The Hillingdon Hospitals NHS Foundation Trust

Mount Vernon Hospital

Quality Report

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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	Requires improvement
Urgent and emergency services	Requires improvement
Medical care	Requires improvement
Surgery	Requires improvement
Outpatients and diagnostic imaging	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out this inspection as part of our comprehensive inspection programme of all NHS acute providers.

Overall, this hospital was rated as requires improvement and we found that each of the four core services we inspected at Mount Vernon Hospital require improvement.

Our key findings were as follows:

- Data from April to September 2014 showed that over 99% of patients were seen within the national target of 95% of patients being admitted, transferred or discharged within four hours of attending the Minor Injuries Unit.
- Staff training records showed low compliance with some areas of mandatory training including safeguarding children and management of medicines.
- Two thirds of nursing staff on the elderly care ward were agency staff.
- The trust performed better than expected in the number of patients acquiring clostridium difficile, however, they performed worse than expected for patients acquiring MRSA bacteraemia.
- Letters to GPs were not being sent within the five-day period in line with trust policy.
- System and processes did not make sure that staff checked the child protection register when necessary.

We saw several areas of good practice including:

- The nurse practitioners in the Minor Injuries Unit made direct referrals to specialities both internally and externally to the hospital; this included tertiary referrals to specialists such as plastic surgery.
- The effective management of 18 week referral to treatment times for patients.
- Good access to physiotherapy and occupational therapy and good multidisciplinary team working for surgical patients at the hospital.
- Good multidisciplinary team working to support one stop outpatient clinics.
- The trust had a proactive specialist nurse for organ donation.

However, there were also areas of poor practice where the trust needs to make improvements:

The trust MUST

- Make sure of the effective operation of systems to enable the trust to identify, assess and manage risks relating to the health, welfare and safety of patients.
- Manage the risks associated with the numerous staffing establishment shortages across the trust.
- Make sure that all staff receive the full suite of mandatory training that is required to manage risks to patient safety.
- Make sure that all staff understand their responsibilities in relation to the trust's systems and processes that exist to safeguard children.
- Make sure agency staff receive an appropriate local induction on to wards.
- Complete venous thromboembolism assessments as appropriate.

The trust should:

- Review the resourcing of medical secretaries to make sure they can meet patient need and the trust's own targets for sending GP letters.
- Consider implementing the Friends and Family Test for all wards at the hospital.
- Consider whether patient outcomes could be improved through dedicated consultant cover and / or consultant oversight for the Minor Injuries Unit.

Summary of findings

- Consider auditing pre-operative starvation to make sure patients are not starved for significantly longer than required.

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?
Urgent and emergency services	Requires improvement 	The Minor Injuries Unit (MIU) had extended its opening hours to help with the increased demand for emergency care in the local area and to reduce pressure on the emergency department at Hillingdon Hospital. Waiting times at the MIU were within national targets and patients we spoke with were happy with the care they received. However, safety standards were not always being met. This related to staff attendance at mandatory training such as safeguarding children. We found 50% of Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) were out of date. Infection control and prevention practices were followed and there was some evidence of learning from incidents. A safeguarding audit in July 2014 identified that records could not confirm whether the child protection register had been checked when necessary. Two months after the audit had taken place, the action plan had not been created and no mitigation of the risks had been implemented. Apart from these instances, policies and procedures were followed by staff. We found the services provided for patients were timely and caring, and staff were respectful. We saw evidence that patients knew how to raise concerns. There were some processes in place relating to governance, and key performance indicators were monitored regularly. However, there was an absence of medical oversight support provided to the unit by the main emergency department at Hillingdon Hospital, although there was medical cover on-site if there was a medical emergency.
Medical care	Requires improvement 	Although patient feedback and outcomes were mainly positive, there were concerns with staffing skill-mix and staffing levels for both nursing and medical staff. Staff were not trained appropriately in most areas and the environment presented risks to patient safety.

Summary of findings

			Patients' individual needs were not always met. However, the leadership was aware of the risks on the wards and the risks were being managed and mitigated. There was a positive staff culture and vision on wards that had not been open for very long.
Surgery	**Requires improvement**		We found that the hospital was mostly clean and equipment used on wards was appropriately serviced. Staff knew how to report safeguarding concerns and patients were consented appropriately before procedures were carried out. The hospital was unable to cover all shifts with nurses and healthcare assistants as planned. Some staff had not completed their mandatory training. Venous thromboembolism assessments to minimise risk of deep vein thrombosis and pulmonary embolism were not completed. No audit of pre-operative starvation was undertaken to make sure patients were not starved for significantly longer than required. The observed emergency readmissions rate for trauma and orthopaedics was worse than expected. Dementia screening was not routinely undertaken for patients aged over 75. Patients had to wait up to eight hours before their day surgery took place. There was no clear vision and strategy for the surgery services provided at the hospital. The hospital met referral to treatment targets and patients had good access to physiotherapy and occupational therapy. We saw good examples of multidisciplinary working and staff told us they were able to share ideas and concerns openly. Surgical wards scored better than the England average in the Friends and Family Test.
Outpatients and diagnostic imaging	**Requires improvement**		Staff consistently reported incidents using the trust's incident reporting system. We saw evidence that staff learned from trends in incident reporting and learning was fed back to all staff groups within the department. We found that letters to GPs were not being sent within the five-day period in line with trust policy. Follow-up appointments were not being given to patients in a timely manner in the renal service.

Summary of findings

Staff adhered to policies and procedures on infection prevention and control. Equipment was maintained and available where needed. Medicines had been stored and prescribed in a way that complied with relevant legislation.
Records were stored securely and were mostly available when required. There had been an issue with the availability of health records for a short while during the relocation of medical record storage, these incidents had decreased. Staff had received mandatory training in line with the trust's policy.
Staff were able to demonstrate a good understanding of safeguarding procedures.
Clinics were adequately staffed through staff goodwill and willingness to work extra hours.

Mount Vernon Hospital

Detailed findings

Services we looked at
Urgent and emergency services; Medical care (including older people's care); Surgery and Outpatients and diagnostic imaging

Contents

Detailed findings

Background to Mount Vernon Hospital

Mount Vernon Hospital is located in Northwood in the London borough of Hillingdon and is one of two hospitals managed by The Hillingdon Hospitals NHS Foundation Trust.

The trust was awarded foundation trust status in April 2011. The trust employs over 2,500 staff.

The trust provides services to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire giving them a total catchment population of over 300,000 people.

Hillingdon is a diverse suburban borough, with a large young population and an increasing proportion of older people. 25% of the population is under 18 years of age, while the proportion aged over 85 is set to rise by 22% by 2020. The proportion of the population from an ethnic background has risen to 28% of the total, and is projected to rise to 37% in 2020.

Our inspection team

Our inspection team was led by:

Chair: Mark Pugh, Executive Medical Director, Isle of Wight NHS Trust

Head of Hospital Inspections: Siobhan Jordan, Care Quality Commission (CQC)

Inspection Manager: Damian Cooper, CQC

CQC inspectors were joined on the inspection team by a variety of specialists including a student nurse and junior doctor, consultants in emergency medicine, obstetrics, intensive care medicine and paediatrics, experts by experience, an associate medical director, a consultant nurse for older people, a consultant midwife, clinical nurse specialists and estates and facilities advisers.

How we carried out this inspection

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

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

The announced inspection visit took place between the 1 and 3 October 2014, with a subsequent unannounced inspection visit on 15 October 2014.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE); General Medical Council

(GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 30 September 2014, when people shared their views and experiences of

Mount Vernon Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

Detailed findings

During our inspection we held focus groups with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the hospital including the wards, theatres, outpatients and the trust's minor injuries unit. We observed how people were being cared for, talked with carers and family members and reviewed patients' personal care or treatment records

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

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Urgent and emergency services

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

Information about the service

The Minor Injuries Unit (MIU) at Mount Vernon Hospital was part of the services provided by the emergency services department at Hillingdon Hospitals NHS Foundation Trust. The unit assessed approximately 24,000 patients a year, which included adults and children with minor injuries and minor illnesses. Between April and September 2014, the department saw and treated approximately 13,000 patients and consistently met the national four-hour target. Data from April to September 2014 provided by the trust showed that over 99% of patients were seen within the national target. The waiting area was shared with the x-ray department and, although busy on the day of our inspection, had enough space and seating for all the people using the service.

The MIU is a nurse-led service with a single point of access using a dedicated reception desk. The service operates seven days a week from 8am to 9pm. The trust has recently extended the opening hours by one hour at each end of the day. During our inspection, we spoke to six people using the service as well as six members of staff, five of whom were nurse practitioners.

The MIU had not been inspected before.

Summary of findings

The Minor Injuries Unit (MIU) had extended its opening hours to help with the increased demand for emergency care in the local area and to reduce pressure on the emergency department at Hillingdon Hospital. Waiting times at the MIU were within national targets and patients we spoke with were happy with the care they received. However, safety standards were not always being met. This related to staff attendance at mandatory training such as safeguarding children. We found 50% of Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) were out of date. Infection control and prevention practices were followed and there was some evidence of learning from incidents.

A safeguarding audit in July 2014 identified that records could not confirm whether the child protection register had been checked when necessary. Two months after the audit had taken place, the action plan had not been created and no mitigation of the risks had been implemented.

Apart from these instances, policies and procedures were followed by staff. We found the services provided for patients were timely and caring, and staff were respectful. We saw evidence that patients knew how to raise concerns.

Urgent and emergency services

There were some processes in place relating to governance, and key performance indicators were monitored regularly. However, there was an absence of medical oversight support provided to the unit by the main emergency department at Hillingdon Hospital, although there was medical cover on-site if there was a medical emergency.

Are urgent and emergency services safe?

Requires improvement

Safety standards were not always being met. This related to staff attendance at mandatory training such as safeguarding children and medicines management. We found 50% of patient group directions were out of date.

A safeguarding audit in July 2014 identified that records could not confirm whether the child protection register had been checked when necessary. Two months after the audit had taken place, the action plan had not been created and no mitigation of the risks had been implemented.

Incidents

- Staff said they knew how to report incidents using the electronic system, although they did not often receive feedback on any actions the trust had taken about any issues they had reported.
- Staff told us that departmental meetings had not been held on a regular monthly basis until the months just before our inspection.
- We reviewed meeting minutes for July and August 2014 and could not find evidence that incidents that had been reported were discussed. The MIU could not demonstrate learning from incidents on a regular basis and staff told us that they did not receive feedback on the actions that the trust had taken.
- Staff said there were 11 incidents reported between April and September 2014. Eight related to the department closing early (at 8pm instead of 9pm) in September 2014 because of the number of patients waiting to be seen. In response to the high number of closures, staffing levels were increased from three to four nurse practitioners on an afternoon shift. Two incidents related to slow responses by the London Ambulance Service to transfer patients who needed emergency care from the MIU to the trust's accident and emergency department. These incidents were being discussed with the London Ambulance Service and specific protocols to prevent future delays were being developed. The final incident related to a delay in referring a patient with an infected wound to a tertiary centre for specialist treatment because a suitable referral centre and appointment were not available.

Urgent and emergency services

Cleanliness, infection control and hygiene

- The general environment of the MIU was visibly clean and tidy. Staff told us that there was a lead nurse for infection prevention and control within the department who took responsibility for carrying out audits in MIU.
- Infection prevention and control audits were undertaken and copies of these were provided for August, September and October 2014. The audits were undertaken by the MIU lead and trust lead for infection control. The audits scored 100% and therefore did not show any issues with the environment or staff hygiene practices.
- The MIU was clean and tidy. Hand gels and hand basins were available but staff were not routinely wearing aprons to prevent the risk of infection in the MIU including when nursing patients who had attended with cuts.
- 50% of staff had not undertaken level two infection prevention and control training updates for 2014. We were told by staff that this was because of recruitment issues within the infection control department at trust level.
- There were hand hygiene notices throughout the department and adequate facilities were available for staff to wash their hands. Hand gel was available in the waiting area and all treatment areas throughout the department.
- There were appropriate facilities for the disposal of clinical waste, including sharp items. Sharps boxes were dated and not over filled.

Environment and equipment

- The department did not have emergency call bells and was not linked to any central switchboard emergency call system. Although the department was small, this was a concern to staff if they needed support with a patient in an emergency. Staff also told us that they did not have security guards on-site and assistance was provided by calling on hospital porters.
- There were three treatment areas with five treatment bays, which were shared by all the nurse practitioners within the department.
- One of the treatment rooms was suitable for seeing patients needing greater privacy to discuss confidential matters.
- The treatment cubicles within the MIU contained appropriate supplies for treating patients with minor injuries or minor illnesses; staff reported that they were able to access all the necessary dressings and medication they needed to treat people attending the department.
- Nursing staff reported that they had sufficient equipment and, when required, repairs were carried out in a timely manner. All the equipment we checked was clean and in working order.
- There was a treatment bay containing appropriate emergency resuscitation equipment. We saw that the resuscitation equipment was cleaned and checked on a daily basis.
- There was specialist paediatric resuscitation equipment, which was colour-coded for specific baby's and children's weight.
- The x-ray department was shared with the rest of the hospital. Staff did not report delays, and the patients we spoke with did not report long delays in waiting for their x-rays to be taken and reviewed by staff.

Medicines

- Medicines were stored safely. Medicines were stored in locked cupboards and only limited stock was held as take-home medication. Daily checks were carried out on refrigerator temperatures. The department did not keep controlled drugs because they treated minor injuries or illnesses. Staff told us if they did require a specific medication that they did not hold in the department, they could contact the site manager who would obtain it from either the pharmacy or a ward. This would be prescribed by an on-site doctor.
- An accurate record was kept of all medication given to patients and this was reconciled by the pharmacist on a daily basis. However, pharmacy services were provided by an external trust and the pharmacist told us that they did not audit the medication used, but did check that stock levels and medication dispensed agreed.
- All the nurse practitioners prescribed medication under patient group directions which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We found that 15 of the 32 patient group directions were out of date; some of these should have been reviewed in 2009. However, we saw at our follow-up inspection that all the patient group directions had since been reviewed and updated.

