Learning from complaints and concerns

- Ward and theatre areas had information leaflets displayed for patients and their representatives on how to raise complaints. This included information about the Patient Advice and Liaison Service (PALS). The patients we spoke with were aware of the process for raising their concerns with the trust.
- Notice boards included information such as the number of complaints received during the month. The staff we spoke with understood the process for receiving and handling complaints.
- Complaints were recorded on the trust-wide incident reporting system. The ward and theatre managers were responsible for investigating complaints in their areas. The timeliness of complaint responses was monitored by the trust-wide complaints team, who notified individual managers when complaints were overdue.
- We looked at two complaints records and saw that these were appropriately documented and had been responded to in a timely manner.
- Staff told us that information about complaints was discussed during monthly governance meetings to raise staff awareness and aid future learning. We saw evidence of this in the meeting minutes we reviewed.

Are surgery services well-led?

Good

There was effective teamwork and clearly visible leadership within the surgical services. Staff were positive about the culture and support available. There was routine public and staff engagement and actions were taken to improve the services. The management team understood the key risks and challenges to the service and had plans in place to address them.

Vision and strategy for this service

- The scheduled care business plan 2015-16 incorporated the trust's overall strategy and had specific performance targets and action plans relating to quality, people and sustainability. These included plans for improving compliance with national clinical audits and developing care pathways, workforce development and improvements in patient admission processes.
- The vision, values and objectives had been cascaded to staff across the wards and theatre areas and staff had a good understanding of what this meant for them and their service.

Governance, risk management and quality measurement

- There was a clinical governance system in place that allowed risks to be escalated to divisional and trust board level through a range of committees and steering groups. There were action plans in place to address the identified risks that were regularly reviewed.
- The scheduled care divisional risk register confirmed that key risks had been identified and assessed. The risk register was reviewed at routine clinical governance meetings.
- There were routine staff meetings to discuss day-to-day issues and to share information on complaints, incidents and audit results. Records of these meetings confirmed these discussions.
- Routine audit and monitoring of key processes took place across the ward and theatre areas to monitor performance against objectives. Information relating to performance against key quality, safety and performance objectives was monitored and cascaded to ward and theatre managers through monthly performance dashboards. Where performance shortfalls were identified remedial action was planned and taken.

Leadership of service

- There were clearly defined and visible leadership roles across the surgical services. The services were divided into clinical directorates based on specific surgical specialties and each speciality had a clinical lead.
- The surgical wards were led by ward managers that reported to the matron for Halton and the Cheshire and Merseyside Treatment Centre.
- The theatres and ward based staff understood the reporting structures clearly and received good support from their line managers.
- Line managers were visible and accessible.

Culture within the service

- Staff were proud, motivated and spoke positively about the care they delivered. Staff reported a friendly and open culture. They told us they received feedback if they had made an error to aid future learning rather than blame. They were supported with their training needs by the management team within their specific area.
- Trust data showed that between January 2014 and September 2014 the average staff sickness levels were 3.8% in surgery and 4% in trauma and orthopaedics and this was better than the England average during that period.
- Staff sickness levels were reviewed daily and staffing levels were maintained through the use of bank and agency staff.

Public and staff engagement

- The theatres and ward-based staff we spoke with told us they routinely engaged with patients and their relatives to gain feedback from them. Information on the number of incidents, complaints and general information for the general public was displayed on notice boards in the ward and theatre areas we inspected.
- There was also engagement with the public via patient engagement groups that held monthly meetings.
- The staff we spoke with told us they received good support and regular communication from their line managers. Staff routinely participated in team meetings across the service. The trust also engaged with staff via email blogs, newsletters and through information and posters that were displayed on notice boards in staff rooms.
- The trust carried out a divisional temperature check audit during 2014 in which staff were asked if they would recommend this hospital as a place of work. Staff within the surgical wards and theatres at the hospital site and the Cheshire and Merseyside Treatment Centre either agreed or strongly agreed, indicating that staff were positive about recommending this hospital as a place of work. There was also a cultural 'barometer' action plan in place, which included specific actions relating to staff resources, support and opportunities for improvement.

