Northumbria Healthcare NHS Foundation Trust

RTF

Urgent care services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RTFDH	Berwick Infirmary	Urgent Care Services	TD15 1LT
RTFDJ	Alnwick Infirmary	Urgent Care Services	NE66 2NS
RTFDX	Blyth Community Hospital	Urgent Care Services	NE24 1DX

This report describes our judgement of the quality of care provided within this core service by Northumbria Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northumbria Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northumbria Healthcare NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Outstanding
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

We rated urgent care as good because:

The service prioritised patient protection from avoidable harm and abuse. There was a genuinely open culture for both staff and patients to raise concerns and receive appropriate response, feedback and learning. We found ongoing progression towards safety goals including high standards of training, skill and experience. Medicine management and the recording of medical information was of a high standard and well maintained. Training and appraisal rates exceeded trust targets as a whole and we saw the staff were highly competent. Staff were openly encouraged to progress their training both internal and externally. We saw examples of staff being encouraged to undertake university degree courses and progress to Emergency Nurse Practitioner levels.

All staff were aware of their personal accountability in managing risk and took responsibility as a team to ensure that risk management plans were followed, maintained and changes discussed with senior staff. Specific areas of training identified by anticipating risk had been undertaken. We found that all staff were actively engaged in activities to monitor and improve quality outcomes. The trusts contribution to local and national audit was in line with the national average, and evidence of changes made by specialities in response to their outcomes was available and had been actioned.

There was a holistic approach to assessing, planning and delivering care and treatment. The telemedicine service, introduced by the trust in May 2013, used the latest digital technology to help treat fractures in Berwick and Alnwick. Specifically trained staff at each infirmary conducted a live video conferencing linkup to specialist doctors in Wansbeck General Hospital. This saved patients from travelling long distances for appointments and meant the rural population could receive treatment locally. This benefitted patients of all ages and increased multidisciplinary joined-up working with other hospital locations. We observed the telemedicine service provide real-time information across teams and services resulting in quicker treatment times and outcomes.

We found staff to be hard working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did. Staff clearly recognised the versatility of people's needs and were skilled in dealing with vulnerable individuals with complex physical and mental health needs. There was a high emphasis on staff and public engagement. The trust encouraged members of the public to leave feedback, either formally or through social media. The patients we spoke to said they felt very confident about raising concerns or making suggestions.

There was a clear vision and strategy for the service, which was well developed and well understood throughout the department. The behaviours and actions of staff working in the service mirrored the trust values of 'patients first', safe high quality care, responsibility and accountability. We saw multiple examples of this during the inspection. There was clear ownership of services and patient-centred care was a priority.

Summary of findings

Background to the service

Northumbria Healthcare NHS Foundation Trust provides urgent care services to a population across Northumberland. Urgent care services are located at Berwick Infirmary, Alnwick Infirmary, and Blyth Community Hospital. The urgent care services are open 24 hours a day in Alnwick and Berwick community hospitals. Blyth Community Hospital urgent care service opens Monday to Friday between 9am to 5pm. Attendance figures over 12 months from April 2014 to March 2015 were 10,797 for Berwick, 9,728 for Alnwick and 2,7834 for Blyth.

Nurse practitioners, with specialised training in the assessment and treatment of urgent care and illness run the services and deal with nonlife threatening injuries and illness such as lower and upper limb care, wound care, urgent burns, coughs, colds, ear problems, sore throat and insect bites. A third party out-of-hours GP service facility operates between 18.30 and midnight within Alnwick and Berwick urgent care services. Patients attending the urgent care services normally self-refer unless they call an ambulance. If ambulance personnel decide their care or illness can be dealt with at the urgent care service, they will transfer the patient to the appropriate service.

The trust has undertaken extensive public consultation over recent years to review the scope and scale of healthcare service provision including urgent care. The redevelopment of Berwick Infirmary reflects the trust's intention is to maximise the availability of services closer to patients' homes and to deliver locally based assessment services for patients who may require admission. The objectives are to relieve pressure on the general hospital sites, reduce waiting times overall and strengthen the service reputation in the context of choice. We spoke with nine patients and relatives and nine members of staff. We observed care and treatment and looked at care records for 17 people.

Our inspection team

Our inspection team was led by:

Chair: Dr Linda Patterson OBE, Consultant Physician.

Team Leader: Amanda Stanford, Head of Hospitals Inspection, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Health Visitors, District Nurses, Physiotherapists, Occupational Therapists, Community Matrons, Dentist and Expert by Experience (people who had used a service or the carer of someone using a service).

Why we carried out this inspection

We inspected this core service as part of our comprehensive acute and community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience 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?

Summary of findings

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well-led. We carried out an announced visit from 9 to 13 November 2015.

What people who use the provider say

- Treatment was quick and they were shown kindness and compassion. They stated that at no time did they feel they had wasted staff time. All staff were polite, kind, very reassuring and easy to talk to.
- Patients felt that they were safe at all times and that their personal information was held confidentially.
- Patients said they were encouraged to make decisions around their own care and were provided adequate information to do so.
- Patients felt staff took the time to reassure them when they were upset and distressed.

Care Quality Commission

Northumbria Healthcare NHS Foundation Trust

Urgent care services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

The service prioritised patient protection from avoidable harm and abuse. The level of incident reporting was good and staff felt they learned from senior manager feedback. There was an open culture for both staff and patients to raise concerns and receive appropriate response, feedback and learning. We found ongoing progression towards safety goals including high standards of training, skill and experience.