- There were up-to-date paper copies of the British National Formulary available within the treatment areas. Staff said they could also access the British National Formulary online if they needed to.
- Patients were given information on prescription charges and we saw posters in the waiting area informing patients how to pay for their medication.

Records

- We looked at 13 patient treatment records, which were all legible and dated and signed by the nurse practitioners. All the records showed arrival, treatment and discharge times. There were clear records showing mechanism of injury/illness, diagnosis and treatment plan. Details of specialist appointments or referrals that had been made by staff were included, when appropriate.
- Risk assessment. All records identified past medical histories, medication being taken and any allergies.
- The initial record card was computer-generated at reception and placed in the treatment area. This risked breach of confidentiality because the cards could be accessible to patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us that verbal agreement to treatment was sought from patients when they came into the department. This was not documented.
- Staff had received limited training on the Mental Capacity Act 2005 within the safeguarding of adults training courses. All staff had completed safeguarding training for adults within the last two years.
- Some staff reported that they had received some Mental Capacity Act and Deprivation of Liberty Safeguards training within the safeguarding of adults course, but had not received specific Mental Capacity Act training.
- 5 out of 13 staff had attended conflict resolution training.
- Patient consent was obtained verbally by staff when treating patients. When children were treated, the person who attended with the child and provided consent for treatment was recorded on the treatment cards.

Safeguarding

- There was a safeguarding policy and procedure in place; all staff were familiar with this and knew how to report any concerns. There was a lead nurse practitioner for safeguarding who attended the trust safeguarding committee and we were provided with a selection of minutes that confirmed this. The lead told us that an annual audit was undertaken to ensure that staff were completing the correct checks and making referrals for children who attended the department. We saw the results of the safeguarding documentation audit for 2013 and 2014, which were discussed at the safeguarding committee.
- There was no action plan for the audit carried out in 2013, which showed 100% compliance for the 215 record cards reviewed. The audit sample for 2014, which was a smaller sample, covered 34 sets of notes of children aged under 18 years who were seen over the weekend of 26 and 27 July 2014. The results showed that there were some deficits in staff recording information. For instance, 8 of the 34 records reviewed did not confirm whether the child protection register had been checked. The departmental lead for safeguarding told us that the action plan, which was yet to be agreed two months post audit, would include reminding staff of their responsibilities to improve documentation.
- We were provided with examples of information sent to staff in the MIU from the safeguarding lead following the audit, reminding them to complete all the information requested as well as information on new inter-agency referral documentation implemented within the trust.
- Staff said they had received level two safeguarding children training, and some had completed level three or were in the process of completing the eLearning modules.
- The majority of staff had undertaken adult safeguard training within the last two years and records we saw confirmed this.
- A record was kept of all child protection referrals. For every child who attended the department, a process was supposed to be followed to check if there was a child protection plan in place or they were on the risk register. Children out of the area were referred to the appropriate teams if necessary.
- The record cards of all children who attend the MIU were reviewed by a health visitor.

Mandatory training

- Data provided by the trust showed that there were gaps in the mandatory training that staff had undertaken.

- Gaps included level three safeguarding for children, infection control level two, moving and handling and intermediate life support. Evidence was seen that staff were due to attend intermediate life support training in November and December.
- The department had an induction programme for agency staff, which included being shown around the department and familiarising with the MIU's policies and procedures.
- There was a checklist for staff to follow, but they did not complete a formal record. Staff said that three regular agency staff were being used since the MIU's hours had been extended. Staff told us that all the agency staff working for the trust for the MIU were degree-level qualified nurse practitioners.
- There was a trust and local induction programme in place for clinical staff employed at the MIU. The local induction plan for the most recent nurse practitioner, employed in October 2013, was fully completed and covered department and trust policies and procedures.
- Nurses had signed to say they would work to out of date Patient Group Directions since 2009.

Assessing and responding to patient risk

- During the inspection the department was busy, although patients were seen, treated and discharged within the four-hour national target.
- All patients attending the MIU were seen on arrival by the receptionist. If they needed an urgent assessment or treatment, the receptionist alerted the nursing staff immediately. All patients were risk-assessed and treated at the initial point of contact following an assessment of their needs. We looked at 13 record cards and found that the majority of patients were seen, assessed and treated on average within 59 minutes.
- The nurse practitioners followed a minor injuries algorithm that outlined the types of conditions that could be treated within the unit, such as limb injuries, minor head injuries and cuts. Injuries such as cervical spine tenderness and dislocated shoulders were transferred to the emergency department at Hillingdon Hospital. Patients who needed to be transferred were assessed and the appropriate mode of transport arranged.
- Staff said that sometimes people who were acutely unwell and in need of emergency treatment walked into the unit, for example with chest pain. Although the numbers were relatively low, the unit had 18 patients who needed transfer to the emergency department at Hillingdon between April and September 2014. Staff told us that in these cases patients would be risk-assessed, stabilised and transferred by London Ambulance Service to the trust's accident and emergency department. There was an adequately equipped resuscitation bay within the unit and medical assistance could be obtained using the emergency bleep system.

Nursing staffing

- The MIU was a nurse-led unit and all nurse practitioners were qualified to degree level and practised autonomously within agreed parameters relating to minor injuries and illnesses.
- The manager said that the unit had eight whole-time equivalent nurse practitioners, which included the managerial post, and the majority of staff had been employed at the unit for several years. Because of the extended opening hours, the unit had about three whole-time equivalent agency staff per rota to ensure that all the shifts were covered.
- The extended working hours of the unit was a project that would run from September 2014 to February 2015, and staffing levels would be reviewed at the end of this period.
- The trust employed an emergency nurse consultant who worked across both the MIU and the emergency department, although we were told that the post was currently under review.
- The nurse practitioners would ask for advice if they were unsure and suspected a missed fracture. All X-rays with reported fractures were marked by the radiographers and the nurse practitioners (NP) checked all X-rays on completion. If in the checking process the NP suspected there may be a fracture which hadn't been identified by the radiographer, then this would be discussed.
- All missed fractures were also discussed with the radiologist.

Medical staffing

- There was no consultant cover on-site or any consultant oversight of the nurse-led unit.

Major incident awareness and training

- Staff said that in the event of a major incident the MIU's role would be to receive walking wounded to reduce pressure on the main emergency department at Hillingdon Hospital.

Urgent and emergency services

- Staff and the manager said that they had attended a table top exercise for a major incident within the last year. The plan was on the wall within the resuscitation bay/treatment area.

Are urgent and emergency services effective?
(for example, treatment is effective)

Staff followed trust policies and procedures and adhered to the assessment and treatment protocol in place. Treatment was provided by staff who were competent and trained to carry out treatment autonomously.

Evidence-based care and treatment

- Staff told us that they referred to NICE guidance online if they needed to check treatment plans and that they received email alerts relating to equipment and medication.
- The department followed the trust's policies and procedures, which were accessible on the intranet system. The department followed patient group directions to allow them to give the appropriate medication to treat a variety of conditions such as minor infections. However, approximately 50% of these were out of date because there was not an appropriate system in place to ensure these were reviewed and updated appropriately.
- There was a patient group directions for Voltarol which had been reconsidered in its use as it can cause cardiac problems, this PGD had not been updated to reflect latest guidance.
- Patients could access the x-ray department, which was adjacent to the MIU. Nurse practitioners were able to prescribe the appropriate x-ray within the agreed protocols parameters, for example, upper and lower limb. Staff told us that all x-rays were reviewed and reported on within 24–48 hours by a radiologist; all x-rays were also marked with a red dot to identify that an abnormality may be present.
- We observed that the radiographer was available to discuss x-rays with staff when required. The department also carried out a review of all missed fractures and these were reported as incidents. Minutes from the staff meeting held on 25 July 2014 showed that x-rays and reporting were discussed.

Pain relief

- Patients said they were given pain relief when they were assessed and we observed this in practice. Documentation showed pain scores had been allocated for both adults and children. There was adequate medication available within the department to be given as single doses or as medication to take home if required.

Nutrition and hydration

- Patients could use the hospital café to get drinks and food if required and there were directions for people to follow. There was also a drinks machine at the entrance to the MIU and x-ray department.

Patient outcomes

- There was no formal clinical audit taking place in the unit and no benchmarking between outcomes from the unit and treatment being provided from the hospital site.

Competent staff

- All staff employed within the MIU were trained as nurse practitioners at degree level and assessed as competent to carry out autonomous treatment within agreed protocols. Staff said that they attended additional specialist courses when appropriate or identified as part of their annual appraisal. We were told and saw information that confirmed that two staff were attending a specialist hand injury course in November 2014.
- None of the nurse practitioners were independent prescribers.
- Staff told us that they did have regular supervision and said that they provided support to each other within the team. We saw during our visit that staff were discussing clinical decisions and treatment plans for some minor injuries, these discussions included the radiographer.
- Staff said that they received an annual appraisal.
- There was no clinical supervision for staff as recommended by the Nursing and Midwifery Council standards.

Multidisciplinary working

- Staff said that they worked closely with the x-ray department based on-site. All x-rays were reviewed when they were taken by the radiographer and any abnormalities identified and highlighted to the staff in MIU. The radiologist also reported on all x-rays within 48 hours and discussed any missed abnormalities such as

fractures. All missed fractures were reported within information relating to the key performance indicators for the unit. There were 14 x-rays with missed fractures reported between April and September 2014, which were analysed and appeared to be spread evenly across all staff within the unit.

- Staff told us that when necessary they received emergency medical support from either the medical and surgical teams or the resident medical officer on-site at Mount Vernon Hospital. The nurse practitioners made direct referrals to specialities both internally and externally to the hospital; this included tertiary referrals to specialists such as orthopaedic and plastic surgeons.

Seven-day services

- The MIU operated seven days a week from 8am to 9pm throughout the year during the extended opening hours. Before this the MIU was open between 9am and 8pm.

Are urgent and emergency services caring?

Good

Staff treated patients with dignity and respect and people told us they were happy with the care they received.

The department did not participate in the Family and Friends Test, but the trust was due to introduce the test to the department in December 2014. The last satisfaction survey was completed in 2010, although a survey was completed in April 2014 on extending the opening hours of the MIU.

Compassionate care

- All the patients we spoke with were positive and said they were happy with the care they had received and felt that staff were polite and respectful. We observed that staff were polite and caring when speaking with and treating patients.
- One patient said "the nurse was very good an A1 experience, examined me, and I'm waiting for an x-ray and have been given pain killers whilst I wait, it's an excellent service"
- Patients and relatives said they found the service easy to access and generally had not experienced long waits to be seen and the majority of patients said they had used the service more than once. People told us that they felt they were treated with dignity and respect by all the staff they came into contact with. One patient said "It's a good service and I've attended the department several times and have not experienced long waits to be seen, overall I found the nurse listened and did a good job".
- We observed that staff provided compassionate care and advice.
- The department did not participate in the Family and Friends Test and the last satisfaction survey was completed in 2010, although a survey was completed in April 2014 on extending the opening hours of the MIU.

Understanding and involvement of patients and those close to them

- Patients were taken to a treatment area to discuss their injury or illness to maintain confidentiality. We saw a nurse practitioner speaking with one patient in the treatment area, the patient had been brought into MIU by ambulance. The nurse practitioner examined the patient, listened to them and spoke with them in a respectful manner. The patient was seen and treated within 33 minutes.
- Parents and carers we spoke with were positive about the care they received. We saw reception staff giving additional support to a parent regarding a future attendance with a child by coming out of the office into the reception area.
- Staff told us they occasionally had patients with potentially serious illnesses and whilst they were waiting for transfer by ambulance a clinical member of staff stayed with them at all times to provide clinical and emotional support. This included ensuring relatives were contacted and given appropriate information on where the patient was being transferred to.
- Patients said that they were unaware of the waiting time because this wasn't displayed in the waiting room. We saw that the television screen stated the approximate waiting time to be seen although this was not easily identifiable and it was possible to miss seeing this information. Patients were aware that more urgent patients were prioritised, but there wasn't any information available to explain this. Staff told us that if asked they did give people an approximate waiting time.

Urgent and emergency services

- The clinical treatment areas included a room where personal issues or conditions could be discussed privately. However, there was no information about people being able to access a chaperone if they required one.

Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Good

The trust had responded to demand by extending the MIU's opening hours from September 2014. This had also resulted in the staffing levels being increased with the use of temporary staff.

Data show that the unit had consistently met the national 4 hour target since April 2014.

Service planning and delivery to meet the needs of local people

- Staff said they had carried out an opening hours survey in April 2014 to assess the demand for extended hours for the MIU. The survey had not been evaluated formally, but information provided indicated that the majority of people felt that staying open until later in the day would be beneficial. In response to this, from September 2014 the unit will open and close an hour earlier for a six-month trial period.
- Comments from the survey included people requesting that the MIU opened before GPs were open.
- The MIU had increased the nurse practitioner staffing levels and changed shift patterns in order to meet the increase in opening hours. Staff said that since the MIU hours had been extended, they had to close the unit on eight occasions because of the large number of patients in the department at 8pm, which meant that staff would not be able to assess and treat people waiting to be seen.

Patients said they were given pain relief when appropriate and that there was clear information on prescription charges and how to pay for any medication to take home with them. Staff said that if patients were not able to pay or were exempt from prescription charges, medication was dispensed by the nurse practitioners to ensure that treatment was started promptly.

Access and flow

- During the inspection the department was busy, although patients were seen, treated and discharged within the 4 hour national target.
- Data for the period April to September 2014 showed that the department had achieved between 99.6% and 100% on its performance targets.
- Acutely ill patients who attended the MIU were assessed and stabilised by staff in the unit and transfer arrangements made. If, for example, a patient attended with chest pain, the staff could access medical assistance from the hospital's medical team in line with the agreed protocol and transferred when stabilised. The MIU had 18 patients who required transfer for emergency treatment using the London Ambulance Service between April and September 2014.

