Leeds Teaching Hospitals NHS Trust

Chapel Allerton 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	Good

Summary of findings

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Summary of findings

Overall summary

Chapel Allerton Hospital is one of seven hospitals that form part of Leeds Teaching Hospitals NHS Trust. The trust is one of the largest in the United Kingdom and includes one of the largest teaching hospitals in Europe. The trust serves a population of 751, 485 in Leeds and surrounding areas. In total, the trust employs around 15,000 staff. Chapel Allerton Hospital was built in the early 1990s. The hospital is home to the Chapel Allerton Orthopaedic Centre, a dedicated centre for the diagnosis, management and treatment of adult patients with upper and lower limb complaints. The hospital provides rheumatology and orthopaedic surgical services. Dermatology services have recently commenced at the hospital. The hospital has 82 beds.

Inpatient services are provided for neuro-rehabilitation, rheumatology, dermatology and orthopaedic surgery. Outpatient services are also provided in the hospital. Staff on site are managed via several trust wide clinical service units, but one management team is based entirely on site and is taking a co-ordinating role in terms of site responsibility.

There were systems to identify risk and report incidents. Lessons were learnt from the investigations of incidents from across the trust and staff felt well informed. There were effective systems in place to prevent patients suffering pressure ulcers, falls and blood clots.

Care was provided in line with national best practice guidelines. Access to services was good and patients reported that the hospital was well thought of locally due to the good outcomes experienced by patients. However, the World Health Organisation safety check list was not fully embedded into operating theatre practice.

Patients were treated with dignity and respect and felt informed about their treatment and care. Patients were positive about their experiences at the hospital.

Staff reported that there had been a positive change in the leadership at trust level and that the executive team were more visible, especially the Chief Executive. Staff reported that they felt supported locally and encouraged to participate in improvement initiatives.

Staffing

The wards and departments were adequately staffed and staff had access to training and development opportunities to improve their knowledge and skills and develop professionally. However, not all staff had completed mandatory training.

Staff were committed and enthusiastic about their work and worked hard to ensure that patients were given the best care and treatment possible.

Cleanliness and infection control

There were arrangements in place to manage and monitor the prevention and control of infection. We found ward and theatre areas were generally clean and there were no reported healthcare acquired infections at the hospital within the last year. However, we identified some issues with storage and cleanliness in parts of the operating theatres (non-patient care area).

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

There were clear arrangements to assess, monitor and report risk with a new governance and reporting structure in place. Lessons learnt from investigations of incidents from across the trust were shared within services at the hospital. There were arrangements in place for the prevention and control of infection and there had been no infections reported in the last year at the hospital.

The wards, surgical areas and outpatients department were clean, although we identified some issues with storage and cleanliness in non-patient areas in theatres. The hospital was adequately staffed, although a number of staff vacancies remained unfilled on one ward. The World Health Organisation safety checklist for theatres was not consistently followed in practice.

Arrangements were in place to move deteriorating patients to other hospitals within the trust should their condition cause concern. Good practice was observed in the handling and administration of medicines to patients.

The level of mandatory training undertaken by staff had improved, although the trust target of 80% for each CSU or corporate directorate was not consistently met in all areas.

Are services effective?

Good

Surgical services were effective. We do not currently rate whether outpatient services are effective. Care and treatment was delivered in accordance with best practice guidelines.

Patient reported outcome measures for surgery were within expected limits and reviews showed there were no mortality outliers for the service. Emergency re-admissions following elective surgery compared favourably with national comparators.

Staff were using guidance developed and provided by the trust. Nursing documentation was completed appropriately. Multidisciplinary team work was effective and we found several examples of the hospital working well with others.

Are services caring?

Good

Patients were treated with dignity and respect, and feedback from patients was positive about their experiences in the hospital. However, we did find patient's dignity compromised in the pre-operative waiting area of theatre, where male and female patients had to wait wearing their dressing gowns.

Analysis of patient feedback survey information showed that the majority of patients had a positive experience of services at the hospital, although there was some frustration over cancelled appointments and waiting times in outpatients.

Summary of findings

Patients felt involved in their care and were given the opportunity to speak with the consultant looking after them. The outpatients department had systems in place to identify in advance patients with special needs such as someone living with dementia or a learning disability and put support in place.

Are services responsive to people's needs?

Good

Chapel Allerton was regarded by patients as a local hospital, which met people's needs. Patients told us they had accessed the service without difficulty. Patients were pre-assessed for their suitability for surgery prior to their admission to hospital, and their discharge was planned from admission.

Support was available for patients with dementia and the hospital recognised patients with special needs. There was access to a telephone translation service and an interpreter could be arranged if needed. There was a range of information leaflets that covered health condition, after care and information about the hospital services.

Discharge letters were sent to the patient's GP within a week of treatment or consultation at the hospital. Discharge packages were put in place to ensure that patients were fully supported, particularly if they had a special need after leaving hospital.

The department understood the needs of the different communities it served and reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The department had improved its clinic attendance rate using electronic messaging to contact patients. Patients with a dementia related condition, with a learning disability, a visual or hearing impairment were supported. Car parking was available at the hospital on payment of a fee, although some patients felt this was an issue.

Are services well-led?

Good

The surgical and outpatients' services were well led. Staff across the hospital felt that the changes in the trust leadership were positive and that executive team were visible. Staff felt informed about the changes within the trust and familiar with the trust's vision, strategies and values. Staff reported being engaged in the development of services in their own hospital and that they were encouraged to get involved in innovation to improve the quality of services.

The surgical and outpatient services had been part of the trust-wide clinical services units, but recently the hospital had become a clinical service unit in its own right. There were good arrangements in place for the assessment and monitoring of risk. Staff were confident of reporting incidents. Lessons were learnt following investigations, including from those that occurred in other hospitals. However, we found that the monitoring and auditing programme had not identified some risk in the operating theatres around the storage and handling of waste.

Summary of findings

Services were responsive to patient needs and patients were on the whole very positive about the care and treatment at the hospital. Patient feedback was acted on and staff were continually looking for ways to improve services.

Staff felt well supported at local level. However, there were difficulties over accessing mandatory training and staff felt frustration with cancelled training and a long wait to attend courses.

Summary of findings

What we found about each of the main services in the hospital

Surgery

Good

Surgical services were generally safe. Wards and surgical areas were generally kept clean to a consistent standard, although we identified some issues with storage and cleanliness in theatres, which compromised safety. The hospital was adequately staffed, although a number of staff vacancies remained unfilled on one ward.

The hospital used the World Health Organisation checklist for theatres, although we observed the checklist was not consistently followed in practice. The level of mandatory training undertaken by staff had improved, although the trust target of 80% for each directorate was not consistently met in all areas.

Arrangements were in place to move deteriorating patients to other hospitals within the trust should their condition cause concern. Consent to care was documented in care records on the ward and appropriately obtained. Good practice was observed in the handling and administration of medicines to patients.

Services were effective. Care was delivered in accordance with national best practice. Nursing documentation was completed appropriately. Multidisciplinary team working was effective and we found several examples of the hospital working well with others.

Surgical services were delivered in a caring manner. Patients were treated with compassion, dignity and respect and reported that they felt involved and informed about their care and treatment. However, we observed that privacy and dignity was not maintained in the pre-operative areas, where male and female patients dressed only in theatre gowns were sitting in the same area.

Services were responsive. Chapel Allerton was regarded by patients as a local hospital, which met people's needs. Patients told us they had accessed the service without difficulty. Patients were pre-assessed for their suitability for surgery prior to their admission to hospital, and their discharge was planned from admission. Support was available for patients with dementia and the hospital recognised patients with special needs. There was access to a telephone translation service.

Surgical services were well led. Staff were positive about the impact of recent changes and that they were involved in the process of developing the hospital's vision, values and initiatives to improve quality. The general manager attended monthly governance meetings and identified any shared learning, audits and best practice guidance. We encountered mixed messages from staff about training with some frustration with cancelled training and long wait times to attend courses.

Outpatients

Good

Overall patients received safe and appropriate care in the department. The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring staff team.

