

University Hospital of South Manchester NHS  
Foundation Trust

# Withington Community 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	Good	
Surgery	Good	
Outpatients and diagnostic imaging	Good	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Withington Hospital is one of two locations providing care as part of University Hospitals of South Manchester NHS Foundation Trust. It provides a range of hospital services in surgery and outpatient and diagnostic imaging services.

We carried out an announced inspection of Withington Hospital on 26-29 January 2016 as part of our comprehensive inspection of University Hospitals of South Manchester NHS Foundation Trust.

Overall, we rated Withington Hospital as 'Good'. We found that services were provided by dedicated, caring staff and patients were treated with dignity and respect. However, improvements were needed to ensure that services were responsive to people's needs.

Our key findings were as follows:

- The trust had infection prevention and control policies in place which were accessible to staff.
- We observed good practices in relation to hand hygiene and 'bare below the elbow' guidance and the appropriate use of personal protective equipment, such as gloves and aprons, while delivering care.
- Staff received training appropriate to their role however uptake of mandatory training could be improved within outpatients and diagnostic imaging.
- Staffing was good across surgical services but there was a high vacancy rate within the outpatients department.
- Care and treatment was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Care was delivered with care and compassion by competent staff who worked together as a multi-disciplinary team to provide a comprehensive service to patients.
- Referral to treatment times across the trust for patients awaiting outpatient care was the same or better than the national standard with the exception of September 2015.

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

In addition the trust should:

In Surgery:

- Offer staff opportunities to develop surgical nursing competency skills.
- Consider having data available to staff on performance at a local level including local audit activity.
- Increase senior management visibility at Withington treatment centre.
- Cascade to staff the local vision and strategy of the service.
- Provide patient feedback at a local level.

In Outpatient and Diagnostic Imaging Services:

- The trust should ensure access to IT (information technology) services is consistent and reliable to facilitate access to Local Rules and policies and procedures online and mandatory e-learning.
- The trust should ensure documentation relating to radiation faults and Medical Physics are accessible electronically.
- The trust should consider fitting a keypad lock to the clean utility room used to store Urografin in radiology.

# Summary of findings

- The trust should maintain a record of the maximum and minimum fridge temperatures for each medication fridge and action should be taken if temperatures fall out of the recommended range.
- Staff should have their learning needs identified through the trusts appraisal process.
- The trust should consistently obtain NHS Family and Friends data in the radiology department.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service Surgery

### Rating Why have we given this rating?

Good



We found that the treatment centre at Withington hospital was delivering good surgical services to patients. Services were safe, with staff knowing the value of reporting incidents in improving patient safety. The assessment of risk was undertaken consistently and was managed by ensuring appropriate patient selection for procedures. There were very low rates of harm, for example, the treatment centre had no infections or pressure ulcers over the past year. The unit was well staffed, with one full-time vacancy. There was a system in place to manage the safe storage of medicines. The treatment centre was visibly clean and tidy in all areas. There was a safe system in place to ensure that all equipment was decontaminated in the appropriate manner and all equipment had been serviced and labelled.

The unit used National Institute for Clinical Excellence (NICE) guidelines to identify appropriate patients to be treated at the centre and adhered to trust policies when delivering care. The service was responsive to the needs of the population. It had considered the changing needs of its population by training members of staff to become dementia champions. It also adapted the way it delivered care to the needs of patients. If patients required extra support from relatives or carers during a procedure, staff supported this happening.

The interactions we observed between patients and staff were compassionate and caring. During interviews with staff, it was clear that staff gave considerable thought to how they could improve care to their patients and could give examples of where this had happened. Staff morale was good and staff turnover was low. The leadership of the treatment centre was of high quality. However, there was no visible leadership beyond the level of the treatment centre level. Staff reported that they did not see senior clinical leaders or trust management at the centre. Staff also reported that they felt isolated from the rest of the trust and perceived there to be few development and learning opportunities for them.

# Summary of findings

## Outpatients and diagnostic imaging

Good



Cleanliness and hygiene was of a high standard throughout the hospital departments we visited and staff followed good practice guidance in relation to the control and prevention of infection.

Patients attending outpatients and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance.

Care was delivered with care and compassion by competent staff who worked together as a multi-disciplinary team to provide a comprehensive service to patients.

Referral to treatment times across the trust for patients awaiting outpatient care was the same or better than the standard with the exception of September 2015.

# Withington Community Hospital

## Detailed findings

### Services we looked at

Surgery; Outpatients and diagnostic imaging

# Detailed findings

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## Background to Withington Community Hospital

We visited Withington Community Hospital on 11 February 2016, as part of our comprehensive inspection of University Hospital of South Manchester NHS Foundation Trust. Withington Hospital carries out a small range of pre-operative assessments and planned surgical services for adults, on a day case basis. These services include urology pre-operative assessment and day case surgery, plastics and orthopaedic day case surgery. Ear, nose and throat (ENT) day case surgery did take place at the treatment centre but had not taken place for the past four months, due to a vacant consultant surgeon post.

Procedures can be carried out using either local or general anaesthetic. The treatment centre also provides some colonoscopy services for a local trust.

Withington Community Hospital offers outpatient services for a range of specialities including dermatology, urology, ear, nose and throat (ENT), diabetes, podiatry, phlebotomy, audiology and therapies.

Withington Community hospital offers a range of diagnostic services to patients including general x-ray, ultrasound, mammography and urological investigations.

## Our inspection team

Our inspection team was led by:

**Chair:** Jenny Leggott

**Inspection Manger (lead):** Lorraine Bolam, Care Quality Commission

The team included two CQC Inspection Managers, one CQC inspector and a variety of specialists including a consultant and nurse practitioner.

We held a listening event on 21 January 2016 which was attended by a number of local people who had experienced the services at the trust.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

The inspection team inspected the following core services at the Withington Hospital:

# Detailed findings

- Outpatients and Diagnostic Imaging Services

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. We interviewed staff and talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We received feedback through focus groups. We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at University Hospitals of South Manchester.

## Facts and data about Withington Community Hospital

Data provided by the trust indicate that 1,000 patients received surgical services from the treatment centre, with 100% of this care being elective day case procedures. From July 2014 to June 2015, urology was the speciality with the largest volume of cases, with this speciality accounting for 67% of the treatment centre procedures. Plastic surgery undertook 17% of procedures and ENT and other unspecified both accounted for less than 10% of procedures.

Hospital episode statistics data (HES) for July 2014 to June 2015 showed that 606,829 outpatient appointments were offered across the trust with 114,277 offered at Withington Community Hospital.

## Our ratings for this hospital

Our ratings for this hospital are:



	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

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



# Surgery

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
<b>Overall</b>	<b>Good</b>	

## Information about the service

We visited Withington Community Hospital on 11 February 2016, as part of our comprehensive inspection of University Hospital of South Manchester NHS Foundation Trust.