Meeting people's individual needs

- There were a variety of information leaflets available for a wide range of minor injuries and illnesses that provided people with advice on their condition, but these were not available in other languages, large print or braille. The leaflets were easy to read but may not be appropriate for patients with learning difficulties, although staff told us that they were written so that children aged 12 years and over and adults should be able to understand them.
- Staff said that they had access to an interpreter service, using the switchboard, if required. However, staff shared that patients usually had other members of the family present who could interpret if necessary.
- Patients said that the felt they were provided with appropriate information about their condition and the after care they required. One patient said that they were told to come back if their condition did not settle or to see their GP.
- We saw a variety of health promotion information was available, such as on smoking cessation, shingles and flu vaccinations.
- Patients told us that they paid for their medication and that there was clear information in the waiting area stating the prescription charge and how to pay for prescriptions.

Urgent and emergency services

- There were posters in the waiting area on the patient advice and liaison service for patients who might want to raise concerns about the care they had received. However, the opening hours of the patient advice and liaison service office were not shown and the office was closed on the day of our inspection.

Learning from complaints and concerns

- Two incidents reported by staff related to delays in transferring patients who needed emergency care at the trust's accident and emergency department at Hillingdon Hospital. The manager told us that they had met with London Ambulance Service and were currently in the process of agreeing a protocol to avoid future delays.
- The manager provided evidence of the action taken after a formal complaint about a delay in a patient receiving the correct treatment for a minor injury because of a misdiagnosis made by both MIU and the emergency department at Hillingdon Hospital. We were provided with the complaint's investigation, management plan and the actions taken.

Are urgent and emergency services well-led?

Requires improvement

There were some governance arrangements in place, and key performance indicators, risks and incidents were routinely monitored. Several staff in the MIU told us that they did not receive feedback or learning from incidents. We did not establish whether incidents were routinely discussed at monthly meetings. After the inspection, the Assistant Director of Operations told us that incidents were routinely discussed in monthly departmental meetings. There was a lack of evidence to demonstrate that information was shared across the MIU and emergency department at Hillingdon Hospital, as well as a lack of senior clinical medical leadership or presence at the time of our inspection.

Vision and strategy for this service

- There was no vision or strategy for the MIU or for the emergency department which included the MIU.
- Staff said that they were not involved in the development of the nursing strategy across the trust. However, they were consulted about the extended opening hours for the MIU and meeting minutes we saw for 27 August 2014 confirmed this.

Governance, risk management and quality measurement

- The unit manager said that key performance indicators for the unit were discussed on a monthly basis. This included items such as reviewing data to ensure that national targets were being met, the risk register and complaints.
- The trust held monthly governance meetings, which were attended by the managers across the site at Mount Vernon Hospital. The meeting minutes showed that there was a standing agenda that included the risk register (trust and local), staffing and training. We saw that the closure of the MIU was identified to be because of staffing problems, although the outcome of the discussions was not documented.
- Staff told us that there were no multi-disciplinary meetings being held because the nurse consultant who had been the main link between the MIU and the A&E was not currently working at the trust.

Leadership of service

- The unit was managed by a senior nurse practitioner who was supported by a service manager from Hillingdon Hospital's emergency department. The service manager had management oversight of the service with regard to key performance indicators such as the national targets and the budget.
- Information on complaints and incidents was shared with staff individually.
- We were provided with staff meeting minutes for July and August 2014, although we were told that these meetings had not been held on a regular monthly basis until recently.
- Staff told us that they felt very separate from the emergency department and "out on a limb" because the consultants did not work within or support the MIU.

Culture within the service

- Staff told us about the trust's CARES values and philosophy – compassion, attitude, responsibility, equity and safety – which was a framework for all staff to adhere to.

- Staff told us that they felt the CARES project was a positive step.

Public and staff engagement

- The MIU had completed a patient survey in April 2014 specifically on the unit's extended opening hours. The last patient satisfaction survey was completed in 2010. Staff said that they were not included in the family and friends test completed across the trust.
- Staff told us the trust did not publicise the MIU's extended opening hours before they began because of the lack of time between discussions and the start of the project.

Innovation, improvement and sustainability

- The department carried out a few audits such as infection prevention and control, missed fractures, self-harm and documentation for the safeguarding of children.

Medical care (including older people's care)

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

Information about the service

We inspected both medical wards at Mount Vernon; a neurological rehabilitation ward and an elderly care / orthopaedic rehabilitation ward. One of the wards was an extension of the rehabilitation ward at Hillingdon Hospital that had opened in July 2014. The elderly care ward, although staffed and governed by the trust, was commissioned by another trust in the area and had been open since December 2013. The wards had 16 beds and 29 beds respectively. We spoke with 11 members of staff, including doctors, nurses, allied healthcare professionals and support staff. We also spoke with six patients, family and their friends, and checked five patient records and four pieces of equipment during one day.

Summary of findings

Doctors reported being supported by their more senior colleagues and staff on the elderly care rehabilitation ward praised the nursing leadership, because they felt the wards had become less isolated from Hillingdon Hospital over time.

Although patient feedback and outcomes were mainly positive, there were concerns with staffing skill-mix and staffing levels for both nursing and medical staff. Staff were not trained appropriately in most areas.

Patients' individual needs were not always met. However, the leadership was aware of the risks on the wards and the risks were being managed and mitigated.

There was a positive staff culture and vision on wards that had not been open for very long.

Medical care (including older people's care)

Are medical care services safe?

Requires improvement

Although many areas of safety were appropriate, such as medicines and patient harm-free care, we were concerned by a gap in medical cover between day and night shifts and a reliance on agency staff.

Training compliance was poor, with low levels of mandatory training, including safeguarding and infection control training for both wards. Cleaning checks were not always complete.

Incidents

- Staff meetings took place that included a discussion on incidents.
- Staff were aware of the incident reporting tool and how to report an incident. We saw that a recent incident had been reported concerning low staffing levels on the elderly care ward.

Safety thermometer

- Safety thermometer information was visible, covering falls, infections, patient feedback and staffing levels on both wards.
- There had been three falls on the elderly care ward (though none causing harm) and one acquired pressure ulcer.

Cleanliness, infection control and hygiene

- Both the wards we visited were clean, with hand gels in appropriate locations at bed side and at the wards' entrance / exit. However, there had only been one cleaning check on a day in September since the ward opened.
- The infection control dashboard showed the wards did not always post results and the aseptic non-touch technique results for the elderly care ward were below target.
- Three side rooms were available in case a patient became infectious and these were kept clean.
- There were no infection control or microbiology staff located at the hospital, but they visited from Hillingdon Hospital twice a week.
- Cleaning equipment was colour coded to ensure different ward areas were cleaned with separate tools.
- Bins were regularly emptied and linen was stored off the ground.
- Equipment we checked showed that it had been cleaned.
- NHS choices feedback gave the hospital five out of five stars for cleanliness.
- Infection control training was variable: 75% at level one and 50% at level three on the rehabilitation ward and 85.7% at level three on the elderly care ward.

Environment and equipment

- The environment was suitable for rehabilitation and elderly care with enough space.
- Sluice rooms were kept tidy but were not locked.
- Fire doors were in place and kept clear.
- Equipment checks were complete and up to date, including oxygen and resuscitation trolleys.

Medicines

- Controlled medicines were appropriately stored and locked away. Non-controlled medicines were also locked and appropriately stored. The fridge was at the correct temperature and locked.

Records

- Patient records we checked were complete and comprehensive, with detailed risk assessments and assessments to meet their needs such as psychological and independence assessments.
- Patients on the elderly care ward had social histories completed.
- Records were appropriately stored and locked so there was no breach of confidentiality. Staff commented that notes were always available when they needed them.
- Some notes were kept separate, but these were merged in the full patient notes later and we saw this was done in a timely manner.
- Patient notes were not transferred when patients were transferred from another trust, so the ward had to rely on a transfer summary.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All the records we checked had consent appropriately recorded, although sometimes there was no record of the discussion regarding consent in the medical or nursing notes.

Medical care (including older people's care)

Safeguarding

- There was a below target training record for safeguarding vulnerable adults. This was at 42.9% on the elderly care ward and 46.4% for safeguarding children level one on the rehabilitation ward, although their safeguarding adults training was at 92.9%.

Mandatory training

- Staff reported getting mandatory training and that this was kept up to date on the rehabilitation ward but not on the elderly care ward, although training for areas and staff not compliant had been booked. Staff told us they had easy access to e-learning.
- Mandatory training for the elderly care ward was below target at 74%, with particularly low results in fire safety (43%), blood taking (57%), conflict resolution refresher (58%), and information governance at 71% trained.
- The high use of agency staff for medical care meant that these training figures represented a small proportion of permanent staff who had received mandatory training as appropriate.
- As the rehabilitation ward was relatively new, staff training rates were still reported under the rehabilitation ward at Hillingdon Hospital, which also had low training results overall at 75%. Particularly low results were health and safety (57%), equality and diversity (75%) and moving and handling level one at 50% trained.

Assessing and responding to patient risk

- A crash team was available if a patient became unwell and staff were aware of the protocol to follow. If a patient's condition became unstable, they were either transferred to Hillingdon Hospital or to another trust.

Nursing staffing

- Staffing levels were appropriate, with two qualified nurses covering the day and one or two covering the night for eight patients on the rehabilitation ward, which mainly took medically fit patients. However, staff reported having to use bank and agency staff most of the time.
- They were always able to fill their establishment because requests for additional staff could be done a month in advance.
- A recruitment drive was in place to ensure that when the rehabilitation ward took on more patients, there would be enough staff to care for them.
- There was a high level of staff vacancies and use of agency staff on the elderly care ward, with a reported use of agency 76% of agency staff. Their establishment was four trained nurses, but at night these were often agency staff. The trust reported day fill nursing staffing levels more than 15% below establishment.
- Nursing ward rounds on the elderly care ward took place daily.

Medical staffing

- For the neurology rehabilitation ward, a consultant and senior house officer were available Monday to Friday, with locum cover at the weekends. The consultant was a neurology rehabilitation specialist.
- The elderly care rehabilitation ward had two senior house officers, one of whom was a long-term locum. Although there were concerns about reliance on locums on the elderly care ward, staff said this ensured there was always enough medical cover during the day.
- Medical rounds took place weekly, which included multidisciplinary team input.
- Out of hours, a site practitioner and registrar were available on-call. Some staff were concerned by the lack of medical cover out of hours and there was a gap of two hours between the doctors during the day leaving and the site practitioner coming on shift.
- Consultant ward rounds on the elderly care ward took place twice a week.

Are medical care services effective?

Good

The hospital complied with national guidance and patient outcomes were mostly positive.

Patient outcomes on the rehabilitation ward showed patients made marked improvements on the ward, with some patients going from very poor function scores to very high ones.

Appropriate equipment and facilities were available for patient rehabilitation. Multidisciplinary working was in place that met patient needs.

Evidence-based care and treatment

- Assessments were in line with national standards with a therapy-based assessment on intensity, banding and frequency.

- Patients were given an appropriate amount of therapy, with intense sessions on admission and then more frequent but shorter sessions nearer discharge.
- The rehabilitation ward was still drafting and reviewing its local policies and protocols at the time of our inspection.
- Patients on the elderly care ward were reviewed within 24 hours of admission.

Nutrition and hydration

- Most patients reported that the food was ok, they were offered a choice including a vegetarian option and that drinks were always available. However, they said tap water that they were given to drink was too warm.

Patient outcomes

- The neurology rehabilitation ward had a series of outcome measures they used to check patient outcomes. This included Fim+Fam, RCS and GAS, which assessed if the patient had improved their independence and function since admission and by how much, as well as whether the patient's goals had been achieved. This was benchmarked regionally with other similar units.
- Patient outcomes on the rehabilitation ward showed patients made marked improvements on the ward, with some patients going from very poor function scores to very high ones

Competent staff

- Staff reported good induction and training, although the training programme for new staff was still being established because of the specialised nature of the service. Most staff had transferred from the rehabilitation ward at Hillingdon Hospital and so had previous experience of meeting the needs of the patient group at Mount Vernon. We saw that inductions were completed.
- Junior doctors had appropriate teaching and appraisals.
- Although bank and agency staff were inducted onto the rehabilitation ward, the staff and their induction were not neurology rehabilitation-specific.
- Staff were trained to meet the needs of patients on the ward, including phlebotomy, percutaneous endoscopic gastrostomy feeds and tracheostomies.

Equipment

- An assessment kitchen was available for rehabilitation patients to improve their daily living skills.
- A gym was available on-site with the capacity for up to three patients to support patient rehabilitation goals.
- The space on the rehabilitation ward was very large with enough room between beds and space for patients to have therapy within the bays when necessary.

Multidisciplinary working

- There was an appropriate amount of therapist support for patients. There was a senior occupational therapist, senior physiotherapist, two physiotherapists (one of whom was part-time), two occupational therapist and physiotherapist assistants. Support was provided by Hillingdon Hospital's speech and language therapy (SALT) team, although the ward was to have a full-time SALT team member of its own. Patients reported getting daily input from therapists.
- Multidisciplinary team meetings took place weekly.

Are medical care services caring?

Good

Most of the patient feedback we received was positive, although there were variable patient experience scores for the two wards.

Patients were fully involved in their care and were enabled to be independent when possible. Emotional support was available for patients.

Compassionate care

- We observed good care, and most patients told us they received good care. One patient told us care was "brilliant" and the nurses were "great".
- There was little patient feedback information because the rehabilitation ward had only opened a couple of weeks prior to our inspection. Only one patient had been discharged so far, and the reported feedback was positive. The Friends and Family Test score was above average at 83 for the whole of Mount Vernon Hospital, but the elderly care ward scored below average at 50.
- The inpatient survey for the elderly care ward scored well, at over 90% patient satisfaction in the five months prior to our inspection.
- NHS choices feedback gave the hospital five out of five stars for dignity and respect, and four and a half out of five for staff cooperation. There was also a comment about physiotherapy being professional and friendly.

