Care Quality Commission

Royal Cornwall Hospitals NHS Trust

St Michaels Hospital

Quality Report

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Date of publication: 27/03/2014
Date of inspection visit: 21-25 January 2014

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

Ratings

Overall rating for this hospital	Good
Surgery	Good
Outpatients	Good

Summary of findings

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Overall summary

St Michael's Hospital is one of three hospital locations run by Royal Cornwall Hospitals NHS Trust. It has 48 beds divided into two wards offering breast surgery and planned orthopaedic surgery for adults only. The hospital also provides a wide range of outpatient services including 'one-stop' pre-assessment clinics which allow suitable patients to be fast-tracked for orthopaedic operations. The hospital is registered to provide: diagnostic and screening procedures; surgical procedures and treatment of disease, disorder or injury.

To carry out this review of acute services we spoke to patients and those who cared, or spoke for them. Patients and carers were able to talk with us, or write to us before, during and after our visit. We listened to all these people and read what they said. We analysed information we held about the hospital, and information from stakeholders and commissioners of services. People came to our two listening events in Truro and Penzance to share their experiences. To complete the review we visited the hospital over two half days with specialists and experts. During the inspection visit we spoke to nine patients, carers and 19 staff from all areas of the hospital during our visits.

Patients received safe care and were protected from risks. There were some concerns regarding the risk of unauthorised entry to the hospital out of hours. The hospital was clean and infection rates low. Patients care and treatment was effective, and was planned and delivered in line with legislation and best practice. Staff in the surgical unit had concerns regarding staffing levels and how these related to the dependency of patients which could be variable. Most staff had received an appraisal in the last year and commented positively on the support they received; however, clinical supervision was under developed.

Patients were treated with dignity, respect and compassion. One exception to this was the use of portable screens in the recovery room, which were limited in their effectiveness in maintaining privacy.

Patient needs were assessed, and care planned and delivered to meet these needs. There were a low number of complaints and the majority of comments we received from patients about their care were positive.

The hospital was well-led; however, staff told us they felt disconnected from the rest of the trust. Bed occupancy was running at less than half the available capacity. Staff were often moved to help at Treliske Hospital and felt they were being used like bank staff, which was negatively affecting their morale.

Information on how each area in the hospital was doing, and feedback on patient experiences, was displayed through the hospital demonstrating an open culture.

Staffing

Staff raised concerns that they were often moved to help at out Treliske Hospital and they felt like they were being used as bank staff.This had a demoralising effect on staff. Although staff felt this, at times, left St Michael's short of staff, there were a considerable number of very positive comments from patients regarding their care. Our observations and review of the rotas found that there were sufficient staff, of an appropriate skill mix, for the effective delivery of care and treatment.

Cleanliness and infection control

The hospital was clean, with information on matters such as the use of hand gel clearly displayed alongside gel dispensers throughout all areas. Infection rates were low.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

Good

Patients received safe care and were protected from risks. Incidents were reported appropriately with evidence of learning from these to improve care. An example of this was the learning from never events that had occurred in theatres within the trust. (Never events are largely preventable patient safety incidents that should not occur if preventative measures are taken.) Three such events had been reported in the period December 2012 to November 2013, two of which had occurred at this hospital.

Staff had concerns regarding staffing levels and felt these did not always relate to the dependency of patients which could be very variable depending on the type of surgery then had undergone. There were sufficient staff to deliver care for patients during the inspection and rotas confirmed that numbers of staff were acceptable although it was not possible to compare these numbers historically with the dependency of patients.

The hospital was clean and infection rates were lower than the national average. There were concerns regarding the risk of unauthorised entry to the hospital out of hours which could put patients and staff at risk.

Are services effective?

Good

Patient care and treatment was effective, and was in line with legislation and best practice. Audits were undertaken to monitor care and outcomes, and action plans implemented where required to improve care. Information on patient reported outcome measures for 2013 were within the normal range. Appropriate equipment was maintained and available to assist staff in providing care and treatment. Staff had undertaken appropriate mandatory training and most had received an appraisal. Clinical supervision for nurses was under developed. (Clinical supervision is an opportunity for practising professionals to discuss and review their practice in order to improve their care.)

Are services caring?

Good

Patients were treated with dignity, respect and compassion. One area where there was a risk of dignity being compromised was in the recovery room, where the use of portable screens were of limited effectiveness in maintaining privacy.