Withington Hospital carries out a small range of pre-operative assessments and planned surgical services for adults, on a day case basis. These services include urology pre-operative assessment and day case surgery, plastics and orthopaedic day case surgery. Ear, nose and throat (ENT) day case surgery did take place at the treatment centre but had not taken place for the past four months, due to a vacant consultant surgeon post.

Procedures can be carried out using either local or general anaesthetic. The treatment centre also provides some colonoscopy services for a local trust. We only inspected services that were provided by University Hospital of South Manchester NHS Foundation Trust.

The treatment centre is a small unit based along one corridor and has six consulting rooms, two theatres, one for general anaesthetics and one for minor procedures and two treatment rooms. There is an admissions/discharge lounge, segregated by gender, with access to toilet facilities. There is a recovery area, which has five trolley and two chair areas.

The treatment centre is open Monday to Friday from 07.30 to 18.30. It is staffed by nurses and operating department practitioners. Consultant surgeons and consultant anaesthetists attend on a sessional basis for their own speciality lists.

Data provided by the trust indicate that 1,000 patients received surgical services from the treatment centre, with 100% of this care being elective day case procedures. From July 2014 to June 2015, urology was the speciality with the largest volume of cases, with this speciality accounting for 67% of the treatment centre procedures. Plastic surgery undertook 17% of procedures and ENT and other unspecified both accounted for less than 10% of procedures.

The treatment centre is in the Clinical Support Services Division of the trust management structure.

There were only three patients at the treatment centre during the inspection and we spoke with all three. We spoke with five members of nursing staff from a variety of grades.

# Surgery

## Summary of findings

We found that the treatment centre at Withington hospital was delivering good surgical services to patients. Services were safe, with staff knowing the value of reporting incidents in improving patient safety. The assessment of risk was undertaken consistently and was managed by ensuring appropriate patient selection for procedures. There were very low rates of harm, for example, the treatment centre had no infections or pressure ulcers over the past year. The unit was well staffed, with one full-time vacancy. There was a system in place to manage the safe storage of medicines. The treatment centre was visibly clean and tidy in all areas. There was a safe system in place to ensure that all equipment was decontaminated in the appropriate manner and all equipment had been serviced and labelled.

The unit used National Institute for Clinical Excellence (NICE) guidelines to identify appropriate patients to be treated at the centre and adhered to trust policies when delivering care. The service was responsive to the needs of the population. It had considered the changing needs of its population by training members of staff to become dementia champions. It also adapted the way it delivered care to the needs of patients. If patients required extra support from relatives or carers during a procedure, staff supported this happening.

The interactions we observed between patients and staff were compassionate and caring. During interviews with staff, it was clear that staff gave considerable thought to how they could improve care to their patients and could give examples of where this had happened.

Staff morale was good and staff turnover was low. The leadership of the treatment centre was of high quality. However, there was no visible leadership beyond the level of the treatment centre level. Staff reported that they did not see senior clinical leaders or trust management at the centre. Staff also reported that they felt isolated from the rest of the trust and perceived there to be few development and learning opportunities for them.

## Are surgery services safe?

Good



We found surgical services at the treatment centre to be safe. Staff knew how to report incidents and understood the role of incident reporting in improving patient safety. Staff at the treatment centre followed patient safety procedures and processes, which was illustrated by the averting of a never event by adherence to through admission processes. There was a very low incidence of harm to patients, with only one reported incident causing moderate harm. There were no never events between October 2014 and November 2015 and one serious incident reported on Strategic Executive Information Systems (STEIS).

The practice of assessment and management of risk was fully embedded at the treatment centre. There were strict criteria regarding the identification of patients who were suitable to have their procedure on the unit. Patients were assessed according to these set criteria at the pre-operative process.

The unit was visibly clean and policies and procedures were adhered to for cleanliness and infection control. There were no incidents of hospital-acquired infections in the past year.

The treatment centre displayed information regarding cleaning schedules and hand hygiene audits, which indicated that there was 80% compliance with trust hand hygiene policy in January 2016. Although this appeared low, we were unable to investigate further information about this matter as the treatment centre did not appear in the data sent from the trust.

Medicines were well managed and appropriately stored. Patient records were clear, legible and contained thorough pre-operative assessments and admission assessments. The treatment centre was well staffed and nearly all staff had received their mandatory training.

### Incidents

- The treatment centre reported 25 incidents from October 2014 to November 2015. All apart from one of these incidents caused minor or minimal harm.

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- The treatment centre reported no never events from October 2014 to November 2015. Never events are very serious, wholly preventable, patient safety incidents that should not occur if the relevant preventative measures have been put in place.
- All staff we spoke with understood the importance of incident reporting and had access to appropriate systems. Staff could explain the process of reporting incidents.
- Incidents were fully investigated when required. For example, a serious incident was averted when a patient attending for surgery and had been consented for surgery on the wrong side of the body. Staff identified this when they were undertaking the pre-admission process and following safety protocols. It was reported as a near miss of a never event. A full root cause analysis (RCA) was undertaken and actions put into place.
- The treatment centre had reported one serious incident on the STEIS system over the past 12 months. This involved the potential infection of a staff member when cleaning equipment. An RCA was undertaken and actions were taken to improve the provision of personal protective equipment for staff when dealing with potential infective products.
- The lessons learned from these events were cascaded to all staff at the morning safety huddle. A safety huddle is a meeting between staff, where information was shared relating to patient safety.
- The mortality and morbidity meetings were held as part of individual specialty clinical governance meetings. Treatment centre staff did not attend any clinical governance meetings as these were held at Wythenshawe hospital. This meant that there were reduced the opportunities for shared learning from mistakes made across surgical services.
- Staff understood their responsibilities for Duty of Candour to patients, (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided). Staff were open and honest with patients and their families' when incidents occurred.

## Safety thermometer

- The NHS safety thermometer is a national tool for measuring and monitoring avoidable harm to patients.

The areas which are monitored for the NHS safety thermometer are falls, pressure ulcers, catheter acquired infections and venous thromboembolism (VTE) known as blood clots.

- The treatment centre monitored this information but did not publicly display it.
- Over the past 12 months there were no falls, no pressure ulcers and no catheter acquired infections. Risk assessments for VTE were routinely carried out as part of the pre-operative assessment process and every patient wore surgical stockings. There were no VTEs over the past year.

## Cleanliness, infection control and hygiene

- The treatment centre had systems in place to manage cleanliness and regularly monitored adherence to these systems. All the areas we inspected were visibly clean and tidy. The treatment centre prominently displayed evidence relating to regular audits of cleanliness and hand hygiene. Eighty per cent of staff were found to be adhering to trust hand hygiene policy for the month of January. However, data provided by the trust indicated that in previous months there was between 98-100% compliance with trust policy.
- There were no incidents of Methicillin resistant staphylococcus aureus (MRSA) bacteraemia or Clostridium difficile infections (C.diff) identified from October 2014 to November 2015.
- The treatment centre undertook an assessment of MRSA status for each patient as part of their pre-operative assessment. If a patient was found to have MRSA, they were referred back to their GP for treatment and only re-referred to the treatment centre when treatment was successful.
- There was adequate access to handwashing facilities and alcohol gels.
- Personal protective equipment was available for staff to use such as gloves and aprons. The treatment centre had recently made visors available to staff dealing with potentially infective products.
- There was a decontamination room which was segregated and had separate dirty and clean areas. There was a system in place for decontaminating equipment, which included a clear track and tracing system, for all equipment going through the

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decontamination process. This system included the regular cleaning of all washing equipment. All decontaminated equipment was stored according to date and used by the recommended date.