We do not currently assess whether the outpatient's services are effective. Regular audits of patient records were undertaken, although staff told us that work to improve the quality of patient records was 'work in progress.' Care was delivered in line with best practice guidelines.

Summary of findings

Outpatient services were caring. Patients visiting the outpatients department were treated with respect, dignity, and compassion. Patients were supported when they received a difficult diagnosis and staff explained choices of treatment. On the whole analysis of patient feedback survey data was positive, although cancelled appointments and waiting in clinics was a frustration for patients and their carers.

The outpatients' service was responsive. The department understood the needs of the different communities it served and reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The department had improved its clinic attendance rate using electronic messaging to contact patients. Patients with a dementia related condition, with a learning disability, a visual or hearing impairment were supported. The hospital wrote to patients and their GP within one week of the outpatient clinic. Car parking was available at the hospital on payment of a fee, although some patients felt this was an issue.

The service was well led. Staff liked working for the hospital and felt well informed and supported. Executive directors visited the service and staff knew who they were. Risk management processes were in place and each CSU operated its own risk register. The potential of staff of various grades and disciplines was developed. Staff recognised the need to develop more nurse led clinics for the department.

Summary of findings

What people who use the hospital say

The NHS Friends and Family Tests have been introduced to give patients the opportunity to offer feedback on the quality of care they had received. In October 2013, the trust scored about the same as the England average for inpatient tests, and significantly above for accident and emergency services, with a higher response rate for inpatient data.

The Adult Inpatient Survey 2013 rated the trust as average across all areas overall.

Chapel Allerton Hospital scored 4.5 out of 5 stars on the NHS Choices website, with 47 people expressing views. The hospital scored 4.5 stars for cleanliness, 4 stars for co-operation, 4 stars for dignity and respect, 4 stars for involvement in decisions and 4 stars for the same sex accommodation.

The 2013 Patient-led assessments of the care environment (PLACE) focuses on the environment in which care is provided and looks at cleanliness, food, hydration and the extent to which the provision of care with privacy and dignity is supported. The hospital scored 98.8% for cleanliness, 85.1% for food, 88% for privacy and dignity and 88.1% for facilities.

Healthwatch shared their 2014 survey, where 183 people shared their views and experiences of services across five hospitals at the trust. At trust level, approximately 44% rated the service outstanding, 24% were rated as good, 7% were rated as satisfactory and 26% were rated as requiring improvement.

Areas for improvement

Action the hospital SHOULD take to improve

- Review the arrangements for male and female patients dressed only in theatre gowns sitting in the pre-operative area to ensure their privacy and dignity is safeguarded.
- Ensure that clinical waste is disposed of in accordance with legislative and best practice guidance.
- Ensure that specimens are handled, stored and disposed of in accordance with legislative and best practice guidance.
- Ensure that the World Health Organisation safety check list is consistently applied in the operating theatres.

Good practice

Our inspection team highlighted the following areas of good practice:

- When patients required transfer to another hospital, staff coordinated the arrangements for transfer with the specialist services involved to ensure a smooth transfer for the patient. Community specialists were arranged to be involved in the patients discharge and the follow up of their care.
- A care pathway was in place for the patient's discharge which included joint planning with social services to support the patient's discharge and to provide a support package for the patient. It also specified care to be provided by the GP's practice nurse.
- The hospital recognised patients with special needs and put in place the required support. We saw that pictorial representation was used in care plans.

Chapel Allerton Hospital

Detailed Findings

Services we looked at:
Surgery and Outpatients

Our inspection team

Our inspection team was led by:

Chair: Dr Jane Barrett Consultant Radiologist

Head of Hospital Inspections: Julie Walton, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists: The team of 80 included CQC senior managers, inspectors and analysts, senior and junior doctors, nurses, midwives, a student nurse, a pharmacist, a theatre specialist, patients and public representatives, experts by experience and senior NHS managers.

A sub team made up of CQC inspectors, professional experts by experiences, clinicians and an expert by experience inspected Chapel Allerton Hospital.

Background to Chapel Allerton Hospital

Chapel Allerton hospital is a peripheral site of Leeds Teaching Hospitals NHS Trust. The hospital was recently established as a separate clinical service unit within the trust. Surgical services at Chapel Allerton Hospital are supported by three wards, which support neuro-rehabilitation, rheumatology, dermatology and orthopaedic services. The hospital operates two day services units, the first with four procedure rooms for dermatology and the second for rheumatology. Four theatres provide elective orthopaedic and dermatology surgical procedures. A pre-admissions unit supports elective orthopaedics and there are 16 post-operative beds.

Why we carried out this inspection

We carried out this comprehensive inspection because the Leeds Teaching Hospitals NHS Trust was initially placed in a high risk band 1 in CQC's intelligent monitoring system. Immediately prior to the inspection the intelligent monitoring bandings were updated and the trust was then placed in a lower risk band 4, this was in the main due to an improved staff survey result.

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?

Detailed Findings

The inspection team always inspects the following core services (where provided) at each inspection:

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

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, NHS Trust Development Authority, Health Education England and Healthwatch. We carried out announced visits on 19 March 2014.

During the visits we spoke with staff from all areas of the hospital, including the wards, theatres and outpatients. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records.

We held two listening events on 11 March 2014 to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment we looked at as part of the inspection. We also held a community focus group with the support of Regional Voices (through Involve Yorkshire and Humber) who was working with Voluntary Action Leeds so that we could hear the views of harder to reach members of public.

Good

Surgery

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

Information about the service

Services at Chapel Allerton Hospital comprised of three inpatient wards, which supported neuro-rehabilitation (Ward C1), rheumatology and dermatology (Ward C2) and orthopaedic surgery (Ward C3). The hospital operated four theatres, which undertook elective orthopaedic and dermatology surgical procedures. A pre-admissions unit supported elective orthopaedic procedures with 16 post-operative beds.

During our inspection we visited the wards, the day surgery units the theatre suites and the outpatients department. We spoke with 12 patients and 14 members of staff including nurses, doctors, consultants, senior managers, and support staff. We observed care and treatment and looked at care records for 15 patients. We also held a focus group on the day of the inspection, which was attended by 17 staff from a range of disciplines. We received comments from our listening event and from people who contacted us to tell us about their experiences, and we reviewed performance information about these services.

Summary of findings

Surgical services were generally safe. Wards and surgical areas were generally kept clean to a consistent standard, although we identified some issues with storage and cleanliness in theatres, which compromised safety. The hospital was adequately staffed, although a number of staff vacancies remained unfilled on one ward.

The hospital used the World Health Organisation checklist for theatres, although we observed the checklist was not consistently followed in practice. The level of mandatory training undertaken by staff had improved, although the trust target of 80% for each directorate was not consistently met in all areas.

Arrangements were in place to move deteriorating patients to other hospitals within the trust should their condition cause concern. Consent to care was documented in care records on the ward and appropriately obtained. Good practice was observed in the handling and administration of medicines to patients.

Services were effective. Care was delivered in accordance with national best practice. Nursing documentation was completed appropriately. Multidisciplinary team working was effective and we found several examples of the hospital working well with others.

Surgical services were delivered in a caring manner. Patients were treated with compassion, dignity and respect and reported that they felt involved and informed about their care and treatment. However, we

Good

Surgery

observed that privacy and dignity was not maintained in the pre-operative areas, where male and female patients dressed only in theatre gowns were sitting in the same area.

Services were responsive. Chapel Allerton was regarded by patients as a local hospital, which met people's needs. Patients told us they had accessed the service without difficulty. Patients were pre-assessed for their suitability for surgery prior to their admission to hospital, and their discharge was planned from admission. Support was available for patients with dementia and the hospital recognised patients with special needs. There was access to a telephone translation service.

Surgical services were well led. Staff were positive about the impact of recent changes and that they were involved in the process of developing the hospital's vision, values and initiatives to improve quality. The general manager attended monthly governance meetings and identified any shared learning, audits and best practice guidance. We encountered mixed messages from staff about training with some frustration with cancelled training and long wait times to attend courses.

Are surgery services safe?