Are services responsive to people's needs?

Good

Patient`s needs were assessed, and care planned and delivered to meet these needs. Patients attending outpatients had interpreters booked at the time of making the appointment and the system worked well. Cancelled operations and the number of patients not attending outpatients were monitored and an

Summary of findings

action plan put in place to reduce these. The hospital was running at half its available capacity. Discharge arrangements were timely. There was a low level of complaints received and we received a high number of positive comments about care. When complaints were received action was taken to improve care.

Are services well-led?

Good

The hospital was well-led by the manager and matron, however, many staff stated they felt disconnected with the rest of the trust. Staff were often moved to support Treliske Hospital and felt they were used like bank staff; this was negatively affecting their morale. In each area there was feedback displayed to patients, visitors and staff on how the area was performing and of patient's experiences. Patient's views and experiences and key performance information drove improvements, and publicised good care where relevant.

Summary of findings

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

Surgery

Good

Patients were protected from avoidable harm. In the past, there had been some concerns about learning from incidents and never events. The trust had reported three never events in the period December 2012 to November 2013 all of which had occurred in the operating theatres. One of these events had occurred at this hospital. It was now clear that staff had now learnt from these events, and the reporting, learning from, and review of the issues was now embedded. Patient care was effective with the trust performing in line with similar trusts. Although some staff expressed concerns over staffing levels, the majority of patients were very complimentary about the care provided, and felt staff were kind and respected their dignity. Staff morale was negatively affected by the movement of staff to help in other hospitals.

One area where there was a risk of dignity being compromised was due to the use of portal screen in the recovery room, which were limited in their effectiveness in maintaining privacy.

Staff worked well as a multidisciplinary team, meeting the needs of the patients, and discharges were well planned.

Leadership and management was effective in the hospital, but staff felt that there was a disconnect in communication and understanding between the hospital and the rest of the trust

Outpatients

Good

Care for patients was safe and effective. Patients were made to feel safe and comfortable, and were treated with compassion, dignity and empathy while they received their treatment and care. Actions had been taken such as sending a text reminder to patients prior to their appointment and more action were planned to reduce the number of appointments that patients did not attend. The department was well-led.

Summary of findings

What people who use the hospital say

In the 2012 adult's inpatient survey, the trust performed about the same as other trusts across all areas. In one area relevant to this hospital, "The availability of hand gels for patients and visitors", it performed worse than other trusts, and in one area, "Did you feel threatened during your stay in hospital by other patients or visitors?" it performed better than other trusts.

The NHS Choices website provides information specific to this hospital site. It shows that the hospital had been rated five stars out of five stars, and all but one of the 21 comments posted in the last 12 months were positive.

In the Friends and Family test for this hospital, out of 74 responses 72 of patients asked were either likely or extremely likely to recommend the ward they stayed in to friends or family.

Areas for improvement

Action the hospital COULD take to improve

- There were concerns regarding the risk of unauthorised entry to the hospital out of hours which could put patients and staff at risk.
- Staff had concerns regarding staffing levels, and how these related to the dependency of the patient which could be variable. They did not feel this was understood by senior managers.
- Staff were often moved to support Treliske Hospital and felt they were used like bank staff; this was negatively affecting their morale. They felt devalued in their role, both personally and as a team. They felt that staff at St Michael's were not appreciated by senior managers.
- Clinical supervision was not well developed.
- There was a risk to the privacy and dignity of patients being compromised in the recovery ward, as the portable screens were limited in their effectiveness in maintaining privacy.
- Staff felt disconnected with the rest of the trust.
- There was dust on the high levels, such as high window sills in the outpatients department.
- Bed occupancy was less than 50%.
- There was no single accommodation with en suite facilities for caring for patients who needed to be cared for in isolation, for example in a single room.

Good practice

- The vast majority of comments received from patients were very positive about the care they had received in the hospital.
- Staff were proud of the care and treatment they provide to patients.
- Multidisciplinary working was very good in all ward and departments.
- Staff felt well supported by the local managers.
- Patients were positive about the environment and liked the four bedded bays.
- Patients were involved in their care and decision-making.
- Patients had sufficient information on which to make an informed consent.

St Michaels Hospital

Detailed findings

Services we looked at:
Surgery; Outpatients

Our inspection team

Our inspection team was led by:

Chair: Sheila Shribman, recently retired National Clinical Director for Children, Young People and Maternity at the Department of Health, and consultant paediatrician. Non-executive director at Guy's and St Thomas' NHS Foundation Trust.