Innovation, improvement and sustainability

- The scheduled care business plan 2015-16 outlined the strategy for surgical services and included plans to meet financial and performance targets. There were specific objectives relating to promotion of the Cheshire and Merseyside Treatment Centre as a centre of excellence for elective surgery.
- There was an arrangement in place where patients funded by NHS Wales underwent elective ophthalmology surgery at the Cheshire and Merseyside Treatment Centre. The associate divisional director for scheduled care told us they were also reviewing the feasibility of providing additional services, such as treatments for sports injuries.
- The long term plan for services provided at the hospital was to increase the number of elective and day case services and increase the number o wards and theatres so there was sufficient capacity and resource to meet the increased demand.
- The inpatient ward in the Cheshire and Merseyside Treatment Centre had capacity for 44 beds but was only funded to use 30 of these, which meant there was potential for an increase the number of patients in the future.
- The matron for Halton and associate divisional director for scheduled care were confident that surgical services at the hospital were sustainable. They indicated that the key risk to sustaining the surgical services was the capacity to treat increased numbers of patients and to ensure there was suitable medical support for patients with higher dependency levels.

Outpatients and diagnostic imaging

Safe	Requires improvement
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Halton hospital offers a full range of outpatient services with approximately156,569 outpatient attendances per year.

Halton General Hospital has two entrances. The main outpatient department provides a range of clinics (including blood test clinic) and is based in several clinic areas located near Entrance 1 of the hospital. Physiotherapy, dietician and speech and language departments are also located near Entrance 1.

The CANtreat chemotherapy unit and the dialysis unit are located at Halton hospital close to the outpatients department. The genito-urinary medicine (sexual health) service is located in a separate building at the side of the hospital.

We carried out an announced inspection of outpatient and diagnostic imaging service on 28 January 2015. We then carried out an unannounced inspection of the outpatients department on 11 February 2015. During our inspection we visited clinic areas A, B and C, the CANtreat chemotherapy unit and the sexual health centre. We attended a range of clinics and departments including: physiotherapy, occupational therapy, x-ray department, orthopaedic fracture clinic, rheumatology clinic, antenatal clinic, ENT clinic, pharmacy, medical records department.

We spoke with 20 patients and three relatives plus a range of staff including nursing staff, specialist nurses, allied health professionals, department managers, medical records staff, security staff and porters. We looked at six patients' care and treatment records and we reviewed performance information about the trust. We received comments from our listening event and from people who contacted us to tell us about their experiences,

Outpatients and diagnostic imaging

Summary of findings

The service was meeting the 18 weeks national targets for referral to treatment times. This meant the majority of patients had their initial appointments, investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP. The percentage of patients who were urgently referred on the two week pathway and seen by a specialist was about the same as the national average. The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average. However, some clinics over-ran and patients experienced long delays in their appointment time. There were high numbers of patients who failed to attend for their appointments. In order to reduce cancellations and DNA rates, the trust had devised an online form for patients to change, cancel or rearrange an outpatient appointment and was introducing a text message reminder service to encourage patients to attend.

Staff understood when to report incidents and were able to demonstrate how they would report an incident through the electronic reporting system. However, staff stated there were incidents when referral letters or assessment forms were missing from a patient's record (or the wrong ones were attached) that occurred on a regular basis. These incidents were not being routinely reported by staff. There was a good standard of cleanliness throughout the department. Staff followed good practice guidance in relation to the control and prevention of infection. Staffing levels were sufficient to meet the needs of the service. There was a system in place for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. Levels of mandatory training completion within the service varied but generally fell below the trust's set target of 85%. This had been recognised as an area requiring improvement and the service had taken steps to improve compliance levels.

Patients attending the outpatient and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance. Staff worked well together in a multidisciplinary environment to meet patient's needs. Medical staff were supported well by specialist nurses. Outpatient and diagnostic imaging services were delivered by caring, committed and compassionate staff. Staff treated people with dignity and respect. Care was planned and delivered in a way that took into account the patients' wishes.