Requires improvement

Some improvements are required to ensure that patients are protected from harm and abuse at all times. The wards and surgical areas were clean, although we identified some issues with storage and cleanliness in theatres (in non-patient care areas). The hospital was adequately staffed, although a number of staff vacancies remained unfilled on one ward. The hospital used the World Health Organisation checklist for theatres, although we observed the checklist was not consistently followed in practice. Not all staff had completed their mandatory training.

Arrangements were in place to move deteriorating patients to other hospitals within the trust should their condition cause concern. Consent to care was documented in care records on the ward and appropriately obtained. Good practice was observed in the handling and administration of medicines to patients.

The use of loan equipment was included in the hospital's risk register and a protocol for its use was in development. The level of mandatory training undertaken by staff had improved, although the trust target of 80% for each CSU was not consistently met in all areas. Good practice was observed in the handling and administration of medicines to patients.

Cleanliness, Infection control and hygiene

- Ward areas appeared clean and were free of clutter. Staff followed bare below the elbow policies, regularly washed their hands and used hand gel between patients.
- Methicillin-Resistant Staphylococcus Aureus (MRSA) rates for the trust were within expected limits and the hospital had no recorded outbreaks in the last year. There had been no recently reported cases of Clostridium difficile at the hospital.
- Patients were isolated in accordance with infection control policies.
- Audit programmes were in place to check cleanliness, cleaning schedules and infection control audits were completed, which confirmed outbreaks of infection were rare.
- Infection control leads were identified and all staff were trained in infection control.

- Theatres used The Productive Operating Theatre (TPOT) infection control initiative. However, in the theatre entrance corridor, we found two clinical waste bins unlocked that contained clinical waste. The area used for storage was dirty and the equipment was dusty. In the dirty utility area we found a mix of broken, unlabelled and unsterilized equipment and an unlabelled specimen tub containing what was labelled an infectious substance. The yellow bin for incineration was not labelled or dated. In Theatre Four, we found two yellow incineration bins were dated, but unlabelled. This compromised clinical waste disposal arrangements in the theatre area, presented a risk of infection and compromised safety.

Nursing staffing

- Nursing numbers were assessed annually using a recognised staffing tool. Data on the number of patients seen was used to identify needs, trends and projected staffing levels. This had identified a need to increase staffing levels in some areas. A number of staff vacancies remained unfilled on Ward C5, which we were informed was being addressed by the executive team.
- Ideal and actual staffing numbers were displayed on each ward visited. The ward areas we visited appeared well staffed and patients told us staff responded promptly to their needs. However, staff told us the wards had capacity to increase staffing to meet patient needs.
- Staff rotated around areas dependant on the need and demand in departments. Where additional staffing was required to meet the specific safety needs of patients, systems were in place to request additional staffing. The service used temporary nursing staff (bank) staff when staff shortages were identified. We saw that agency staff had signed an induction checklist. Cross training for staff in different roles was carried out so that staff could be moved between departments without compromising patient safety.
- Staff worked across sites within the trust.

Medical staffing

- A senior house officer provided out of hours' medical cover for three wards. Overnight medical cover was provided on rotation by nine medical staff, supported by on-call registrars.

Nursing and medical handover

- Staff handover to incoming staff was in place for medical and nursing staff and staff working in the multi-disciplinary team. Staff confirmed that handover arrangements worked well and nursing staff had good working relationships with medical staff. Staff received handovers for both pre- and post- operative patients. Handover arrangements were supported by surgery being fully documented in patients' records.

Management of the deteriorating patient

- A policy was in place for an early warning in managing unwell patients. The surgical wards used a recognised early warning tool to assess clinical need. There were clear directions for escalation on the observation charts and staff were aware of the appropriate action to take if patients scored higher than expected.
- The transfer of deteriorating patients to acute care at another hospital within the trust was supported by transfer guidelines for the hospital for normal working hours and also for out of hours.

World Health Organisation Safety Checklist

- Although the hospital used the World Health Organisation (WHO) checklist for theatres, we observed that it was not always followed consistently in practice. We observed in Theatre One that the checklist was completed by a doctor without reference to the full checklist. An operating department practitioner (ODP) completed the document and signed it later in the session. In Theatre Three, the ODP carried out the WHO safety checklist and signed it before surgery commenced. We observed a similar practice in Theatre Four. In each phase of surgery, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation. Use of the World Health Organisation Safety Checklist is a proven method of reducing surgical adverse events. Not to complete the checklist consistently increases the risk of surgical errors and of related events occurring, which adversely affect patients and the outcome of their surgery.
- A trust wide audit was performed quarterly and demonstrated over 95% compliance with the exception of the use of team debriefs. One outlying specialty (not named) recorded a compliance figure of around 80% and data issues were being addressed. A qualitative audit tool had also been piloted. For Chapel Allerton, audits were undertaken and results discussed at monthly audit meetings.

Good

Surgery

Safety Thermometer

- A ward health check was undertaken monthly for each inpatient ward. The health check included the NHS Safety Thermometer information used nationally. The health check provided a consistent method of monitoring information for patients that may indicate harm. Analysing results and monitoring the information supports improvements in the standard of care. The information was clearly displayed at the entrance to each ward. This included information about all new harms, falls with harm, new venous thromboembolism (VTE), catheter use with urinary tract infections and new pressure ulcers. For Chapel Allerton the information included nutrition, hydration, and pain management. Individual areas had developed improvement plans; although we did not find there was consistent dissemination or action planning.
- Safety thermometer information was displayed on the wards. The health check display was formatted so wards needed to score above 70% to register on the dial display. This 'set the bar' for expected achievements and underlined use of the data to promote safety. The trust had identified pressure ulcer prevention as a key area to improve.

Incidents

- Trust-wide, the reporting of patient safety incidents was in line with that expected for the size of the trust. The trust had reported six Never Events, four of which related to surgical areas.
- Serious incident investigations were undertaken; task and finish groups were established, which included clinical staff and action was taken to ensure learning from incidents. We reviewed the action plans for surgical-related incidents and found the majority of the actions to minimise recurrence had been implemented. Patients who were the subject of incidents received feedback as to the results of investigations. Investigations included identifying arrangements to share the lessons learned.
- We found learning was shared with the hospital from surgical Never Events within the trust. Staff were aware of the Never Events, of lessons learned and of safety priorities. For example, theatre checklists were completed for swab, needle and instruments and signed in accordance with the Never Event action plan.
- The hospital used an electronic reporting system for incidents, which all staff could access. Staff were aware of how to record an incident, including the student nurse, although they had never needed to do so. Staff were able to provide examples of changes to practice as a result of incident reporting. Incident reports for theatres demonstrated feedback was received and action agreed. We saw evidence of discussion regarding incidents by the surgical team and of action taken.
- In ward areas, incident forms submitted were reviewed by the nurse manager for quality assurance before being 'signed off'; if the nurse manager identified a lack of information or of action taken, the incident report was returned for the member of staff who completed it to provide for additional information. We found that nurse managers reviewed incident data analysis and trends.
- Themes from incidents were discussed at weekly staff meetings. We saw examples of how information was shared with staff. This included ward specific 'newsletters' and a trust-wide 'Quality & Safety Matters' newsletter. A 'speak out safely' campaign was being promoted particularly in theatres. This was a national campaign to encourage staff to raise concerns about poor care.

Environment and equipment

- The hospital participated in annual Patient-Led Assessments of the Care Environment (PLACE). An action plan was developed from PLACE and implemented by nurse managers.
- We observed that equipment was well provided for the hospital, including occupational therapy and physiotherapy equipment. Emergency equipment was in place, including emergency resuscitation trolley equipment and first aid boxes. We found resuscitation trolleys were checked and in order.
- The hospital's theatre policy included daily equipment checks. We saw evidence that equipment was checked at the start and finish of the working day. Electrical portable appliances were tested for safety and audits of tests were in place, which provided assurance the equipment was safe to use. Fire extinguishers were accessible. However, we found equipment stored in the fire exit on the landing at the rear of the theatres. Gas cylinders were also stored on the landing area and not in store rooms.
- The hospital obtained equipment from other theatres within the trust if this was required. The use of loan

equipment was included in the hospital's risk register. We found a protocol was in development for the use of loan equipment so that the use of loan equipment was only requested if agreed.
- Programmes to train staff in the use of new equipment were provided by the equipment supplier. Staff were identified to train new staff in the use of specific items of equipment, and checks were in place to ensure staff competency with the use of equipment.