Medical care (including older people's care)

Patient understanding and involvement

- We observed patients who were capable of being independent conducting tasks such as cooking their own breakfast and washing.
- Patients on the rehabilitation ward told us they were fully involved with their care, including goal setting and planning their care with all types of therapists. Specific goal setting meetings with patients took place weekly.
- One patient had asked for a side room and this had been arranged for them.
- NHS choices feedback gave the hospital four and a half stars out of five for patient involvement in decisions.

Emotional support

- Psychological support was available for patients who needed it and patients were made aware that this could be provided.

Are medical care services responsive?

Requires improvement

Although there were appropriate admission procedures, the wards had high bed occupancies and discharge dates were often put back.

There were not enough appropriate measures in place to deal with the individual needs of patients, such as those with dementia or who spoke another language.

Although complaints were dealt with appropriately, many patients were not aware of how to complain.

Service planning and delivery to meet the needs of local people

- There were no mixed-sex breaches on the wards, and bays were appropriately separated.
- The rehabilitation ward ensured patients met the medically stable criteria with an initial assessment before admitting them. We were told there was no pressure to take on patients who did not meet the ward's criteria.

Access and flow

- Although there were 16 beds available on one of the rehabilitation wards, only eight were being used because the trust had decided to stagger the use of the ward at Mount Vernon to avoid overwhelming the staff.
- There were no outliers on the wards, but we were told the ward was sometimes used for patients who were medically fit and ready for discharge but needed to stay over the weekend. However, this did not happen often.
- Estimated discharge dates were in place as soon as they could be practically estimated. However, staff acknowledged these could sometimes be pushed back if patients were due social care packages. They estimated dates were pushed back 50% of the time.
- Because of the types of patients on the wards, average length of stay was typically four to six weeks.
- The elderly care ward staff had concerns about the number of different local authorities patients were admitted from, but they felt the liaison with the authorities was good.
- Bed occupancy levels on the elderly care ward were at over 95%.

Meeting people's individual needs

- Patient information was not available in languages other than English but did cover information specific to the needs of patients admitted to the wards, such as stroke and spasticity management.
- Interpreters were available and we observed translation being provided for patients.
- A quiet room was available, which was used both by staff and for patient case conferences.
- There was no dementia lead for the hospital although there was one for the trust as a whole who covered both sites. Bathrooms were appropriately fitted with accessible facilities, such as walk-in showers and baths, and hoists were available for patients if needed.

Learning from complaints and concerns

- There had been six complaints about physiotherapy on the elderly care ward, which had all been resolved. We were told these issues arose when the ward did not have a permanent physiotherapist (when they had locum cover) which they now had.
- Several patients told us they did not know how to complain.

Are medical care services well-led?

Good

A near future vision was in place because of the recent opening of the wards at this hospital.

Medical care (including older people's care)

Appropriate governance procedures were in place so that the hospital was not isolated from the trust, but local concerns were still identified.

A positive staff culture was evident, as was staff and public engagement.

Vision and strategy for this service

- Staff were aware of the trust CARES values.
- In the future the rehabilitation ward will take on more complex patients who have more acute conditions.

Governance, risk management and quality measurement

- Senior nurses were invited to the divisional clinical governance meetings.
- An operational group meeting for the hospital was in place. This discussed items on the risk register, incidents and quality (such as out-of-hours cover). These occurred monthly.
- A governance meeting was also in place. This also discussed matters such as the risk register, clinical issues, audits, incidents, claims, staffing levels, and security. These meetings had identified out-of-hours medical cover as a concern and an action had been identified to raise this concern with an assistant director.

Leadership of service

- Doctors reported being supported by their more senior colleagues.
- Staff on the elderly care rehabilitation ward praised the nursing leadership because they felt the wards had become less isolated from Hillingdon Hospital over time.

Culture within the service

- There was a culture of teamwork between the various clinicians on the rehabilitation ward.
- Staff told us they were happy to work on the rehabilitation ward.
- There was a sickness of rate of 0% on the elderly care ward, however, this ward permanently ran with three-quarters of its nursing staff provided from agencies.

Public and staff engagement

- Team meetings occurred monthly.
- There was a higher than average response rate to the Friends and Family test on the wards.

Surgery

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

Information about the service

The hospital had treated 4480 cases within the surgery division in 2013/14 – 24% were planned (elective cases) and 76% were day case surgeries. No emergency surgeries were performed at the hospital. The majority of cases in 2013/14 were treated within the trauma and orthopaedics (67%), general surgery (18%) and urology (13%) specialities.

We visited theatres, anaesthetic rooms and recovery areas, the day case unit and a post-surgical ward.

We spoke with 11 patients and 28 members of staff, including doctors, nurses, allied health professionals, ward managers, senior staff and other support staff such as cleaners and ward clerks. We reviewed patient and medication records and observed care being delivered on the wards and in theatres.

Summary of findings

We found that the hospital was mostly clean and equipment used on wards was appropriately serviced. Staff knew how to report safeguarding concerns and patients were consented appropriately before procedures were carried out.

The hospital was unable to cover all shifts with nurses and healthcare assistants as planned. Some staff had not completed their mandatory training. Venous thromboembolism assessments to minimise risk of deep vein thrombosis and pulmonary embolism were not completed. No audit of pre-operative starvation was undertaken to make sure patients were not starved for significantly longer than required. The observed emergency readmissions rate for trauma and orthopaedics was worse than expected. Dementia screening was not routinely undertaken for patients aged over 75. Patients had to wait up to eight hours before their day surgery took place. There was no clear vision and strategy for the surgery services provided at the hospital.

The hospital met referral to treatment targets and patients had good access to physiotherapy and occupational therapy. We saw good examples of multidisciplinary working and staff told us they were able to share ideas and concerns openly.

Surgical wards scored better than the England average in the Friends and Family Test.

Surgery

Are surgery services safe?

Requires improvement

There were not enough staff on the day case unit. The hospital was unable to cover some shifts with nurses and healthcare assistants. Some staff had not completed their mandatory training. Staff did not always receive feedback after they had reported an incident. Venous thromboembolism assessments were not undertaken.

We found that wards were visibly clean and equipment used on wards was appropriately serviced. Staff knew how to report safeguarding concerns and patients were consented appropriately before procedures were carried out.

Incidents

- There were no never events reported at the hospital. These are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
- Three incidents were reported within the surgical division through Strategic Executive Information System (STEIS) in 2013/14 for the trust as a whole. We observed that incidents were adequately investigated and root cause analysis had been completed with learning points identified.
- The hospital reviewed deaths to ensure that patients were not dying as a consequence of unsafe clinical practices. The mortality and morbidity meetings took place monthly at speciality level and were led by a speciality mortality lead. Surgical division morbidity and mortality meetings took place, however, the reporting of these meetings was not formalised to allow learning and actions to be captured. The trust had completed a trust-wide mortality audit in April 2014, which highlighted that learning from mortality cases needed to improve. An action plan recommended that the divisional quarterly reports should be shared at the quality and risk committee and clinical governance forums.
- Staff had access to an online reporting form and knew how to use it. Reported incidents were assigned to an appropriate service lead for investigation.
- Nurses and healthcare assistants told us they were confident that staff would report incidents appropriately. However, they had not always received feedback after they had reported incidents through the incident reporting system.

Safety thermometer

- We observed that pressure ulcers, falls and catheter-related urinary tract infections reported by the trust had remained low over 2013/14.
- The hospital had reported no patients with venous thromboembolism (deep vein thrombosis and pulmonary embolism), 11 falls and one catheter-related urinary tract infection that had developed in hospital for February to August 2014. One hospital-acquired grade two pressure ulcer had been reported for the same period.

Cleanliness, infection control and hygiene

- All observed staff adhered to good hand hygiene practice. There were enough hand washing basins. Hand sanitizers were available in corridors and near each patient bay. Personal protective equipment such as gloves and aprons were available at each bay and at the entrance to single rooms.
- All patients were screened for MRSA before surgery. An audit completed in April 2014 indicated 100% screening compliance on Trinity ward for elective cases.
- In 2013/14 the hospital reported one surgical site infection which related to a total hip replacement procedure out of 236 procedures. The number of cases (0.4%) was much better than the national average of 1.2%.
- An audit completed in July 2014 indicated that pre-operative actions were completed correctly in 96% of all cases. Most of the perioperative actions were also adequately performed. For example, skin was prepared with antiseptic and appropriate dressings were used. However, the audit indicated that only in 50% of all cases was hair removed with a clipper with a disposable head when shaving was required. Not all patients had their body temperature adequately monitored in theatres. Temperature was taken in the theatre in only 65% of cases and in 80% of these cases temperature was maintained at the required level.
- Wards, toilet facilities and waiting areas we inspected were visibly clean. A cleaner was allocated to the day case unit and another to the ward. Patient-led assessments of the care environment (PLACE) scores for

2014 for the hospital trust for cleanliness (91%) were worse than the national average of 97%. We did not have information on how this related to individual wards.
- However, not all of the theatres were clean. There was dust on top of various pieces of equipment in theatres 2, 3 and 4, including dust on anaesthetic machines, drug cupboards and monitors.
- Cleaning audits were carried out monthly by ward managers. We were told that all hospital areas achieved or surpassed their target compliance figures, with theatres achieving 96%, the day case unit 94% and Trinity ward 98% in August 2014.
- The hospital used decontamination and sterilisation services provide by an external contractor. We were told that all theatre instruments were washed and decontaminated by fully automated machines validated and calibrated to manufacturers' specifications, all in compliance with the medical devices directive.

Environment and equipment

- PLACE scores 2014 for the hospital trust for condition, appearance and maintenance (82%) were significantly lower than the national average of 89%. We did not have information on how this related to individual wards.
- Equipment such as non-invasive ventilators, cardiac monitors and infusion pumps were serviced by a qualified engineer and suitably labelled to indicate they were operational.
- Staff could respond to a potential emergency promptly because suitable standardised emergency equipment was available on wards, such as suction devices, face masks and oxygen cylinders. Oxygen cylinders and fire safety equipment were checked, in date and ready to use.
- All disposable equipment (such as sterile cannulas, intravenous infusion sets and bags of intravenous infusion packs) were accessible, in date and well organised so staff could easily find items when required.
- We observed checks on anaesthetic machines had not been recorded as recommended by the Association of Anaesthetists of Great Britain and Ireland, which recommends a pre-use check on anaesthetic equipment to ensure correct functioning. Log books in theatres 2, 3 and 4 were incomplete.

Medicines

- Medication was locked away and only authorised staff had access to it. Controlled drugs were also kept secure, as advised by national guidance. However, the fridge temperature on Trinity ward was monitored only every two or three days and had a maximum temperature recorded of 13 degrees, which was above the national guidance.
- Temperature logs in theatres 2 and 4 were incomplete; the last check in theatre 2 was completed on 2 September 2014. There was no log book in theatre 1.
- All medication on wards and in theatres was in date.
- Emergency medication and resuscitation trolleys were checked daily on all of the visited wards to ensure it was ready to use at all times.
- Nurses and doctors told us they could contact the pharmacist whenever required and that a pharmacist visited daily.

Records

- We reviewed patients' records and observed most were appropriately completed and fit for purpose.
- Nurses and doctors we spoke with were aware of confidentiality and data protection procedures.
- The Department of Health requires that venous thromboembolism (deep vein thrombosis and pulmonary embolism) risk assessments take place for every patient, and that results are closely monitored. Only one venous thromboembolism assessment, from five medical records we looked on Trinity ward, was fully completed. Two assessments were missing and another two were not reviewed after 24 hours as required.
- We reviewed ten consent forms, anaesthetic charts and drug charts on the day case unit and they were mostly filled in correctly.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients told us staff always spoke to them about any procedure before carrying it out. Nurses and healthcare assistants understood a person must give their permission before they receive any type of medical treatment or examination.
- There was a consent policy, including guidance for medical staff on best interest decision making when patients lacked capacity.
- Some patients were required to sign the consent forms during the pre-operative assessment, others were consented on the day of the surgery. Consent forms were also updated on the day of surgery.
- An overview of the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS) was provided to

all staff during the one-hour training for safeguarding adults delivered every three years. We observed staff compliance with this training was low at 49%. Only 6.6% of staff had completed bespoke classroom-based MCA and DoLS training.

- Risks related to low compliance with training on MCA and DoLS was recognised by the trust and we noted it was highlighted on the trust's risk register. Nurses told us this training was not mandatory and it was often challenging for staff to be released from clinical areas because mandatory sessions were prioritised.
- There was no learning disability liaison nurse in post. The head of safeguarding had developed links with the learning disability service provided by the local authority and nurses were available to support medical staff, on request, if an MCA and best interest assessments needed to be completed.

Safeguarding

- The executive director for nursing and patient experience was the executive lead for safeguarding people. There was also a head of safeguarding and a lead nurse for safeguarding children.
- Staff working at the hospital were aware of the procedure they should follow if they suspected abuse was taking place and how to report it appropriately. Nurses were able to tell us about safeguarding alerts they had made and the outcomes for the patients concerned.
- We observed that only 65% of all staff working within the division were up to date with safeguarding training.

Mandatory training

- The hospital worked to achieve a compliance rate for mandatory training above 80% across all of the departments. Trinity ward and the day surgery unit had achieved a compliance rate with mandatory training above the 80% target. This target was also achieved by the theatre anaesthetics and recovery teams at the hospital.
- We observed that there were low (below 80%) training completion levels for fire safety awareness, conflict resolution and information governance.
- We observed that individual training records did not always reflect the training provided to staff. For example, one staff record indicated that training had been completed, but when we checked with the staff member they told us they were overdue this training and had not received it.
- Local induction training had not been adequately monitored, with 0% compliance reported for staff working on Trinity ward. Staff told us local induction was provided and they felt it was mostly adequate.