Team Leader: Mary Cridge, Head of Hospital Inspections, Care Quality Commission (CQC).

The team included CQC inspectors and a variety of specialists: an advanced nurse practitioner, a specialist advisor for theatres and an expert by experience

Background to St Michaels Hospital

St Michael's Hospital is one of three hospital locations run by Royal Cornwall Hospitals NHS Trust. It has 48 beds divided into two wards offering breast surgery and planned orthopaedic surgery for adults only. The hospital also provides a wide range of outpatient services, including 'one-stop' pre-assessment clinics which allow suitable patients to be fast-tracked for orthopaedic operations.

Since its registration with the Care Quality Commission, St Michael's Hospital has been inspected twice in 2011 and 2013. On both inspections it was meeting all the standards inspected.

Why we carried out this inspection

We inspected this hospital as part of our in-depth hospital inspection programme. We chose this hospital because it represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations. Using this model, Royal Cornwall Hospitals NHS Trust was considered to be a medium risk service.

How we carried out this inspection

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

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

Detailed findings

The inspection team inspected the following core services at this inspection:

- Surgery
- Outpatients

Before visiting, we reviewed a range of information we hold about the hospital and asked other organisations to share what they knew about the hospital. We carried out an announced visit on 21 January 2014. During our visit we talked with patients and staff from all areas of the hospital including the wards, theatre and the outpatients departments. We observed how people were being cared for, and talked with carers and/or family members and reviewed personal care or treatment records of patients. We held a listening event where patients and members of the public shared their views and experiences of the location. An unannounced visit was carried out on 25 January 2014.

Good

Surgery

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

Information about the service

The surgical unit at St Michael's Hospital consists of four operating theatres and two surgical wards. St Michael's ward is a 20 bedded female ward focusing mainly on breast surgery it is open from Monday morning to Saturday lunchtime. St Joseph's ward is a 28 bedded ward for patients undergoing orthopaedic surgery. Any patients on St Michael's ward who need to say in over a weekend are transferred to St Joseph's ward where there are facilities for both male and female patients to be cared for in separate areas.

Operations undertaken at St Michael's Hospital are planned, routine cases. In the last year just under 3,000 patients underwent surgery as a day case and approximately 1,800 as an in-patient. They undertake 16% of the elective surgery for the trust.

We visited both surgical wards and theatres. We spoke with nine patients and 21 members of staff. These included all grades of nursing staff, healthcare assistants, administrative staff, physiotherapists, consultants, junior doctors and senior managers. We received comments from people at our listening events as well as from people who contacted us to tell us about their experiences. Before our inspection we reviewed performance information from and about the trust.

Summary of findings

Patients were protected from avoidable harm. In the past, there had been some concerns about learning from incidents and never events. However, it was now clear that staff had learnt from these events, and the reporting, learning from, and review of the issues was now embedded. Patient care was effective, with the trust performing in line with similar trusts. .Although some staff expressed concerns over staffing levels, the majority of patients were very complimentary about the care provided, and felt staff were kind and respected their dignity. Staff morale was negatively affected by the movement of staff to help in other hospitals.

One area where there was a risk of dignity being compromised was due to the use of portal space dividers in the recovery room, which were limited in their effectiveness in maintaining privacy.

Staff worked well as a multidisciplinary team, meeting the needs of the patients, and discharges were well planned.

Leadership and management was effective in the hospital, but there was a disconnect in communication and understanding between the hospital and the rest of the trust.

Good

Surgery

Are surgery services safe?

Good

Safety and performance

Patients were protected from avoidable harm. There have been three never events (these patients safety incidents that should not occur) in surgery across the trust between December 2012 and November 2013. One of these occurred in the theatres at St Michael's Hospital in which the wrong prosthesis was used during an elective orthopaedic operation. In December 2013 an audit of compliance with the use of the World Health Organization (WHO) surgical checklist, which is designed to prevent avoidable errors, showed that there was non compliance with the checklist on all occasions audited. The issues of concern related to inconsistencies in complying with the checklist. However, during our observations in the operating theatres, good use of the WHO checklist was observed.

The majority of patient's comments about their safety in the hospital were very positive, for example: "I feel safe here", "I definitely feel safe here".