Medicines

- The medicines trolley was stored securely and the controlled drugs storage was double locked. Controlled drugs were checked at the start and finish of the day. Drug fridge temperatures were monitored. A stock control system for medicines was in place.
- Medicines charts were completed and we found no gaps in recording. We saw that medicine audits had identified some issues such as medication recording gaps, but action plans were developed and the follow up audit showed improvement.
- We observed good practice in the administration of medicines. Staff dispensing medication wore a red tabard, which stated 'Medication round - do not disturb.'

Records

- Patient records were in paper format. We identified no recording issues for the patient records we reviewed. Patient notes were clearly recorded, relevant and up to date.
- Patient records followed the patient through the hospital. The patient notes we reviewed in the theatre areas were clearly recorded and up to date. Theatre checklists for swabs, needles and instruments were completed, signed and dated by the theatre nurse at the end of the patient's surgery. On ward areas, we saw that patient records contained information relevant to the patient, and this was up-to-date.
- In some areas records were not held securely. We found three sets of patients' records outside of patients' bedrooms.
- Medical health records keeping standards were audited at least annually. Actions to address issues were identified. The most recent trust-wide audit we reviewed showed the recording of date and time for each entry in the health records, recording of the author's name designation and contact details and inclusion of the patient's name and NHS number (where available), or case note number, on each page of the clinical health record were areas for improvement. It was not possible to break the information down to identify any specific results across the surgical CSUs.
- We found evidence that documentation audits were undertaken in the hospital. A ward assurance audit was completed monthly. This included auditing nursing care records.

Mental Capacity Act, Consenting and Deprivation of Liberty Safeguarding

- Staff were aware of the Mental Capacity Act 2005 and of the safeguarding process and how to make a referral. Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Ward staff were aware of the implications for patient consent and used safeguarding provisions regularly to protect patients. We found evidence that families were consulted appropriately. The Mental Capacity Act 2005 was adhered to appropriately.
- Consent forms were presented to the patient at their pre-assessment and were also confirmed with them verbally on the day of their surgical procedure. Consent to care was documented in patients care records on the ward. We found consent forms were completed in the patient's notes for surgery.
- The trust employed a mental capacity act coordinator and resources were available to support staff. Safeguarding information was posted in the hospital and available on the trust's web site.
- A trust-wide audit of consent had been undertaken in July- September 2013. It was unclear if all surgical specialties had submitted data (there was a 61% participation rate overall).
- Patients told us that they had felt informed and told us how they were consented. This was in accordance with national guidance.

Mandatory Training

- Staff said that mandatory training was accessible but reported that more dates for attendance were required. Staff had previously encountered difficulties in accessing Intermediate Life Support training, although managers assured us that arrangements were now in place to address this. Completion of statutory mandatory training was recently linked to the staff appraisal system. Staff confirmed that they saw it as their responsibility for their mandatory training to be up

to date. However, we found for some courses attendance was low, for example – fire safety 44%, resuscitation 31%, blood transfusion and competence assessment 31%.

Are surgery services effective?
(for example, treatment is effective)

Good

Care was delivered in accordance with national best practice. Guidance developed within the trust was also used and staff were familiar with policies and guidance. Nursing documentation was completed appropriately. Multidisciplinary team working was effective and we found several examples of the hospital working well with others.

Use of National guidelines

- Trust policies and guidelines were in place for surgery. Guidance prepared by the National Institute for Health and Care Excellence (NICE) is widely recognised as setting the standard for high quality healthcare, including surgery. A member of trust staff acted as lead for NICE guidance and cascaded guidance to the hospital.
- We found evidence that the hospital used NICE guidance. Staff informed us they followed NICE guidance for neurological rehabilitation admission, assessment and medication. We observed standards were displayed on boards for staff to follow.
- We found staff were familiar with policies and guidance. New policies were circulated to staff for their comment before they were implemented. Medical staff could explain the systems in place to ensure they kept up to date with best practice guidance. Specialised and locally developed guidance was followed for neurological rehabilitation, stroke and nutrition and hydration. We observed the red tray and jug system was used to support improvement in patients' nutrition and hydration.

Patient outcomes

- Patient Reported Outcome Measures for surgery were within expected limits.
- A review showed there were no mortality outliers for relevant surgical specialties. This indicated that there had been no more deaths than expected for patients undergoing surgery at Chapel Allerton Hospital.
- Emergency readmissions following elective (planned) or emergency admissions compared favourably with national comparators.
- We found anecdotally that patients requested to have their surgery at the hospital, for example for elective orthopaedic surgery, as the hospital was viewed in the local community as providing a high quality of care for patients.
- We found evidence a local audit programme was in place for the hospital. Audits included infection prevention and control, hand hygiene, medication, pain management and pressure care. The hospital was comparing the incidence of patient falls with a similar service in order to reduce the incidence of falls experienced by patients.

Care plans and pathway

- Care pathways were in use. A care pathway is an agreed way of helping a patient with a specific condition or diagnosis to move progressively through their hospital visit. Discharge was planned from admission. When patients required transfer to another hospital, staff coordinated the arrangements for transfer with the specialist services involved to ensure a smooth transfer for the patient. Community specialists were arranged to be involved in the patients discharge and the follow up of their care. Nursing documentation followed the patient and was completed appropriately. We observed the smooth transfer of patients with mobility issues, which represented good practice. A booklet providing information for patients about discharge was recently introduced.

Pain relief

- Pain assessments were routinely carried out for patients and recorded. Patients reported their pain was well-controlled. Patients' pain management was administered appropriately.

Multidisciplinary team working and working with others

- We found that multidisciplinary team (MDT) working was in place in the hospital. MDT working included staff from occupational therapy, physiotherapy, speech and language therapy, and medical disciplines. These staff

were ward based and handover arrangements included MDT staff. MDT staff were included in peer review and supervision discussions of the care of patients with complex conditions to agree on best practice.
- MDT meetings were held monthly to discuss incidents, complaints, learning and best practice. Meetings with the families of patients took place following MDT meetings. We saw that patient records included the input of MDT staff.
- We observed that a team briefing was held in theatres where changes to the list and surgery were discussed. The consultant surgeon first discussed any changes with the patient in the pre-operative area.
- Medical staff said they felt part of the CSU and were involved in theatre training across the trust. Medical staff worked in theatres in other hospitals within the trust if there were staff shortages.
- The hospital had an arrangement in place to obtain prescription medications from another hospital within the trust and a system of same day delivery was used.

Equipment and facilities

- We saw that equipment was serviced and appropriate for use, which ensured effective care could be supported.
- The trust had recently implemented the '5S' work place method across the trust to de-clutter and streamline its anaesthetic areas. 5S is used to reorganise the work space to improve its effectiveness by identifying and storing the items used, maintaining the area and items, and sustaining the new order. One member of the medical staff was unaware of the implementation of this initiative.

Seven-day services

- Medical staff reported 7 days a week, 24 hour access to radiological scans although this is not on site.
- The pharmacy service was open 7 days a week, but for shortened hours on both Saturday and Sunday. Out of those hours there was an on-call pharmacist to dispense urgent medications.
- Over the weekend, consultant ward rounds took place to see new patients and review any patients were concerns were raised.
- A reduced physiotherapist service was available at the weekend to see patients post-operatively or pre-discharge.
- Medical staff supported trust wide arrangements for surgery, including working on other hospital sites, for example to support patient operations on Saturdays.

Are surgery services caring?

Good

Patients asked to have their surgery at the hospital as it was regarded as providing a high quality of care. We received positive feedback from patients and staff. We saw that patients were treated with compassion, dignity and respect. However, we observed that privacy and dignity was not maintained in the pre-operative areas where male and female patients dressed only in theatre gowns were sitting in the same area. We observed good practice in the transfer of patients with mobility issues.

Patients felt involved in their care and were given the opportunity to speak with the consultant looking after them. Patient records were completed sensitively and appropriately. We saw that relatives were involved with patients in the theatre pre-operative and recovery areas.

