

Plymouth Hospitals NHS Trust

# Mount Gould Hospital

## Quality Report

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Plymouth  
Devon

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

Overall rating for this hospital

Requires improvement



Outpatients and diagnostic imaging

**Requires improvement**



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We inspected Plymouth Hospitals NHS Trust as part of our programme of comprehensive inspections of all acute NHS trusts between 22 and 24 April 2015.

The trust has 12 registered locations:

- Derriford Hospital
- Launceston General Hospital
- Liskeard Community Hospital
- Mount Gould Hospital
- Cumberland Centre
- Plymouth Dialysis Unit
- Plymouth Hospitals NHS Trust HQ
- Royal Cornwall Hospital
- South Hams Hospital (Kingsbridge Hospital)
- Stratton Hospital
- Tamar Science Park
- Tavistock Hospital.

During our inspection we inspected the following locations:

- Derriford Hospital
- Mount Gould Hospital.

We rated Mount Gould Hospital as requires improvement overall, with improvements needed in respect of the responsive and well-led key questions. Caring was rated as good.

Our key findings were as follows:

- The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively, as data and performance measurement were inaccurate and unreliable.
- The trust's target of 95% for compliance with mandatory training for safeguarding of children was not being met. Staff were unable to confidently describe their responsibilities in respect of the Mental Capacity Act 2005.
- For some patients, access to new and follow-up appointments was delayed by a recognised backlog of appointments.
- There was a lack of local leadership and leaders were out of touch with what was happening on the front line.
- Patients were cared for in a clean and hygienic environment, and there were systems in place to reduce the risk and spread of hospital acquired infection. We saw safe practice in radiation protection.
- There were unsafe practices in respect of the management of prescription forms and the trust's policy for the custody of the medicines keys.

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

Importantly, the trust must:

# Summary of findings

- Ensure staff have the competence, skill and experience to deliver patient care and treatment and meet patients' needs. This includes the management and leadership roles.
- Ensure systems, processes and standard operating procedures are reliable and appropriate to keep people safe, and monitor whether safety systems are implemented.
- Ensure the consistent application of medicines optimisation across the services, in particular: safe storage and management of stocks of FP10 (prescriptions are the prescriptions used for outpatients that can be taken to any community pharmacy) and outpatient prescription forms; safe disposal of surplus or wasted medicines; and safe custody of medicines keys – so that prescription forms and medicines are only accessible to staff with suitable authority.
- Review the managerial and governance arrangements in outpatients, so that systems and processes to minimise likelihood of risk in relation to access to services and a standard booking process for appointments across all departments are fully implemented.
- Ensure all staff understand and work within the requirements of the Mental Capacity Act 2005 where they work with people who may lack the mental capacity to make decisions.

In addition the trust should:

- Review the process for incident reporting to ensure that all staff act in accordance with the risk and incident reporting policy.
- Improve the dissemination of learning from safety incidents and complaints.
- Assess the impact of using temporary notes for clinics, to ensure systems do not compromise patient safety.
- Ensure that only current copies of the BNF British National Formulary for prescribing are available for staff reference.
- Ensure all staff have undertaken basic life support training relevant to their role.
- Ensure GP letters are typed and sent within the required time scale, so that information is available to relevant practitioners when required.
- Consider reviewing the Did Not Attend rates and discharge of patients, in order to optimise the clinic capacity.
- Ensure patients have access to information on translation services should these be required.
- Review and implement the recommendations of the Plymouth Healthwatch consultation to improve services for patients.
- Ensure feedback from patients using Mount Gould Hospital is gathered, reviewed and acted on.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Outpatients and diagnostic imaging

Requires improvement

### Rating



### Why have we given this rating?

We found that overall the outpatients and imaging service required improvement. We rated the service as good for caring and as requires improvement for safe, responsive, and well-led. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe, and monitoring whether safety systems were implemented was not always given adequate priority. Staff did not always receive feedback or share learning from safety incidents.

We saw unsafe practices in medicines optimisation including: ineffective processes for the disposal of medicines; lack of safe storage and management of prescription forms; and non-adherence to the trust's policy for the custody of medicines keys.

There was no evidence of staffing calculator tools or risk assessments being used to determine safe staffing levels for nursing. However, we were unable to fully assess the impact that this was having.

The trust's target of 95% for compliance with mandatory training for safeguarding of children was not being met. Staff told us that training and information about the Mental Capacity Act was also poor, and they were unable to confidently describe their responsibilities under the Act.

Patients were cared for in a clean and hygienic environment, and there were systems in place to reduce the risk and spread of hospital acquired infection. We saw safe practice in radiation protection. There were effective arrangements in place for managing emergencies.

The availability and management of medical notes was variable in clinics.

The service was not always responsive to meet the needs of the local population. There were no out-of-hours or weekend services. For some patients access to new and follow-up appointments was delayed by a recognised backlog of appointments.

# Summary of findings

There was a lack of local leadership and leaders were out of touch with what was happening on the front line. During our visit we saw that arrangements were put in place to appoint an interim matron with immediate effect.

The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively, as data and performance measurement were inaccurate and unreliable. Risks and issues described by staff did not always correspond with those reported to and understood by leaders, and action plans were not always completed or reviewed.

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# Mount Gould Hospital

## Detailed findings

Services we looked at Outpatients and diagnostic imaging

# Detailed findings

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## Background to Mount Gould Hospital

Plymouth Hospitals NHS Trust is the largest hospital trust in the South West Peninsula. It is a teaching trust in partnership with the Peninsula College of Medicine and Dentistry. The trust is not a Foundation Trust.

The trust provides comprehensive secondary and tertiary healthcare to people in Plymouth, North and East Cornwall and South and West Devon. The catchment population for secondary care is 450,000 with a tertiary care role for 1.6 million people in the South West of England. The majority of these services are provided at the Derriford site.

The trust has 1,016 beds consisting of:

- 943 general and acute (of which 65 children's beds)
- 27 maternity
- 46 critical care (of which 4 paediatric beds).