Staff were aware of the trust's vision and values but were unclear as to the future strategy for outpatient and diagnostic imaging services. Local managers demonstrated good leadership within the department and there was good team working. Staff were keen to improve and develop the service for the benefit of patients. The outpatient service reported risks through the women's, children's and clinical support services divisional governance structures. The divisional risk register included risks and ratings identified progress and improvements were monitored through the unscheduled care divisional integrated governance group.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Requires improvement

There were systems for reporting actual and near-miss incidents. Staff understood what to report and were able to demonstrate how they would report an incident through the electronic reporting system. However, staff stated that there were incidents when referral letters or assessment forms were missing from a patient's record (or the wrong ones were attached) that occurred on a regular basis. These incidents were not being routinely reported by staff. Completion of mandatory training within the service varied and generally fell below the trust's set target of 85%. This had been recognised as an area requiring improvement and the service had taken steps to improve compliance levels.

Data provided by the trust showed that they had achieved over 97% availability of records for outpatient appointments. However staff stated that they had regular issues with the availability of complete patient records and access to appropriate information. As these instances were not always recorded via the electronic incident reporting system it was difficult to ascertain the impact on the percentage of records available and the accuracy of the data provided by the trust. Going forward, there was a plan in place to implement an electronic records system throughout the service in 2015.

There was a high standard of cleanliness throughout the department. Staff followed good practice guidance in relation to the control and prevention of infection. Staffing levels were sufficient to meet the needs of the service. There was a system in place for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect.

Incidents

- There were systems for reporting actual and near-miss incidents across the hospital. Staff understood what to report and were able to demonstrate how they would report an incident through the electronic reporting system. However, staff stated that there were incidents when referral letters or assessment forms were missing from a patient's record (or the wrong ones were attached) that occurred on a regular basis. These incidents were not being routinely reported by staff. They felt that by the time they had completed an incident report they could have been to the medical records department and resolved the issue directly. This meant that incident reporting data may not accurately reflect the issues related to medical records and opportunities for learning or service improvement were lost as a result.
- Managers in the diagnostic service used incidents positively to underpin service improvement and risk management within the service. There was evidence of shared learning from reported incidents supported with staff training to reduce the risk of reoccurrence.

Cleanliness, infection control and hygiene

- There was a high standard of cleanliness throughout the department. Staff followed good practice guidance in relation to the control and prevention of infection.
- There were ample supplies of hand washing facilities and personal protective equipment such as gloves and aprons and staff observed bare below the elbow guidance.
- Regular hand hygiene audits demonstrated high compliance rates throughout the department.

Environment and equipment

- The environment within the outpatients department appeared tired and in need of redecoration. For example, carpets in some of the clinic rooms, painted surfaces and walls were scuffed or chipped. The department manager told us the environment and décor had been identified as a risk on the divisional risk register and they had been in discussion with the director of estates to ascertain how the area could be improved.
- Appropriate clean and well maintained equipment was available in all clinics and departments.
- Where there was a need for specialist equipment, maintenance contracts were in place to ensure that equipment was regularly serviced and faults repaired or equipment replaced quickly.
- The layout in the therapies department made it difficult to maintain patients' privacy and confidentiality. Staff had identified this as a risk and tried where possible to manage it. However, his had also been raised as a concern by some patients.

Outpatients and diagnostic imaging

Medicines

- Medicines were stored safely and appropriately. Refrigerator temperatures were regularly checked and recorded. However medicine stock levels were not recorded and stock checks did not take place this meant that medicines could be removed or misappropriated without staff being aware. The trust told us they had undertaken a risk assessment for this process and that it had been identified as low risk due to the nature of medicines stored on site
- Pharmacy staff reinforced medicine safety instructions and information to patients when they collected their prescriptions following their consultation. Many of the specialist nurses also provided information and support as part of the patient's consultation.

Records

- Data provided by the trust showed that they had achieved over 97% availability of records for outpatient appointments. However staff stated that they had regular issues with the availability of complete patient records and access to appropriate information. As these instances were not always recorded it was difficult to ascertain the impact on the percentage of records available and the accuracy of the data provided by the trust.
- When patient records were not available for an appointment staff prepared a temporary file for patients that included the most recent diagnostic and test results coupled with essential patient information so that the patient's appointment could go ahead. Staff acknowledged that this was not ideal; however it meant the patient could see their doctor did not have to reschedule their appointment.
- Going forward, there was a plan in place to implement an electronic records system throughout the service in 2015.