Out of normal working hours there was a risk of unauthorised entry to the building, which could put staff and patients at risk. At weekends there were a reduced number of staff working on the wards. There was no receptionist on duty at the main entrance to the hospital, and the main doors were kept open. There were no clear instructions for people, such as visitors or temporary staff, on how to get assistance. There were CCTV cameras in the reception, with viewing available from the ward offices, but staff were not able to view these all of the time. It was noted that the doors to areas not in use, such as the theatres and post room, were locked and therefore secure.

When staff spoke with us, we had variable responses about staffing levels, ranging from "the staffing is dangerous", "last week we were chock-a-block with majors and only had one (qualified) nurse and one HCA (health care assistant) on each ward" and " if there was an incident- fire, crash, you only have five members of staff – it's not safe", to "this is the best hospital", "I like working here", I feel like a valued nurse here", "patients like it here – calm environment", and " they (patients) feel looked after".

Staff were very concerned that neither capacity nor dependency of patients was consistent, for example, half the beds could be occupied on one day, with all patients requiring a high level of support and care, and all the beds full on another day, with patients requiring lower levels of support. They did not feel that this was understood by senior managers. However on discussion with manager they were aware of this and took it into account if considering asking for staff to be moved to help another area.

During our inspection, we observed that there were enough staff, both in theatres and on the wards, to care for people safely. We did note that of the 48 available beds, only 23 were occupied in the morning so the staff were not working at the maximum capacity.

Learning and improvement

Staff learnt when things went wrong so that patient safety and standards were improved. There was clear evidence of learning from the never event that had occurred in theatre and from the subsequent audits of compliance with the WHO surgical checklists. When the audits were showing that there was a 100% compliance rate, staff from other areas were used to undertake the audit so that staff did not become complacent with the process. Having used this approach, for example in December 2013, it was noted that the compliance sometimes dipped with a change in auditor; this approach helped to ensure that people did not get over familiar with the audit tool and become less observant of errors.

Some staff commented that they received feedback on learning from incidents, which was cascaded from the divisional manager; although not all staff were clear about this.

Systems, processes and practices

There were reliable systems, processes and practices in place to keep patients safe. These included the reporting of safety concerns and incidents, in line with national guidance and trust policies and procedures. Staff told us that they knew how to report incidents and could describe the process competently.

Good

Surgery

Monitoring safety and responding to risk

Staff continually monitored the safety of patients and reacted appropriately to change in the level of risk. There was an escalation process in place for any patients whose condition deteriorated; staff were aware of this process and could discuss when it had been used.

A programme of risk-based audits was undertaken. Findings of the audits were acted upon to improve patient safety, for example the use of the WHO surgical checklist. Audit results were displayed in corridors of wards and departments; this included a number of issues such as: hand hygiene, safe storage of medicine, MRSA screening, cleaning, and care of intravenous lines. All of these had scores of 95% and over.

Infection rates were lower than expected; the environment was clean and uncluttered, with adequate hand gel available and staff and visitors were seen using this appropriately. There were no single rooms in the hospital; therefore if a patient did have an infection and required care in isolation, staff would have to close the other four beds in the bay. This could impact on the ability of the hospital to admit patients for surgery. In addition, there were no en suite facilities, so the patient would have to use the bathroom opposite the bay, crossing over the corridor during which time the bathroom would be designated for just the affected patient.

Anticipation and planning

Problems were anticipated and planned for in advance, reducing any risks to patients. The pre-operative assessment clinic was a key element in this respect. This helped to ensure that St Michael's Hospital was a suitable place for patients to have surgery. Any issues identified were discussed by the multidisciplinary team, and if concerns remained, the patient would be transferred to Treliske Hospital for their surgery in order for them to have prompter access to supportive services such as intensive care unit.

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

Good

Using evidence-based guidance

Care and treatment was delivered in line with current legislation, standards and recognised evidence-based guidance. Care observed was in line with the trust policies and procedures, and patients' care plans. Medical and nursing documentation was appropriate and staff were knowledgeable about the patients in their care.

Performance, monitoring and improvement of outcomes

Information on patient reported outcome measures (PROMS) for 2013, at trust level, showed good performance for knee replacement, but there had been a slight reduction in the outcome performance for hip replacement. Overall, the general health well-being outcome measures were within the normal range.