There are 5,639.5 whole time equivalent staff employed at the trust, consisting of:

- 883 medical staff
- 1,563 nursing staff
- 3,193.5 other staff.

Secondary care services include emergency and trauma services, maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. Specialist services include kidney transplantation, neurosurgery, pancreatic cancer surgery, cardiothoracic

surgery, bone marrow transplant, upper GI surgery, hepatobiliary surgery, plastic surgery, liver transplant evaluation, stereotactic radiosurgery and high risk obstetrics. The trust is a designated cancer centre, major trauma centre and level 3 neonatal care provider.

The City of Plymouth was ranked 67th of 326 local authorities in the English Indices of Deprivation 2010 (1st is 'most deprived'). The Public Health profile indicates that Plymouth is significantly worse than the England average for 17 of 31 indicators (55%), including violent crime and incidence of malignant melanoma. Four of five indicators in 'Children's and young people's health' were ranked significantly worse than the England average.

Plymouth Hospitals NHS Trust provides outpatient and diagnostic imaging services from Mount Gould Hospital, which was owned and operated by Plymouth Community Healthcare. It was one of six registered locations referred to as 'satellite sites' that offered an outpatient and diagnostic imaging service for adults, in addition to the service provided at Derriford Hospital.

During 2013-2014 Plymouth Hospitals NHS Trust provided an outpatient service of 580,000 appointments and 168,000 follow-up appointments. Of these 15,406 appointments were scheduled at Mount Gould, with 8% of booked appointments not attended.

# Detailed findings

## Our inspection team

Our inspection team was led by:

Chair: Nick Bishop, Senior Medical Advisor, Care Quality Commission

Head of Hospital Inspections: Mary Cridge, Head of Hospital Inspections, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Consultants from medicine, anaesthetics,

surgery, emergency medicine, paediatrics, obstetrics, an intensive care, a junior doctor, newly qualified nurse, midwife and nurses from medicine, care of the elderly and critical care, a children's community nurse. The team also included three Experts by Experience, analysts and an inspection planner.

## How we carried out this inspection

Prior to our inspection we reviewed a range of information we held about the organisation. We asked other organisations to share what they knew about the hospital. These included the local clinical commissioning group, the Trust Development Authority, the local council, Healthwatch Plymouth and Healthwatch Devon, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges.

We held a listening event on 14 April 2015 in Plymouth, where people shared their views and experiences of care and treatment at Plymouth Hospitals NHS Trust. More than 35 people attended this event. People who were unable to attend the event shared their experiences by email, telephone and our website.

We carried out our announced inspection on 22, 23, 24 April 2015 and unannounced inspections at Derriford Hospital on 30 April 30 and 1, 5 May 2015. We held focus groups and drop-in sessions with a range of staff in the hospital including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, staff side representatives, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from across the trust. We observed how people were being cared for, talked with carers and family members and reviewed patients' records of their care and treatment.

## Facts and data about Mount Gould Hospital

Plymouth Hospitals NHS Trust provides outpatient and diagnostic imaging services from Mount Gould Hospital, which was owned and operated by Plymouth Community Healthcare.

It was one of six registered locations referred to as 'satellite sites' that offered an outpatient and diagnostic imaging service for adults, in addition to the service

provided at Derriford Hospital. The service is delivered by staff who were employed by Plymouth Hospitals NHS Trust, from 08.00 – 17.00 hours Monday to Friday. There were no services provided at weekends or out of hours. The outpatients and imaging services were located on the ground floor and served by two reception desks.

## Our ratings for this hospital

Our ratings for this hospital are:

# Detailed findings

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

## Notes

# Outpatients and diagnostic imaging

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

## Information about the service

Outpatient services at Mount Gould Hospital included: audiology, dermatology, diabetic medicine, ear nose and throat (ENT), geriatric and general medicine, neuromuscular clinic, orthoptic assessment, management of stroke patients, pain clinic, Parkinson's disease clinic, orthopaedic and rheumatology, and respiratory services. The pain clinic relocated from Derriford Hospital to Mount Gould Hospital in October 2013, and was the largest of all the outpatient services, delivering a service to adult patients Monday to Friday 08.30 – 18.00hrs. Diagnostic imaging (plain x-rays) was provided 08.30 – 17.00 Monday to Friday.

During 2013-2014 Plymouth Hospitals NHS Trust provided an outpatient service of 580,000 appointments and 168,000 follow-up appointments. Of these 15,406 appointments were scheduled at Mount Gould, with 8% of booked appointments not attended.

Prior to our visit we were informed by the trust that there had been a requirement for all service lines to increase their capacity. Particular challenges were: high did not attend (DNA) rates at Mount Gould Hospital; and 18 week referral-to-treatment targets for non-admitted patients that had been below standard since August 2013.

## Summary of findings

We found that overall the outpatients and imaging service required improvement. We rated the service as good for caring and as requires improvement for safe, responsive, and well-led. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe, and monitoring whether safety systems were implemented was not always given adequate priority. Staff did not always receive feedback or share learning from safety incidents.

We saw unsafe practices in medicines optimisation including: ineffective processes for the disposal of medicines; lack of safe storage and management of prescription forms; and non-adherence to the trust's policy for the custody of medicines keys.

There was no evidence of staffing calculator tools or risk assessments being used to determine safe staffing levels for nursing. However, we were unable to fully assess the impact that this was having.

The trust's target of 95% for compliance with mandatory training for safeguarding of children was not being met. Staff told us that training and information about the Mental Capacity Act was also poor, and they were unable to confidently describe their responsibilities under the Act.

# Outpatients and diagnostic imaging

Patients were cared for in a clean and hygienic environment, and there were systems in place to reduce the risk and spread of hospital acquired infection. We saw safe practice in radiation protection. There were effective arrangements in place for managing emergencies.

The availability and management of medical notes was variable in clinics.