We found comprehensive safety systems in place which took account of current best practice models such as national early warning scores (NEWS), safeguarding processes and comprehensive monitoring and auditing. Infection control procedures were robust and audit outcomes were continually of a high standard. The environment and equipment were visibly clean and well maintained.

Medicine management and the recording of medical information was of a high standard and well maintained. Training and appraisal rates exceeded trust targets as a whole and we saw the staff were confident and competent in their practice.

All staff were aware of their personal accountability in managing risk and took responsibility as a team to ensure that risk management plans were followed, maintained and changes discussed with senior staff. Specific areas of training identified by anticipating risk had been undertaken.

Safety performance

- Never events are serious incidents that are wholly preventable. There were no never events in the last six years and no serious incidents reported between August 2014 and July 2015.
- The trust electronic reporting system highlighted that Berwick urgent care service had reported 30 incidents over the same period: 28 no harm incidents, one fall and one delayed transfer. Alnwick urgent care service reported 48 incidents in total: 38 no harm incidents, nine low harm and one moderate harm incidents. Four of the incidents related to delayed transfer (three no harm and one low harm). Blyth reported one incident, which related to a security issue with an aggressive patient.

Good

Are services safe?

- The service monitors patients attending urgent care with pressure ulcers, VTE, falls and UTIs and appropriate actions are commenced. No patients had acquired a pressure ulcer or VTE in the urgent care department between August 2014 and July 2015.
- There was four patient breach of the four hour waiting time in Alnwick Infirmary in June 2015.
- There were 19 occasions between December 2014 and July 2015 when the externally sourced duty on-call doctor did not fulfil the full shift as expected. This was reported by nursing staff and an investigation undertaken by the matron. Since the investigation staff report that the situation has improved. No incidents occurred during any of these shifts.
- The trust safety performance for community urgent care services compares better than other similar services in relation to serious incidents, safety thermometer and treatment waiting times.
- We were advised that 1% of Blyth patients, 8% of Berwick patients and 1% of Alnwick patients left before being seen.

Incident reporting, learning and improvement

- Staff were fully aware of the electronic incident reporting system and had access to input incidents.
- Information was fedback from patient safety meetings to the head of departments. Staff told us they were confident that improvements to practice were shared and felt that the lessons learnt were valuable. Staff highlighted that incidents had resulted in change and provided an example of a delayed transfer causing harm to a child which had resulted in many consultations with external providers to ensure this risk was reduced.
- There were standing agenda items relating to infection control, safety alerts, risk management issues and clinical audit.
- Staff were familiar with the process for duty of candour. Senior management advised the trust used incident reporting to record and monitor notifiable safety incidents which invoked the duty of candour regulation. The trust policy 'Being Open' incorporates duty of candour regulation and was accessible for all staff. The trust does not provide any specific training.
- We saw three examples of duty of candour in practice and saw documentation of an apology, action plans and lessons learned.

Safeguarding

- All safeguarding training took place as part of the trust's mandatory training programme.
- When we spoke with nursing staff, they demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and the processes to be followed.
- Staff were aware of the referral process to the Grace Rape crisis centre and Cease24 domestic abuse project in Alnwick and Berwick. We found that staff were familiar with female genital mutilation protocols, sex exploitation and forced marriage risks.
- Matrons monitored the level of staff competence during random safeguarding checks. These checks included looking at records and talking to staff. Outcomes were all positive with no risks identified.
- Ward managers displayed a purple file in each location, which contained reminder notes and standard operational procedures and was easily accessible for all staff. Data within the purple file was up to date and regularly reviewed by the ward manager and matron.
- The trust employed named specialist and operational leads for safeguarding adults for community services, a disability liaison nurse and a professional lead for application of deprivation of liberty safeguards and the Mental Health Act.

Medicines

- The trusts medicine management risk assessment report created in June 2015, highlighted that urgent care services were compliant with the trust standards for managing medicines for emergency use, vaccines, disposal of medicines, controlled drugs, injectable medicines, the supply and ordering of medication and patient group directions. Patient Group Directions (PGDs) are documents permitting the supply of prescription only medicines to groups of patients, without individual prescriptions.

Good

Are services safe?

- We saw copies of PGDs with typed signatures. It was clarified that the originals with an ink signature were held by pharmacy and copies were provided for each location. This system was in place as it was deemed more reliable and efficient than a paper based system.
- Controlled drugs (CD) management was good across all urgent care services; all CDs were in date and recorded appropriately in the CD register when administered. We found an excessive stock of controlled drugs at one location. We were advised there was no routine procedure for sending the drugs back and that stock increased until the pharmacy department collected the unused drugs. CD stock review was 3 monthly with the pharmacist and pharmacy technician visiting each week.
- The pharmacist visited each location three monthly to check stock levels, monitor the use of CDs and to remove drugs no longer required or those which were out of date. In addition to this, a medication champion supported staff when necessary if they required advice or guidance about particular drugs or drug interactions.
- Monitoring of fridge temperatures was a regular occurrence and in the main, the temperatures were within the correct limitations, and the fridges were clean and suitable. However, there was an occasion over four days in October 2015 when the fridge in the Berwick urgent care service was at 8.5 degrees, 0.5 degrees over the recommended temperature. Staff had not taken action.
- Storage of fridge items compliance was good with expiration dates of all drugs recorded. Expiration date checking took place on a monthly basis and all were in date at the time of our inspection.
- Antibiotic audits were ongoing and commenced in April 2015 with an end date of March 2016. Results were not available at the time of inspection.
- We found some out of date drugs and dressings stored at Berwick and Blyth. These were disposed of appropriately.