Assessing and responding to patient risk

- The National Early Warning System (NEWS) was used across the hospital to assist staff in the early recognition and escalation of a deteriorating patient. We saw NEWS documentation was mostly appropriately completed.
- The Situation-Background-Assessment-Recommendation framework was used to support staff in escalating concerns in a clear and concise manner. Staff were familiar with these tools and knew how to escalate concerns related to patients wellbeing.
- We observed patients on wards had emergency buzzers within their reach and when used they were responded to promptly.
- Day surgery patients who did not recover as planned and who were unable to be discharged home could stay overnight at the hospital. Trinity ward was able to provide care to those patients after 7.30pm.
- The World Health Organization (WHO) surgical checklist was in use in operating theatres. We observed that all three steps of the WHO checklist had been completed (sign in, time out, sign out) and the procedure appeared well embedded in staff practice. However, there were no routine briefings and debriefings as recommended by the five-step approach to safer surgery.

Nursing staffing

- Staffing establishment on the day case unit was low. The most senior nurse on the ward was a band 6 nurse. One nurse and three healthcare assistants were allocated to the unit. There were 17 bed spaces available with an additional six in a bay shared with Trinity ward. Up to 30 patients visited the unit daily.
- The British Association of Day Surgery recommended nurse-led discharge, which is fundamental to safe and effective day and short stay surgery. A nurse felt they were working under pressure, had no time to take a break and that patient care was compromised. The nurse on shift was also a 'bleep holder' required to respond to emergencies across the site.

- A senior nurse working on the ward did not have protected administrative time. Another nurse's post was vacant after a prolonged period of absence. Trainee staff on the day care unit were used as part of the establishment and were not supernumerary.
- Staff on Trinity ward felt that the ward was well staffed and that they had enough senior nurses. Senior nurses (band 7) were allocated enough time to deal with their day-to-day duties, including administrative tasks. The ward could support up to 25 patients. There were four nurses and three healthcare assistants working during the morning shift, three nurses and two healthcare assistants each afternoon and two nurses and one healthcare assistant at night.
- A matron told us staff were flexible and their shifts were adjusted to reflect patients' needs. Theatre lists were often reorganised the day before surgery and staff often needed to allow for unplanned patient transfers from Hillingdon Hospital. This caused frustration among staff because they did not get enough notice or choice when shift changes were implemented.
- The trust reported that only 83% of all nurses' day shifts in the hospital were covered during the day in July 2014. The average fill rate for healthcare assistants in the same month was 80%. The average fill rate at night was 96% for nurses and 112% for healthcare assistants.
- Although all night shifts were covered, Trinity ward's staffing levels were low during the day. We observed that in July 2014 only 77% of nurses' day shifts were covered and 51% of healthcare assistants' shifts were left uncovered. Similar low numbers were reported for June 2014.
- A matron told us the bank service was operated from Hillingdon Hospital and it was difficult to get staff who worked there to cover shifts at Mount Vernon Hospital.
- We observed that from January 2013 to June 2014 use of bank and agency nurses varied between 4% in the theatres and 7% in the day surgery unit. This was in line with the trust's average usage for temporary nursing staff of 7%.
- The trust did not provide us with vacancy information for individual departments and wards.
- Nurses and healthcare assistants working on the day surgery unit told us two nurses and one healthcare assistant needed to work on the unit. They said they were frequently short staffed and one nursing post had been left unstaffed after a nurse had been away for a period of a few months.
- The staffing rota indicated staffing levels frequently varied and were lower than the anticipated minimum, with both nurses' and healthcare assistants' shifts left uncovered.
- We observed a high absence rate from June 2013 to June 2014 among staff working in theatres (14.6%) and on Trinity ward at 4.1%. This was worse than the trust average of 2.8%.

Surgical staffing

- We observed low use of temporary doctors within the surgery division.
- The trust did not provide us with vacancy information for individual departments and wards. The majority of the doctors employed by the trust were specialist consultants (34% of all doctors), and they were supported by registrar doctors - specialty registrar 1–6 who made up 32% of staff employed. The percentage of consultants and registrars was lower than the England average at 40% and 37% respectively.
- The total number of foundation year one and two doctors (13% of all doctors) was in line with the England average.
- The surgical division employed more middle career doctors (at least three years at senior house officer level or a higher grade within their chosen speciality) than when compared with the England average - 20% and 11% respectively.

Major incident awareness and training

- The trust had a major incident plan, which was reviewed annually. The plan was guided by the Civil Contingencies Act 2004 and the NHS Emergency Planning Guidance 2005. The hospital acted as an overflow for Hillingdon Hospital, which was a first responder for major incidents.
- Staff were provided with contact details for local emergency services and neighbouring hospitals.

Are surgery services effective?

Good

Surgery services provided patients with care that was not always effective. The observed emergency readmissions rate for trauma and orthopaedics was worse than expected.

Surgery

The hospital met referral to treatment targets and patients had good access to physiotherapy and occupational therapy. We saw good examples of multidisciplinary working and staff told us they were able to share ideas and concerns openly.

Evidence-based care and treatment

- Enhanced recovery programmes were used for orthopaedic surgery, as recommended by the NHS Institute for Innovation and Improvement. This included rapid recovery pathways for hip and knee replacement, with literature available to patients explaining each of the pre- and post-operative stages in detail.
- The trust had a hospital formulary that listed medicines the pharmacy stocked with guidance on effective prescribing. We saw this formulary, along with the trust antimicrobial prescribing guidelines, was easily accessible to all staff using the trust's intranet. The trust had responded to the 2010 National Patient Safety Agency rapid response alert 'Reducing harm from omitted and delayed doses'. Medication incidents were reviewed by the medication safety committee; however, the trust did not carry out an annual audit of omitted and delayed critical medicines as advised by the guidance.
- To ensure adherence with the National Patient Safety Agency and the Department of Health guidance, the trust completed regular audits to prevent surgical site infections. It covered the pre-operative period to check patients were screened for MRSA and post-surgery to check if patients' body temperature and glucose levels in diabetic patients were adequately maintained. The audit indicated glucose level in theatre and recovery areas was not adequately measured and maintained.

Pain relief

- Patients told us they had been given information about pain and said nurses regularly checked that they were comfortable and offered pain relief when needed. They said nurses advised them on side effects and prescribed pain relief medicines in accordance with their preferences.

Nutrition and hydration

- Food and fluid intake charts were mostly accurate and up to date, and patients' nutritional needs were monitored appropriately on Trinity ward.
- Patients on the day case unit had to arrive early (7.30am), but some of them did not have their surgery until late afternoon (4pm). No drinks or food were provided before surgery. On return from theatre, patients were offered only hot and cold drinks and biscuits. Nurses told us more varied food used to be provided, but senior management had decided to discontinue this because of food wastage.
- Patient-led assessments of the care environment (PLACE) scores 2014 for the hospital trust for food and hydration (88%) were slightly worse than the national average (89%). We did not have information on how this related to individual wards.

Patient outcomes

- We observed in elective cases that the observed emergency readmissions rate was much worse than expected (101) for trauma and orthopaedics (136) for 2013/2014 when compared with England average for patients who return to hospital within 28 days of discharge from hospital. It was much better than expected (101) for urology and general surgery patients, 63 and 73 respectively.
- Overall the hospital's readmission rate for all elective treatments (107) was worse than the England average of 101.
- Although senior clinicians were aware of the fact, this was not filtered to the ward staff and no actions had been taken to investigate reasons for high readmission rates.
- PROMs (Patient-Reported Outcome Measures) is a programme of evaluation of surgical outcomes based on questionnaires completed by patients before and after their surgery. PROMs measures for patients undergoing hip replacement surgery in 2013/14 were in line with the England average.
- PROMs measures for knee replacement surgery were slightly worse than the England average. However, 85% of patients reported improvement after their surgery when asked questions related to five generic measures. Namely, mobility, self-care, usual activities, pain/discomfort and anxiety/depression. The England average was 81%.
- The combined single score from patients' answers to a number of health questions of particular relevance to knees (Oxford Knee Score) indicated slightly worse outcomes when compared with the England average. Improvement had been noted in 92% of cases (England average 94%), in 2% no change had been noted against an average of 1%.

Surgery

- The hospital had an effective system to monitor and support patients' recovery after joint replacement surgery. Cases could be compared by consultant and trends related to length of stay could be identified.
- Although statistical information was not available for the hospital, we observed that at the trust level 97% of trauma and orthopaedics and general surgery patients had received treatment within 18 weeks in 2013/14. The hospital had performed better than the England average and had consistently met all of the referral to treatment targets in 2013/14.

Competent staff

- Staff we spoke with were clear on their responsibilities, aware of patients' individual progress and able to answer patients' questions in a confident manner.
- Nurses told us supervision or one-to-one operational meetings were organised on a 'when required' basis.
- Trainee doctors told us they were generally satisfied with the support they received from the trust.
- Healthcare assistants at the pre-operative clinics were trained to take blood or MRSA swabs, which allowed more effective clinic organisation.
- We were unable to confirm all staff had received an appraisal because no records were kept. A matron told us all staff were due an appraisal at the end of September 2014.

Multidisciplinary working

- Nurses told us there was adequate access to physiotherapy and occupational therapy. Patients saw therapists before their surgery and before anaesthesia they were told how the procedure would affect them and what rehabilitation exercises should be performed after their surgery.
- Patients who required additional input from the anaesthetist before their surgery were assessed promptly within two weeks from their pre-operative assessment.
- There were two daily ward rounds on Trinity ward led by the resident doctor on-site for all specialities If a specialist consultant was required, they were available on-call at Hillingdon Hospital.
- The hospital called patients a few weeks after the surgery to check how they were progressing and if any concerns were identified these were passed on to a consultant at the outpatients clinic or to the patient's GP.
- Therapists and doctors felt there was "excellent multidisciplinary working", with all members of staff being approachable and staff being able to share ideas and concerns openly.

Seven-day services

- Physiotherapy was available until late afternoon Monday to Saturday. Patients who had keyhole surgery to diagnose and treat problems with joints (arthroscopy) had to see a physiotherapist before discharge. A senior nurse told us these patients were prioritised on the theatre list to ensure they could be safely discharged home.
- Junior doctors and nurses told us they had mostly adequate support from a consultant or specialist registrar out of hours.
- There was limited access to pharmacy support after 6pm. Most common medicines were in stock, including antibiotics and pain control medicines which could be supplied at any time. However, a senior nurse told us patients discharged after 6pm occasionally had to come back to collect their medicines the following day.
- There was a resident doctor and an anaesthetist available during the day and night.

Are surgery services caring?

Good

Staff providing surgery services were caring. We observed patients were treated with compassion, dignity and respect. The surgical wards scored consistently much better than the England average in the Friends and Family test.

Compassionate care

- We observed patients being treated with compassion, dignity and respect. Patients told us they were "very happy" with the services provided. They also said staff were "superb" and that when called they attended "within seconds".
- Trinity ward had scored consistently much better than the England average in the Friends and Family test in 2014. The Friends and Family test response rate was much better than the England average. We observed that the score for June 2014 was 88 and 87 in July 2014 against an England average score of 73.

Surgery

- Patient-led assessments of the care environment (PLACE) scores 2014 for the hospital for privacy, dignity and wellbeing (89%) were slightly better than the national average of 88%. We did not have information on how this related to individual wards.

Patient understanding and involvement

- Nurses and healthcare assistants told us how they involved and listened to patients and their family members when they gave feedback about their care and treatment.
- Patients told us they felt involved in planning their treatment and that doctors answered all questions they had. Enhanced recovery programmes were used for hip and knee surgeries. As part of the programme patients were able to play an active role in their care. Patients were provided with contact numbers if they needed to call after the surgery to ask questions. The hospital called patients a few days after the surgery to check how they were progressing and if any concerns.
- Patients undergoing hip or knee joint replacements were invited to attend the 'joint school' before their surgery, with a family member or friend. This allowed them to find out how they could prepare for their operation and what to expect when in the hospital and once they were discharged.

Emotional support

- The hospital had established user and support groups, many of which were now run by members of the group. This included a colorectal cancer group and a support group for patients with lung cancer.
- The hospital worked in partnership with a charity that offered statutory and informal advocacy services. This was to support people who had mental health needs, learning disabilities and sensory and communication impairments, among others.

Are surgery services responsive?

Requires improvement

Dementia screening was not implemented in the hospital. There was no admission plan driven by the theatre list on the day case surgery unit, which meant patients had to wait up to eight hours before their surgery.

No audit of pre-operative starvation was undertaken to make sure patients were not starved for significantly longer than required.

Patients had access to the 'joint school', which was based at the hospital and could provide patients with knowledge to improve outcomes and speed up their recovery post-surgery. Patients were provided with information on how to complain and there were systems to address patients' complaints appropriately.

Service planning and delivery to meet the needs of local people

- Approximately 90% of patients on Trinity ward were orthopaedic patients, and the remaining 10% were urology and general surgery patients. Staff on most wards said the bed occupancy level was low, which allowed them to spend more time with a patient and provide good quality care. The trust told us that the Assistant Director of Operations for the Mount Vernon site and the Assistant Director of Surgery and Anaesthetics were leading on capacity and site issues.
- Some patients had been transferred to the hospital from Hillingdon Hospital. Nurses told us low-risk patients were occasionally transferred to improve bed availability at Hillingdon Hospital.
- A few patients who were booked to have their surgery at Hillingdon Hospital were asked to come to Mount Vernon Hospital. They usually received only a day's notice. Patients said they were unclear why the location had been changed. The bed coordinator told us sometimes theatre lists were reorganised a day beforehand and low-risk patients were asked to have their surgery at Mount Vernon Hospital.
- Patients could visit the 'joint school', which was based at the hospital and had access to a well-equipped gym on-site. Physiotherapists felt that this had allowed patients to improve outcomes and speed up their recovery.