The service was not always responsive to meet the needs of the local population. There were no out-of-hours or weekend services. For some patients access to new and follow-up appointments was delayed by a recognised backlog of appointments.

There was a lack of local leadership and leaders were out of touch with what was happening on the front line. During our visit we saw that arrangements were put in place to appoint an interim matron with immediate effect.

The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively, as data and performance measurement were inaccurate and unreliable. Risks and issues described by staff did not always correspond with those reported to and understood by leaders, and action plans were not always completed or reviewed.

## Are outpatient and diagnostic imaging services safe?

Requires improvement



The service provided was not always safe. Staff were aware of the incident reporting procedures but were not always following the correct processes, particularly in the pain clinic. This meant that the full extent of safety incidents was not identified or acted on in a timely manner, and that learning from safety concerns was not always shared in order to improve practice.

Medicines were generally stored safely. However we saw unsafe practices in the pain clinic including: ineffective processes for the disposal of medicines, lack of safe storage and management of prescription forms, and non-adherence to the trust's policy for the custody of medicines keys. We brought these safety concerns to the immediate attention of nursing and pharmacy staff and saw that corrective action was taken.

Patients were cared for in a clean and hygienic environment, and there were systems in place to reduce the risk and spread of hospital acquired infection. We saw safe practice in radiation protection. There were effective arrangements in place for safeguarding vulnerable adults and for managing emergencies.

We were told that on occasions the full set of people's medical records were not available, and that temporary notes would be made up for patients. There was inconsistency in the approach doctors took in their decision to see patients with temporary notes. There was incomplete audit data to enable us to assess the impact of this.

### Incidents

- An electronic incident reporting system (DATIX) was in place which staff confirmed they were trained to use. However, we saw examples where personal responsibility for reporting safety incidents was not taken by staff. Three members of staff told us there had been incidents "we should have datixed but did not", and that they reported incidents verbally to their line manager rather than use the reporting system. These

# Outpatients and diagnostic imaging

incidents included: a person collapsing in the waiting area, unavailable records, and medicines safety issues. We saw these had then been recorded on the risk register by the managers,

- Some staff told us they did not recognise the term duty of candour, and could not recall been given any information or training on the topic. They could not provide any examples of when the duty had been implemented in practice. However all staff described the culture of open reporting within the trust and stated that they would feel confident in the relevant processes.
- Other staff told us they thought some staff were unfamiliar with the system and found it too difficult to use. From December 2014 to March 2015 there were five reported safety incidents. Two of these incidents occurred in the pain clinic, one in the acute medicine, diabetic medicine and endocrinology clinic, and one in the trauma, orthopaedic and rheumatology clinic. Of these five incidents four were categorised as causing no harm, and one was categorised as moderate harm. There was no record of further action or the lessons learned in three out of five of the incidents. This meant that there was a risk that similar incidents would not be prevented from happening in the future.
- A revised incident reporting policy was recently introduced across the trust. Staff we spoke with told us they were not aware of the new policy and could not recall any communication about its introduction. This meant that consistency in reporting and the full extent of safety incidents was not fully assured, placing people at risk of similar incidents occurring in the future.
- Staff gave examples of where specific incidents had been discussed at diagnostic imaging meetings and appeared as a regular discussion point. We looked at the Mount Gould Hospital outpatients and imaging risk register and saw that there were no outstanding action points for diagnostic and imaging.

## Cleanliness, infection control and hygiene

- All the waiting and treatment areas we visited were visibly clean. Patients and staff told us the environment was always clean and tidy. There were systems in place to prevent and protect people from a healthcare associated infection and to monitor checks of cleanliness.
- Hand hygiene dispensers for disinfectant gels and instructions were located throughout the department and we observed their use by patients and staff. We

observed hand washing practices being implemented before and after patient interaction. All staff we observed were bare below the elbow in accordance with the trust's infection prevention and control and uniform policy. There was personal protective equipment such as gloves and disposable aprons readily available in clinical areas. We observed staff wore this where relevant and that they complied with hand washing requirements.

- Clinical waste and sharp objects were disposed of safely and effectively.
- Staff we spoke with demonstrated understanding and knowledge of cleanliness and infection prevention and control procedures and had completed relevant recent on line learning.
- We asked to see evidence of environment and quality safety audits at Mount Gould Hospital. These were not available at the time of our visit.
- We were told that all patients were tested for Methicillin-Resistant Staphylococcus Aureus (MRSA) swab test during their first appointment.
- Legionella testing had been carried out and met local and national requirements.

## Environment and equipment

- The design, maintenance and use of facilities and premises kept people safe. Waiting areas and treatment areas were spacious, free from clutter, and had sufficient seating. There were emergency call bells in several locations.
- We saw that equipment was regularly serviced, and appropriately checked. There was clear labelling of equipment checks and cleaning ensuring that it was ready for use.
- Emergency equipment including resuscitation equipment was centrally located and checked on a regular basis.
- Staff were all trained to use the equipment provided and understood the process for reporting faulty equipment.

## Medicines

- A limited stock of medicines was stored on site. The stock did not include any controlled drugs (medicines that require additional security).
- We saw where medicines were ordered by a doctor or authorised nurse prescriber. These were supplied by the Plymouth Hospitals NHS Trust pharmacy and delivered

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by courier. Medicines were stored in locked cupboards or fridges at the appropriate fridge temperature.

However, room temperature records were not recorded which meant medicines might not be stored at the correct temperature to ensure they were safe to use.