## Environment and equipment

- Equipment across the treatment centre was visibly clean and adequately maintained. All equipment that we looked at was had been serviced, and was labelled with the date of service and due date for service. Where appropriate, equipment was marked with “I Am Clean” stickers and dated.
- All standard theatre packs were in date and were checked before taking them out of store. Staff checked the availability of theatre packs against the operating list and identified any non-standard packs required, which they were able to obtain easily. Staff told us that they had access to all equipment that they required. If they required unusual equipment for a particular procedure, they were able to obtain it without difficulty.
- Resuscitation trolleys were in place, one of these was in recovery area. Records indicated that it was checked on a daily basis. The defibrillation machine was also calibrated daily.
- There were separate clean and dirty utility rooms, which were clean, tidy and free from clutter. Dirty linen and clinical waste was stored away from public areas and cleared on a daily basis.

## Medicines

- There was a system in place to ensure the safe storage of all medicines. This system was monitored on a daily basis, in accordance with trust policy. Medicines were stored securely in a locked cupboard, behind a locked door. Intravenous fluids were also stored behind a locked door.
- Controlled drugs were stored according to requirements, in a metal cupboard, which was double locked. All drugs that were checked were in date.
- The fridge where drugs were stored, complied with all safe storage requirements. A fridge thermometer was prominently displayed and in full working order. The temperature of the fridge was monitored and there were procedures in place to act upon results.
- Medical gases were stored in a safe manner and were secured onto a stand by means of a chain.

## Records

- We reviewed four sets of medical notes. We found that all the notes reviewed were clear, legible, signed and up to date.
- Medical notes contained detailed pre-operative assessments, and assessments made on the day of procedure. They also contained a note of consent on a standard form, two safer surgery checklists and a discharge checklist
- Medical notes were stored safely, away from public areas.

## Safeguarding

- The trust had policies and systems in place to safeguard children and adults. Staff at the treatment centre understood how to access these policies and identify those at risk.
- There was a trust wide safeguarding team and when asked staff knew how to access this team.
- Ninety per cent of nursing staff attended level one and two safeguarding for children.
- Seventy per cent of other staff had completed level two safeguarding training for adults.

## Mandatory training

- Over 95% of all staff at the treatment centre had completed their mandatory training.
- Staff received mandatory training on a rolling annual programme. The mandatory training was in areas such as moving and handling, fire safety, conflict resolution and dementia awareness.

## Assessing and responding to patient risk

- Medical and nursing staff had developed written criteria, identifying those patients suitable for treatment at the day case facility. This criteria was set in accordance with the recognised risks by anaesthetists. Patients were risk assessed in line with these criteria. If patients were identified as having health conditions that breached these criteria, they were assessed as having too higher risk to have their procedure at the treatment centre and were treated at Wythenshawe hospital.
- Patients were also assessed for risk according to their body mass index (BMI). Patients with a BMI higher than 30 were referred to the anaesthetist for further assessment of clinical needs.
- There was no supporting medical input on the treatment centre and the assessment and management of deteriorating patients was managed by nursing staff.

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All patients were observed in recovery for two hours and if they showed signs of not being fit for discharge they were transferred to the appropriate ward at Wythenshawe hospital.

- There were systems and procedures in place to respond to any patient having a medical emergency. There had been two cardiac arrests at the unit since it opened in 2005. All qualified staff on the treatment centre were trained in intermediate life support and support staff were trained in basic life support. If any patient had a medical emergency, staff would call an ambulance via an internal number and administer life support.
- Safer Surgery checklists were carried out before a patient enters theatre and then when the patient was in theatre. This was in line with World Health Organisation (WHO) Safer Surgery guidelines.
- The trust audited the treatment centre performance for completion of the WHO Safer Surgery checklists and there was 100% compliance with implementation of the checklist.

## Nursing staffing

- The treatment centre was staffed with qualified nurses, assistant practitioners and operating department practitioners. There were procedures and systems in place to monitor and assess skill mix and a daily and six monthly basis.
- Turnover of staff was low, with many staff being on the unit for over five years. There was one frozen band six vacancy and 17 hours of a band five vacancy.

## Surgical staffing

- The operating policy for the treatment centre required the presence of a consultant anaesthetist and a speciality consultant surgeon. If either of these staff were unable to attend for any reason, the surgical list would not take place. A strict adherence to this policy was observed because of the lack of medical support available to the treatment centre from the wider Withington hospital.
- The consultant and anaesthetist were available throughout the recovery period.

## Major Incident

- The trust had a major incident policy, which was available for all staff on the trust intranet. Staff understood how to access this policy.

## Are surgery services effective?

Good



The criteria for the treatment centre followed NICE guidelines. The pre-operative assessments that were carried out were those recommended by NICE for day case intermediate level patients. Staff adhered to local policies and procedures. Patient readmission rates were very low compared to the England average. Patients' pain was assessed pre-operatively and post-operatively. In the event that patients experienced unanticipated pain, anaesthetists were able to prescribe pain relief. All staff appropriately obtained consent to all procedures and staff demonstrated a good understanding of the complex issues involved in obtaining consent from a wide variety of patient groups.

Almost all staff had received an appraisal in the past 12 months. However, staff reported that they felt there was a lack of training opportunities offered to treatment centre staff. They also reported that they were isolated from the rest of the trust on the Wythenshawe site.

## Evidence-based care and treatment

- The operating standards at the treatment centre were in line with NICE guidelines. Patients were selected for treatment in line with NICE guidelines for day surgery and all pre-operative assessments were in accordance with NICE guidelines.
- Staff in the treatment centre adhered to local policies and procedure where appropriate to their case mix. Examples of this adherence were seen in how consent was obtained, VTE assessments and MRSA status identification.
- A surgical trust audit programme was in place with monitoring arrangements; however it was unclear what audit activity was taking place locally at the treatment centre.

## Pain relief

- Pain requirements were assessed pre-operatively and if pain was anticipated to minor, patients' normal pain relief was administered after the procedure.

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- Patients' pain was assessed post-operatively, using a pain scoring tool. If patients were identified as requiring more pain relief than had been anticipated, an anaesthetist would prescribe analgesia.

## Nutrition and hydration

- Patients were in the treatment centre for a very short period of time and did not require nutrition and hydration assessment. After patients left recovery and sat in the discharge lounge they were given tea and biscuits.