Environment and equipment

- The resuscitation trolleys in all urgent care locations were fully equipped and records showed that they were regularly checked.
- We checked medical gases and cylinders were full and in date.
- We observed that all hoists, electrocardiogram (ECG) and Dinamap (monitors vital signs) machines were portable appliance tested (PAT) and serviced to ensure electrical appliances and equipment were safe to use.
- Urgent care service layout was very different across all locations; all were small, with Berwick being the largest of the three services.

Quality of records

- We checked 17 sets of records in total across all three urgent care services. We found that the general standard of records was good, accurate, complete and legible. Assessments were in place and individualised, there were risk assessments pertaining to individual need, and risk and action plans. Each assessment contained pain assessment, consideration of sepsis, MRSA swab information, and any safeguarding concerns. Initial National Early Warning System scores (assessment of respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness) were documented. However, we did not find any review of pain levels following prescribed analgesia. National Early Warning System (NEWS) audits took place on a monthly basis to ensure correct completion and to determine trends. Outcomes were all positive with no risks highlighted.
- We found that assessments for children were as comprehensive. Pains scores differed and were in a format a child could understand (pictures). Fever risks, allergies, a child's weight and child protection concerns were considered during all assessments.
- Staff advised that when working with patients with complex needs they would request records from the GP, usually by fax for quickness. Staff were also able to obtain previous medical assessment cards, which were held on site for nine years (adults) and 25 years (children).
- We found documentation was completed appropriately and consistently across all three urgent care services.
- The quality of documentation was regularly audited. As a result of audits and changes to models of practice,

new assessment forms were in use in the urgent care service to ensure that all hospital locations completed the same documentation and shared the same information.

Cleanliness, infection control and hygiene

- Infection control information was visible in all services and patient areas.
- Patient areas were visibly clean. We observed staff wash their hands, use hand gel between patients and observed staff comply with 'bare below the elbows' policies.
- Infection control audits across Berwick, Alnwick, and Blyth urgent care services showed 100% compliance for cleanliness, 100% compliance for hand hygiene and 100% compliance in the cannula audits for the months of April to July 2015 inclusive.
- There was a Methicillin Resistant Staphylococcus Aureus (MRSA) policy in place describing the organisational structures and procedures, which were in place to minimise the risk of transmission of MRSA within the trust. It details the roles and responsibilities of key individuals. Root cause analysis was implemented when necessary. There had been no cases of Methicillin Resistant Staphylococcus Aureus (MRSA) or Clostridium Difficile during 2014/15.
- We saw the use of personal protective equipment (PPE) when dealing with patients on all occasions.
- The trust was rolling out the Well Organised Ward (WOW) initiative, which seeks to standardise management of supplies using the '6S' approach – sort, set, shine, standardise, sustain, and safety.
- During the inspection, we saw that the sluice was clean and waste disposal was in use so complying with relevant guidelines and protocols.

Mandatory training

- Training compliance rates were of a high standard and continually above the national average and higher than the trusts own targets of 85%. We found that nursing staff at all three urgent care services had staff completion results of 100% for 36 out of 42 and above 90% for the remainder of the trust mandatory training courses. The training included risk management, health and safety, infection prevention and control, moving and handling, safeguarding level one and two, information governance, basic life support, fire safety and bullying &harassment.
- The training available to staff was a mixture of eLearning, face-to-face and external training. Staff felt that eLearning had been more beneficial and accessible for those employees living and working in rural locations.

Assessing and responding to patient risk

- The Monitor Risk Assessment Framework 2015/2016 shows that Berwick, Alnwick, and Blyth urgent care services were meeting 12 fundamental standards including eight other quality and safety standards. This meant that staff were proactive and competent at ensuring patient risk was kept to a minimum.
- The Emergency Nurse Practitioners used the Manchester System to triage patients promptly. There were minimal waiting times observed at Berwick and Alnwick Hospitals. Patients told us there could be minimal delays at Blyth Hospital due to one staff member being in attendance. We were advised that the receptionist at Blyth advised the ENP if she had concerns about any patients in the waiting area. On occasion where patient numbers were above 15, a second practitioner provided assistance with triage.
- We saw staff training records which showed staff competence and training to support their abilities to prioritise urgent care needs.
- There were well established escalation processes in place which all staff were aware of.

Staffing levels and caseload

- All urgent care services were nurse-led with daily and weekly support from GP's and consultants. Combined, the urgent care services had around 17 whole time equivalent (WTE) members of staff with no vacancies overall. The percentage of staff turnover was zero. One employee had been in post for 33 years.
- No formal staffing acuity tool was in place at the point of inspection. Staff said the trust was implementing a safer staffing tool. The trust currently rota one nurse to two patients (1:2) for resuscitation bays and one nurse to four patients (1:4) for all other areas.

Good

Are services safe?