- Arrangements were in place for the safe storage of FP10 prescriptions (controlled stationery) in two locked cupboards within the outpatient department. However, the policy was not always correctly followed to record the distribution of FP10 prescription forms, and we saw a number of omissions in the records. There was no evidence of any formal monitoring system in place to ensure that a record is kept of all prescriptions that were issued, and we saw no evidence that omissions in the recording of prescription stationery distribution were reported as a safety incident. This meant that missing prescriptions would not be reported immediately and there was a risk they may be used by unauthorised persons. Senior nurses we spoke with told us they were aware of the problem and the risks attached, and that it had been under discussion for about six months. We saw no record of the discussions or any remedial action, or any evidence that this had impacted on patient care. We saw a supply of outpatient prescription pads that were not securely stored. We brought these issues to the immediate attention of managers during our visit who took corrective action.
- We saw there was a standard operating policy to ensure safe disposal of surplus or waste medicines. In one of the locked cupboards in the pain management clinic we saw three boxes of expired medicines labelled: 'to be returned to pharmacy'. Staff and managers we spoke with were unable to describe the correct procedure to ensure the correct disposal of surplus or waste medicines and gave inconsistent responses to our enquiries. We brought this to the attention of the manager who immediately arranged for the medicines to be correctly disposed of by the liaison pharmacist.
- There were procedures in place for registered nurses to take responsibility for the safe custody of medicines keys. However, during our visit we saw in the ear nose and throat clinic and the pain management clinic that health care assistants were given custody of the medicines keys, where there were no registered nurses on duty. Managers and staff told us this happened on at least a weekly basis which was not in accordance with the trust policy which states a registered health care professional must hold the medicines keys at all times.

Nurses and managers we spoke with told us that the decision to allow health care assistants to hold the keys was not related to any assessment of their competence relating to medicines safety or any risk assessment.

- Staff told us that on occasions the medicines keys would be handed over to a doctor on request, allowing them access to medicines and prescriptions. A senior nurse told us the associated risks had been previously identified but not recorded on a risk register or acted upon. We brought these concerns to the immediate attention of managers who took corrective action.
- Staff told us that they had not undertaken assessment of competence or continued learning in medicines optimisation.
- We saw the British National Formulary (BNF) was available as a source of reference for medicines that had been prescribed. However four different editions of the publication were provided, none of which were in date. Staff told us they would access the BNF electronically. However we did not witness this happening during our inspection.

## Records

- Staff told us that the service provided by the medical records department was generally good and that it was rare that medical notes went missing. However, we received conflicting information about the extent of missing records.
- We were told that where records were not available clerical staff created a temporary set of notes. If this was not possible the patient could not be seen. The use of temporary notes was monitored by a project officer responsible for reducing the number of temporary notes in circulation. An action plan had been created and a monthly report of progress was reported to the trust's governance and Caldicott committees. In the previous 14 months there had been a 26 per cent decrease in the numbers of temporary medical notes. However, staff at Mount Gould told us that the use of temporary notes was not usually reported as a safety incident on the electronic reporting system (DATIX) and therefore the full extent of the problem was not known.
- We looked at a random sample of patients' medical records and saw that they were generally complete and included a record of all consultations, including telephone consultations, patient assessments, treatment plans, and clinical results.

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- We asked for evidence of record management audits at Mount Gould and none was available. Staff could not recall any audits or results specific to Mount Gould.
- Patients who used the diagnostic and imaging service had their details recorded electronically using Computerised Radiology Information System (CRIS). This meant that staff were able to have timely access to patient details.
- Staff are reminded when they need to complete mandatory training three months before their trust update, and were aware of their responsibilities for identifying and acting on their learning needs and development.
- Staff and managers told us there was good provision of face to face and on-line learning to help staff complete the training.

## Safeguarding

- There were no safeguarding concerns at the time of our visit. The trust had a safeguarding steering group who ensured appropriate processes, procedures and culture existed to adequately safeguard those people at risk of abuse, neglect or exploitation. This group directly reported to the hospital board.
- All diagnostic imaging staff we spoke with told us they had successfully completed safeguarding training as part of mandatory training required by the trust. Not all staff providing the outpatient service could recollect whether they had completed safeguarding training, and we saw from the mandatory training records that we looked at that compliance with the training was below the required standard.
- Staff we spoke with demonstrated knowledge and understanding of safeguarding and the trust process for reporting concerns. They were able to provide examples of what may constitute a safeguarding concern and how such concerns would be reported and acted upon. Staff told us they believed any safeguarding concerns would be taken seriously and acted upon.

## Mandatory training

- Mandatory training was monitored by each care group rather than at a trust wide level. Therefore we were unable to determine the compliance of mandatory training specific to Mount Gould Hospital.
- The trust's target for compliance in mandatory training at any one time was 95%. This was not being met for child protection (safeguarding) training, where compliance was 89.6% for level 2, and 66.7% for level 3. We were told that safeguarding of children training was being reviewed as non-compliance with the training had been identified as a risk.
- Staff told us they felt that mandatory training was of an adequate level to ensure safety to patients.

## Assessing and responding to patient risk

- Staff we spoke with demonstrated knowledge and understanding of patient risk, particularly for elderly or frail people with more than one medical condition.
- Staff demonstrated a good awareness of health and safety and we saw clear signs alerting people to potential hazards. They included signs and information displayed in the imaging department informing people about where radiation exposure took place and where there was restricted access.
- Staff working in the diagnostic imaging service showed us a range of evidence to demonstrate that radiation protection levels were being monitored and were in accordance with IR(ME)R employer's procedures and rules. This ensured people and the environment were protected from the harmful effects of ionizing radiation.
- Non-clinical staff such as receptionists had not completed basic life support training as part of their mandatory training; however they were able to describe their responsibilities in summoning immediate assistance from suitably qualified staff. Managers had reviewed the policy at Mount Gould Hospital for summoning emergency assistance following a recent safety incident. Staff described this as making them feel more confident in managing and transferring emergencies to Derriford Hospital.
- We saw adult resuscitation equipment accessible within the department. We saw evidence that this was checked regularly and that all equipment was within date and ready for use.

## Staffing

- There was no matron in post with oversight for the service at Mount Gould Hospital. However, an interim appointment was made on the final day of our visit. There was an identified clinic co-ordinator for each clinic who acted in a supernumerary capacity to support

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the staff. This was not always a registered nurse. There was no evidence that the role was linked to any leadership skills or competencies. However we were not able to fully assess the impact this had on patients.