## Patient outcomes

- The relative risk of readmission at the treatment centre was much better than the England average because of the less complicated case mix. The England average for relative risk of readmission was 100%, the treatment centre risk of readmission for all causes was 42%.

## Competent staff

- Almost 100% of staff had received their appraisals for 2015.
- Staff reported that there were few training opportunities offered to them and that they felt isolated from other surgical staff in the trust.
- Staff from the treatment centre did not attend speciality clinical governance meetings and were unclear how key messages were cascaded, however agreed that the safety huddle was used to provide a forum to share information.
- As the treatment centre dealt with minor procedures staff reported that more acute surgical skills were quickly lost.

## Seven-day services

- The treatment centre provided services Monday to Friday. The treatment centre did open on Saturdays for waiting list initiatives on an ad hoc basis.

## Multidisciplinary Working

- There was a small team at the treatment centre, comprising of nurses, operating department practitioners, consultant surgeons and consultant anaesthetists. The team worked cohesively together and staff reported that all parts of the team worked well together.

## Access to information

- Staff reported that they had all the information they required to deliver services to patients. Staff reported that, in general, patients' notes appeared at the appropriate time, but on some occasions their patients had attended for either their pre-operative assessment or procedure and their notes had not been brought to the treatment centre. On these occasions staff would have to go and find these records before treatment could commence.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguard

- Patient consent to procedures was obtained over the pre-operative assessment and pre-admission process. A standard trust consent document was used to obtain consent. This document contained the risks and benefits of the procedure. In the notes we examined consent was documented.
- Staff demonstrated a good understanding of consent. An example of this was when a patient who had not been identified as lacking capacity through the pre-operative processes, retracted consent on admission to the operating theatre. The procedure was stopped and re-listed for another day.
- Staff understood the procedure to be instigated to obtain consent from a person who was deemed as not having capacity.

## Are surgery services caring?

Good



When we visited the treatment centre we observed staff interacting with three patients. All staff interactions we observed were positive and caring. Feedback about the treatment centre on the trust website was very positive and this was supported by the three patients we spoke with, one of whom had attended the centre previously. The treatment centre had no complaints during the last year.

Staff involved patients' relatives during procedures if patients' well-being required this support.

## Compassionate care

- Staff interacted with patients in a positive, respectful and caring manner.

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- No information was given for the results of the family and friends for the treatment centre. However, positive feedback from patients of the centre was on the trust website. This feedback indicated that patients' experience of the treatment centre was very positive, which accords with the fact that the unit did not have any complaints last year.

## Understanding and involvement of patients and those close to them

- Staff reported how they involved relatives in the treatment of patients with dementia. Staff found a quiet part of the unit where relatives could accompany the patient when waiting for their procedure and during the recovery process. If patients were having a local anaesthetic the relatives were able to accompany them during the procedure to reduce any anxiety.
- Staff provided emotional support for relatives and patients if they required it. If patients were anxious, they spend longer with the patient.

## Emotional Support

- Patients individual needs including emotional support were assessed in the pre-operative clinic and on the day of surgery.
- Patients told us they had been involved in their treatment options and were aware of the plan of care in place for treatment.

## Are surgery services responsive?

Good



The treatment centre was responsive to the needs of patients. Staff had identified that its population was changing and there were more people with dementia using its services. In response to the changing needs it had trained staff to be dementia champions. Staff were able to adapt the services delivered to particular needs of the patient using the service. Translation services were available for those patients who did not speak English. Staff adapted the admission and discharge processes to meet the needs of patients with dementia.

Access to and flow through the service was well-organised. There were well-organised admission and discharge procedures designed to meet the needs of the population

using the service. Cancellations were only made when medical staff were not available. Although the treatment centre had no complaints during the previous 12 months, it used patient feedback to adapt and improve the services it delivered.

## Service planning and delivery to meet the needs of local people

- The treatment was responsive to the changing needs of the population. Staff had identified that its target population was changing and that the unit was dealing with an increase in patients with dementia. The service had responded to this changing population by training staff to be dementia champions.
- The unit considered the changing needs of the population and evaluated increasing its day case capacity. Service re-design was limited due to the physical limitations of the unit, in terms of limited space for admissions, discharges and recovery areas. The medical support that was available for the unit also placed limitations on the case mix that was suitable to the treated at the treatment centre.

## Access and flow

- There was a smooth flow of patients through the treatment centre, with admission and discharge processes being well organised and implemented.
- The average length of stay for elective procedures was lower than the national average.
- Patients attended at pre-arranged times for, staggered appointments, on the day of their procedure. Once they had undergone their procedure and recovered they returned to their place of residence. In the rare event that a patient was too unwell to return home they were transferred to the appropriate ward at Wythenshawe hospital.
- There was no data provided for cancelled operations for the treatment centre. It was reported to us that a clinic was cancelled in the past two weeks because a consultant was on annual leave.

## Meeting people's individual needs

- Staff considered and responded to patient's individual needs when providing services at the treatment centre.

# Surgery

- If patients did not speak English, staff were able to request interpreter services. The trust had a policy of not asking relatives to interpret for patients who could not speak English and this was adhered to in the treatment centre.
- An example of staff responding to individual patient needs was when a patient who was deaf attended the unit, staff ensured that signing support was available throughout the whole process, including the procedure and when in recovery.
- Staff were particularly concerned that they meet the individual needs of patients with dementia. They had investigated the possibility of purchasing specially developed equipment designed for people with dementia to handle with the aim of reducing anxiety. Staff considered that this would reduce the anxiety of patients waiting for their procedure.

## Learning from complaints and concerns

- Although the treatment centre received no complaints during the past 12 months, staff demonstrated that they did respond to feedback. A patient who was particularly anxious suggested that staff provided colouring cards to distract patients waiting for their procedures. Staff had done this and reported that it was well-received by patients.

## Are surgery services well-led?

Good



The treatment centre at Withington hospital was well led. There was a small team at the treatment centre, but morale was very positive. The treatment centre manager identified risks and fed these risks to her manager. There was a positive culture that focussed on the needs of patients. Staff were keen that the unit capacity should be fully utilised, but were unclear how any future developments were in line with trust developments.

Staff felt isolated from the rest of the trust. This was supported by the fact that senior trust management and clinical leaders did not visit the trust on a regular basis.

## Vision and strategy for this service

- There was no clear strategy for the future of the treatment centre. The treatment centre provided capacity for less invasive day case surgery which

supported access and flow in the trust, however there was not clear strategy was in place to improve underutilisation. However, any further developments appeared limited by the capacity of the unit's pre-admission and discharge facilities.

- Staff reported experiencing uncertainty regarding the future of the unit and how it would develop.

## Governance, risk management and quality measurement

- The treatment centre was part of the clinical services support division. A matron, who was over theatres on a different site, provided clinical leadership. Risks were identified and placed on the risk register and the quality of the service
- The staff reported that it was difficult to find performance data for the treatment centre and there was no consistency where the data was stored.
- Staff from the treatment centre did not attend clinical governance meeting for either their division or for surgical specialities.