The trust had taken part in a number of national audits in the last 12 months related to breast surgery, which included - The Association for Cancer Surgery (BASO), National Mastectomy and Breast Reconstruction Audit (NMBRA) and the Breast Cancer Clinical Outcome Measures (BCCOM) Project. No concerns had been highlighted in these.

Overall mortality rates for surgical patients at trust-wide level were within normal range, so did not demonstrate evidence of risk. The surgical division monitored mortality rates monthly and took actions where required.

Staff, equipment and facilities

Most staff advised us that they had received an appraisal in the last year, and that they had undertaken mandatory training as required. Records confirmed this. The exception to this was the matron who had not received an appraisal for a number of years. Staff spoke of the good working relationships with their colleagues, and a good support network. Clinical supervision particularly for nursing staff was underdeveloped.

Staff stated they could get appropriate well maintained equipment for people as required.

Good

Surgery

Patients were positive about the environment and liked the four bedded bays. We found the hospital to be clean and uncluttered. There was hand gel available in all areas, and staff, patients and visitors were seen using it appropriately.

Multidisciplinary working and support

Both patients and staff spoke of good multidisciplinary team working in all areas of the hospital, and our observations supported this. There were multidisciplinary meetings held at specialty and divisional board level which looked at quality, performance and finances.

Are surgery services caring?

Good

Compassion, dignity and empathy

Patients were made to feel safe and comfortable, and were treated with compassion, dignity and empathy while they received treatment and personal care. The majority of people and their relatives described staff as kind with a caring attitude. We spoke with people at our listening events; reviewed comment sent to us, had discussions with patients on the ward areas, and observed care. The majority of comments were very positive, for example: "I have been treated with dignity and respect; they talk to you, not at you", "all the staff (not just nurses) have been kind caring and respectful", "I have no issues about the privacy and confidentiality here", and "the doctors and medical team have always treated me with respect". The negative comments we received related to late administration of drugs at night, and staff attitude. However, a review of the medication charts showed timely administration of medications, and during our observations staff were caring and respectful.

The dignity of patients in the recovery area was compromised. There were no curtains around the cubicles in the recovery area, with portable space dividers in use for privacy and dignity. These screens were limited in their effectiveness in maintaining privacy for patients. The staff aimed to keep patients following breast surgery in a separate area to other patients.

Involvement in care and decision making

Patients, and where appropriate their relatives, were involved in their care, and were able to participate in decisions about their care in an informed manner. Patients told us, "I have been involved and included in the consent for the care given here", "I am involved and included in my treatment and have been asked for and given my consent to my treatment", and "I have been included in discharge planning". As all the surgery was planned, patients had attended or spoken with a nurse from the pre operative assessment clinic prior to their admission. This helped to both ensure that patients were suitable for the surgery proposed and enabled patients to plan for their recovery and discharge. Patients stated that they were able to, and comfortable in, asking questions if they did not understand any aspect of their care.

Trust and communication

Staff developed trusting relationships with patients, through good communication and respect of both patients and their relatives. The majority of patients described that staff at all levels communicated with them effectively and respectfully. Patients were asked for their consent before treatment, and could base their decision on appropriate information. For example from one patient stated, "I am involved and included in my treatment and have been asked for and given my consent to my treatment". Staff were aware of, and understood, the requirements of the Mental Capacity Act 2005 and action they should take if they had concerns over a patient's ability to consent.

Emotional support

Patients received the support they needed to cope emotionally with their treatment and hospital stay. Much of the breast surgery performed in the trust was undertaken at St Michael's Hospital; there were good links with the breast care nurse team. The chaplaincy service was also available to people of all denominations.

Are surgery services responsive to people's needs?

(for example, to feedback?)

Good

Meeting people's needs

Patient`s needs were assessed, and care planned and delivered to meet these. This was supported by patient's comments and review of records.

Good

Surgery

Vulnerable patients and capacity

Patient`s needs were met at each stage of their care, including when people were in vulnerable circumstances or lacked the capacity to communicate their needs. Staff spoken with had undertaken appropriate safeguarding training, and records confirmed this. They were aware of the Mental Capacity Act 2005 and the implications of this in order to protect patient's rights.

Access to services

There was good access to the service. The Department of Health monitors the proportion of cancelled elective surgery; the trust was performing in line with similar trusts in relation to this; however, staff were aware that any cancelled operation, particularly at short notice, was very disruptive and upsetting for patients. Staff contacted patients prior to surgery, and alerted them if they had concerns that they would not have enough beds. We did not speak to any patients for whom surgery had been cancelled, but the staff monitored complaints, and in the last year, had only received one complaint at this hospital relating to this.