- We found staffing levels to be appropriate and nursing staff said that the teams worked well covering shifts for one another. They felt there were occasions, depending on complexity of patients that additional staff were rostered on but acknowledged there can be times of high pressure.
- We found that existing staff backfilled vacancies, sickness and staff holidays. Agency staff were not required at Berwick, Alnwick or Blyth urgent care services.
- Sickness levels were 3% for Berwick, 0.9% for Alnwick and 0% for Blyth urgent care services for the last financial year ending March 2015. The trust sickness targets were 3%.
- Staffing for Blyth urgent care services is provided from the Northumbria A&E establishment.
- Out of hours medical cover was provided by general practitioners available from 20:00 to 24:00 at the weekend and 18:30 to 24:00 on weekdays.
- Consultant advice was available at any time from the trust general hospital sites.

Managing anticipated risks

- Business continuity plans for the urgent care services were in place and senior staff explained these during an interview. These included the risks specific to the clinical areas and the actions and resources required to support recovery, assess impact on safety and monitor changes to the services or the staff.
- Risk register data was in place for anticipated risk and monitoring by the operational service manager and modern matrons took place. Potential risks were taken into account when planning service delivery, for example seasonal fluctuations in demand, the impact of adverse weather, and disruption to staffing. Staff worked as a team to plan and deal with arising issues. Additional staff were provided as and when necessary and we saw good team work when covering shifts due to sickness.
- A trust assurance process was in place to ensure compliance with NHS England core standards for emergency preparedness, resilience, and response.

Major incident awareness and training

- The trust's major incident plan provided guidance on actions required by departments and staff to provide an emergency response, additional service, or special assistance to meet the demands of a major incident or emergency.
- In recent years, each community hospital has encountered a major incident which required implementation of incident plans. Each occasion was successful and consisted of arsenic contamination, power outage with fallen trees and lockdown while police dealt with an armed suspect.

Outstanding ☆

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated effective as outstanding because:

We found that all staff were actively engaged in activities to monitor and improve quality outcomes. The trusts contribution to local and national audit in line with the national average, and evidence of changes made by specialities in response to their outcomes was available and had been actioned. There was a holistic approach to assessing, planning and delivering care and treatment. The telemedicine service, introduced by the trust in May 2013, used the latest digital technology to help treat fractures in Berwick and Alnwick. Specifically trained staff at each infirmary conducted a live video conferencing linkup to specialist doctors in Wansbeck General Hospital. This saved patients from travelling long distances for appointments and meant the rural population could receive treatment locally. The service benefitted patients of all ages and increased multidisciplinary joined-up working with other hospital locations. We observed the telemedicine service provide real-time information across teams and services, resulting in quicker treatment times and outcomes.

On occasion, patients with more serious conditions came to Berwick and Alnwick services instead of the larger and better equipped emergency departments. We found that staff had the skills to stabilise patients before transferring to the appropriate hospital. There were policies to link the service with other hospitals within the trust, and externally with other local trusts.

Staff were openly encouraged to progress their training both internal and externally. We saw examples of staff being encouraged to undertake university degree courses and progression to Emergency Nurse Practitioner level.

Evidence based care and treatment

- Staff said they were able to access all policies and procedures on the intranet. There were also printed copies available for the more commonly used policy and procedures. These were held in the ward manager's office.
- Departmental policies, procedures and guidelines were based on nationally recognised best practice guidance such as the National Institute for Health and Care Excellence (NICE).
- The trust had many standardised assessment tools, action plans and referral forms for identifying need, risk, potential risk and safeguarding concerns.
- Discussion about local and national audits took place at monthly integrated governance and performance meetings. Performance was analysed and action plans generated with feedback shared appropriately.
- A folder created by the matron contained best practice pathways, and clinical guidelines covering adult and paediatric care. The modern matron took responsibility for ensuring the folder remained up to date.

Pain relief

- Initial pain score assessments took place with patients. There were discrepancies in the recording of pain assessment scores following the administration of analgesia. Verbal checks took place prior to the patient leaving the department but the result was not always documented. Staff acknowledged that improvement was required with documenting post-analgesia pain levels.
- We saw detailed protocols and a comprehensive analgesia policy for the administering of pain relief to both children and adults. This was accessible to all staff on the intranet.

Nutrition and hydration

- Staff advised that kitchen staff would provide patients with tea, biscuits or diabetic lunch boxes if they had an extensive wait to be seen or transferred.
- Nutrition assessments were undertaken if required but this was rarely a necessity in the urgent care service and was only required if a patient was diabetic, appeared malnourished or had waited longer than was anticipated.

Are services effective?

- The trust advised that the ten key characteristics in providing good nutritional care are met in accordance with the Nutrition Alliance. This means that all patients are screened to identify those who are malnourished or at risk of becoming malnourished, and that the trust has a policy for food service and nutritional care, which is centred on the needs of people using the service.

Technology and telemedicine

- The telemedicine service, introduced by Northumbria Healthcare NHS Foundation Trust in May 2013, used the latest digital technology to help manage patients with fractures in Berwick and Alnwick. Specially trained staff at each infirmary conducted a live video conferencing link up to specialist doctors in Wansbeck General Hospital saving patients from travelling for follow up appointments. The telemedicine service enabled people in Berwick and Alnwick to receive their treatment locally and was of benefit to patients of all ages.
- Staff gave examples of treating patients with suspected fractures by x-raying and applying a partial cast. Patients then had to travel to see the consultant for further x-ray and treatment. Many patients chose to use the telemedicine system as it saved them the journey, time and money.
- We saw that patients also attend virtual fracture clinics linked with the urgent care services and this was said to be working well. The virtual clinic consisted of the enhanced nurse practitioners treating patients, providing information about their care and arranging a phone call from the consultant to discuss further treatment. The five to six month follow up was also by telephone. This service was championed by staff that were passionate about being increasingly responsive to patient need.
- We saw links with the main site usingtelemedicine to be highly beneficial, cutting journey times and patient cost, while receiving consultancy from a senior medical professional.