## Leadership of service

- The treatment centre was part of the clinical services support division. There was good leadership of the service on site, with all policies being adhered to and quality indicators being monitored as required. However, there appeared to be a gap between leadership of the service and a higher level of clinical and divisional leadership.
- All staff that we spoke with reported that the matron with responsibility did not visit on a regular basis, although she was available for advice via the telephone. Executive Directors were not visible at the treatment centre, but staff had raised this previously and one director had held engagement sessions at Withington hospital, which was appreciated by staff.

## Culture within the service

- There was a positive and forward-looking culture at the treatment centre. Staff were eager to be involved in service developments. There was an atmosphere of collaboration and staff were happy to be working at the treatment centre. All staff felt they were supported by their line managers within the treatment centre.
- Staff expressed concern at the lack of development opportunities. They also expressed that they felt isolated from the wider trust and wanted to be more



# Surgery

involved with it. Staff also expressed concern at what they saw the unpredictability of the services they offered. They reported that ENT and plastics had cancelled their sessions and treatment centre staff were unaware of whether these sessions would be re-established or whether they had stopped permanently. The cancelling of ENT list was corroborated by senior divisional manager for scheduled care, because of the vacant post.

## Public engagement

- Staff listened to patients and relatives views of the service and were keen to include them in any service improvements. We were given examples by staff of changes that had been made because of patient feedback.
- The trust patient experience team collated patient feedback for services and fed back to staff using a variety of methods including a patient experience newsletter which identified themes across the trust and some service specific data. At the time of this inspection there was not service specific data for Withington treatment centre.

## Staff engagement






- The views of staff at the treatment centre were sought out during the morning safety huddle and key information was given to staff. Staff reported that they were happy to give their views about the treatment centre and that they were listened to by their manager.

- Results of the 2015 NHS Staff Survey showed the trust scored higher than the national average for acute trusts for effective team working and this reflected what staff told us on the unit.
- The trust had undertaken local staff surveys at set points in the year reflecting the national NHS Friends and Family test ratings. Data available showed that in June 2015, staff from clinical support services of which this service was involved, showed that 83% of staff would recommend the service as a place to be treated.
- Survey results showed 56% of clinical support services would recommend the service as a place to work. A comprehensive action plan was in place with monitoring arrangements which demonstrated improvements in communication of key messages though the service and increase visibility of senior staff from the organisation, however staff we spoke to were not aware of this.

## Innovation, improvement and sustainability

- The staff at the treatment centre were keen to improve the utilisation of theatres. However, although there was spare capacity in theatres, there was limited capacity in the admission lounge and recovery. Any substantial increase in theatre capacity would require additional nursing staff. A change in case mix would require a review of medical staffing levels.

# Outpatients and diagnostic imaging

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

## Information about the service

A range of outpatient and diagnostic services are provided by University Hospital of South Manchester NHS foundation Trust at Wythenshawe Hospital and Withington Hospital. A number of outpatient appointments are also offered at community locations.

The diagnostic imaging department at Withington Community Hospital is located on the ground floor and outpatient clinics are held on both the ground floor and first floor of the building.

Hospital episode statistics data (HES) for July 2014 to June 2015 showed that 606,829 outpatient appointments were offered across the trust with 114,277 offered at Withington Community Hospital.

Withington Community Hospital offers outpatient services for a range of specialities including dermatology, urology, ear, nose and throat (ENT), diabetes, podiatry, phlebotomy, audiology and therapies.

Withington Community hospital offers a range of diagnostic services to patients including general x-ray, ultrasound, mammography and urological investigations.

We visited Withington Community Hospital as part of a comprehensive inspection of the trust between the 26 and 29 January 2016 and inspected a number of outpatient and diagnostic services including radiology, physiotherapy, dermatology, phlebotomy and urology.

We spoke with eight patients and 14 staff including nursing, medical, allied health professionals and managers. We received comments from people who contacted us about their experiences. We also reviewed the trust's performance data and looked at six individual care records.

# Outpatients and diagnostic imaging

## Summary of findings

The overall rating for this service was good, with some areas requiring improvement.

Staff we spoke with knew how to report incidents and radiation incidents were reported internally and externally as required.

Cleanliness and hygiene was of a high standard throughout the hospital departments we visited and staff followed good practice guidance in relation to the control and prevention of infection.

Maintenance contracts were in place to ensure specialist equipment was serviced regularly and faults repaired and we saw evidence of quality assurance for diagnostic equipment.

Patients attending outpatients and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance

Care was delivered with care and compassion by competent staff who worked well together as a multi-disciplinary team to provide a comprehensive service to patients.

Between September 2015 and January 2016 the number of patients who waited longer than six weeks for non-urgent radiological investigations ranged from 0.8% to 1.7%.

Managers had a good knowledge of performance in their areas and quality and performance was monitored. Staff said local managers were supportive and they felt part of the trust.

Difficulties with information technology (IT) were raised by staff in the outpatients and diagnostics departments and staff reported challenges had been experienced with paper x-ray requests resulting in delays to patients in the radiology department.

Referral to treatment rates across the trust for patients awaiting outpatient care was below the national standard between September 2015 and January 2016.

Between June 2015 and September 2015 the proportion of radiological investigations reported on across the trust within 10 days ranged from 68% to 75.5%.

## Are outpatient and diagnostic imaging services safe?

Good



Cleanliness and hygiene was of a good standard throughout the areas we visited and staff followed good practice in relation to the control and prevention of infection. Equipment was identified as clean by the use of 'I am clean stickers' across the departments we visited.

Maintenance contracts were in place to ensure specialist equipment was serviced regularly and faults repaired and we saw evidence of quality assurance for diagnostic equipment.

Medication was stored safely in the outpatients department. Records we reviewed were of a good standard. Staff were aware of their role in relation to safeguarding and knew how to raise matters of concern appropriately.

Three nurse vacancies were reported in outpatients during our inspection; however recruitment was in progress.

### Incidents

- There were six serious incidents reported by the trust relating to outpatients and diagnostic imaging between August 2014 and July 2015, one of which was classed as a never event. Never events are very serious, wholly preventable, patient safety incidents that should not occur if the relevant preventative measures have been put in place. All serious incidents were investigated using a root cause analysis approach and of the four we reviewed all documented high level action plans and evidence of shared learning.
- Specific information for Withington Community Hospital was not available; however data from across the trust showed there were 19 recorded radiation incidents across the trust between 20 January 2015 and 28 December 2015. Minutes from Radiation Protection Committee Meetings from June 2015 and January 2016 indicated incidents were reported internally and externally as required.
- Incidents were reported using an electronic reporting system. Staff we spoke with knew how to report incidents; however stated that they did not always receive feedback.

# Outpatients and diagnostic imaging

- Bi-monthly clinical governance meetings were held in radiology for staff to share lessons learned following incidents and staff reported receiving a monthly governance newsletter.
- Staff across outpatients and diagnostics were familiar with the term ‘Duty of Candour’ (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided) and patients and relatives had been informed of incidents which had involved them.