Compassionate care and emotional support

- We reviewed the NHS Friends and Family test results for the surgical wards for February 2014 and found these did not indicate any areas of risk. We also sampled the information for surgical wards we visited and found the Net Promoter score (proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent) indicated patients were satisfied overall with the level of care they received.
- The CQC inpatient survey did not identify any evidence of risk.
- We received positive feedback from patients and throughout our inspection. We witnessed patients being treated with compassion, dignity and respect. Communication between staff and patients was observed to be respectful and compassionate. We found a calm atmosphere on the ward and we observed that staff and patients were cheerful in their interactions. Patients were addressed by their preferred names.
- Staff were visible and accessible to patients. We saw that staff understood the needs of patients and provided them with a very caring service. Staff responded in a timely way to requests from patients and

showed patience in dealing with patients' requests. A patient told us that staff answered the call buzzer quickly during both day and night. Another patient said they felt well cared for by staff who always responded quickly to their requests for help to use the toilet.

- Protected meal times were operated and the red tray and jug system was used to support nutrition and hydration. We found that nutritional assessments were completed.
- At the bedside, staff offered to take people to a quiet area for confidential discussions. Staff recognised that patients could be very stressed and took time to explain processes.
- Patient records we reviewed were completed sensitively and appropriately.

Patient involvement in care

- Patients felt involved in their care. Patients were aware of the care plans in place for them and told us they felt involved in decisions. Patients felt they could ask questions about their care. We observed patients approaching staff and being able to ask questions.
- Patients were given the opportunity to speak with the consultant looking after them. Patients had processes explained to them by the anaesthetist, the recovery nurse and their consultant surgeon explained the outcome of their surgery to the patient either in recovery or after returning to the ward. Verbal information given to the patient in the recovery area was followed up by written information after they returned to the ward. Helpful information was given to patients and also placed on information boards.
- A family visiting room was provided on the ward where meetings with relatives could take place. We saw that relatives were involved with patients in the theatre pre-operative and recovery areas.

Are surgery services responsive to people's needs?

(for example, to feedback?)

Good

Chapel Allerton was regarded by patients as a local hospital which met people's needs. Patients we spoke with had accessed the service without difficulty. Patients were pre assessed for their suitability for surgery prior to their admission to hospital, and their discharge was planned from admission. Support was available for patients with dementia. The hospital recognised patients with special needs and put in place the required support. Patients with a hearing impairment were supported. The hospital had access to a telephone translation service. Staff knew how to deal with complaints made and when to escalate these if they unable to resolve immediately. Themes from both formal and informal complaints were communicated to staff. Staff we spoke with demonstrated an awareness of complaints raised and lessons learned.

Access

- Trust-wide information showed referral to treatment times in less than 18 weeks were below target at 85% against a target of 90%.
- The number of patients waiting over 6 weeks for a diagnostic test was less than expected.
- Between July 2013 and September 2013 the bed occupancy rate for general and acute beds (which would include beds for surgical patients) was 85%. The national target is below 85% as high bed occupancy rates can affect the quality of care provided.
- The proportion of patients whose operations were cancelled was higher, but similar, to expected.
- The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason was higher but similar, to expected.
- The trust reported 855 last minute cancelled operations during the course of 2013.
- Patients we spoke in the hospital had accessed the service without difficulty.

Maintaining flow through the hospital and discharge planning

- Patients were pre assessed for their suitability for surgery prior to admission. Pre assessment was nurse led and consultant medical staff were not involved with the patient's pre assessment. A member of the medical staff told us he felt communication was not as good as with the previous arrangement for pre assessment. We found one member of medical staff directed patients to his own website for information regarding surgery and post-operative care.
- The planning of the patient's discharge commenced with their admission to hospital and took account of the needs and wishes of the patient and their relatives. Discharge advice notes were sent to the patient's GP. Discharge plans we reviewed were clear. We saw that a

care pathway was in place for the patient's discharge which included joint planning with social services to support the patient's discharge and to provide a support package for the patient. It also specified care to be provided by the GP's practice nurse.
- Bed managers worked closely with wards to maintain patient flow. We found there was appropriate planning of bed access for cancellations. No problems with bed management were reported to us.
- The trust operated a policy for the transfer of patients to reduce the number of bed moves experienced by each patient. The transfer of patients was based on clinical need and should not occur between 10pm and 7am without a documented risk assessment. The clinical site manager was responsible for out-of-hours transfers. There was no further escalation within the trust for transfers between ward areas.
- A Patient Safety Escalation transfer process was in place supported by a flow chart of the escalation pathway, which we found displayed on the ward. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust. Staff reported no current issues in obtaining a bed in these circumstances.

Meeting the needs of people

- Patients told us the hospital was recognised as a local hospital to meet people's needs. All patient needs were regularly reviewed to make sure of the correct service and bed being in place based on changing needs.
- The open spaces in the hospital grounds were wheelchair friendly. Equipment available in the hospital was consistent with the requirements of the Disability Discrimination Act. An Occupational Therapy kitchen was fitted with specialised equipment for wheelchair users.
- Support was available for patients with dementia. Staff said they had an awareness of the needs of patients with dementia.
- The hospital recognised patients with special needs and put in place the required support. We saw that pictorial representation was used in care plans.
- Patients with a hearing impairment were supported, which included the availability of hearing loops. We also saw there was Braille on some of the signs in the hospital.
- The hospital supported patients whose first language was not English. The self-check in process in reception provided for a range of different languages which were identified by a picture of the country flag. The hospital could access a telephone translation service. A translator could also attend if this was needed to support patients.
- Leaflets and information were available for patients about specific procedures and after-care. A range of health promotion leaflets were available and we saw that posters were placed around the hospital.
- We saw that there was plenty of clear space between beds in the six bedded ward areas, which provided separate areas for male and female patients. This supported the privacy and dignity of patients. Male and female bays were allocated flexibly to meet the gender needs of patients. The hospital was compliant with single gender accommodation guidance.
- In theatre areas, screens were used in the recovery bays, which maintained the privacy and dignity of patients. However, we observed that privacy and dignity was not maintained in the pre-operative areas where male and female patients dressed only in theatre gowns were sitting in the same area.

Communication with GP's and other departments within the trust

- Discharge advice notes were sent to the patient's GP. Discharge plans specified care to be provided by the GP practice. For each of the specialities in the hospital, the GP could obtain advice to support their care of the patient.

Complaints handling (for this service)

- Complaints were handled in line with trust policy. We found improvements in the procedures for handling complaints were in progress. The heads of nursing reviewed all of the complaints relevant for their unit. The trust was supporting clinical service units to improve complaint responses.
- We were informed the hospital received only a very few complaints. Patents we spoke with said they knew how to complain if they needed to do so. We found evidence that patient feedback was welcomed and acted on. Suggestion boxes and posters invited feedback on services. Patient comments were displayed in each area of the hospital.
- If a patient or relative wanted to make an informal complaint then they would speak to staff. If they were not able to deal with the patient's concern satisfactorily they would be directed to the Patient Advice and Liaison

Service (PALS). If the patient still had concerns following this they were advised to make a formal complaint. Posters and leaflets were displayed around the hospital about how to make a complaint. Complaints posters showed information about how to obtain Braille and information in alternative formats and in languages other than English.

- Staff knew how to deal with complaints made and when to escalate these if they unable to resolve immediately. Themes from both formal and informal complaints were communicated to staff. Staff we spoke with demonstrated an awareness of complaints raised and lessons learned. These were shared at handover, ward and unit meetings.

Are surgery services well-led?

Good

The hospital was recently established as a separate CSU within the trust, with its own general manager. Theatres formed part of the Theatres and Anaesthetics CSU. Staff described to us the positive impact of recent changes. Staff were involved in the process of developing the hospital's vision and values and in initiatives to improve quality. Managers and staff could describe the governance structure for the hospital. A risk management process was in place for the trust and the hospital had its own risk register. Staff were encouraged to be involved in innovative projects and trust wide learning was shared. Patient feedback was acted on for example a family group was established in response to patient feedback. The general manager attended CSU governance meetings monthly and identified any shared learning, audits and best practice guidance. Thorough induction arrangements were reported by staff. Medical staff received and contributed to 360 appraisals. Nursing staff received an annual appraisal or an appraisal interview was planned. Unqualified staff and recent joiners received shadowing opportunities, probation and mentoring. Staff told us there was some frustration with cancelled training and long wait times to attend courses.