- Senior nurses within individual specialties managed the nursing staffing levels and made arrangements for nursing staff to work between Derriford Hospital and Mount Gould Hospital locations.
- There were some staff vacancies. However; staff told us they provided good and safe care and that they felt staffing levels were generally sufficient. Where there were staff absences there was an escalation process that enabled reallocation of staff from Derriford Hospital. There are no standards or guidance on the staffing mix in outpatient settings. However, the skill mix needs to be adequate to manage an emergency and meet the needs of individual patients. Staff responsible for the nursing rotas could not provide evidence that staffing calculator tools were used to determine safe staffing levels or the required skill mix. Staff told us that they felt a need for a greater senior nursing presence in the service.
- We were told there was a pharmacy service employed to provide support. However staff told us they did not have a relationship with the service and could not recall any visits from the pharmacist.
- On the final day of our visit we saw there was no receptionist available for the pain clinic. However the receptionist duties were undertaken by the main reception and by clinical staff. Patients we spoke with did not have any concerns about the change in arrangements.

## Medical staffing

- The individual specialties arranged medical cover for their clinics and were managed within the clinical directorates, who agreed the structure of the clinics and patient numbers. Doctors worked at both Derriford Hospital and Mount Gould Hospital locations.
- Consultants we spoke with felt well supported by staff and managers in their own service line.
- There were a number of consultant vacancies, particularly in the care of the elderly service, which meant that clinics were not always able to work to their full capacity. This increased the risk to patients due to excessive waits in the follow-up appointment backlog.

## Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

The effectiveness of outpatients has not been rated due to insufficient data being available to rate outpatients effectiveness nationally at present.

Seven day services were not offered to patients. All the staff spoke positively about their learning and development opportunities, and had an annual appraisal. Some staff had completed training to extend their role and responsibilities. However, we saw limited evidence that staff were assessed as competent before taking on new roles. We saw evidence of collaborative working with the multi-professional team and other services. We also saw examples of where National Institute for Health and Care Excellence (NICE) guidance was cascaded to clinical staff.

## Evidence-based care and treatment

- In March 2014 an external audit was undertaken by ISAS (Imaging Service Accreditation Scheme). It was identified through the audit that diagnostic reference levels were not fully implemented in the department. This is a requirement of IR(ME)R regulations 4 (duties of employer) and 7 (optimisation). An action plan was created and a programme of auditing was implemented by September 2014 ensuring compliance. We were told that dose optimisation was recognised by the trust board several years ago but has only been actioned 6 months prior to the inspection. New standard operating procedures have been written and have been approved by the trust's governance committee.
- Staff in the pain clinic provided evidence that they were following national guidance for pain management and for acupuncture. We saw little evidence of any audits or a programme of audits specific to Mount Gould Hospital.

## Competent staff

- There was an induction process in place for new staff. We spoke to a member of staff who was currently completing the programme, who described their induction as "excellent".

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- Staff said they felt comfortable to discuss further training with their direct line and service line managers and that they found their annual appraisal an effective forum.
- In outpatients all staff must read the standard operating procedure and be competency assessed before using equipment. Records of competencies were centrally stored at Derriford Hospital.
- In diagnostic imaging all radiation protection supervisors attended regular training to maintain their practice. Certificates were distributed to build into their continual professional development.
- All staff we spoke with in the diagnostic imaging department had an up to date job description
- There was one nurse with an independent prescriber qualification and another waiting to commence the appropriate programme to prepare them for the role.
- Patients we spoke with told us they felt well informed prior to, during, and after their appointments.
- All staff in the outpatients department had received dementia awareness training. There were two dementia champions (at Derriford Hospital) to promote good practice around dementia care. However, information about this service was not displayed for patients and carers. Some GPs will make a note of dementia on a patients referral (although this isn't standard practice) enabling staff to 'flag up' at risk patients. Risk assessments are conducted by the learning disability team who manage their care.

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

### **Multidisciplinary working**

- The outpatients department had access to a range of therapies such as physiotherapy, occupational therapy, dieticians, clinical psychologists, orthoptists and speech and language therapists and also offer services for rehabilitation. We observed physiotherapists and clinical psychologists working in the pain clinic during our visit.
- We spoke with a number of allied health professionals: physiotherapist, orthoptists, and clinical psychologists who spoke positively about the communication among the multi-professional team, and felt supported by their managers.
- All staff we spoke with told us how well they worked together as a multi-disciplinary team and we saw evidence of this in people's records.

### **Access to information**

- We found access to relevant patient information in all areas of the outpatient's services that we visited.
- Staff used electronic and paper systems to access information about patients.
- Staff told us there had been problems with delays of typing and sending doctors' letters to GPs. On average this had been four days later than the agreed target. One patient we spoke with had experienced a delay in their initial consultation as the letter had arrived after the date of the first appointment.
- Staff told us that the situation with delays in doctors' letters had improved since December 2014.

- Staff felt that training around Mental Capacity Act 2005 was poor. Staff we spoke with could not recall completing any training on the Mental Capacity Act (MCA), consent or deprivation of liberty standards. Staff were not able to confidently describe their responsibilities under the mental capacity act and felt that they would need to read the policy again before acting on any concerns.
- Staff demonstrated different levels of understanding about the principles and processes but said they felt confident to challenge doctors over consenting issues and were able to give examples of where they would seek expert advice
- We did not see any MCA assessments undertaken during our visit. However, we saw no evidence that any patients required an MCA assessment during our inspection.
- One medical consultant we spoke with said they had not been provided with any training on the Mental Capacity Act and had referred a patient to another colleague to complete the assessment. They were unclear of whether there was a documented trust procedure. This meant that staff may not be equipped with the information they need about the Mental Capacity Act in order to enable them to help people to make their own decisions, or when they cannot make their own decisions to act in their best interest.

# Outpatients and diagnostic imaging

## Are outpatient and diagnostic imaging services caring?

Good 

We rated caring as good. Patients we spoke with were positive about the care provided in the outpatients and diagnostic imaging services. We observed people being spoken to with dignity, respect and kindness.