The hospital was recording 46% bed occupancy; that meant that overall, less than half of its beds were in use. Patients and staff both commented that there was spare capacity in the hospital, and that with some innovative use of this capacity, access for patients across the trust could be improved.

Leaving hospital

Patient's needs and wishes were taken into account, so they were ready to leave hospital at the right time, when they were well enough and with the right support in place. Plans were developed with patients and their relatives in preparation for discharge home. Patients and staff explained that this planning started in the pre operative assessment clinic, and was further supported during the patients stay in hospital. Records confirmed this.

Learning from experiences, concerns and complaints

Patients knew how to make a complaint if they were not satisfied with their care. Leaflets about how to make a complaint were seen around the wards and hospital. The hospital had very few complaints, but did review these along with compliments and concerns raised on the NHS Choices website taking the issues from these to learn from and improve care.

Are surgery services well-led?

Good

Vision, strategy and risks

There was a trust wide vision and strategy to deliver high quality care to patients. Much consideration had been given to future surgical services at St Michael's Hospital, particularly in relation to the low bed occupancy figures. There were clear criteria to ensure that patients were admitted to St Michael's Hospital appropriately, based on the level of risk and medical cover available. As a result, the trust had made the decision, in the interests of patient safety, not to use St Michael's Hospital as an overspill area for Treliske Hospital.

Governance arrangements

The governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered, and problems detected, understood and addressed. Overall leadership and governance for the wards and theatre was provided through the division of surgery. The divisional manager and matrons were key in cascading this information to staff. Staff confirmed they received information through a variety of media.

Leadership and culture

The leadership and culture within the organisation reflected its vision and values, and promoted the delivery of high quality care across teams. All the staff at St Michael's Hospital worked very well together and were supportive of each other. The ward managers had regular contact with the matron, who was visible and supportive to the local team. However, staff felt disconnected from the rest of the trust; they stated that they rarely saw any of the executive team, and did not feel that they understood the work undertaken in the hospital, or the potential that the hospital could offer, if used to capacity. The staff said they felt they were used like bank staff, moved to other sites when required, and that the local support was not sufficient in relation to this. The rotas showed that from October to December 2013 there had been 65 occasions when staff had been moved to other sites; staff said they found this demoralising, and felt that they would be given a "written warning" if they refused. The senior management was aware of this, and aimed to offer support by providing taxis and covering any additional costs.

Good

Surgery

Patient experiences, staff involvement and engagement

Patient views and experiences were the key driver for how services were provided, and staff were involved and engaged. Information about the ward or department was displayed in the corridors. This was visible to staff, patients and visitors, and helped to provide a culture of openness. The displays were titled “How are we doing?” and “Patient experience”; this included information on the Friends and Family test, and feedback from patients, and quality and safety information; for example: results from audits of hand hygiene, safe storage of medicines, and number of patient falls and pressure ulcers. It was noted that there was a section for senior management to add a comment, but that these spaces were blank; this could exacerbate the feeling from staff about the lack of visibility of senior management.

Learning, improvement, innovation and sustainability

Staff continuously strove to learn and improve; stating they felt encouraged to do so. There was evidence of learning from incidents, complaints and compliments.

Good

Outpatients

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

Information about the service

The outpatients department offers clinics for breast care, ear, nose and throat services, geriatric medicine services, gastroenterology and hepatology services, general surgery, oral and maxillo-facial services, orthopaedic services, vascular surgery services and some services for children and young people. Approximately 20,000 follow-up appointments and 8,500 new appointments take place each year.

Summary of findings

Care for patients was safe and effective. Patients were made to feel safe and comfortable, and were treated with compassion, dignity and empathy while they received their treatment and care. Actions had been taken such as sending a text reminder to patients prior to their appointment and more action were planned to reduce the number of appointments that patients did not attend. The department was well-led.

Good

Outpatients

Are outpatients services safe?

Good

Safety and performance

Patients were protected from avoidable harm. Staff were aware of policies and procedures that minimised risks, such as the infection control and incident reporting policies and procedures, and the actions to take if an incident occurred, with the priority on ensuring the immediate safety of the patient.