## Cleanliness, infection control and hygiene

- All the areas we visited were visibly clean and tidy. Policies and procedures for the prevention and control of infection were in place and staff adhered to “bare below the elbow” guidelines. Hand gel was readily available in all clinical areas and we observed staff using it.
- We looked at cleaning checklists in diagnostic imaging rooms and these had been completed daily however evidence was only available for the week prior to our inspection. No checklists were visible in the outpatient areas.
- ‘I am clean stickers’ were placed on equipment to inform staff at a glance that equipment had been cleaned.
- Arrangements were in place for the handling, storage and disposal of clinical waste. Sharps bins were noted to have been signed and dated when assembled.
- Staff in radiology could describe the process when patients attended with suspected communicable diseases or requiring isolation including the use of protective equipment and scanning patients at the end of the list if possible.
- Hand hygiene audits were completed monthly across radiology and outpatients and records indicated that, between May and October 2015, the outpatients department at Withington Hospital consistently scored 100% for hand hygiene compliance, availability of hand wash and hand gel and cleanliness of patient shared equipment.
- The trust performed better than the England average for cleanliness in the patient-led assessments of the care environment (PLACE) audits for 2013, 2014 and 2015.

## Environment and equipment

- The hospital had two general x-ray rooms and one screening room.
- Local rules were held both on paper in the central working area and electronically.
- Maintenance contracts were in place to ensure specialist equipment was serviced regularly and faults repaired and we saw evidence of quality assurance for diagnostic equipment.
- Portable appliance testing (PAT) was in use across outpatients and diagnostics and the equipment we reviewed had stickers that indicated testing had been completed and was in date.
- Clear signage and safety warning lights were in place in the x-ray departments to warn people about potential radiation exposure.
- Radiology staff were observed wearing dosimeters to monitor occupational exposure to radiation. This is a device that measures the amount of radiation a person has been exposed to.
- Personal protective equipment was available; this was cleaned before and after a session.
- Emergency resuscitation equipment was in place, trolleys we reviewed were visibly clean, well stocked and checklists completed.

## Medicines

- All drugs in outpatients were found to be in date and medicines were stored securely in locked cupboards or refrigerators as appropriate and in line with legislation.
- Urografin dye used for urological investigations was stored in a locked cupboard in the clean utility room in radiology; however the room did not have a keypad lock.
- No controlled drugs were stored in either radiology or the outpatients department.
- Refrigerator temperatures were recorded daily; however this did not include the maximum and minimum range which was against the trust policy. Temperature readings of refrigerators that store medicines and vaccines should be between two and eight degrees and any deviations and corrective action should be recorded.
- Prescription pads were stored securely and usage tracked.

## Records

- Availability of medical records for outpatients clinics across the trust was audited and data from the trust

# Outpatients and diagnostic imaging

showed that in August 2015, 11.6% of records were unavailable one day before clinic and in September 2015, 11% of records were unavailable one day before clinic. Staff told us that appointments were not cancelled due to unavailability of records.

- Staff reported that if medical records were unavailable, previous letters could be accessed to allow consultations to continue and patients could be brought back to the next available appointment if needed.
- Managers told us that work was in progress to improve the process of preparing records for outpatients clinics and improve record availability.
- We reviewed six sets of patient records in the outpatients department. In all records patient identification details were present on all pages, entries were signed, dated and had the designation of the documenting professional. Care plans were present as appropriate.

## Safeguarding

- Safeguarding policies and procedures were in place across the trust. These were available electronically for staff to refer to. Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- Staff described a recent case involving a possible non-accidental injury and the actions taken.
- The trust target for completion of safeguarding training was 85%. Staff in the outpatients department at Withington Hospital achieved 89% compliance for level one safeguarding training and 93% for level two safeguarding training. Training figures for radiography could not be disaggregated; however compliance rates for general x-ray, breast screeners and ultrasound across the trust was 94% for safeguarding level one training and 83% for safeguarding level two training.
- Training rates for safeguarding adults level one and two training was 85% for outpatients at Withington Hospital and 91% for general x-ray, breast screeners and ultrasound staff across the trust.
- Safety procedures were observed in radiology to ensure the right patient got the right scan at the right time. Staff in radiology were observed obtaining name, address and date of birth of patients which relates to the 'know your patient' initiative as well as a requirement of the Ionising (Medical Exposure) Regulations (IR(ME)R 2000).

## Mandatory training

- Mandatory training was available via on-line courses as well as face to face and included subjects such as infection control, fire safety, equality and diversity and dementia awareness.
- Staff reported difficulties accessing online training due to IT issues.
- The trust target for mandatory training was 85% and data from the trust indicated training rates for staff within outpatient clinics at Withington Hospital was 84%. Training figures for radiography could not be disaggregated however compliance rates for general x-ray, breast screeners and ultrasound staff across the trust was 84%.

## Assessing and responding to patient risk

- Staff could identify the Radiation Protection Advisor and how to obtain Medical Physics support.
- Radiation faults and Medical Physics documents were kept in paper format however work was in progress to make everything accessible electronically.
- A Radiation Protection Supervisor (RPS) was identified in the department and although unable to attend all RPS meetings, received all meeting minutes.
- Staff were able to describe the procedure if a patient became unwell in their department including calling the crash team and an ambulance if the patient needed to attend accident and emergency at Wythenshawe Hospital.

## Nursing staffing

- Outpatient clinics were staffed by a combination of specialist and outpatient nurses and the band seven outpatient manager and a band six staff nurse worked across both Wythenshawe and Withington Hospital sites.
- Outpatient nurse staffing was planned in advance to manage the workload; however an outpatient planner was being developed to review clinic utilisation and nurse staffing. This was to allow performance information to inform future planning.
- At the time of our inspection there were three nurse vacancies within the outpatients department and recruitment was in progress. Staff reported that recruitment had taken place; however the nurses

# Outpatients and diagnostic imaging

appointed had commenced employment elsewhere. Existing staff worked additional hours to cover the workload and the trust employed regular agency nurses who knew the department.

## Medical staffing

- There was a sufficient number of medical staff to support outpatient services. We found that the majority of clinics were covered by consultants and their medical teams.
- The radiology department had no onsite radiologist; however the duty radiologist at Wythenshawe Hospital could view images electronically and provide support.
- The radiology department was staffed by three part-time radiographers with support from radiology colleagues at Wythenshawe Hospital if required.

## Major incident awareness and training

- Staff were aware of the trust's major incident policy which listed key risks that could affect the provision of care and treatment.

## Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Patients attending outpatients and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance.

Staff worked well together in a multi-disciplinary environment to meet patients' needs. Specialist nurses were available in some outpatient areas and staff were competent to perform their roles.

Information relating to a patient's health and treatment was available from relevant sources before a clinic appointment and staff had regional access to previous x-ray images. Information was shared with the patient's GP following hospital attendance to ensure continuity of care.