Leadership of service

- A clear structure was in place to provide leadership of the service. The trust was organised into 19 Clinical Service Units (CSUs). This structure was implemented in July 2013. Six of the CSUs were surgical or contained services that were surgically based. The hospital was recently established as a separate CSU within the trust, with its own general manager. Theatres within the hospital formed part of the Theatres and Anaesthetics CSU for the trust. All staff were aware of changes implemented across the trust. Most staff knew the structure of the trust board. Staff reported that the management arrangements worked well. Staff understood the reporting structure and who their line manager was. Staff felt supported by the management team.
- Each ward had a band 7 ward manager. Most ward managers we spoke with confirmed that they had at least 2 days per week when they were supernumerary.
- A matron oversaw a group of wards. The number of wards they oversaw was manageable. We were told the matrons were visible, coming to each of the wards at least once a day.
- Staff recognised that executive communication had recently improved, particularly from the Chief Executive. Executive directors visited the service and staff knew who they were. All staff we spoke with made reference to the Chief Executive's weekly newsletter 'Start the Week' which was emailed to all staff and available on the trust website.

Culture within the service

- Staff at all levels reported a significant shift in culture since the new trust management was appointed. They reported increased engagement and visibility of the Chief Executive and the board of directors, particularly the director of nursing. They viewed this change as very positive.
- Staff spoke positively about the service they provided for patients. Staff in a focus group told us they liked working for the hospital. Quality and patient experience was seen as a priority and everyone's responsibility.
- Staff felt encouraged to speak up if they saw something they were unhappy with regarding patient care. They reported they now felt listened to. Staff reported and appeared to work well together.
- Staff felt engaged with the trust; staff within the surgical areas were aware of what was happening elsewhere in the trust. A Team brief was held for senior managers who cascaded the information to staff in their area.
- The staff survey data showed the trust scored as expected in most areas.

Good

Surgery

Vision and strategy for this service

- Staff were aware of the vision and values of the trust, with the exception of agency staff. Staff were familiar with the trust's strategic objectives, which were displayed in the hospital. Staff were aware of the Chief Executive's five year strategy for the trust. We found the hospital used policies, which were applicable across the trust.
- The vision and values for the service were displayed in departments. Staff were involved in developing the vision and values. Staff felt an obligation to develop the services provided at the hospital to better utilise its facilities. Although a staff survey for the CSU was undertaken in December 2013, we did not review the results of this.

Governance and measurement of quality

- Managers and staff could describe the governance structure for the hospital. Meeting of clinical leads in the Clinical Service Unit (CSU) and governance meetings for the CSU were held monthly. The CSU meetings were held at different hospitals within the trust on a rota basis. At governance meetings, complaints, incidents, audits and quality improvement projects were discussed. Senior nursing staff and ward managers cascaded information to staff. Governance meetings were recorded. Team briefings for staff local to the hospital were held which were intended to include staff that may not be included elsewhere; all staff were encouraged to attend. We saw that team briefings were held before the commencement of theatre sessions, and that these were recorded. Staff told us ward staff meetings were no longer held although they felt they could share any issues with their manager.
- A risk management process was in place for the trust and the hospital had its own risk register. Staff could demonstrate an understanding of the risk register and explain how they identified risks, how risk incidents were analysed, how concerns were escalated and could discuss examples. We found evidence that risks were identified and placed on the risk register; however, on one ward (Ward 3) staff interviewed had no understanding of clinical and financial risks and were unaware of the whistleblowing policy although posters were displayed about whistleblowing.
- We found that although data was collected, the analysis of performance data for presentation in a 'Quality Dashboard' format was described to us as 'under development.' Additional resource was being considered to enable more detailed analysis of the data collected at CSU level. In discussion we found the trust recognised that there was insufficient dedicated resource to support the delivery of the governance and quality agenda within the CSUs.

Innovation, learning and improvement

- Nurse managers attended CSU governance meetings monthly and identified any shared learning, audits, and best practice guidance to be shared with staff. Staff could describe to us how learning was shared, for example email alerts they received and information about learning from investigations of never events.
- We found examples of quality initiatives that had been implemented in the hospital, both within theatres and on the wards. Staff were encouraged to be involved in innovative projects. For example, 'The Productive Operating Theatre' (TPOT) programme was being applied to organise theatres. The TPOT programme enables a review of the design of the operating theatre in the way which focuses on improving outcomes for patients. TPOT is based on global best practice, and looks at eliminating errors, having systems for briefing and debriefing, and learning from near misses. An audit of high-impact interventions was being used to reduce infection risk by standardising good practice. Patient feedback was used to inform improvements, for example a family group was set up in response to patient feedback. A good practice service award system was in place.
- The '5S' method (Sort Set, Shine, Standardise, Sustain) for transforming theatres by standardising the work environment was being introduced to standardise anaesthetics areas across the trust. However, not all medical staff were aware of the initiative.

Managing and developing staff

- The hospital had arrangements in place for managing and developing staff. We found appraisals of staff performance took place and their learning needs were identified. Medical staff took part in 360 appraisals of themselves and colleagues. All theatre staff we spoke with had received an appraisal although one doctor told us their appraisal had been carried out by a consultant they didn't know. Nursing staff received an annual appraisal or an appraisal interview was planned shortly.

Good

Surgery

Clinical support workers had received an appraisal. The hospital had recently reintroduced return to work interviews for staff following a period sickness absence, which had reduced sickness absence levels.

- Staff who were new to their role received an induction. Good induction was reported by medical staff. The induction for unqualified staff and recent joiners included an introduction to the hospital as well as to trust. Unqualified staff and recent joiners received shadowing opportunities, a probation period and mentoring support.
- Senior medical staff contributed to, and attended weekly teaching sessions. Unqualified staff and recent joiners felt supported with their training needs. Completion of statutory mandatory training was recently linked to the appraisal system. For some areas, we were informed that mandatory training of staff was completed, although we found a number of training courses were cancelled, with in some instances no further places available until August 2014. For theatres, accessing training was an issue for staff, for example when covering shifts.

Good

Outpatients

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

Information about the service

Leeds Teaching Hospital Trust provided a range of outpatient clinics with just under one million patients attending each year. The trust had a dedicated outpatient department with dedicated outpatient staff. The trust employed 220 nursing staff (Registered and Unregistered) who were supported by approx. 350 administrative and reception staff to provide and support outpatient services. During the week of our inspection there were 14 speciality services providing outpatient clinics at the Chapel Allerton hospital.

We visited outpatient clinics in Rheumatology and Dermatology. We spoke with 12 patients and five staff and looked at five sets of patient notes. We reviewed the patient environment, availability of equipment, cleanliness and we looked at information provided to patients.

Summary of findings

Overall patients received safe and appropriate care in the department. The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring staff team.

We do not currently assess whether the outpatient's services are effective. Regular audits of patient records were undertaken, although staff told us that work to improve the quality of patient records was 'work in progress.' Care was delivered in line with best practice guidelines.

Outpatient services were caring. Patients visiting the outpatients department were treated with respect, dignity, and compassion. Patients were supported when they received a difficult diagnosis and staff explained choices of treatment. On the whole analysis of patient feedback survey data was positive, although cancelled appointments and waiting in clinics was a frustration for patients and their carers.

The outpatients' service was responsive. The department understood the needs of the different communities it served and reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The department had improved its clinic attendance rate using electronic messaging to contact patients. Patients with a dementia related condition, with a learning disability, a visual or hearing impairment were

Good

Outpatients

supported. The hospital wrote to patients and their GP within one week of the outpatient clinic. Car parking was available at the hospital on payment of a fee, although some patients felt this was an issue.

The service was well led. Staff liked working for the hospital and felt well informed and supported. Executive directors visited the service and staff knew who they were. Risk management processes were in place and each CSU operated its own risk register. The potential of staff of various grades and disciplines was developed. Staff recognised the need to develop more nurse led clinics for the department.