Patient outcomes

- To ensure optimal clinical outcomes, the Clinical Audit Programme initiated and participated in a number of audits to benchmark their performance, such as audit of waiting times in X-ray, audit of patients aged 65 years or over presenting with rib fractures and current practice in wrist fracture manipulation. However, no national audit results were available.
- The department closely monitored its performance against a range of clinical indicators and presented a monthly report in a dashboard format. This presented a comprehensive and balanced view of the care delivered by the urgent care service. It also reflected the experience and safety of the patients and the effectiveness of the care they received. This included ambulance handover times, time to treatment, four hour breaches and attendance rates.
- Audits took place both weekly and monthly. Weekly audits consisted of hand hygiene (100% outcome); cannula (100%) and infection control (100%). Monthly audits consisted of documentation audit, medicines, National Early Warning System (NEWS) scores, and safety thermometer audit and wristband checks. Fifteen steps to safety and quality assessments took place randomly as an unannounced audit. Documentation of these audits was better at some locations than other locations. Results from audits were of a high standard and where improvement was required action plans were created and additional work undertaken.
- Staff at Berwick informed us that they had a 100% resuscitation rate for patient survival. All staff were trained to use the defibrillators.
- Quality improvement projects in place over the last 12 months include the older people's health champions programme and the virtual fracture clinic running alongside the telemedicine clinic. A living with dementia course focuses on what it is like to live with dementia and education events are available to GPs and practice nurses.

Competent staff

- Induction attendance was 100% and mandatory for all staff.
- Staff advised that clinical supervision was not provided. However, there was a pilot in place at Alnwick introducing clinical supervision. Senior managers were visible on the wards and there was provision for support and guidance on a day-to-day basis. Current supervision

was informal and took place approximately every eight to ten weeks. As part of the nursing revalidation process, information and outcomes were recorded and stored as evidence.

- Appraisal rates were consistent across all the urgent care services. 100% of staff had received their appraisal.
- When staff were asked how they knew they were delivering the best care, we were informed that the majority of staff were trained Emergency Nurse Practitioners (ENP) and follow ENP guidelines.
- We saw evidence of the support provided to staff through advanced training and additional speciality training to enhance their skills and performance. This included wound management, burn and scalds management, dealing with head injuries, facial fractures, ophthalmic problems, ingested foreign bodies, x-ray and suturing, to mention a few.
- Staff advised that peer support was very good and frequent. Staff told us that team members worked well together and have done so for many years. Staff felt able to approach colleagues for advice and support across all urgent care services.
- For those newly qualified, the trust offered a preceptorship programme to help with the transition from university to nursing in a busy hospital environment.
- The trust provided practical support to help nurses meet the requirements of revalidation through a wide variety of education, training and practice development as well as opportunity to undertake various degrees, postgraduate qualifications and leadership development. Staff told us there was a link nurse for revalidation who they approach if guidance is required.
- A range of standardised, documented pathways and agreed care plans were in place across all three of the urgent care services. Staff felt competent in these pathways and we saw evidence of best practice.
- All training, appraisal and infection control audit results were above the national average. Many outcomes achieved 100% outcome rates.
- The quarterly 'excellence in safety' report from the trust board showed performance, themes, trends and benchmarking which generated learning for the governance and business services.

Multi-disciplinary working and coordinated care pathways

- Urgent care service nursing staff worked well with GPs, consultants, x-ray technicians, and social services, the regional ambulance service and other hospitals within both the trust and external to the trust.
- Support from link and specialist nurses was available when seeking stroke, multiple sclerosis and Parkinson's guidance. Additional support advice and guidance was available for paediatric care from paediatric specialist services in Newcastle.
- Staff felt they had good links with the Social Services as well as good working relations with hospitals and staff across the border in Scotland.
- During the observed telemedicine clinic, we saw good examples of the consultant working well with the ENP, plaster technician and physiotherapist. Communication was very good and team working was evident.

Referral, transfer, discharge and transition

- Staff stated that the majority of delays were due to transportation being late.
- Discharge protocols were in place for both adults and children. Staff explained they make discharge decisions regarding adults but they must liaise with a consultant prior to discharging a child.
- There were clear referral systems and processes in place to refer patients onto further services.
- Internal transfer standardised operational procedures and regional ambulance 'bypass and inclusion' protocols were in place for assessing and dealing with deteriorating patients. Helicopter transfers were available if a major trauma presented at Berwick or Alnwick urgent care services.

Access to information

- We observed that patient records were stored securely and no patient identifiable information was visible to the public.

Outstanding ☆

Are services effective?