Only 50% of radiology staff at Withington hospital had received an appraisal as at January 2016.

Difficulties with information technology (IT) was raised by staff in the outpatients and diagnostics departments.

## Evidence-based care and treatment

- Care and treatment within the outpatient and diagnostic imaging department was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Audits of compliance with Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) were completed and Radiation Protection Committee meetings were held twice a year to monitor radiation safety throughout the trust.
- We observed minutes from Radiation Protection Committee meetings and the action plan for 2015/16 detailing current progress.
- Diagnostic reference levels (DRL's) audits took place to ensure patients were being exposed to the correct amount of radiation for an effective, but safe scan for each body part.

## Pain relief

- There was no access to analgesia in radiology; however a pharmacy was situated at the front of the hospital for patients to obtain over the counter medicines.

## Patient outcomes

- The rate of follow up appointments in relation to new appointments at Withington Hospital was 55% which was the same as the England average between July 2014 and June 2015.
- Discrepancy meetings were held in radiology. The purpose of the meetings was to facilitate collective learning from radiology discrepancies and errors and therefore improve patient outcomes and safety.
- The radiology department was involved in national benchmarking. This allowed the service to identify best practice and continuously improve by comparing performance with other similar services.
- The therapies department were working with a national university to develop programmes to treat complex rehabilitation patients. Proposals written by therapists were discussed and developed with the university who monitored outcomes.

## Competent staff

- Competency assessments and mentoring were in place for new staff in the outpatients department.
- Staff identified their training needs through the trust appraisal process and data from the trust indicated that

# Outpatients and diagnostic imaging

75% of nurses and 100% of administration staff in outpatients at Withington Hospital had received an appraisal as at November 2015. However only 50% of radiology staff at Withington hospital had received an appraisal as at January 2016.

- Staff reported they had received training opportunities and were supported to develop by the trust.
- Managers described how they managed poor performance including the provision of mentoring and one to one support.

## Multidisciplinary working

- The diagnostic imaging and outpatients departments were staffed by a range of professionals who worked together as a multi-disciplinary team to provide a comprehensive service to patients. For example care delivered in diabetic clinic involved podiatrists and dieticians as well as doctors and specialist nurses.
- Specialist nurses delivered a variety of clinics and nurse-led clinics were held in dermatology for patients attending follow up appointments.
- Letters were sent from the outpatients department to patient's GPs to provide a summary of the consultation and radiology results were sent electronically or faxed.

## Seven-day services

- Radiology services were available Monday to Friday between the hours of 9am and 5pm.
- There were no regular outpatient clinics offered at weekends.

## Access to information

- The radiology department used a nationally recognised system to report and store patient images. The system was used across the trust and allowed local and regional access to images.
- Previous images could be viewed by staff and some GP's were linked to the IT system allowing for prompt access to images.
- Staff experienced difficulties accessing the shared drive on the computer system on occasion which meant they were not always able to access local rules, policies and procedures from the trusts intranet. This was not recorded on the risk register.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff in outpatients and diagnostic imaging worked on the principle of implied consent.
- If written consent was required for more complex procedures this was obtained in outpatient clinics by medical staff.

## Are outpatient and diagnostic imaging services caring?

Good

Outpatient and diagnostic services were delivered by caring, committed and compassionate staff. We observed how staff interacted with patients and their families and found them to be polite, friendly and helpful.

The patients we spoke with were positive about the way staff looked after them. The trust had a number of clinical nurse specialists available for patients and their families to talk to about their condition.

## Compassionate care

- Patients and relatives told us that staff were caring and friendly.
- We witnessed reception and nursing staff being polite and helpful and staff treating patients with dignity and respect.
- We spoke with patients who told us "everybody from the reception staff to the nursing staff had been nice", that "the service overall is great" and they were seen on time.
- Nurses in outpatients acted as a chaperone for any patient requiring a physical examination.
- Results from August 2015 to December 2015 consistently indicated that over 96% of patients were likely or extremely likely to recommend outpatient services to friends and family. In September 2015 and October 2015 when results were available for Withington radiology department, 100% of respondents said they were likely or extremely likely to recommend the service to friends and family.

## Understanding and involvement of patients and those close to them

- Patients were informed following diagnostic investigations when they should contact their GP for results.

# Outpatients and diagnostic imaging

- Two of the three patients we spoke with attending outpatient clinics who had previously undergone investigations were informed when the results would be available.
- Patients were informed when their next appointment would be; however one patient was advised they would receive a copy of the consultation letter sent to the GP but this had not been received.

## Emotional support

- Patients told us they were involved in their treatment options and were aware of the care plan in place.
- The trust had a number of clinical nurse specialists available for patients to talk to about their condition.

## Are outpatient and diagnostic imaging services responsive?

Requires improvement



The reception areas in the outpatients department were not private and patient's conversations could be heard as they booked in.

Referral to treatment rates across the trust for patients awaiting outpatient care was below the national standard between September 2015 and October 2016.

Challenges had been experienced with paper x-ray requests resulting in delays to patients in the radiology department however actions were taken to address this issue.

Between June and September 2015 the proportion of radiological investigations reported on across the trust within 10 days ranged from 68% to 75.5%.

The did not attend (DNA) rate at Withington Hospital was higher than the England average between July 2014 and June 2015.

Radiology offered a 'walk in' service to patients referred by their GP.

Between September 2015 and January 2016 the number of patients who waited longer than six weeks for non-urgent radiological investigations ranged from 0.8% to 1.7%.

Divisional performance data reviewed indicated that 100% of complaints were responded to within the time-frame agreed with the complainant in November 2015.

## Service planning and delivery to meet the needs of local people

- Radiology offered a 'walk in' service to patients referred by their GP.
- Car parking spaces were plentiful within the hospital car park.
- We observed clear signposting through the hospital to the outpatients and diagnostic imaging departments.
- Patients attending radiology could speak with the receptionist without being overheard; however there was no privacy at the outpatient reception area.
- Waiting areas with sufficient seating were available with access to toilets and drinking water.
- A volunteer was present in the reception area at the front of the hospital to direct patients.
- A cafeteria and pharmacy was available by the entrance to the hospital.

## Access and flow

- Referral to treatment rates across the trust for incomplete pathways were better than the national standard and the England average each month between September 2014 and July 2015, but fell below the standard and average between September 2015 and January 2016. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month.
- The percentage of people seen by a specialist within two weeks of urgent GP referral across the trust was better than the England average every quarter between quarter two 2013/14 and quarter one 2015/16.
- The percentage of people waiting less than 31 days from diagnosis to first definitive treatment across the trust was better than the England average every quarter between quarter four 2013/14 and quarter one 2015/16.
- The percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment across the trust was better than the England average every quarter between quarter three 2013/14 and quarter one 2015/16.