Safeguarding

- There was a system in place for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. This process was supported by staff training. However data provided by the trust showed the number of staff that had completed the relevant training was below the trust target of 85%. This had been recognised as an area requiring improvement and the service had taken steps to improve compliance levels.
- The trust had a chaperone policy that was followed in the outpatient department.

Mandatory training

- Staff were provided with mandatory training on a rolling annual programme. Staff were alerted by email as to when their training was due.
- Staff were positive about the content and quality of their training. Data showed that the service had not achieved the trust target of 85%. This had been recognised as an area requiring improvement and the service had taken steps to improve compliance levels.

Assessing and responding to patient risk

- Staff had clear guidance to follow should a patient's condition deteriorate while they were in the outpatient department.
- Staff had access to resuscitation equipment which was regularly checked and maintained. Staff felt confident in providing basic life support and knew how to access medical support.
- The WHO surgical safety checklist for radiological interventions was in place in the imaging department. This was an accredited process by the National Patient Safety Agency and Royal College of Radiologists.
- There were robust second checking processes in place in the imaging department to ensure that all images were fully reviewed and any anomalies acted on.
- Clear risk assessments were not always carried out for each patient utilising the occupational therapy workshops each time they used the equipment to ensure they were safe and capable. Staff told us the environment in general had been assessed and individual patient capability was initially assessed but was not routinely re-assessed.

Nursing staffing

- Nurse staffing levels were sufficient to meet the needs of the service. A review of nursing requirements had been carried out in the previous year to ensure that the right number and appropriate skill mix was in place.
- Managers determined the number of nursing staff required by the number of clinics running at any particular time but also the nature of the clinics. A

competency based workforce review had taken place throughout 2013/2014 in order to determine the activities undertaken by staff and the required skill set. The review had been conducted with staff engagement and union representation. However, staff told us the review had impacted on staffing levels as it had not taken into account staff skills and competencies such as medication administration. As a result, staff felt that whilst the right number of staff may be on site at any given time they did not necessarily have the right skill set which then impacted on the other staff on shift.

Medical staffing

- Medical consultants and other specialists arranged outpatient clinics directly with the outpatient department to meet the needs of their specialty.
- Consultants were supported by trainee colleagues in some clinics, where this was appropriate.
- Medical staff provided cover for colleagues if sickness or absence occurred so that patients could still be seen and the number of cancellations reduced.

Major incident awareness and training

- There was a clear policy of action to take if the hospital was involved in a major incident.
- There were escalation plans in place to ensure the delivery of the service was maintained.
- Staff were also aware of the ability to manage capacity by utilising facilities at the Warrington hospital site.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Patients attending the outpatient and diagnostic imaging departments received effective care and treatment that was evidence based and followed national guidance. Staff worked well together in a multidisciplinary environment to meet patients' needs. Medical staff were supported well by specialist nurses.

Information relating to a patient's health and treatment was obtained from relevant sources before clinic appointments; information was shared with the patient's GP and other relevant agencies after the patient's appointment to promote seamless and ongoing care for the patient.

Evidence-based care and treatment

- Care and treatment followed evidence based national guidance.
- The x-ray department had a duty to protect patients, visitors and staff from radiation by radiation safety laws, in particular the Ionizing Radiation (Medical Exposure) Regulations 2000. We found that this was the case and the department met all the required standards.
- NICE and best practice guidance was available to staff via the trust's intranet.

Pain relief

- Staff could access pain relief for patients within clinics and diagnostic settings.
- Prescribed pain relief was monitored for efficacy and changed to meet patients' needs where appropriate.

Patient outcomes

- The outpatients department took part in audits such as hand hygiene, cleanliness and record keeping. Managers had responsibility for implementing and monitoring action plans to secure improvement when remedial action was required.
- Records of local audit demonstrated a high rate of compliance with good practice across the service.