- Records were available for nursing staff and there were no reports of concerns obtaining relevant information about patients.
- We found that sharing of confidential information between teams and the local authority was in line with the trust policy and procedures. Consent from patients was required prior to sharing information with external organisations.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The trust had a consent policy in place, which followed the Department of Health model consent policy, and consent forms were included in the policy. The policy included the process for consent, documentation, responsibilities for the consent process and consent training. The policy also included consent for children, advanced decisions, Lasting Power of Attorneys guidance, Mental Capacity Guidance and the use of Independent Mental Capacity Advocates (IMCAs) where appropriate. The policy outlined guidance on provisions for patients whose first language was not English including the use of an interpreter's list and interpretation telephone service.
- Deprivation of Liberty safeguarding policy version 4 was in place across all three of the urgent care locations. Version 4 incorporates the update in line with the Supreme Court ruling on Deprivation of Liberty, update of the ADASS standard forms, update of the flow chart, update of monitoring and compliance information and the update of the duty to notify the coroner.
- Where adults or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives where appropriate. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patients representatives and other healthcare professionals.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). Staff we spoke with had access to social workers and staff trained in working with vulnerable patients, such as their safeguarding lead.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated caring as good because:

Staff treated patients with compassion, dignity, and respect throughout the inspection. Feedback from patients across all three urgent care services was good. Patients felt staff went the extra mile and particular examples were highlighted which demonstrated a level of care that exceeded expectation.

Staff were hard-working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did. Staff clearly recognised the variability of people's needs and were skilled in dealing with vulnerable individuals with complex physical and mental health needs.

We observed staff empower patients by discussing care options, treatments and providing choice. Patients were listened to and emotionally supported. Communication obstacles were overcome when talking to a child and examples of working with dementia and learning disabilities were discussed confidently and compassionately. Staff were seen to share the trusts commitment to their values, beliefs and to patients.

Compassionate care

- Friends and Family Test percentage recommended has been better than the England average since October 14. The October 2015 friends and family test survey showed 99% of patients would be extremely likely or likely to recommend the service to friends and family.
- Patient feedback was mostly positive across all urgent care services. One patient stated that from entering the Berwick urgent injuries service, treatment was quick and they were shown kindness and compassion. They stated that at no time did they feel they had wasted staff time. All staff were polite, kind, very reassuring and easy to talk to. The service was bright clean and comfortable. They congratulated the staff on running the department so well.
- Another patient treated at Berwick stated the care was excellent and the staff were brilliant. The patient stated that she felt cared for and that the staff had demonstrated the trust values.
- Patients at Blyth felt safe in the department and stated it was clean, the staff were honest, friendly, and respected dignity when taking personal details. Patients felt options were available to them and they were able to make their own decisions regarding their care and treatment.
- Feedback from other patients highlighted that all staff treated patients with understanding and kindness.They felt their confidential details were secure and were happy with the care they received.
- Two patients at Blyth highlighted they had been waiting approximately 50 minutes and felt this was a long time.
- Staff were concerned about an elderly woman returning home following a head injury which was against medical advice. The patient had capacity to make her own decision and chose to leave. The ambulance took her home and the GP on call for the urgent injuries service followed due to overwhelming concern. Once the woman was home, the GP ensured she had something to eat and drink and that she had a bed and commode downstairs. The GP then waited until the woman locked her door before he carried on his home visits. This occurred in the early hours of the morning.
- We saw staff educating patients about their condition to prevent further problems. We were advised that when elderly frail patients attend the urgent care services, staff contact relatives prior to the patient going home, and if required, initiate the hospital-to-home short term support services.

Understanding and involvement of patients and those close to them

- Patients advised us that the nursing staff make a great deal of effort to explain tasks and processes. Patients highlighted that staff check they have understood and were always available for questions.

Good

Are services caring?

- The trust 'keep calm and ask' campaign encourages patients and their families to ask any questions before they leave hospital. This rolled out across the trust to improve patient experience.
- Patients told us staff ensured they understood medical terminology and literature was given about their condition when required.
- We observed that patients were given a clear explanation at discharge and were advised what to do if symptoms re-occurred.
- Patients and relatives told us they were kept informed of what was happening and understood what tests they were waiting for.
- Feedback from patient thank you cards said: "we all felt cared for and it is a fantastic demonstration of the trust values".

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed positive interactions between staff and patients, particularly children. Time was taken to speak with an injured child and listen to what was wrong, where they had pain, discuss what worried them and reassurance was given at a communication level appropriate for the child. The ENP was upbeat and had a positive manner when working with the child and quickly reduced the childs distress and pain level.
- Through our discussions with staff, it was apparent that they adopted a holistic approach to care concentrating fundamentally on the patients social, physical and medical needs first, rather than seeing patients as a collection of signs and symptoms, which required a mechanistic solution to their problems.
- Carers assessments were discussed with patients and relatives. Access to an online carer's assessment was available through the trust website linking to social services.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated responsive as good because:

The service responded to people's needs. People from all community services could access treatment appropriate to the urgent care services. The service had strong multidisciplinary team working and effective links between several clinics. People received care at the right time with few delays. Staff responded to patient needs and took account of complaints and suggestions. There was a high emphasis on staff and public engagement. The trust encouraged members of the public to leave feedback, either formally or through social media. We noted several suggestion boxes in the appropriate areas and posters encouraging feedback around the service. The people we spoke to said they felt very confident about raising concerns or making suggestions.

There was a proactive approach to understanding the needs of different groups of people. Dementia and learning disability needs were supported and information, visiting times, and discussions adapted as required. There was a dementia champion and both a learning disability and dementia strategy in place. Health and social care professionals delivered person-centred care that was tailored specifically to the person's needs. There was an active review of complaints and how they were managed and responded to. There were minimal complaints received across the three urgent care services.