There were no major risks reported on the trust risk register relating to the outpatients service at St Michael's Hospital. Patients we spoke with during the inspection told us that they felt safe in the department.

Although the department was generally clean, dust was noted on high levels such as high window skills, which could pose a risk of infection.

Learning and improvement

Staff learnt when things went wrong, so that patient safety and standards were improved. Few incidents had been reported, which is not uncommon in this type of service. However, staff took the opportunity through communication, both informally and more formally through team meetings, to raise issues, share solutions and improve patient care.

Systems, processes and practices

There were reliable systems, processes and practices in place to keep patients safe. These included the reporting of safety concerns and incidents in line with national guidance. Staff were aware of how to report incidents and they received feedback on these.

Risks identified in outpatients were managed, either through the outpatient team, or through the divisional governance arrangements, reporting on to the trust-wide risk committee as appropriate. At December 2013 there were no red risks (the highest rating) relating to this hospital.

Monitoring safety and responding to risk

Staff continually monitored the safety of patients and reacted appropriately to changes in the level of risk.

Anticipation and planning

Problems were anticipated and planned for in advance, reducing any potential risk to patients. Regular clinics were booked in advance, and consultant availability was reviewed to prevent cancellations. Extra clinics were slotted in if there was extra availability or cancellations.

Are outpatients services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

Using evidence-based guidance

Care and treatment was delivered in line with current legislation, standards and nationally recognised evidence-based guidance. We observed care, reviewed records and spoke with staff, and found that care was delivered in line with the trusts policies and procedures.

Performance, monitoring and improvement of outcomes

A number of audits had been undertaken over the last two years, including: a Payment by Results data assurance framework follow up audit 2011/12 (original Audit 2009/10), and Internal clinical coding reports; the internal audit team had also undertaken audits through the trust's own audit programme, and other reviews included the Outpatient Booking Service Review, June 2012 and Waiting List Management August 2013. Actions had been put in place as a result of these, and both these and other issues were communicated through the regular meetings of the administrative and clerical staff.

Staff, equipment and facilities

There were sufficient staff, of an appropriate skill mix, to deliver effective care and treatment. During our inspection staff did not raise significant concerns about staffing levels.

The majority of staff advised us that they had received an appraisal in the last year and in particular, nursing staff commented on the positive experience of the appraisal; one nurse commented: "very worthwhile met many of last year's goals and more set". Another stated that her appraisal had been worthwhile and supported her own professional development. Although there was good support within teams, it was noted that there was no clinical supervision, particularly for nursing staff.

Good

Outpatients

All staff spoken with had attended the relevant mandatory training for their role, and records confirmed this. Staff also spoke of being able to access additional training for their role. In particular, medical staff commented on the ability to get study leave and to be able to attend conferences.

Appropriate equipment was available and there were records to demonstrate it was regularly checked and maintained. The environment was functional, but due to the physical layout of the department with narrow corridors and small rooms it was not ideal for modern day health care.

Multidisciplinary working and support

There was good multidisciplinary working within the outpatients department, between other services in the hospital and across the trust, as well as with external organisations. Both patients and staff from a variety of disciplines spoke of good multidisciplinary working and our observations supported this.

Are outpatients services caring?

Good

Compassion, dignity and empathy

Patients were made to feel safe and comfortable, and were treated with compassion, dignity and empathy while they received treatment and care. Staff spoke with passion that their main focus was care of the patient, and comments from patients attending outpatients were consistently positive.

Patients were seen for consultations in private rooms, so their privacy and dignity was maintained. Concerns were raised by staff about the lack of privacy at the reception desk, and that some of the questions they were required to ask were very personal. They told us that patients had commented that some of the questions were invasive into their privacy. The staff were very sensitive to this, and there was a room available for private conversations; but if the receptionist was in there with a patient, then there was a risk that the reception would be unmanned for a period of time.

Involvement in care and decision making

Patients, and where appropriate their relatives, were involved in their care, and were able to participate in decisions about their care in an informed manner. Patients told us they received sufficient information both verbally and in writing through leaflets, information books, etc, to be involved in their care and decision-making, and were able to give informed consent for treatments. There was sufficient time in their appointment slot to ask questions, and they did not feel rushed.

Trust and communication

Staff developed trusting relationships with patients, through good communication and respect of both patients and their relatives. All patients we spoke with told us that staff at all levels and from all disciplines communicated with them effectively. Patients were asked for their consent before treatment, and were provided with appropriate information in order for them to understand the treatment, its likely outcome and possible side effects or complications.