Competent staff

- Staff were trained in core subjects such as infection control, safeguarding and health and safety. In addition, staff were provided with training relevant to their speciality.
- Staff were supported in their development through the staff appraisal processes.
- 62% of staff had received an appraisal at the time of our inspection.

Multidisciplinary working

- There was evidence of good multidisciplinary working in the outpatient and diagnostic imaging departments. Doctors, nurses and allied health professionals worked well together and valued each other's contribution to the ongoing management of patients' needs.

Outpatients and diagnostic imaging

- Letters were sent out by the outpatients department to people's GPs to provide a summary of the consultation and any recommendations for treatment.

Seven-day services

- The hospital ran most of its clinics between 8 and 5 Monday to Friday. Staff were keen to add additional clinics on evenings and weekends to meet patient demand and preference. However, a competency based workforce review had taken place throughout 2013/2014 in order to determine the activities undertaken by staff and the required skill set. Staff felt that the review had not taken in to full consideration the implications of reducing the numbers of qualified staff on meeting the demands of current service provision. Staff were not aware of any formal plans to expand outpatient services over seven days for this hospital.

Access to information

- Patients reported that they had no concerns regarding access to information relating to their care or treatment.
- There was a range of leaflets available in the departments to help patients understand their condition and diagnostic tests. However, we found that the leaflet racks in the ECG department were empty.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were confident and competent in seeking consent from patients. Staff were able to explain benefits and risks in a way that patients understood.
- Staff were aware of the duties and responsibilities in relation to patients who lacked capacity and involved relevant professionals so that a decision could be made in the patient's best interest.

Are outpatient and diagnostic imaging services caring?

Good

Outpatient and diagnostic imaging services were delivered by caring, committed and compassionate staff. Staff treated people with dignity and respect. Care was planned and delivered in a way that took into account the patients' wishes. Patients' confidentiality and privacy were respected and promoted wherever possible.

Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients were very positive about the staff in the department.

Compassionate care

- Patients were treated with dignity and respect by staff in outpatients and in the diagnostic and imaging departments.
- There were arrangements in place to provide patients with a chaperone during appointments that required an intimate examination, or when requested.
- Staff listened to patients and responded positively to questions and requests for information.
- Patients spoke positively about the care provided by staff and told us "I feel like I am treated with respect"
- Vulnerable patients were managed sensitively and attended to as quickly as possible.

Understanding and involvement of patients and those close to them

- Patients stated they had been involved in decisions regarding their care and staff had explained their treatment options and plans to them clearly.
- Patients knew why they had received an appointment and who they were seeing while in the department.
- Staff responded positively to patients' questions and took time to explain things in a way the patient could understand.
- Patients told us that "I have been involved in all my treatments… I have been asked for my consent for each treatment"

Emotional support

- Staff were sensitive to the needs of patients who were anxious or distressed about their appointment.
- In the diagnostic and imaging department, staff worked well with patients to allay their fears and anxieties about the proposed test or procedure and offered patients comfort and reassurance.
- Staff had an awareness of patients with complex needs and could individualise their responses so the patient was reassured and supported throughout their visit to the department.

Are outpatient and diagnostic imaging services responsive?

Outpatients and diagnostic imaging

Good

The service was meeting the 18 week national targets for referral to treatment times.This meant the majority of patients had their initial appointments, investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP. The percentage of patients who were urgently referred on the two week pathway and seen by a specialist was about the same as the national average. The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average.

There were high numbers of patients who failed to attend for their appointments in order to reduce cancellations and non-attendance rates, the trust had devised an online form for patients to change, cancel or rearrange an outpatient appointment and was introducing a text message reminder service to encourage patients to attend for their appointment.

However, on occasion some clinics over-ran and some patients experienced long delays in their appointment time.