Planning and delivering services which meet people's needs

- The trust provided urgent care service services to a large population across Northumberland. Urgent care services were located at Berwick Infirmary, Alnwick Infirmary, and Blyth Community Hospital.
- The staff informed us they had appropriate facilities and equipment to care for patients attending the urgent care service.
- There were systems and processes in place to identify and plan for patient safety issues in advance which included any potential staffing and clinic capacity issues.
- All patients were given a choice of where they could be treated in each geographical area. The aim of this was to give patients choice and reduce waiting times for treatment.
- On occasion, patients with more serious conditions arrived at Berwick and Alnwick services instead of the larger and more equipped emergency departments. We found that staff were skilled to stabilise the patient before transferring to the appropriate hospital. Policies were in place which link with other hospitals and trusts to manage the safe transfer of patients.

Equality and diversity

- Urgent care services across all three locations delivered personalised patient care in line with patient preferences, and individual and cultural needs, in line with the person centred care approach.
- There was a nationally recognised 'learning about the patient' programme for staff on dementia, delirium and depression.
- The trust's chaplaincy team provided comfort and support to people in hospitals across the trust. The trust's chaplaincy service covers all hospitals in Northumberland and North Tyneside. The chaplains, supported by trained volunteers, visit patients on hospital wards and in quiet spaces away from clinical areas. The chaplaincy team has strong links with the leaders of local churches and faith communities who provide volunteers to help patients attend services in the chapel.
- The trust had literature available for Buddhist, Christian, Hindu, Muslim and Sikh religions. There was access to Muslim prayer mats.
- Ward managers were clear about zero tolerance for discrimination.
- There were support groups available for staff with additional needs or disabilities.
- 94% of staff recorded on the staff survey that they believed the trust provided equal opportunity for career progression and promotion.

Good

Are services responsive to people's needs?

Meeting the needs of people in vulnerable circumstances

- The urgent care services displayed information about dementia champions, details about delirium and supporting information for dementia care.
- The care plans we viewed showed that the individual need of each patient was a priority before hands on care commenced.
- Patients living with dementia had a "This is me" care plan. This was a tool for staff to become aware of individual needs, preferences, likes, dislikes and interests. It also enabled health and social care professionals to deliver person-centred care that was tailored specifically to the person's needs.
- Dementia care champion roles support staff to achieve best practice for dementia care.
- There was a good awareness amongst staff of delirium that patients can experience because of a change in environment.
- The urgent care services across all three locations used learning disability care pathways and healthcare passports to support patients requiring additional assistance.
- Informal arrangements were in place with three interpretation service providers. Translation services were available 24/7 along with face-to-face interpreting, audio to text transcription, voice over, braille, British sign language interpretation, lip speaking, and large print and deafblind interpreting.
- Staff showed us a multilingual phrase book provided by the Red Cross, which has frequent medical complaints in 26 languages. This enabled staff to try to communicate with patients when waiting for interpreting services.
- Information was available for patients regarding their care, procedures, hygiene and conditions.

Access to the right care at the right time

- The urgent care services has been consistently in line with the England average waiting times since April 2015. Trolley waiting times between April 2015 and November 2015 were below two hours.
- Urgent care service locations were rural and widespread. We found that each hospital was easy to access when you live locally but delays could occur when requiring transfer to services at the main emergency care site as it may take approximately one hour to travel. This was identified in four incidents in 2015 (three no harm and one low harm).
- Patient escalation plans were in place for each patient in case of deterioration. Overnight plans were in place as part of the nursing pathway.
- Access to advice and support from other departments was available by telephone when required. Staff advised that obtaining support was straightforward and easily achieved.
- Ambulatory care pathways were in place across the trust. Medical care was available to patients in hospital on the same day they presented, to prevent the patient from needing admission to a ward. This included assessment for blood clots in the legs or lungs, skin infections, palpitations and low blood count as an example.

Learning from complaints and concerns

- We found that three complaints were made in total across all three urgent care services over a 12 months period from September 2014 to August 2015. All three complaints were about Alnwick, one relating to staff attitude and two relating to all aspects of clinical treatment. We saw evidence of each complaint investigation, outcome, and completed action plans.
- Grievances were addressed at ward level initially and information relating to the Patient Advice Liaison Service (PALS) was available and shared with patients as necessary. Information leaflets were visible across all wards.
- The operational service manager investigated formal complaints and was involved in monitoring the number and percentage of complaints closed within timescales agreed with the complainant.
- Discussions regarding complaint issues took place at the Complaints, Claims and Concerns Monitoring Group (CCCMG) held quarterly and chaired by a non-executive director. The CCCMG is a formal subcommittee of the Safety and Quality Committee.

Good

Are services responsive to people's needs?

- The complaints dashboard report on performance was available to the safety and quality committee on a monthly basis. There was triangulation of information between social media and patient experience data before reporting to CCCMG.
- We found that the staff could describe complaint escalation procedures, the role of the Patient Advice and Liaison Service (PALS) and the mechanisms for a patient making a formal complaint.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated well-led as good because:

There was a clear vision and strategy for the service, which was well developed and well understood throughout the department. The behaviours and actions of staff working in the service mirrored the trust values of 'patients first', safe and high quality care, and responsibility and accountability. We saw multiple examples of this during the inspection. There was clear ownership of services and patient-centred care was a priority. Governance and performance management groups reviewed and reflected on best practice by discussing risk, potential risk and formal escalation processes.