# Outpatients and diagnostic imaging

- The national standard for non-urgent radiological investigations is that less than 1% of patients wait more than six weeks. Between September 2015 and January 2016 the trust ranged from 0.8% to 1.7%.
- Staff reported they had experienced challenges with some x-ray requests. Requests were completed either electronically or in paper format and often paper requests were not completed correctly. This resulted in a delay to the patient or inability to proceed with the investigation to enable radiographers to contact the referrer to clarify the details of the request. An audit was completed which revealed no specific trends; however five GP practices accounted for 53% of problematic requests. Actions had been identified to address the issue including developing protocols for requests from rheumatology and correspondence with external partners regarding completion of request forms. A focus was also planned on GP practices who were not referring patients electronically and a further audit was planned.
- Between June 2015 and September 2015 the proportion of radiological investigations reported on across the trust within 10 days ranged from 68% to 75.5%.
- Between July 2015 and October 2015 clinics cancelled within six weeks of the date ranged from 3.46% to 4.18% across the trust, the main reasons being due to annual leave, study leave and sickness. The number of clinics cancelled over six weeks from the date ranged from 9.59% to 12.57% for the same period.
- The trust had a number of patients who failed to attend for their appointments. The did not attend rate at Withington Hospital was 8% which was higher than the England average between July 2014 and June 2015.

## Meeting people's individual needs

- Treatment delivered in the therapy department was delivered both in groups and on a one to one basis.
- Therapy treatment was disease specific rather than time limited and included complimentary therapies such as massage and craft groups.
- Appointments in the outpatients department were timed to allow 30 minutes for a new appointment and 10 minutes for a follow up appointment. This allowed new patients the time to ask questions.
- Staff described how people in vulnerable circumstances were accommodated in the department and how their appointment could be escalated if required.

- Access to interpreting services could be arranged by telephone for those patients that did not speak English however not all staff were aware of the process. If staff were alerted to a patient's requirements, translators could be booked in advance; however we did not see this system in use as we did not observe any patients requiring translation services during our inspection.
- The active therapies team ran a carers support group and massage and alternative therapies were available to both patients and carers.
- Throughout the hospital there was a range of information leaflets and literature available for patients to read about a variety of conditions and support services available.

## Learning from complaints and concerns

- Initial complaints were dealt with by the clinic manager in the outpatients department in an attempt to resolve issues locally; however if this was unsuccessful information was provided about the patient advocacy and liaison service (PALS).
- Staff we spoke with knew how to signpost patients to the PALS department and we observed green comment cards available for patients to complete in the departments we visited.
- Divisional performance data reviewed indicated that 100% of complaints were responded to within the time-frame agreed with the complainant in November 2015.
- The trust had a complaints policy and we reviewed the 13 complaints received by the trust relating to outpatients and diagnostics at Withington Community Hospital between December 2014 and October 2015. Of the complaints reviewed nine referred to communication and attitude of staff and three to delays or cancellation of appointments.

## Are outpatient and diagnostic imaging services well-led?

Good



Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.

# Outpatients and diagnostic imaging

Clinical leads were available and approachable. Clinical governance meetings were held in radiology and the outpatients directorate to review risks, incidents and complaints. Quality and performance was monitored through the outpatient and radiology dashboard and monthly Divisional Performance reports.

There was an open and honest culture within the service and good team working was observed. Staff were positive about the contribution of colleagues in areas with staff shortages.

## **Vision and strategy for this service**

- The trust vision was “to be a top 10 NHS provider in the country” and the outpatients and diagnostics local strategy plan – “the quality diamond” was aligned to this.
- The clinical lead for radiology was based at Wythenshawe hospital; however staff told us they were available and approachable and responded promptly if needed.

## **Governance, risk management and quality measurement**

- Quality and performance were monitored through the outpatient and radiology dashboard and monthly divisional performance reports. These covered data such as referral to treatment times and radiology turnaround times as well as outpatient clinic utilisation, staff sickness rates, infection rates, incidents and complaints.
- The radiology and outpatients department recorded risks on the departmental risk register.
- Clinical governance meetings were held in radiology and the out patients directorate to review risks, incidents and complaints.
- Radiation safety committee meetings were held twice a year to ensure that clinical radiation procedures and supporting activities in the trust were undertaken in compliance with ionising and non-ionising radiation legislation.
- An action plan was in place to improve performance within the outpatients department. This aimed to ensure that clinic times were used more affectively and the trust met its target of 85.7% of clinic sessions used annually. This action plan had been developed as a result of a complaint received.

## **Leadership of service**

- Outpatients and diagnostics were led by directorate managers and a number of department specific clinical leads. The clinical manager for outpatients worked across both sites.
- Managers had a good knowledge of performance in their areas of responsibility and they understood the risks and challenges to the service.
- Staff felt supported by their local managers, they felt part of the trust but said the executive team were not visible.

## **Culture within the service**

- There was an open and honest culture within the service and staff were candid about the challenges they faced.
- Staff were positive about how hard colleagues worked and told us how they felt “like a family” and how they supported each other..

## **Public engagement**

- The views of patients were actively sought within outpatients department using the NHS Friends and Family Test however this was not always collected in radiology. Staff told us that patient experience feedback was tried using a hand held computer tablet however this was not currently in use at the Withington site.
- Comment cards and post boxes were visible in areas we visited such as at the entrance to the radiology department.

## **Staff engagement**

- Staff engagement forums were held monthly; however attendance was dependant on workload.
- Results of the 2015 NHS Staff Survey showed the trust scored higher than the national average for acute trusts for effective team working and 91% of staff agreed their role made a difference to patients and service users.

## **Innovation, improvement and sustainability**

- A “5 days no delays” initiative had taken place in the outpatients department at Wythenshawe Hospital between 19 and 23 October 2015 in area seven, ear, nose and throat (ENT). As a result a series of next steps were identified including a review and standardisation

# Outpatients and diagnostic imaging

of clinic boards and reception desks. Plans were being made for this to be repeated at Withington Community Hospital to improve service delivery and achieve a “perfect week”.

- Programmes to treat complex rehabilitation patients were being developed with a national university.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

#### Action the hospital SHOULD take to improve

In Surgery:

- Offer staff opportunities to develop surgical nursing competency skills.
- Consider having data available to staff on performance at a local level including local audit activity.
- Increase senior management visibility at Withington treatment centre.
- Cascade to staff the local vision and strategy of the service.
- Provide patient feedback at a local level.

In Outpatients and Diagnostic Imaging Services:

- The trust should ensure access to IT (information technology) services is consistent and reliable to facilitate access to Local Rules and policies and procedures online and mandatory e-learning.
- The trust should ensure documentation relating to radiation faults and Medical Physics are accessible electronically.
- The trust should consider fitting a keypad lock to the clean utility room used to store Urografin in radiology.
- The trust should maintain a record of the maximum and minimum fridge temperatures for each medication fridge and action should be taken if temperatures fall out of the recommended range.
- Staff should have their learning needs identified through the trusts appraisal process.
- The trust should consistently obtain NHS Family and Friends data in the radiology department.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions (s.29A Warning notice)

### Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

Start here...

Where these improvements need to happen

Start here...