Service planning and delivery to meet the needs of local people

- Good systems were in place to ensure that the service was able to meet the individual needs of people, such as those living with dementia and those who had a learning or physical disability.
- Patients could choose the hospital for their appointment as the hospital closest to home.
- Clinic services were also available from a local community hospital facility. Patients requiring a blood test were able to attend the blood test clinic at either Warrington Hospital or at Halton General Hospital depending on what was most convenient for the patient.
- There was a team of musculoskeletal physiotherapists working between Halton hospital and Widnes (Health Care Resource Centre). They also held clinics at various GP practices both in Runcorn and Widnes.
- The audiology service offered patients a drop in to one of three community clinics for information and advice including re-tubing of hearing aid ear moulds and collection of spare parts and batteries.
- Patient information was in good supply and covered a range of topics including explanations of conditions and related diagnostic tests.

Access and flow

- The service was consistently meeting the 18 week national RTT for orthopaedics. This meant the majority of patients had their initial appointments, any investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP.
- The percentage of cancer patients seen by a specialist within 2 weeks of urgent GP referral was about the same as the national average.
- The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average.
- The patient non-attendance rate was worse than the national average. (Rates of non-attendance are important as this means resources are not being used well and can have a negative impact on patients receiving their treatment in a timely way). To improve the non-attendance rate the trust had devised a simple online form for patients to change, cancel or rearrange an outpatient appointment and was in the process of setting up a text message reminder service to encourage patients to attend. As these initiatives were relatively new we were unable to assess the impact at the time of our inspection.
- On occasion some clinics over-ran and some patients experienced long delays in their appointment time. We found clinics overran for a number of reasons some of which were due to the planning of start times and late attendance by consultants due to other commitments.

Meeting people's individual needs

- As part of the patient record there was a trigger to record 'long term conditions' or disabilities. Staff could add this information to a patient's records to assist with future management of patients when they attend the hospital. For example, if they were known to have a physical or sensory disability, or have diabetes or epilepsy.
- Patients with dementia were seen quickly; similarly patients with a learning disability were seen promptly. Staff were able to adapt their approach so that vulnerable patients were managed sensitively.

Outpatients and diagnostic imaging

- There was a good system in place to meet the needs of patients whose first language was not English. This could be done over the phone using a telephone translating system or by arranging a personal interpreting service.
- Staff did not use family members as interpreters and this is considered good practice so that communication with a patient can be managed professionally and independently

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Complaints were recorded on a centralised trust-wide system. The centralised patient experience team (PET) managed formal complaints. Staff understood the process for receiving and handling complaints and confirmed that information about complaints was discussed during team meetings to raise staff awareness and aid future learning.
- Leaflets were available throughout the service and contained information on how to raise a concern or make a formal complaint. We did not see any of the leaflets in a format for someone whose first language was not English or who had a visual impairment.
- Complaints relating to outpatients and diagnostic imaging services were monitored through the Women's/ Children's/Support Services Quality Governance structures.

Are outpatient and diagnostic imaging services well-led?

Good

The trust's vision and values were displayed through the hospital. Staff were aware of the trust's vision and values but were unclear as to the future strategy for outpatient and diagnostic imaging services. Staff were keen to improve and develop the service for the benefit of patients.

Local managers demonstrated good leadership within the department and there was good team working. Staff were able to discuss a range of issues with their line manager and felt able to contribute to influence the running of the department at a local level. However, staff expressed concern regarding the visibility and response of the trust board in relation to the challenges faced by the department.

Senior staff were aware of the service risks, performance activity, any recent serious untoward incidents and other quality indicators for the division. The outpatient service reported risks through the women's, children's and clinical support services divisional governance structures. The divisional risk register included risks and ratings; identified progress and improvements were monitored through the unscheduled care divisional integrated governance group.

Vision and strategy for this service

- The trust's vision and values were understood and supported by all staff in the department.
- Staff were unclear as to the strategy for the future of the outpatients department but realised that the service needed to expand to meet the needs of patients.

Governance, risk management and quality management

- Senior staff were aware of the service risks, performance activity, any recent serious untoward incidents and other quality indicators for the division.
- The outpatient service reported risks through the women's, children's and clinical support services divisional governance structures. The divisional risk register included risks and ratings identified progress and improvements were monitored through the divisional integrated governance group.
- Risks were rated from low to high with the lower risks being managed at service level and the higher risks being escalated corporately.