Access and flow

- A pre-operative assessment service assessed urgent referrals within 24 hours from Monday to Friday. Appointment slots were occasionally available in the pre-operative assessment clinics on the day of patients' outpatient clinic visit. For non-urgent cases patients had

to pre-book appointments. The appointment time booked for pre-operative assessment was sufficient to complete all the required checks and answer patients' questions related to surgery.

- The hospital worked towards achieving an operating theatres utilisation rate of 82%. From August 2013 to August 2014 only 73.5% had been achieved, despite a 20% increase in number of sessions offered during the same period.
- Average length of stay for the hospital in 2013/14 was the same as the three day England average for elective cases. Trauma and orthopaedics patients' stays were slightly longer at four days for elective cases for which there is also a three day England average for the speciality.
- Length of stay for general urology patients was within expectations at two days. General surgery patients stayed only for one day, which was shorter than the England average length of stay of three days.
- The hospital worked towards achieving a 5% cancellation rate target. We observed that the average rate was not meeting this target at 6.6% for August 2013 to August 2014. The highest cancellation rates were noted in urology (6.1%) and pain management at 6.2%.The 'did not attend' rate from August 2013 to August 2014 was low at 3.1%, slightly above the 3% target set by the trust.
- All 3.1% of these were patients who required acute pain control procedures. A nurse told us some patients might no longer have pain symptoms and so did not need the procedure on the day it was to be performed.
- We observed low average (49%) bed occupancy on Trinity ward.
- One patient bay on the day case unit was shared between the unit and Trinity ward. This environment was not suitable for inpatients because the day case unit did not have enough staff to provide adequate oversight. Also no food was provided on the ward.
- There was no admission plan driven by the theatre list on the day case surgery unit. All patients were required to arrive at the same time; however, some of the surgeries did not take place until late afternoon. Patients had to wait for a long period of time.
- We observed that the recovery area was calm and well organised.

Meeting people's individual needs

- Senior nurses told us patients living with dementia, and others who required reasonable adjustments and enhanced discharge planning were first on the operation list, giving time to arrange discharges. 99% of patients admitted with hip fracture in 2013 had been assessed for confusion and other cognitive impairment, as suggested by the Hip Fracture Audit. We observed that dementia screening assessments were not routinely completed for patients who required it. There were patients aged over 75 on Trinity ward who had not been screened for cognitive impairments.
- There was a patient identified during pre-operative assessment as living with dementia. Although staff were aware of the fact, there was no planning undertaken to meet needs of this patient. There was no dementia-specific care plan to help staff identify the patient's needs and no communication tools to support communication. We noted that no discussion related to adjustments or their condition had been recorded in the patient's notes.
- No audit of pre-operative starvation was undertaken to make sure patients were not starved for significantly longer than required.
- No occurrences of unjustified missed-sex accommodation were reported by the hospital in September 2014.
- Written information on various procedures and on how to minimise the risk of infection was available for patients and their families, but was not available in languages other than English. No other communication tools, such as pictorial versions of the menu, were available to support people with limited communication. Although the majority of people who live in the borough speak English, there are also large Indian, Sri Lankan and Kenyan communities and other Guajarati, Punjabi and Polish-speaking communities. Nurses and doctors told us they had good access to translation services and were able to communicate with patients who did not speak English. They could contact an interpreter by phone during the day and night.
- Relatives could stay with patients on the day care unit throughout the day to provide support and participate in learning sessions provided by the therapists.

Surgery

Learning from complaints and concerns

- Patients we spoke with had no complaints; they said they would talk with a senior nurse if they had any concerns.
- Nurses and healthcare assistants told us they had received a number of compliments, with only occasional complaints related to cancellation of procedures. Patients at the day care unit also complained informally about the long waiting times between admission and the time the procedure was performed.
- Leaflets were displayed on all wards informing patients how to raise concerns and providing them with information on the patient advice and liaison service. Complaints information was also available on the hospital's website.
- Senior nurses told us they tried to resolve issues locally whenever possible and if this was not possible they were encouraged to direct service users to the patient advice and liaison service.

Are surgery services well-led?

Requires improvement

There was no clear vision and strategy for the surgery services provided at the hospital. There were no ward meetings and there were limited opportunities for cross-team communication to improve the patient experience.

The trust stressed the importance of effective communication with patients, staff attitudes and delivering excellence. We found that staff had embraced those values. Individual departments worked very well as a team.

Vision and strategy for this service

- Staff were aware of the name of the chief executive officer, and some of the directorate team members. They said directors were visible and approachable.
- The trust had introduced 'CARES values' in 2013 to improve staff engagement and patient experience. These stressed the importance of communication with patients, staff attitudes, recognising diversity, delivering excellence and promoting a culture of safety.
- Staff we spoke to were aware of those values and had embraced them. These values formed part of staff appraisal. Staff had to demonstrate their performance was in line with these values at their appraisal.
- There was no clear vision and strategy for the surgery services provided at the hospital. Staff we spoke with were unclear how the service will develop and how the trust was looking to address challenges related to low bed occupancy and theatre utilisation rates in the long term. This affected staff motivation.

Governance, risk management and quality measurement

- A monthly divisional governance board meeting reviewed and monitored all aspects of patient experience and care. The board reported to the trust's clinical governance committee and the trust quality and risk committee. There was cross-site representation both managerially and clinically at those meetings. Meetings were chaired by the clinical director for the division of surgery and anaesthetics, supported by the assistant director of nursing. There were assistant clinical directors for each sub speciality and representatives from audit, health and safety, therapies and governance departments.
- Theatre audits were organised monthly, with half a day allocated to them. We observed that there were no formal local meetings between all surgical teams working at the hospital to discuss patient pathways, complaints or incidents. There were also no ward meetings.
- Staff were not aware of their local risk register or what risks were identified on the divisional risk register.

Leadership of service

- The pre-operative assessment team worked across both hospitals managed by the trust. The team did not come under the nursing governance structure to allow clear lines of responsibility and accountability for the overall quality of clinical care. Nurses were accountable to the surgical access manager and to the assistant director of operations.
- There was one matron responsible for medical and surgical wards. However, we observed variation in how the wards were managed and the seniority of staff available and staffing levels. While Trinity ward was well staffed and there was a band 7 nurse present each day, the day case unit had a lower nurse to patient ratio and the most senior member of staff was a band 6 nurse.

Surgery

- Staff on the day case unit told us they would benefit from additional managerial input because they felt isolated and unsupported.
- Local induction was not appropriately managed by local leadership with 0% compliance reported for staff working on Trinity ward.

Culture within the service

- Overall staff in individual departments worked very well as a team. However, individual teams worked separately with limited communication between the teams.

Public and staff engagement

- The hospital engaged patients by asking them to respond to the Friends and Family test. Results of the test were displayed on the ward and staff were aware of them. Staff also took account of comments made by the PLACE team and responded to them appropriately.

Innovation, improvement and sustainability

- The planning undertaken by the trust to ensure surgery services at the hospital were sustainable was unclear. Although senior management was aware of low bed occupancy and low theatre utilisation rates, there was no plan to address those issues in the long term to ensure the service provided was financially sustainable and to address pressures experienced at Hillingdon Hospital.

Outpatients and diagnostic imaging

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

Information about the service

Hillingdon Hospitals NHS Foundation Trust saw 292,615 patients in outpatients (OPD) from April 2013 to April 2014. Clinics took place at either Hillingdon Hospital or Mount Vernon Hospital. Patients were directed to the hospital where their clinic was located at the time of their booking. There were ophthalmic clinics at both hospitals as well as within community settings because the eye clinic environment was not large enough to meet demand.

The OPD ran clinics across both hospital sites in General Surgery, Urology, Breast Surgery, Colorectal Surgery, Vascular Surgery, Trauma & Orthopaedics, ENT, Ophthalmology, Oral Surgery, Orthodontics, Plastic Surgery, Paediatric Surgery, Thoracic Surgery, Anaesthetics, Pain Management, Paediatric Urology, Paediatric Trauma & Orthopaedics, Paediatric Ophthalmology, Paediatric Clinical Haematology, Paediatric Dermatology, Paediatric Respiratory Medicine, Paediatric Medical Oncology, Paediatric Diabetic Medicine, Paediatric Cystic Fibrosis, General Medicine, Gastroenterology, Endocrinology, Haematology, Hepatology, Diabetic Medicine, Clinical Genetics, Rehabilitation, Palliative Medicine, Allergy Service, Cardiology, Transient Ischaemic Attack, Dermatology, Respiratory Medicine, Nephrology, Medical Oncology, Neurology, Rheumatology, Paediatrics, Care of the Elderly, Obstetrics, Gynaecology, Obstetric-Midwife, Podiatry, Dietetics, Orthoptics and Clinical Oncology.

Summary of findings

Staff consistently reported incidents using the trust's incident reporting system. We saw evidence that staff learned from trends in incident reporting and learning was fed back to all staff groups within the department.

We found that letters to GPs were not being sent within the five-day period in line with trust policy.

Follow-up appointments were not being given to patients in a timely manner in the renal service.

Staff adhered to policies and procedures on infection prevention and control. Equipment was maintained and available where needed. Medicines had been stored and prescribed in a way that complied with relevant legislation.

Records were stored securely and were mostly available when required. There had been an issue with the availability of health records for a short while during the relocation of medical record storage, these incidents had decreased. Staff had received mandatory training in line with the trust's policy.

Staff were able to demonstrate a good understanding of safeguarding procedures.

Clinics were adequately staffed through staff goodwill and willingness to work extra hours.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good

Staff consistently reported incidents through the trust's incident reporting system. We saw evidence that staff learned from trends in incident reporting and learning was fed back to all staff groups within the department.

Staff adhered to policies and procedures on infection prevention and control.

Equipment was maintained and available where needed.

Medicines had been stored and prescribed in a way that complied with relevant legislation.

Records had been stored securely and were mostly available when required.

Staff had received mandatory training in line with the trust's policy. Staff were able to demonstrate a good understanding of safeguarding procedures.

Clinics were adequately staffed through staff goodwill and willingness to work extra hours.

Incidents

- At the time of our inspection visit there had been no recent serious incidents or never events relating to the OPD.
- Trust policy stated that incidents should be reported through a commercial reporting software system that enabled incident reports to be submitted from wards and departments. We saw a breakdown of incidents by category and date that allowed trends to be identified and action taken to address any concerns.
- The manager told us that after they had submitted an incident report, the person investigating would send an email outlining their investigation outcomes. However, they said that they did not consistently receive this feedback.
- The OPD sisters told us that they would feed back any learning to staff. They said that they did this during department meetings. We saw the minutes of these meetings, which confirmed that learning from incidents was discussed.
- Staff gave us examples of where patient care and experience had altered because of learning from incidents.

Cleanliness, infection control and hygiene

- Mandatory training in infection prevention and control had been completed by 91.2% of staff in OPD, in line with the trust's policy.
- Staff working in the OPD had a good understanding of responsibilities in relation to cleaning and infection prevention and control.
- Clinical areas were monitored for cleanliness by the facilities team. Cleaning audit scores for the past three months were recorded at 95% or above for all clinic areas.
- Housekeeping staff could be called between scheduled times to carry out additional cleaning, when staff felt it was necessary.
- Nursing staff were responsible for cleaning clinical equipment. We saw that there were checklists in place and completed to provide assurance that this was done.
- The equipment we saw was in good repair and the green labels the trust used to indicate that equipment had been cleaned were in use.
- The staff we observed in the OPD were complying with the trust's policies and guidance on the use of personal protective equipment and were bare below the elbows.
- We observed staff in the main OPD washing their hands in accordance with the guidance published in the Five Moments for Hand Hygiene published by the World Health Organization in 2014.

Environment and equipment

- All mobile electrical equipment we looked at had current Portable Appliance Testing certification.
- All equipment in the OPD had a process for updating and maintaining contracts with external providers for specialist equipment. A register was kept of the contract arrangements.
- From observation in the OPD we saw that there was adequate equipment. Staff told us that there was no problem with the quantity or quality of equipment and replacements were provided when necessary.
- The environment was well maintained.

Medicines

- Medicines were stored in locked cabinets within the department. All medicines were ordered by nursing staff through the hospital's pharmacy.

- The majority of medicines were administered by doctors. When a nurse needed to administer medicines such as analgesia, these would be prescribed by the clinician and recorded on a prescription chart stored in the patient's medical records. The nurse would then sign and date the prescription to confirm that they had administered the medication.
- FP10 prescription pads were stored in a locked cabinet. When clinicians wrote patient prescriptions the OPD kept a log that identified the patient, the doctor prescribing and the serial number of the prescription sheet used. This ensured the safe use of prescription pads.

Records

- The matron told us that the department had experienced some issues with obtaining patients' health records during a recent relocation of the trust's health records storage. However, they said that since the initial problems the supply of health records had improved and was no longer an issue for the department.
- Staff were expected to report it as an incident on each occasion that health records were unavailable for a clinic. They told us that they shared any learning from misfiled notes during staff meetings.
- All of the staff we spoke with confirmed that they would report these types of incidents. When notes had been unavailable, this had been investigated through the reporting system. Records confirmed that although there had been an issue with the availability of health records for a short while during the relocation of medical record storage, these incidents had decreased. In the past three months. There had been eight reported incidents of missing health records across the OPD.
- We spoke with staff from medical records management who told us that they were sometimes tasked with these investigations. They said that although it was not always possible to trace where the notes had been misfiled, if they established a cause this would be passed on to the department's manager for action.
- The OPD had a porter responsible for transporting patient records to and from the department.
- During our inspection we saw that health records and patients' personal information was stored securely in all areas of the OPD.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff did not receive specific training in the Mental Capacity Act and Deprivation of Liberty Safeguards but they told us that it was covered during their safeguarding training.
- The sisters we spoke with demonstrated an understanding of the legislation and their role in this legislation. However, some staff we spoke with had a limited understanding of their role in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- We viewed three consent forms during our inspection, which had been completed correctly by staff.