Are outpatients services safe?

Good

Outpatients' areas were clean and infection control procedures were followed in clinical areas. Staff were available in sufficient numbers to meet patients' needs. Consent was obtained from patients correctly and appropriately recorded. Regular audits of patient records were undertaken, although staff told us that work to improve the quality of patient records was 'work in progress.' Staff were aware of steps to take to safeguard vulnerable adults. Staff in Outpatients encountered problems accessing some types of training, including Intermediate Life Support.

Cleanliness, Infection control and hygiene

- Clinical areas were clean and waiting areas appeared to be clean and uncluttered. Staff followed bare below the elbow policies and used personal protective equipment. Hand washing facilities were in place throughout the outpatients areas and staff demonstrated thorough hand hygiene. Toilet facilities were clean.
- A lead member of staff for infection control was in place. Patients with a known infection were isolated. Infection control audits were completed.
- Cleaning audits took place monthly, including for equipment, although the system of audit had recently changed and staff were unable to report the degree of compliance achieved. The room level cleaning record was newly introduced and aspects of this were still to be developed

Staffing

- Staff were available in sufficient numbers to meet patients' needs. The hospital recognised there was an absence of guidelines as to what constituted safe staffing for an outpatients department, and was taking steps to address this. The role of health care assistant (HCA) staff was clear and HCA staff were asked to do only what was within the boundaries of their role.
- The outpatient areas we visited appeared to have sufficient staff although several patients told us they had waited a while for their appointment.
- The hospital rotated staff depending on need and demand. Where additional staffing was required to meet the specific safety needs of patients, systems were in

place to request additional staffing. The service used temporary nursing staff (bank) staff when staff shortages were identified. Cross training for staff in different roles was carried out so that staff could be moved between departments without compromising patient safety.

Incidents

- We found Outpatients followed a recognised process for reporting incidents and learning from incidents was in place for the trust. We looked at incidents reported between October 2013 and February 2014 by the outpatients CSU. Incidents reported included patient falls, documentation issues, and medication incidents.
- Staff were aware of the trust policy for reporting incidents. Staff were able to describe previous incidents and learning from this which occurred within the trust. Staff told us they did not always report missing notes as an incident but the medical records department did record the number of temporary notes for each clinic. Missing notes were escalated to the senior clinician.
- The most recent serious untoward incident led to a full root cause analysis. Learning from incidents was disseminated to staff through the weekly newsletter and in team meetings.
- Staff confirmed that they were encouraged to report incidents and received direct feedback from their line manager. Themes from incidents were discussed at weekly meetings and staff were able to give us examples of where practice had changed as a result of incident reporting. A serious incident reported in ophthalmology resulted in a patient identification checklist being developed and used within the outpatient department.
- Information was available to nursing staff in outpatients as to how to support deteriorating patients. We saw 'what you can do' information displayed in the staff area.

Environment and equipment

- Outpatient areas we visited were safe and environmentally fit for purpose. However, staff commented that there was no air conditioning in the hospital and 'fans were not allowed.' We did not identify that this presented an issue on the day of our visit.
- We observed that adequate equipment was available in the outpatient area. The functioning and cleanliness of equipment was checked regularly.
- Two resuscitation trolleys were located in the outpatients' area and we found that daily checks of the equipment were up to date. Staff reported to us that they had previously been able to request the resuscitation trolley and it was then moved where it was needed by the portering service. However, this practice had been discontinued. Staff preferred the previous system as it allowed for better use of their time in an emergency.

Medicines

- Medicines were stored correctly including in locked cupboards or fridges where necessary. Fridge temperatures were checked and in order. Unused prescription forms were kept securely.
- Patients received information and counselling to support with new medications. A patient told us, "The staff have explained about my condition and how I use my medication."
- Staff told us there were not always two staff nurses present when medicines were being distributed to patients and occasionally this had led to errors being made.

Records

- No recording issues were identified with the patient records we reviewed. Patient notes were clearly recorded. Temporary patient notes were used for some outpatient appointments but were combined with the main record soon afterwards.
- Regular audits of patient records were undertaken although we did not review the results of these. Staff told us that work to improve the quality of patient records was 'work in progress.' Patient confidentiality and data protection had been identified as an issue by the department. Replacement mobile storage units for records which were fitted with lids were being obtained to address this.

Mental Capacity Act, Consenting and Deprivation of Liberty Safeguarding

- Consent was obtained from patients correctly and recorded. Patients confirmed they had given their consent, and patient records confirmed this.
- Staff understood the relevance of the Mental Capacity Act (2005) and how this related to taking best interest decisions for vulnerable patients.
- Staff were aware of steps to take to safeguard vulnerable adults. Safeguarding training for senior staff was up to

date. Information available to support staff included a 'safeguarding adults at risk policy flowchart', which we saw displayed in areas of the department accessible to staff.
- The trust employed a mental capacity act coordinator and resources were available to support staff. Safeguarding information was posted in the hospital and available on the trust's web site.

Mandatory training
- The trust had a target of each CSU achieving 80% compliance with mandatory training for staff. Information about training accessible to staff and access to e-learning was available. Staff in a focus group told us that although the mandatory training list was a lot longer than it used to be, training was checked monthly to ensure it was up to date. Staff completed their training in work time, and optional one day catch up sessions were available to staff on request.

Are outpatients services effective?
(for example, treatment is effective)
Not sufficient evidence to rate

The new-to-follow-up ratio for the trust compared favourably with national information. Patients spoke very positively about their experience of visiting the Outpatients Department. If patients were expected to experience any significant delays, the reason was explained to them. Sufficient time was allocated for patient appointments.

Overall effectiveness of outpatients department
- The new to follow up ratio for the trust was 2.0 compared with a peer average of 2.2/2.3
- We observed that sufficient time was allocated for patient appointments in the hospital outpatients' areas. Staff treated patients considerately and spent time with patients explaining the procedure for their visit and how their treatment was being handled.
- Patients spoke positively about their experience of visiting the Outpatients Department. They said, "I am used to coming here and they usually keep to the appointment times, "and "The staff look after me; they keep me informed."
- If patients were expected to experience any significant delays, the reason was explained to them. However, one patient told us, "I would like better information about delayed and altered appointments."

Multidisciplinary or Specialist nurse clinics
- The hospital held dermatology clinics for reviewing patients' medicines and administering their medication by infusion. Specialist dermatology nurses were responsible for leading these clinics.

Urgent and next day clinics
- Staff informed us they offer urgent appointments depending on the circumstances of the patient.

Use of national guidelines and audit
- The trust had completed audits and surveys in the outpatient clinics. The trust had completed an antibiotic audit to ensure prescribing is in line with clinical guidelines.
- There was evidence of changes as a result of audits. The trust had implemented systems to text message or phone people to remind them about appointments.
- Some audits were completed and changes were implemented to improve the effectiveness and outcomes of care and treatment for patients. The hospital's use of audits and surveys for Outpatient clinics was under review at the time of our visit.
- Medical staff explained to us the systems they used to ensure they constantly reviewed their effectiveness by keeping up to date with best practice guidance.

Are outpatients services caring?

Good

Patients visiting the Outpatients Department were treated with respect, dignity, and compassion. If patients needed to wait for appointments or transport they were supported. Patients were supported when they received a difficult diagnosis and staff explained choices for treatment.

Compassionate care
- The trust completed a local survey of outpatients in 2013. We reviewed some local outcomes of the survey for dermatology clinics and found that 90% of patient comments were positive. Typical comments were, "Thorough explanation, saw consultant each visit, short waiting period," "Seen quickly and dealt with efficiently," and "Friendly and efficient."
- We observed that staff interactions with patients were caring and considerate. Patients were treated with respect and dignity. Patients told us, "I feel safe here, the

staff treat me with respect," and "The staff treat me as an individual." Facilities were provided for confidential conversations with patients. If patients needed to wait for appointments or transport they were supported. A plan of action was used if patients had waited one hour for transport.
- Chaperones were available.
- Patient records were completed appropriately, particularly in documenting discussions with patients.