We observed good practice where relatives and carers were included in patients' decision making.

People were supported to manage their own health and care when they needed and to maintain independence.

### Compassionate care

- All of the patients we spoke with were complimentary about the way the staff had treated them. One patient said: "it's really good, the staff are lovely".
- A patient we spoke with told us "It is a lovely place to come to, much friendlier than Derriford". Patients told us that staff were kind. One person said: "I am always treated well and all options are discussed." Another person told us: "I am very happy with my treatment." Another person commented: "Wherever I go I am always treated with respect and sympathy."
- Another person told us "the staff are very caring and thoughtful at all times – I have written to say thank you".
- There were three patient bays in the pain clinic, and we saw that privacy was upheld with the use of curtains and staff spoke so they were not overheard.
- We also observed people speaking to the receptionist without being overheard.
- We saw that people were kept informed of waiting times and the reasons for delay
- One person using the rheumatology outpatient service told us "I am always treated well."

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

- The trust had a carer's policy which was based on the national strategy for carers. This awareness has helped staff members' awareness of ensuring that carers of all ages are well informed and involved in the decision making process.

- Patients and relatives we spoke with told us they felt respected and had been consulted about their options for treatment. We saw evidence of this in the records we looked at.
- If patients required more information when consenting for diagnostic scans a DVD was available explaining the process visually.

### Emotional support

- Staff were trained and expected to keep patients informed of waiting times and the reasons for delay. We observed this happened in all areas of outpatients during our visit.
- We saw where referrals had been made to the clinical psychology service and where people's emotional needs were identified and responded to.

## Are outpatient and diagnostic imaging services responsive?

Requires improvement 

We rated the responsiveness of the outpatients and diagnostic imaging service to be requires improvement.. Different booking systems were in place. In an external report in October 2014 Plymouth Healthwatch had recommended that a standard process to engage with service users would be more beneficial in providing a positive experience. This was not yet in place.

Patients generally spoke positively about their experience of bookings; however there were variable levels of service between departments.

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

- Between 2013 and 2014 15,406 appointments were scheduled at Mount Gould Hospital Outpatients 32 per cent were new patients 61 per cent were follow-up, and 8 per cent of patients did not attend for their appointment.
- People we spoke with told us they were offered a choice in where to attend appointments. They told us they preferred the Mount Gould location because of its easy access and car parking.
- Managers told us that not being able to meet waiting list targets remained a concern for the trust.

# Outpatients and diagnostic imaging

- Over the last 12 months the average waiting time for a letter to be typed across all outpatient specialties was 9.56 days and the average signing delay 9.16 days. This meant that an average of 18.6 days for a patient letter to be sent. However in December 2014 with the introduction of digital dictation the time between clinic appointment and a letter being sent was an average of 4 days. An improvement of 10 days. There were some service lines which still require improvement.
- Managers told us there were mixed booking systems, with some using a central booking team while others used consultant's secretarial staff. In an external survey of outpatients in 2014 Healthwatch Plymouth had recommended a standard booking procedure across the trust. A central outpatient management centre had been introduced to manage all outpatient bookings, including those at Mount Gould Hospital. This would ensure all patients were booked and seen within a timescale appropriate to their needs. The system was not yet fully implemented. We saw that the service ensured extra time for appointments for new service users to allow time for questions.
- In the therapies department referral to treatment was within 6-8 weeks with did not attend (DNA) averages at 4%. This was better than the national average. The manager of therapies said they managed to keep DNA rates low due to efficient appointment management systems and reminders for patients either by text message, email, or by telephone appointment. Patients are given choice as to where and when they have their appointment.
- We saw a range of condition specific information available in the waiting areas and treatment rooms.
- There was very limited use of notice boards displaying patient information as the facility was shared with other organisations. However patients we spoke with told us they felt well informed and had found the letter inviting them to attend the clinic useful. We noticed an absence of literature in easy read format or in any other language than English.
- There was information about waiting
- Monthly DNA rate for new patients attending the Pain Clinic fluctuated between 3.3% and 15.5%. The highest rate of 15.5% was in December 2014. Other clinics where there were high DNA rates were identified. The highest DNA rate over the year at Mount Gould was in the geriatric clinic where 54 of 400 appointments (13.5%) were DNAs.
- Where patients were booked to attend follow-up appointments we saw evidence that a number did not attend. The largest number of follow-up appointments for 2013 -14 was in the Pain Clinic, with 3,726 appointments in the year and a DNA rate of 7.7%. Monthly Pain Clinic DNA rate for follow-up patients fluctuated between 4.9% and 12.0%, peaking in November 2014 when DNAs accounted for 54 of 450 follow-up appointments. There was no discernible trend in overall DNA rate for new or follow-up patients.
- Additional nurse led telephone consultations were provided as an alternative to face-to-face consultations in an attempt to improve flow. However it had been discussed at a recent staff meeting that these were not being used to their full capacity.
- People we spoke with told us they found the appointment system straightforward.
- Services generally ran on time in the clinics we observed. During our visit we saw people waiting for up to 30 minutes beyond their scheduled time in the rheumatology clinic. Staff kept people informed of the delay and reasons. There were notices advising patients to enquire with staff if they are kept waiting for longer than 30 minutes.
- One patient (who attended the rheumatology clinic) told us there had been a delay in their medicines review and their GP receiving the doctor's letter from the clinic because of shortages in medical and nursing staff. They described a delay in obtaining a prescription for medicines. They told us their review should have been every six months but had been nearer to a year. This had been reported as a safety incident and the trust had responded to the person's concerns.
- Another patient attending the ENT clinic told us they should have had a course of five treatments at two week intervals. However the intervals had been between three and five weeks.

## Access and flow

- The pain clinic provided the majority of clinics for new patients at Mount Gould Hospital, with 2,130 appointments between April 2014 and March 2015 and a DNA rate of 8.2%.