Staff were proud of the trust as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns. Staff said it was a good place to work and would recommend to a family member or friends. We saw several examples of innovation across the key domains of effective, caring and responsive care, which were reflective of a well-led service. The trust welcomed views from the local community and maintained engagement with patients to improve the quality of care provided.

Service vision and strategy

- There had been changes to the model of urgent care practice at Alnwick, Berwick and Blyth in line with the overall changes in model of urgent care by the trust resulting in the new Northumbria Specialist Emergency Care Hospital opening at Cramlington in 2015. We were told about the planning and preparation that had taken place in order to open this new facility and that planning for the next year was to take place.
- Staff we spoke with were adjusting to the new changes and understood the reasoning behind the new model. It was evident from talking with staff that new ways of working were refined in line with the changing demand. The team focused on patient experience and care.

Governance, risk management and quality measurement

- Urgent care services sit within the Medicine and Emergency Care Business Unit. The governance arrangements within the business unit supported the effective identification of risks, monitoring of such risks and the progress of action plans. Regular detailed reporting enabled senior managers and representatives of the trust's board to be aware of performance and improvements, which positively affected service delivery. The views of the public and stakeholders were actively sourced on a regular basis.
- Clinical governance minutes over a 12 month period showed a record of discussions around serious incidents and action planning, complaints, patient experience, audits, risk register discussion, financial management and the dementia strategy.
- The relationship between the staff and the senior team was strong. Staff members at all levels reported that there was an open door policy, that they could report concerns regarding the service and would feel comfortable speaking directly to senior management. Several staff members were able to give examples of when they had done this and how well received their comments were. This empowered the staff further to speak up when they felt care could be improved.
- The staff worry list includes concerns relating to tight staffing levels at busy periods during the day, concerns about security of staff during the night and challenges in transport logistics.
- The urgent care risk register was regularly reviewed at divisional level monthly and minutes from these meetings provided assurance that the quality of information being considered was to a high standard.
- Performance reports presented at the board were monitored and discussed. Action plans were completed and presented if or when a specific area lacked in performance, for example, sickness and absence or local audit requirements.

Good

Are services well-led?

Leadership of this service

- We found a clear management structure in place. Staff were aware of senior managers, their roles within the organisation and how to contact them.
- The trust approach to quality was to build and encourage leadership at all levels and develop people to become inspirational leaders. The clinical and management leaders monitored performance and improvements, quality panels oversaw a new team accreditation scheme, which created incentives for front line staff to improve.
- Management support and line management was available when required. Senior managers were regularly present on wards and staff said they were approachable.
- Managers spoke highly of senior management and advised they were supportive, proactive and took time listened to the views and concerns of the team. Staff said their leaders were strong and passionate about the department.
- Staff said there were weekly visits to the urgent care services from the urgent care service senior manager, the operational service manager and the general manager visited occasionally. All staff knew the chief executive and felt comfortable discussing issues with him.

Culture within this service

- At ward level, we saw staff worked well together and there was respect between specialities and across disciplines. We saw examples of good team working on the wards between staff of different disciplines and grades.
- Urgent care service staff engaged with the rest of the local hospital and trust and reported an open and transparent culture on their individual wards and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients. Staff said high quality compassionate patient care was a priority.
- Morale appeared good across all three of the urgent care locations. Staff were positive in their attitude and were 'can do' about their practice and the challenges they face.
- The staff had clearly defined roles and responsibilities, with a sufficient skill mix of staff and all staff spoke of their commitment to ensuring patient care was good.

Public engagement

- Your voice outcome scores stated that 97% of patients felt safe, 93% received consistency, and 90% found staff were respectful and maintained dignity, 89% of patients felt involved in their care, 77% were happy with medication and pain management and 73% were happy with the time they had waited. Overall Your Voice score was 87% across all three urgent care services.
- We found additional methods used to obtain the views of patients. Real time surveys were face to face interviews, which were feedback to teams within 24 hours for timely responses. The two minutes of your time survey, was a short exit questionnaire with six key questions. Patient perspective surveys were measures across inpatient, outpatient, day care and A&E services. This survey was external, said to capture the views of patients when influence through gratitude was less likely.

Staff engagement

- The staff survey shows 83% of staff feels satisfied with the quality of work and patient care they deliver and 91% feel their role makes a difference to patients. The rating of staff engagement was in the top 20% of acute trusts at 3, which is above the national average of 3.
- Staff were encouraged to use the 'we're listening' route on the staff forum to give the trust feedback and ideas to improve quality of care. The trust hold quality and safety days where they look at how staff can use tools to measure deliverable improvements.
- Training sessions offer frontline teams a variety of training and accreditations.
- Engagement with staff takes place through biannual road shows, staff governor's engagement, and involvement in identifying annual priorities. Internal communication was in the form of staff access to weekly eBulletins, monthly verbal briefings, the quarterly staff magazine, intranet and extranet. Annual staff awards recognise and celebrate achievement and improvements to quality and innovation.

Innovation, improvement and sustainability

Good

Are services well-led?

- The telemedicine service, introduced by the trust in May 2013, used the latest digital technology to help treat fractures in Berwick and Alnwick. Specifically trained staff at each infirmary conducted a live video conferencing linkup to specialist doctors in Wansbeck General Hospital. This saved patients from travelling long distances for appointments and meant the rural population could receive treatment locally. The service benefitted patients of all ages and increased multidisciplinary joined-up working with other hospital locations. We observed the telemedicine service provide real-time information across teams and services resulting in quicker treatment times and outcomes.