Patient involvement in care
- Patients we spoke with spoke positively about how they had been involved in decisions about their care and treatment.
- Patients had opportunity to ask questions. Staff spent time with patients explaining their treatment to ensure they understood it. Patients were able to talk with staff about any concerns they had.

Emotional support
- Patients were supported when they received a difficult diagnosis and staff explained choices for treatment. Patients were given a named contact in the hospital.

Are outpatients services responsive to people's needs?
(for example, to feedback?)

Good

The hospital understood the needs of the different communities it served. The hospital reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The trust had improved its clinic attendance rate using electronic messaging to contact patients. Clinic visits by patients with dementia related conditions, or with a learning disability or a visual or hearing impairment were supported. The hospital wrote to patients and their GP within one week of the outpatient clinic. Car parking was available at the hospital on payment of a fee, although some patients felt this was an issue. We were informed the Outpatients service received very few complaints.

Key responsiveness facts and figures
- Hospital reviewed clinic statistics monthly. Cancellations, delays in clinics, waiting times, clinic start times and waiting times were displayed in clinic areas. The hospital reviewed the management of clinics to reduce waiting times for follow-up appointments. The hospital understood the needs of the different communities it served.
- Trust-wide information showed that referral to treatment times of less than 18 weeks were below target at 85% against a target of 90%.
- The number of patients waiting over six weeks for a diagnostic test was lower than expected.

Ensuring attendance
- Patients who were due to attend an appointment at an outpatient clinic were sent an initial letter with a map of the hospital which located the clinic they were expected to attend. The letter included contact for them to use if they were unable to attend their appointment.
- The trust had improved the clinic attendance rate by using text messaging and automatic telephone messaging.
- There was appropriate signage in hospital corridors to direct patients to clinic areas.
- Lifts had audio notices next to them and signage information was also written in Braille.

Access for all patients
- Patients with dementia related conditions were supported to attend their outpatients' clinic. We found that patients with a learning disability and visually or hearing impaired patients were also supported. Written information was available in large print on request. Signers were available to attend clinics to support patients with a hearing impairment.
- Patients with a first language other than English were supported. We observed that the self-check-in facility in the reception area included a prompt 'please select your language.' Clinics had access to interpreters and also access to a translation telephone service. Written information was available in several languages on request.
- Clinics for bariatric patients were available at another hospital within the trust.
- The trust used the NHS ambulance service to provide patient transport for patients to attend outpatient appointments. The ambulance service completed quarterly audits on waiting times for patients and patient surveys about their experience of using the patient transport service.

Good

Outpatients

Communication with patients and GPs

- Patients were given 'Treatment advice notes' with recommendations for treatment to take to their GP. The hospital wrote to patients and their GP within one week of the outpatient clinic. Patients were offered a named contact and an email address to address their questions.
- GP referrals and appropriateness of referrals were audited and fed back to the patient's GP.

Environment

- Car parking was available at the hospital on payment of a fee, although several patients we spoke with felt the car parking arrangements presented a difficulty for them. Patient comments included, "The car parking is an issue, "It is difficult to park and it is expensive if you go over your time due to overrunning appointment times," and "I had a problem parking my car."
- The reception area provided seating for patients' drinks and snacks were available.
- The ambulance service provided patient transport. Information about transport for patients was displayed in the public area.

Complaints handling for the hospital

- Complaints were handled in line with trust policy. We were informed the Outpatients service received very few complaints.
- Initially complaints were dealt with by Outpatients Department staff. Patients were given guidance if they wished to make a formal complaint. A Patient Advice and Liaison Service (PALS) was also available to progress complaints. Information leaflets about the complaints service were available for patients. Complaints information was also available on posters displayed in several languages.
- Patients told us, "I would not hesitate to complain if I need to, "If I needed to complain I would know what to do," and a patient who had waited 20 minutes to see a particular consultant said, "My only complaint is that I do not like waiting for appointments."
- We found that the resolution of complaints, and learning, were discussed at staff meetings.

Are outpatients services well-led?

Good

Staff in a focus group told us they liked working for the hospital. Executive directors visited the service and staff knew who they were. Risk management processes were in place for the trust, and the hospital operated its own risk register. Examples of developing innovation were cited to us, which were developed with the contribution of staff in the outpatients department. The potential of staff of various grades and disciplines was developed. Team meetings were held although intermittently, and steps were being taken to address this. Staff recognised the need to develop more nurse led clinics for the Outpatients Department.

Leadership of service

- The Outpatients department located at the hospital was part of the Outpatients directorate. There was a leadership structure for the department and staff understood the structure, who their line manager was and who they reported to in the structure.
- Executive directors visited the service and staff knew who they were. Staff were aware of executive director communications including 'Start the Week.' Staff recognised executive communication had recently improved, particularly from the Chief Executive, and spoke positively about it. A team brief was held monthly by senior managers who then cascaded information to staff.

Culture within the service

- Staff in a focus group told us they liked working for the hospital. Staff said they felt well supported. Staff worked well together and there was obvious respect between not only the specialities but across disciplines.
- Staff in outpatients spoke positively to us about the service they provided for patients. Quality and patient experience was seen as a priority and everyone's responsibility. Staff felt that the department focused on the importance of a positive experience for patients.

Good

Outpatients

Vision and strategy for this service

- The trust vision was visible throughout the wards and corridors of the hospital. Staff were able to repeat the vision to us in a focus group. During conversations with staff they could explain the outpatient department mission statement.
- Managers and staff contributed to an outpatient transformation project to improve the quality of the outpatient services which was reviewing:
- Did Not Attend Rates
- Text and Voice Reminders
- Hospital Cancellations
- Repeat Hospital Cancellations
- Appointments cancelled by patients
- Late Additions (Clinics booked within less than 24 hours to start)
- % patients seen within 30 minutes
- Patient insight
- Clinic utilisation
- Staff recognised need to develop more nurse led clinics for Outpatients.

Governance, risk management and quality measures

- Quarterly governance meetings and team meetings were held within the CSU and all staff were encouraged to attend including junior members of staff. Complaints, incidents, audits and quality improvement projects were discussed at team meetings. We found the previous team meeting was held in December 2013, although further meetings were arranged and dates for 2014 were known.
- Risk management processes were in place for the trust and the hospital operated its own risk register. The Outpatients directorate maintained its own risk register. Staff could explain how they identified risks and what they did to manage risks.
- A quality dashboard for outpatients was in development so that senior staff understood what 'good looked like' for the service and what they were aspiring to be able to provide.

Innovation, learning and improvement

- The trust had begun to use text messaging and automatic telephoning to remind people about appointments. This had reduced the DNA rates for appointments. In addition, appointments were now not booked until six weeks before they were required which had also reduced the DNA rates for services using the scheme.
- Innovation was encouraged from all staff members across all disciplines. Junior doctors and student nurses were involved in quality improvement project and staff were able to give examples of practice that had changed as a result.
- Outpatient staff at one hospital within the trust had developed a quality manual and care and compassion standards, which included competencies for staff to achieve and this was being shared across all the outpatient departments.

Managing and developing staff

- The hospital had arrangements in place for managing and developing staff. We found appraisals of staff performance took place and their learning needs were identified. Medical staff took part in 360 appraisals of themselves and colleagues.
- Staff who were new to their role received an induction. Good induction was reported by medical staff. The induction for unqualified staff and recent joiners included an introduction to the hospital as well as to trust. Unqualified staff and recent joiners received shadowing opportunities, a probation period and mentoring support.
- We received some mixed messages from staff about their training. Staff felt mainly that training was accessible to them. Senior medical staff contributed to, and attended weekly teaching sessions. Unqualified staff and recent joiners felt supported with their training needs. Completion of statutory mandatory training was recently linked to the appraisal system. For some areas, we were informed that mandatory training of staff was completed, although we found a number of training courses were cancelled, with in some instances no further places available until August 2014.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 (1) (a) & (b) HAS 2008 (Regulated Activities) Regulations 2010 Supporting workers. There were not suitable arrangements in place to ensure that staff were supported to enable them to deliver care and treatment to service users safely and to the appropriate standard. Not all staff had completed their mandatory training or had the opportunity to attend training to enhance or maintain their skills.