Safeguarding

- OPD staff were encouraged to contact the safeguarding lead if they had any concerns about patients. Staff assured us they knew who the trust safeguarding lead was and how to contact them.
- Mandatory safeguarding training to level two had been completed by 82.94% of staff working in the OPD, and 86.05% had completed child protection training to level two. Staff were able to talk to us about the insight and knowledge they had gained from this training. They were also able to show us the trust's safeguarding policies on the intranet.
- An OPD sister was able to give us an example of when staff in the department had followed the trust safeguarding policy and made an appropriate referral.
- The matron described to us how the department managed children who were on a child protection plan that did not attend clinic. The computer system known as PAS, alerted staff, who contacted the child's key worker and GP, to report that they had not arrived for a clinic appointment.
- The trust had a chaperone policy that was followed by the OPD staff.
- The trust had a whistleblowing policy that was known to OPD staff we spoke with.

Mandatory training

- Mandatory training records were completed electronically. The system flagged up to staff and managers when mandatory training was required.
- Records showed that 77% of OPD staff had completed fire safety training, 90% had completed health and

safety training, 91% had completed moving and handling training, 88% had completed conflict resolution and 87% had completed information governance training.
- All of the staff we spoke with confirmed that they had received their mandatory training in line with the trust's policy.

Management of deteriorating patients

- Staff we spoke with were aware of their role in a medical emergency. For example, we spoke with a staff nurse who was able to describe their role in an emergency and described how this had worked in a recent medical emergency within their department.
- 83% of OPD staff had received adult resuscitation and life support training within the last year. 86% of nurses in the main OPD had received paediatric life-support training.
- We saw evidence that adult resuscitation equipment stored in the department had been checked regularly by staff. Staff had signed to say that the equipment had been checked, was available and was within its expiry date. We were shown the procedure for checking the resuscitation equipment.

Nursing staffing

- The OPD ran extra clinics on an as needed basis in order to manage the waiting lists. These clinics were staffed mainly by the OPD's regular staff, who were required to work flexibly and to work bank shifts over and above their working hours to accommodate the extra clinics.
- The OPD had accommodated extra clinics by lengthening the working day and opening at weekends. Staff had gone through a consultation period to ensure that their contracts reflected the changes in their working patterns. The matron told us that although this had been difficult for some staff, they had managed to accommodate requests from staff to ensure that they were able to manage the changes in their working conditions.
- The department used regular bank staff to fill spaces in staffing but was reluctant to use agency staff who had not worked in the OPD before, because they would not be trained in the specific competencies needed.
- The matron told us that staff were very accommodating about swapping shifts and working extra bank hours to ensure that clinics were covered by staff with the correct skills. They said, "I am so proud of my staff, they are flexible and drop everything when asked to go and help in another clinic, sometimes even our other hospital site. We manage because of the goodwill of our staff".

Medical staffing

- The medical cover for clinics was arranged within the divisions, who agreed on the numbers of clinics and patient appointment numbers.
- Trust policy states that medical staff should give six weeks' notice of any leave so that clinics could be adjusted in a timely manner. The sisters informed us that most doctors adhered to this policy. They said that if clinics were cancelled at short notice outside of the requirements of the trust's policy, this would be reported through the incident reporting system and investigated by divisional leads.
- None of the staff we spoke with felt that there were any issues with medical cover for clinics.
- The doctors we spoke with told us that they were happy with the support they received from the department.

Major incident awareness and training

- The trust had a major incident plan, which was available to staff on the intranet.
- Staff were able to describe to us their role in a major incident. We saw evidence that the major incident plan was discussed at staff meetings.

Are outpatient and diagnostic imaging services effective?

The department adhered to guidance provided by the National Institute for Health and Care Excellence.

The department ran a continuous patient experience survey, which patients were encouraged to complete following their visit to the department and the results of these surveys were shared with staff and patients.

Staff valued the appraisal process and felt supported to attend training but nearly half of staff were not receiving a local induction and more than half the staff in some clinics had not had a recent appraisal.

The department made relevant referrals to services such as osteoporosis specialist nurses, occupational therapists, orthotics and the psychiatric liaison service, when appropriate.

Outpatients and diagnostic imaging

The department had extended clinic times to weekends and evening clinics. Diagnostic services also ran at weekends to support the clinics.

Evidence-based care and treatment

- National Institute for Health and Care Excellence (NICE) guidance for smoking cessation had been met within the department. The OPD assessed each patient who accessed the service to establish whether they would benefit from a referral to the smoking cessation service. Staff would refer patients to the service if a need was established. We spent time in the walk-in smoking cessation clinic during our inspection. Patients were encouraged to attend weekly and were given advice and smoking cessation aids in order to support them.
- NICE guidelines for macular degeneration had been met in the Ophthalmology OPD. The department had ensured that patients referred into the service had been given optical coherence tomography, had seen the consultant and started on a five-week treatment plan when needed within two weeks of referral.
- NICE guidelines for diabetic macular oedema had been met in the Ophthalmology OPD. The department had also ensured that patients had been seen by the consultant and received diagnostic tests within two weeks of referral.

Patient outcomes

- The OPD ran a continuous patient experience survey, which patients were encouraged to complete following their visit to the department.
- Results of these surveys were shared with staff and patients on display boards within the departments.
- The OPD used these boards to display a 'you said, we did' section, which showed what patients had said and what the department was doing to improve the patient experience.

Competent staff

- Along with mandatory training, staff in the OPD were expected to demonstrate competencies in the areas that they worked in. For example, we were shown competency assessments for clinical nurse specialists working in Ear, Nose and Throat (ENT).
- Staff attended a trust induction followed by a local induction in the OPD on starting work at the service. 55% of staff had attended a local induction in the previous year and 100% of staff had attended the trust's corporate induction. Staff appraisals varied across different areas of outpatients. Staff were expected to receive an annual appraisal. In Eyes and ENT outpatients, none of the staff were up to date with their annual appraisal. In main outpatients, 41% of staff were up to date with their appraisal. In Oral Surgery & Orthodontic OPD, 71% of staff were up to date with appraisals and in Trauma & Orthopaedic OPD 42% of staff had received an appraisal in the past year.
- We spoke with healthcare assistants, staff nurses and sisters, who told us that they valued their annual appraisal and felt that their developmental needs had been recognised and supported through learning.
- Band 6 staff and above were very positive about a professional talent management element that had been applied to their most recent appraisals. This aspect of their appraisal had helped them to understand and develop their training needs as managers, and had encouraged them through training that best suited their skills and talents.

Multidisciplinary working

- The service ran a number of one-stop clinics, where patients were seen by members of the multidisciplinary team in one clinic. For example, we spent time in the micrographic facial surgery clinic during our inspection. In this clinic patients were treated by consultants and specialist nurses, with the support of the hospital's laboratories to ensure that patients' treatments were completed in one day.
- Several samples could be sent to the laboratories several times during the day, to ensure that the correct amount of tissue and all cancerous cells were removed from the patient's face.
- The OPD made relevant referrals to services such as osteoporosis specialist nurses, occupational therapists, orthotics and the psychiatric liaison service, when appropriate.

Seven-day services

- We were told that when the demand for clinics was greater than the clinic appointments available, the trust would create further clinics to absorb the extra appointments needed.
- The OPD had extended clinic times to weekends and evening clinics. Diagnostic services also ran at weekends to support the clinics.
- Three patients told us how pleased they were to be offered an appointment for a Saturday morning.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services caring?

Good

We saw very caring and compassionate care delivered by all grades and disciplines of staff working at the hospital. Staff offered assistance without waiting to be asked. Staff worked hard to ensure patients understood what their appointment and treatment involved.

Compassionate care

- One of the strengths of the service in the OPD was the quality of interaction between staff and patients.
- We watched staff assisting people around the different OPD areas. Staff approached people rather than waiting for requests for assistance, asking people if they needed assistance and pointing people in the right direction.
- We saw staff spending time with people, explaining care pathways and treatment plans. We noticed that staff in the reception area maintained eye contact and squatted or sat so that they were at the same level as the person they were speaking with.
- We observed staff interactions with patients were friendly and welcoming. We saw staff in clinics stop to greet patients that they knew and ask after their well-being. We observed patients who attended clinic regularly had built relationships with the staff who worked there.
- Staff were expected to keep patients informed of waiting times and the reasons for delays. We observed this in all areas of the OPD during our inspection.
- All of the patients we spoke with were complimentary about the way the staff had treated them. One patient said, "I have been here several times and I am very impressed with the place. It's lovely to be able to sit in the café whilst you are waiting, and the staff are always efficient and caring".
- Patients also told us that they had been treated with dignity in the department. One patient told us, "The staff are so polite and helpful, they have always treated me with respect."
- The OPD reception was in the OPD waiting area. The area was busy with patients arriving for appointments. There were signs to prevent people from crowding around the desk. Reception staff told us that when patients arrived for appointments their name, date of birth, address and telephone number were checked with them at this desk. The receptionist told us that as they checked patients' personal information, they ensured that other people stood back so that they could not be overheard. This showed that staff had considered ways to ensure that patients' personal information was protected.
- All of the clinic rooms had privacy signs on the doors. We saw that staff used these signs and always knocked and waited for permission before entering rooms.

Patient understanding and involvement

- We spent time in the department observing interactions between staff and patients.
- All of the patients we spoke with told us that their care was discussed with them in detail, and in a manner that they were able to understand. Patients told us that they felt included in decisions that were made about their care and that their preferences were taken into account.
- There were patient leaflets in each waiting area that provided patients with information about the department, how they could complain, and information on diseases and medical conditions. We saw patients reading this information. When asked, they all said that the information was in a format that they understood.
- The hospital website contained easily accessible information about the OPD and gave patients details about what they could expect at their appointment, along with helpful information and regularly asked questions. The website had links to this information in other languages and easy-read formats.
- Patients could choose to receive a copy of the letter that was sent to their GP, which outlined what had been discussed at their appointment and any treatment options. They did this by completing a consent form available at the reception desk. Most of the patients we spoke with were unaware that they were able to do this. We did not see this service advertised to patients during our inspection.
- We observed the doctors behaving in a friendly and respectful manner towards the patients in their care.
- The service provided chaperones for patients when required. We were told that staff were always available for this.

Outpatients and diagnostic imaging

Emotional support

- The OPD was a calm and well-ordered environment, although at busy times waiting rooms became overcrowded. We saw nurses constantly updating patients on clinic waiting times and checking that patients were comfortable and happy.
- We saw that staff were supporting patients following their appointments by ensuring that they had all the information that they needed along with numbers to call if they had further questions at a later date.
- The clinic had private rooms set aside for patients to use if they had become distressed, or had received upsetting news. Although we did not see these rooms used during our inspection, staff were aware of them and were able to give us examples of when they had been used.

Are outpatient and diagnostic imaging services responsive?

Requires improvement

We found that letters to GPs were not being sent within the five-day period in line with trust policy. On the day of our inspection the majority of medical secretaries were not typing letters within this timeframe.

Follow-up appointments were not being given to patients in a timely manner in the renal service. This could mean that patients were not being monitored safely when a medical need had been identified.

The trust was very responsive when planning the service to meet the needs of local people. Effective consultation allowed the service design to meet the needs of local communities and staff groups. We saw good ownership of the care and treatment delivered by staff of all grades.

A proactive stance was taken in addressing issues that affected care delivery, such as developing a policy to monitor and reduce non-attendance at hospital appointments. In general, resources and facilities were good and met the needs of people attending the department.

Service planning and delivery to meet the needs of local people

- The OPD was purpose-built; the building was well maintained and bright. Mount Vernon Hospital also had plenty of available parking spaces at the time of our inspection. Both patients and staff told us that car parking was not an issue at the hospital.
- Patients arriving for clinic checked in using an automated system or by speaking with receptionists. The automated check-in was available in a variety of languages.
- Patients were given a numbered ticket and then could sit in any area, including a coffee shop. All areas had television screens and a sound system, both of which announced the number of the patient being called through to clinic and the area they needed to go to. All areas were marked clearly with a colour, symbol and number. All of the clinic areas were clearly signposted.
- There was plenty of seating and many patients had chosen to wait for their appointment in the coffee shop.

Access and flow

- We found that letters to GPs were not being sent within the five-day period in line with trust policy. On the day of our inspection the majority of medical secretaries were not typing letters within this timeframe. For example, Oral surgery secretaries were typing letters four to five weeks after patient appointments, the Urology secretaries three weeks after, Ophthalmology had notes waiting from the 19 September with no one available to type the letters because the secretary was on sick leave and had no one to cover her work.
- The Renal secretary was typing letters from 6 August on the day of our inspection in early October, and told us that once typed, letters would take a further week to be signed by the consultant.
- Another medical secretary told us that their consultant took up to a month to sign letters before they were sent out to GPs. This meant that letters were not sent in a timely manner.
- We found that the OPD was accurately monitoring patient pathways at the time of our inspection. The central booking service was consistently able to give patients appointments within the NHS England and Clinical Commissioning Groups regulations 2012, 18-week targets, in most specialities. We were able to see evidence of clear strategies to monitor and maintain systems to ensure that the trust met with these targets.