Leadership of service

- Locally, managers had a strong focus on the needs of patients and the roles staff needed to play in delivering a good service. They were visible and respected by their colleagues.
- Staff were comfortable and able to discuss a range of issues with their line manager and felt able to contribute to influence the running of the department at a local level.
- Staff did express concern regarding the visibility and response of the trust board in relation to the challenges faced by the department.

Outpatients and diagnostic imaging

Culture within the service

- There was a positive culture in the departments; staff were committed to and proud of their work.
- Staff supported each other and there was a good team working within the departments.
- Staff were positive about the care they provided and were keen to continuously improve service delivery.

Public and staff engagement

- A manager stated that they had not recently carried out a full outpatient survey but had held patient focus groups as a different way of engaging with patients. This feedback fed into the service governance structure and patient experience and quality group.
- The public were regularly encouraged to provide feedback on the service on-site and through NHS Choices and social media.
- Information was displayed on message boards throughout the outpatient services to engage the public in messages about the service as well as encouraging feedback. There were examples of patient leaflets inviting patients to feedback their ideas and suggestions for improvement of services such as the pharmacy and ophthalmology departments.
- The trust had a 46% response rate to the national staff survey compared with the national average of 49%.The number of staff who would recommend the trust to work or receive treatment in was within national expected levels.

Innovation, improvement and sustainability

- The radiography department were part of an international research group and had presented at both national and international conferences.
- We were told that a member of staff had been involved in a review four years ago to look at which outpatient services could be delivered in the community but there had been no further progress. Staff were unable to articulate any clear plan as to how outpatients services would be sustained and improved going forward.

Outstanding practice and areas for improvement

Outstanding practice

The hospital ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the service of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.

Areas for improvement

Action the hospital MUST take to improve

- Ensure adequate medical staffing levels outside of normal working hours
- Ensure all the Resident Medical Officers have the appropriate skills and competencies so there is consistency.
- Improve incident reporting in the outpatient department.
- Take action to improve mandatory training completion levels.
- Ensure patient records are complete and ready for patient appointments.
- Ensure medicine stocks in the outpatient department are recorded and checked.

Action the hospital SHOULD take to improve

In medical care services:

- Increase seven day working for all disciplines across the medical directorate.
- Improve the way risks are communicated to nursing staff within the medical directorate.

In outpatient and diagnostic services:

- Reduce patient waiting times and did not attend rates.
- Develop a strategy for the expansion of outpatient services to meet patient demand and preferences.
- Increase the visibility of executive staff and the board in the service.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: Appropriate steps had not been taken to ensure that there were sufficient numbers of suitably qualified, skilled and experienced medical staff working in the hospital to meet the needs of service users. This is because there was insufficient medical staff cover out of hours in medical care services. Suitable arrangements were not in place to ensure the resident medical officers had the appropriate skills and competencies to ensure consistency. This was a breach of regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing, which corresponds to regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Suitable arrangements were not in place in order to ensure staff received appropriate training. The levels of mandatory training completion for nursing staff were variable with some areas well below the trust's target of 85%. This was a breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010: Supporting Workers, which corresponds to regulation 18 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People who use services and others were not protected against the risks associated with the unsafe management of medicines. Appropriate arrangements were not in place to ensure medication stocks in the outpatient department were monitored. This was a breach of regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010: Management of medicines, which corresponds to regulation 12 (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not operate effective systems to identify, assess or monitor risks relating to the health, safety and welfare of people who use services and staff. In particular, staff in the outpatients department did not always report incidents related to the availability of medical records which meant data may not provide the trust with an accurate picture of issues and areas for improvement. This was a breach of regulation 10(1)(b) HSCA 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision, which corresponds to regulation 17 (2) (b) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

How the regulation was not being met:

Service users were not protected against the risks arising from a lack of proper information about them. Particularly in relation to the outpatients department where complete medical records were not always available. This meant, the provider did not maintain an accurate record in respect of each service user including appropriate information and documents in relation to the care and treatment provided.

This was a breach of regulation 20 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010: Records, which corresponds to regulation 17 (2) (c) HSCA 2008 (Regulated Activities) Regulations 2014.