## Meeting people's individual needs

- All staff in the outpatients department had received dementia awareness training. There were two dementia

# Outpatients and diagnostic imaging

champions (at Derriford Hospital) to promote good practice around dementia care. However, information about this service was not displayed for patients and carers. Some GPs will make a note of dementia on a patients referral (although this isn't standard practice) enabling staff to 'flag up' at risk patients. Risk assessments are conducted by the learning disability team.

- On the final day of our visit we saw there was no receptionist available for the pain clinic. However the receptionist duties were undertaken by the main reception and by clinical staff. Patients we spoke with did not have any concerns about the change in arrangements.
- We saw that the toilets were spacious and that they and the clinic facilities met access requirements for people with disabilities.
- We did not observe anyone requiring translation services through the use of an interpreter during our visit. We were told that translation services were available through the trust contract with an external agency.

## Learning from complaints and concerns

- Staff told us there were no unresolved complaints at Mount Gould Hospital. Staff were unable to give us examples of any learning that had been shared as a result of complaints and concerns. The trust monitored complaints in the outpatients department; however we did not see any data specific to Mount Gould Hospital.
- Complaints and concerns were managed by individual service lines and were escalated to the care group managers and the trust board if considered significant. Staff told us they welcomed complaints and concerns from patients and visitors and described an open and no blame culture. However, we did not see any accessible information for people on how to complain. One person we spoke with told us they would not know how to complain.
- The Patient Advice and Liaison Service (PALS) leaflet provided good information for the patient and gave the contact details for the chief executive's office and external advocacy services. The leaflet was available in different formats through patient services.
- When compared to national data on NHS Hospitals and Community Health Services the outpatients department received 12% more complaints concerning outpatients

and 11% more complaints concerning delays and cancellations in outpatients than the national average. One person we spoke with told us they had attended an open meeting with staff and other patients in relation to experiencing delays. However, when we asked about the meeting they were unsure of the outcome.

- Another person we spoke with told us they were dissatisfied with the trust's response to a complaint they had raised about poor treatment and did not feel they had any support.

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

Requires improvement 

We rated the leadership in the outpatients and diagnostic imaging service to be requires improvement.

We rated well-led as requires improvement because the leadership, governance and culture did not always support the delivery of high quality person-centred care. Staff generally felt supported by managers, and demonstrated where they were informed of service developments and improvement plans. Staff told us the approach to service delivery and improvement focussed on short term issues.

We saw that monitoring of safety and quality were not always given top priority. The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively as data and performance measurement were incomplete. Risks and issues described by staff did not always correspond with those reported to and understood by leaders. There were inconsistencies across the locations in the systems and processes to document risks and to monitor and improve practice. There was not always clear local leadership. Leaders were out of touch with what was happening on the front line, particularly in relation to staffing levels and medicines management. Managers and staff told us "the service requires more scrutiny and governance", and that there was not enough of a senior nursing presence at Mount Gould Hospital as the Matron's post was vacant. During our visit we saw that arrangements were put in place to appoint an interim matron with

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immediate effect. Staff told us “there was not enough of a senior nursing presence” at Mount Gould, and that they hoped that there would be improved leadership and visibility of senior nurses in the long term future.

## Vision and strategy for this service

- The values of the trust were to put patients first, take ownership, respect others, be positive, and to listen, learn and improve. However not all staff were aware of the vision of the trust or could identify the core values. We did not see these displayed for staff or patients to refer to.
- We saw little evidence that the strategy was being monitored or reviewed locally. However work was in progress to ensure it was being monitored across the trust as part of a dedicated project.

## Governance, risk management and quality measurement

- Staff told us that while governance, risk management and quality measurement were embedded at Derriford Hospital through the nursing audit and assurance framework, this did not include outpatient services. One senior nurse told us there was “not enough scrutiny or governance” at Mount Gould Hospital. They described governance as “emerging” and “behind the curve”.
- There was no overall risk register for outpatients as all risks sat in the care group risk registers. Diagnostic imaging had its own risk register. On the trust wide risk register the failure to reduce the backlog of waiting list follow-ups was identified. However it was unclear as to how the backlog was being addressed despite patients being prioritised.
- Two items from diagnostic imaging appeared on the trust wide risk register; the number of patients waiting over six weeks for diagnosis, and inappropriate radiation protection for staff and patients, both of which had agreed actions and show that there has been improvement.
- Knowledge and understanding of the risk register was inconsistent among management.
- Senior nurses working across the directorates described their priorities as governance, managing risks and leadership. There were some trust wide governance and quality assurances in place. However they were not strongly established and there was a lack of adherence to, and knowledge of, trust policies and procedures.

## Leadership of service

- We were told that there was no matron in post for the outpatient service and that this was having a negative impact on audit and assurance as day to day checks and balances were not always completed or monitored. Staff told us “there was not enough of a senior nursing presence” at Mount Gould Hospital, and that they hoped that there would be improved leadership and visibility of senior nurses in the long term future. Managers told us that staff working at the Derriford Hospital site were “more geared into safety reporting,” and that there was limited evidence of safety reporting at Mount Gould. During our visit we fed back our concerns about the lack of local leadership to managers. The trust responded immediately by telling us that there were plans to appoint a matron for the service. We saw that an interim matron was appointed on the last day of our visit.
- Staff said that they felt well supported by their direct line and service managers and that they could approach them with any issues or problems.
- Staff spoke positively about the blog updates and newsletters received by the executive team. They said that this allowed them to have a better understanding of the hospital and its leadership.
- Staff in the ENT clinic felt included in the agenda items for staff meetings and clinics were booked to allow all staff on duty to attend.
- Staff we spoke with were not always able to clearly describe their role or what they are accountable for. For example registered nurses who delegated tasks to unregistered staff told us “we don’t always understand their role, and that delegation of duties to health care assistants was sometimes based on their length of service and trust in an individual’s capabilities.
- Risks and issues described by staff did not always correspond with those reported to and understood by leaders. For example in medicines management. Standard operating procedures were in place that set out requirements for monthly audit of medicines storage. Staff we spoke with told us that the pharmacy service was audited around every three months. However we were unable to see any evidence of this, and were told there had not been any on-site visits from the designated liaison pharmacist since the service was established. Staff told us there was no formal monitoring of the pharmacy service.