Outpatients and diagnostic imaging

- The last published referral to treatment waiting times showed that the trust on average treated 96.6% of patients within 18 weeks. The NHS operating standard is 92% of patients.
- A breakdown of these figures showed that some specialities performed better than this, for example Ophthalmology, where 99.4% of patients had completed their pathway within 18 weeks.
- Two specialities were performing slightly below target. Neurology, where 91.5% of patients had completed their pathway within 18 weeks, and Gastroenterology, where 85.5% of patients had completed their pathway within 18 weeks.
- The trust was consistently meeting the two-week wait timescale for patients with urgent conditions such as cancer and heart disease. They were consistently performing above the England average in this area. We were able to see evidence of clear strategies to monitor and maintain systems to ensure that the trust met with these targets.
- When the trust received a referral for an OPD appointment, it was dealt with by the central bookings office. The team in this office had two separate processes for dealing with two week and 18 week referrals. Two week referrals were scanned onto a shared drive to allow consultants immediate access to these referrals. These referrals would be downloaded by the medical secretary and the patient booked into an urgent appointment. Multidisciplinary team coordinators would be involved in this process to ensure that patents were given priority appointments.
- 61.1% of referrals to the trust were made through the choose-and-book system.
- 18 week referrals were managed in paper format, were sorted and then sent to the relevant consultant for triaging based on clinical need. The consultant was given five days to triage and return the referral paperwork to central booking, who then sent a partial booking out to the patient. The patient would then ring into the team who would discuss an appointment date with them and book them into a clinic spot.
- The telephone system in the booking office was automated and staff were able to monitor the number of calls coming in and the length of time they were taking to answer calls. We saw from the statistics that were being constantly monitored by the department's manager that on the afternoon of our inspection the team had already answered 329 calls that day, with an average waiting time of 1 minute 20 seconds to answer a call. The central booking office opened until 8pm three nights a week to allow patients to call outside of working hours.
- The central booking team aimed to have patients booked for their initial appointment within six weeks of their referral to the service. The matron told us that this was to ensure that any follow-up diagnostic tests or admission for inpatient treatment could be completed within the 18 week timeframe. As a result of this the trust had a better than England average for patients seen within six weeks of referral. On average the trust saw half of their patients within five weeks of their referral, with 19 out of 20 patients having treatment commenced in less than 17 weeks after referral.
- If the central booking team were concerned that a patient couldn't be found an appointment within their targets, they would escalate this by following a breach process. The patient would be referred to the Access Booking Choice waiting list management team (ABC coordinators). Each division had ABC coordinators who managed potential waiting time breaches.
- Weekly Elective Performance Meetings chaired by the director of operations were held with representation from all divisions. During these meeting teams discussed the management of waiting lists and made decisions around the extra clinics the trust would run in order to meet the demands of each speciality.
- The trust's new to follow-up ratio was consistently better than the national average. This meant that the trust was able to complete patient pathways within one appointment.
- When follow-up appointments were needed, most specialities were able to book these appointments within the timescale that clinicians requested. Follow-up appointments were booked by the central booking teams in the case of ophthalmology, gastroenterology, rheumatology and urology. The computer system flagged up patients who required a follow-up appointment six weeks before the appointment was due. Automated letters were then sent to the patients, who were required to call the central booking office to arrange their appointment.
- If the central booking office was unable to book patients in for their follow-up appointment within the timeframe needed, they were required to follow a breach process. This meant that the team escalated the issue to the ABC coordinators.

Outpatients and diagnostic imaging

- Some specialities booked their own follow-up appointments outside of the central booking team. This was completed by the medical secretaries for that speciality. Most medical secretaries told us that they were able to book follow-up appointments for patients within the timeframe required.
- However, the medical secretary for the renal service told us that they had problems booking follow-up appointments because there were not enough clinic spaces available. On the day of our inspection they told us that their next available appointment was for February 2015, four months ahead. They told us that they had follow-up required in four weeks and six weeks time that they were unable to book in. They said that if an appointment was an urgent appointment and the clinician agreed, then the clinic would be over booked.
- The chronic pain specialist nurse was the only specialist nurse employed by the trust in their speciality. They told us that they were unable to manage follow-up appointments in a timely manner. They showed us that on the day of our inspection they were booking follow-up appointments for patients in chronic pain for June 2015, eight months ahead.
- The trust had a higher number of patients who did not attend their appointments than the national average. In order to manage this, the trust had made improvements to their appointment reminder service.
- Patients now received an interactive automated call seven days before their appointment when they could change their appointment if they were unable to attend. After this, patients received a text reminder two days before the appointment. This had improved the number who did not attend, reducing from 10% down to 8.2%. To further improve this service the trust was introducing more calls around the seven-day telephone call; this was to ensure that there were more opportunities for this call to be answered.
- The booking centre had just started a new initiative to allow a more interactive service with GPs. The GPs were now offered a hotline number to call the centre direct. They were encouraged to ring this number with any high-priority queries around referrals. GPs were also encouraged to use a clinical queries email address to contact a relevant consultant or team with any clinical questions. Consultants or their teams were required to respond to the GP within 24 hours.
- The OPD audited the time that patients waited to be seen in clinic. The audit was repeated every quarter. We looked at the last two audits, which showed that patients were mostly seen within half an hour of their appointment time. For example, in one audit 266 clinics were audited and of these 197 clinics finished within half an hour of their finish time, with the majority of these finishing on time. In the audit, 27 clinics finished within 31–60 minutes and 42 finished with a delay of over an hour. When we looked at the reason for delays, most were because of consultations taking longer than expected because of their complexity or the wait for diagnostics.
- The OPD audited the number of clinics that were cancelled by the trust. Between September 2013 and September 2014, the OPD planned to run 67,064 routine clinics. Of these clinics, they had actually ran 60,035, with 5427 clinics cancelled with more than six weeks' notice and 1602 being cancelled with less than six weeks' notice. Staff and managers told us that the reasons for the majority of cancellations were for annual leave and training purposes. When doctors did not give the required notice for cancelling clinics, we were told that this would be recorded using the reporting system and investigated.

Meeting people's individual needs

- The OPD was able to access translation services for patients, which were booked by the central booking office at the time the patient's appointment was made.
- The OPD had folders for staff that included information for assisting patients with a learning disability. The information included a variety of communication tools, along with information and spare copies of the hospital passport. Hospital passports were completed at home and bought into hospital to give staff information on the best ways to care for the patient's individual needs.
- Staff ensured that patients who may be distressed or confused by the OPD environment were treated appropriately. Patients with a learning disability or diagnosis of dementia were moved to the front of the clinic list. Once in the department they were given a private room and doctors came to see them in that room (when possible) to avoid them having too many moves around the department. The OPD staff liaised with ambulance transport staff when needed to ensure that this process ran smoothly.
- Central booking clerks told us that if women wanted a female doctor to examine them because of cultural or religious preference, this request would always be

respected. They said that women were always advised to ring on the day of their appointment to ensure that there had been no staff changes for the clinic and that they could be seen by a female doctor.
- Information leaflets were available in different languages on request. The department was also able to access information leaflets in easy-read formats.
- Training in equality diversity and human rights had been taken by 81.53% of OPD staff.

Learning from complaints and concerns

- We discussed complaints with the matron and OPD sisters, who all demonstrated a good understanding of the trust's procedures when dealing with formal complaints.
- We spoke with the patient advice and liaison service, who were able to provide us with a breakdown of concerns that had been raised about the OPD. We looked at 11 concerns. With the exception of one (which was raised as a formal complaint), issues had been dealt with satisfactorily within the department.
- We saw evidence from staff meeting minutes that complaints were discussed with staff during these meetings. Staff we spoke with were able tell us how complaints were discussed and service improvements made as a team.
- We saw examples on noticeboards in the department of how the OPD had listened to patient feedback in patient surveys and had improved the service as a result. When we talked about complaints, staff referred to these examples.

Are outpatient and diagnostic imaging services well-led?

Requires improvement

Medical secretaries consistently told us that they were unable to meet the demands of their workload. As a result GP letters were not being sent within the five-day period in line with trust policy. None of the staff were aware of any plans to make improvements in this area.

Follow-up appointments were not being given to patients in a timely manner in the renal service. This could mean that patients were not being monitored safely where a medical need had been identified. We saw no clear strategies in place to improve the situation in the renal service because the medical secretaries for this speciality told us that they had been struggling with capacity in the renal service for about six years. The service has attempted to address the lack of capacity issues with the employment of an additional consultant which has alleviated pressure on the service by providing an additional 30 slots per week, but further capacity is still required.

Staff in the department were complimentary about the support that they received from their managers. Staff consistently tried to ensure that patient experience in their department was the best that they were able to achieve.

Staff were proud of their department and the care that they gave.

Vision and strategy for this service

- Trust-wide communications were displayed in staff areas for staff to read.
- Staff were all able to discuss their roles and responsibilities confidently.

Governance, risk management and quality measurement

- Outpatients held a monthly clinical governance meeting and produced a monthly governance report, which was used to inform the trust's board and other stakeholders. During the meeting all areas of governance were discussed and reported on, along with any learning or changes to the service. The agenda for this meeting included incident reporting, complaints, training, human resources management, infection control, risks, health and safety, and audit results.
- The OPD used a number of tools to gather the data required to meet with the trust's governance arrangements. Incidents/accidents and near misses were recorded and investigated using the electronic reporting system. The number of incidents and whether they were of a minor, moderate or serious nature were given to the trust's board in the department's governance report.
- The governance report also outlined staff attendance at mandatory training, staff sickness levels, and compliance with department audits, such as the hand hygiene audit.
- The OPD matron was able to confidently describe what was on the department's risk register and how the department was mitigating risk.

Outpatients and diagnostic imaging

Leadership of service

- Medical secretaries consistently told us that they were unable to meet the demands of their workloads. When medical secretaries were off on leave, we were told that their work was not always covered. Although temporary staff were brought in to assist with the workload, secretaries told us that this was not always done consistently and was not always successful because staff were not trained and did not understand the complex medical terminology that was associated with each speciality.
- Follow-up appointments were not being given to patients in a timely manner in the renal service. This could mean that patients were not being monitored safely where a medical need had been identified. We saw no clear strategies in place to improve the situation in the renal service because the medical secretaries for this speciality told us that they had been struggling with capacity in the renal service for about six years.
- Following the inspection the provider informed us that the service has attempted to address the lack of capacity issues with the employment of an additional consultant. This has alleviated pressure on the service by providing an additional 30 slots per week, but further capacity is still required.
- Breaches in all other specialities were managed following clear procedures, which all of the staff we spoke with were aware of.
- The chronic pain specialist nurse was unable to manage follow-up appointments in a timely manner. The nurse was unable to provide us with any clear strategies to improve this service for patients.
- The management of two week and 18 week referrals ensured that the trust consistently met with targets for waiting times. Weekly meetings were held with representatives from all specialities at which patients who might breach waiting times would be discussed and acted on.
- Managers were constantly working to utilise clinic spaces to assist with clearing waiting lists. Sisters explained to us how they saw cancelled clinics as an opportunity to clear other clinic waiting lists. All of the managers we spoke with were enthusiastic about their proactive management of clinic waiting lists.
- Staff were completing electronic records for incidents consistently. This meant that staff were able to learn from trends in incidents or use the data collected to make positive changes to the service.
- Each OPD area held regular team meeting where they discussed learning from complaints and incidents. They used this information to discuss and improve patient experience as a team.
- All of the nursing staff we spoke with were able to describe their individual roles. This was backed up by staff competency assessments that ensured that they both understood and were able to perform their roles to a required standard.
- All of the staff we spoke with told us that they felt supported by the matron and sisters in the OPD.
- Nurse managers also told us that they were in turn supported by their manager. Staff described the department's matron as proactive and supportive.
- We saw staff interacting with their managers and saw that they did this in a relaxed and friendly way. The managers were seen supporting more junior members of staff when it was required.
- Staff we spoke with told us that they felt supported by their managers, particularly during times when the department was busy. One member of staff described an incident to us where their manager had supported them when a patient had become verbally aggressive.

Culture within the service

- Throughout our inspection staff in the OPD were welcoming and happy to interact with us and answer our questions. There was an obvious sense of pride from staff about their department and they were keen to tell us about things that they were doing to improve patient experience.
- All of the staff we spoke with were able to discuss the trust's CARES initiative confidently.
- Throughout our inspection staff consistently gave the message that their main aim was to make the patient's experience through their service as good as it could be. This philosophy was evident in the interactions we witnessed between staff and between staff and patients.

Public and staff engagement

- The OPD ran a quarterly patient satisfaction survey that patients were encouraged to complete either on an electronic tablet or on paper. Each department was required to complete a set number of surveys with patients in order to meet their target.
- The OPD had been piloting a Friends and Family test across nine of its clinics. Because the pilot was coming

to an end, Friends and Family tests were about to be rolled out across all clinics. The results of the Friends and Family test and patient surveys were displayed in clinic areas.

- Noticeboards in OPD areas showed visitors and patients how their comments and complaints had been used by the OPD to improve patient experience of the service.

Innovation, improvement and sustainability

- The department held regular staff meetings where important messages were shared with staff. The staff we spoke with told us that if they felt they could improve the department they would raise this either during these meetings or directly with their department manager.
- The department relied on the goodwill of its staff in being flexible with their shifts and taking on extra hours. This meant that the way that the department was staffed might not be sustainable in the long term.

Outstanding practice and areas for improvement

Outstanding practice

- The nurse practitioners in the Minor Injuries Unit made direct referrals to specialities both internally and externally to the hospital; this included tertiary referrals to specialists such as plastic surgery.
- The effective management of 18 week referral to treatment times for patients.
- Good access to physiotherapy and occupational therapy and good multidisciplinary team working for surgical patients at the hospital.
- Good multidisciplinary team working to support one stop outpatient clinics.
- The trust had a proactive specialist nurse for organ donation.

Areas for improvement

Action the hospital MUST take to improve

- Make sure of the effective operation of systems to enable the trust to identify, assess and manage risks relating to the health, welfare and safety of patients.
- Manage the risks associated with the numerous staffing establishment shortages across the trust.
- Make sure that all staff receive the full suite of mandatory training that is required to manage risks to patient safety.
- Make sure that all staff understand their responsibilities in relation to the trust's systems and processes that exist to safeguard children.
- Make sure agency staff receive an appropriate local induction on to wards.
- Complete venous thromboembolism assessments as appropriate.

Action the hospital SHOULD take to improve

- Review the resourcing of medical secretaries to make sure they can meet patient need and the trust's own targets for sending GP letters.
- Consider implementing the Friends and Family Test for all wards at the hospital.
- Consider whether patient outcomes could be improved through dedicated consultant cover and / or consultant oversight for the Minor Injuries Unit.
- Consider auditing pre-operative starvation to make sure patients are not starved for significantly longer than required.