Emotional support

Patients received the support they needed to cope emotionally with their treatment and hospital stay. There were some dedicated clinics provided for children and young people, if they needed to be seen in an adults clinics due the availability of the clinic, they were scheduled at an appropriate time and fast tracked to avoid waiting times. A nurse was available who was trained in the care of children. Some children came back many times, and the staff had built a good rapport with them. Where children were seen within an adult clinic, the staff were sensitive to the children's needs and support.

Are outpatients services responsive to people's needs?

(for example, to feedback?)

Good

Meeting people's needs

Patients' needs were assessed at each appointment, and care planned and delivered to meet these needs. When asked how staff would gain access to an interpreter if required, they stated that this was always arranged when the appointment was booked, and the system worked very well. They were very aware of the need not to rely on relatives in order to ensure patient confidentiality.

Good

Outpatients

Vulnerable patients and capacity

Patients' needs were met at each stage of their care, including when people were in vulnerable circumstances, or lacked the capacity to communicate their needs. Staff had received training, appropriate to their role, in safeguarding both children and adults. Staff were aware of the need to assess children for their ability to consent; they were also aware of the Mental Capacity Act 2005, and the need to protect patients' rights.

Access to services

Performance was monitored through the performance assessment framework in each of the divisions in which issues such as cancelled clinics and 'did not attend' rates were reviewed and actions planned and implemented to improve care. Times from referral to treatment were monitored through weekly meetings, which were chaired by a member of the executive team, and were attended by the divisional managers and heads of service.

There was good access to services. The Trusts Access Policy had recently been reviewed, which aimed to ensure that patients waiting for an outpatient appointment, diagnostics, elective or planned admission were managed in line with national waiting list guidance and patient choice.

If clinics were running late, staff kept the patients informed. If their car parking ticket was due to run out, they contacted the person monitoring the car park with a list of registration numbers of cars not to be fined.

The number of patients who did not attend their outpatients appointment was monitored, text reminders had been introduced, and further developments, such as phoning patients, was planned.

Leaving hospital

Patient's needs and wishes were taken into account, so that they left the department with appropriate verbal and written information, and any necessary medication.

Learning from experiences, concerns and complaints

Patients knew how to make a complaint if they were not satisfied with their care. Leaflets about how to make a complaint were seen around the department and hospital. There were few formal complaints made in the outpatients department, but there were issues of concern raised with the Patient Advice and Liaison Service (PALS). These included patients not having received an appointment letter, cancelled appointments and poor customer service. Action had been taken in relation to all of these; for example, a text reminder service had been set up, and there had been a recent publicity campaign regarding this.

Are outpatients services well-led?

Good

Vision, strategy and risks

There was a vision and strategy to deliver high quality care to patients. There was a monthly outpatient improvement group chaired by the chief operating officer, with clinical engagement to explore pathway redesign, future direction for outpatients, and where efficiencies and improvements could be made to current practices.

Governance arrangements

The governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered, and problems detected, understood and addressed. Issues raised in the outpatients department were discussed within the department where possible. If they needed to be escalated, they went through the divisional governance arrangements, and if necessary, were escalated further to executive level as required.

Leadership and culture

The leadership and culture within the local hospital team reflected its vision and values, and promoted the delivery of high quality care across teams. All the staff at St Michael's Hospital worked very well together and were supportive of each other. Staff in the outpatients department found that their working relationship in the team enabled them to have a good support network. They spoke highly of the manager and the matron, stating that they were very supportive and continually liaised with the team. However, they felt disconnected with the rest of the trust and rarely saw any of the executive team.

Staff stated that they were often moved to support Treliske Hospital, which they felt, sometimes left St Michael's short of staff, and increased the pressure on the remaining staff. This was demoralising for both those staff who were moved, and those who were staying. They commented that it made them feel devalued in their role, both personally and as a team, and that staff at St Michael's were not appreciated by senior management.

Good

Outpatients

Patient experiences, staff involvement and engagement

Patient's views and experiences were the key driver for how services were provided, and staff were involved and engaged The National Outpatient Survey in 2011 was generally positive, with a good response rate of 63%.

Learning, improvement, innovation and sustainability

Staff continuously strove to learn and improve; stating they felt encouraged to do so. There was evidence of learning from incidents, complaints and compliments.