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- There was a lack of clarity as to accountability and responsibility of monitoring capacity and demand. We were told by service line managers that responsibility and accountability lies with the performance team however senior managers said that it lies with the service lines.
- Managers we spoke with told us they felt supported in their continuing professional development. We saw managers had completed leadership training, had undergone regular supervision and had engaged in personal development coaching and applied learning in practice. All the staff we spoke with described their immediate line managers as approachable and supportive. However some staff told us “the job was much easier when we were all at Derriford.”
- Staff employed in the diagnostic and imaging service told us they worked at Mount Gould site only, but felt they had good access to managers at Derriford.

## Culture within the service

- Managers described outpatients as “the unsung hero” of the hospital and that “they don’t hear anything when things go right”. However, they told us that there was a mixed culture in outpatients as the service lines all work independently from each other.
- Sickness rates were low (3.5% in December 2014) compared to the national average. 1.5% of staff were on long term sickness and 2.1% were on short term sickness. However these rates had been steadily increasing over the past 8 months. Staff told us they felt there was good peer support through informal discussions and more formal arrangements such as action learning sets where staff worked in small groups with an education facilitator to use a problem solving approach to review their practice.
- All of the staff we spoke with told us that the culture of the organisation encouraged candour, openness and honesty.

- The ‘Plymouth way’ was a programme which all staff were required to attend to help them understand the organisation’s culture. The session will explain further about the values of the trust.

## Public and staff engagement

- The hospital had established a good relationship with Healthwatch Plymouth, (who is the consumer champion), since its inception in 2013. Healthwatch Plymouth provided formal representation to the safety and quality committee. Healthwatch held a twice monthly presence in the main reception at Derriford Hospital engaging with the public and taking feedback of their experience, concerns and praises for hospital services. There was no evidence of any engagement with people attending Mount Gould Hospital site. However we were told a number of people would use the services at both sites and therefore would possibly engage.
- We saw no information about how patients and visitors could provide feedback about the service or any reference participation in national satisfaction surveys such as the friends and family test. There was no data available to us about patient satisfaction at Mount Gould Hospital in particular.

## Innovation, improvement and sustainability

- There was limited evidence of innovation and the drive to continuously improve services across all areas visited.
- The general manager for diagnostic imaging said that there were no specific innovations however they were slowly changing the culture to be proactive around incidents and governance rather than reactive.
- A nurse led telephone consultation service had been implemented to provide an alternative method of delivering follow-up appointments.
- Nurse independent prescribing was introduced to help access and flow.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve Action the hospital **MUST** take to improve

- Ensure staff have the competence, skill and experience to deliver patient care and treatment and meet patients' needs. This includes the management and leadership roles.
- Ensure systems, processes and standard operating procedures are reliable and appropriate to keep people safe, and monitor whether safety systems are implemented at Mount Gould Hospital
- Ensure at Mount Gould Hospital the consistent application of medicines optimisation across the services, in particular: safe storage and management of stocks of FP10 and outpatient prescription forms, safe disposal of surplus or wasted medicines, and safe custody of medicines keys, so that prescription forms and medicines are only accessible to staff with suitable authority.
- Review the managerial and governance arrangements in outpatients, so that systems and processes to minimise likelihood of risk in relation to access to services and a standard booking process for appointments across all departments are fully implemented.
- Ensure all staff understand and work within the requirements of the Mental Capacity Act 2005 where they work with people who may lack the mental capacity to make decisions.

### Action the hospital **SHOULD** take to improve Action the hospital **SHOULD** take to improve

- Review the process for incident reporting to ensure that all staff act in accordance with the risk and incident reporting policy.
- Improve the dissemination of learning from safety incidents and complaints.
- Assess the impact of using temporary notes for clinics, to ensure systems do not compromise patient safety.
- Ensure that only current copies of the BNF are available for staff reference.
- Ensure all staff have undertaken basic life support training relevant to their role.
- Ensure GP letters are typed and sent within the required time scale, so that information is available to relevant practitioners when required.
- Consider reviewing the Did Not Attend rates and discharge of patients, in order to optimise the clinic capacity.
- Ensure patients have access to information on translation services should these be required
- Review and implement the recommendations of the Plymouth Healthwatch consultation to improve services for patients.
- Ensure feedback from patients using Mount Gould Hospital is gathered, reviewed and acted upon

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12- Safe care and treatment</b></p> <p>12 (2) (b) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to</p> <p>a) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively as data and performance measurement were inaccurate and unreliable. Risks and issues described by staff did not always correspond with those reported to and understood by leaders, and action plans were not always completed or reviewed.</p> <p>12 (2) (c) Ensuring that persons providing care or treatment to service users have the qualification, competence, skills and experience to do so safely</p> <p>There were no standards or guidance on the staffing skill mix in outpatients. Non registered nurses were at times given responsibilities such as holding the medicine keys which were not within their competence.</p> <p>12 (2) (g) Staff must follow policies and procedures about managing medicines, including those relating to infection control. These policies should be in line with current legislation.</p>

This section is primarily information for the provider

## Requirement notices

There were unsafe practices in medicines optimisation including: ineffective processes for the disposal of medicines, lack of safe storage and management of prescription forms, and non-adherence to the trust policy for the custody of medicines keys.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulation 17 – Good governance

17 (2) (a) assess, monitor and improve the quality and safety of the service provided

Due to the backlog and lack of clinic capacity people were not always able to access services in a timely way which may impact on their needs.

17 (2) (b) assess, monitor and mitigate the risks relating to the health and safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe, and monitoring whether safety systems were implemented was not always given adequate priority. Staff did not always receive feedback or share learning from safety incidents.