Care Quality Commission

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Retford Hospital

Quality Report

North Road
Retford
DN22 7XF
Tel: 01777 274400
Website: www.dbh.nhs.uk

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

Ratings

Overall rating for this hospital	Requires improvement 
Outpatients and diagnostic imaging	**Requires improvement** 

Summary of findings

Letter from the Chief Inspector of Hospitals

Doncaster and Bassetlaw NHS Foundation Trust provided health services across three acute hospitals (Bassetlaw Hospital in Worksop, Doncaster Royal Infirmary and Montagu Hospital, Mexborough), as well as community locations including Retford Hospital.

A range of outpatient services and a diagnostic imaging service was provided at Retford Hospital. There were no inpatient beds at Retford hospital.

We inspected the Retford Hospital as part of the comprehensive inspection of Doncaster and Bassetlaw NHS Foundation Trust. We inspected the Retford Hospital on 16 and 29 April 2015.

Overall, we rated Retford Hospital as 'requires improvement'. We rated it 'good' for being caring and responsive, but it requires improvement in providing safe and well-led care. We inspected but did not rate effectiveness; we are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Our key findings were as follows:

- The departments were visibly clean. Monthly hand hygiene and cleanliness audits were undertaken.
- Staffing levels were appropriate.
- Patients spoke positively about the services provided.

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

Importantly, the trust must:

- ensure that the public are protected from unnecessary radiation exposure.
- ensure that staff receive mandatory training.
- ensure that staff receive an effective appraisal
- audit the Radiation Exposure/ Diagnostic Radiation Levels.
- ensure accurate records are maintained and safety and risk assessments are recorded.

In addition the trust should:

- review systems so medicines are appropriately stored and managed within the outpatients department
- identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents.
- review the audit programme to monitor the effectiveness of services
- continue improvements to meet the 6 week target referral to treatment target for medical imaging.
- review the processes for identifying and managing patients requiring a review or follow-up appointment.
- further develop the outpatient's services strategy to include effective service delivery.
- identify and monitor key performance indicators for outpatients.
- implement plans to ensure radiology discrepancy and peer review meetings are consistent with the Royal College of Radiology (RCR) Standards.
- consider reviewing provision of call bells within the diagnostic imaging departments.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Outpatients and diagnostic imaging	Requires improvement 	There is a legal requirement to protect the public from unnecessary radiation exposure. We saw that there were doors with no signage that had unrestricted entry to x-ray controlled areas. This was raised with the trust and referred to the Health and Safety Executive. This had been addressed at the unannounced inspection. We found medicines within the outpatients department that were out of date. Drug fridge temperatures had been consistently outside of the expected range. There was a lack of information recorded for minor surgical procedures, including no allergy status recorded or evidence of safety checks. This was raised with the trust at the time of inspection. Mandatory training, including safeguarding and appraisals rates were well below the trust's target compliance rate of 85% particularly within the outpatients department. Staff had not received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Evidence-based guidance was available however there was limited evidence of audit to demonstrate effectiveness. Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met, Eight meetings had been held in the period April 2014 to March 2015. All of the patients we spoke with across the department told us they were very happy with the services provided. Staff were courteous when caring for patients and were seen responding to patient's individual needs in a timely manner. The management team were in the process of reviewing capacity and demand for outpatient clinics across the trust and recognised the need to address the rate of clinic cancellations by the hospital. Most referral to treatment targets were met. Medical imaging was not meeting the 6 week

Summary of findings

target referral to treatment target; however improvements had been made. There was no centrally held list of all patients requiring a review or follow-up appointment.
Staff we spoke with were aware of the trust overall vision and strategy. An outpatient's services strategy lacked detail and senior managers agreed it required further development. There were limited key performance indicators for outpatients.
Staff were positive about the recent and future management of medical imaging and outpatients.

Retford Hospital

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Background to Retford Hospital

Doncaster and Bassetlaw NHS Foundation Trust provided health services across three acute hospitals (Bassetlaw Hospital in Worksop, Doncaster Royal Infirmary and Montagu Hospital, Mexborough), as well as community locations including Retford Hospital.

A range of outpatient services and a diagnostic imaging service was provided at Retford Hospital, which was also the headquarters of NHS Bassetlaw. There were no inpatient beds at Retford hospital.

The trust served a population of around 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council, as well as parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire. The health of people in Bassetlaw was varied. Deprivation was higher than the England average and about 3,800 children live in poverty. Life expectancy for both men and women was lower than the average. Rates of deaths from smoking and hospital stays for alcohol related harm were worse than the England average.

The outpatients and diagnostic imaging services at Retford Hospital covered a range of specialities.

For outpatients these included general medical, surgical, respiratory, urology clinics and genito-urinary medicine. Minor procedures including vasectomies were undertaken within the general outpatients department one session a week. The imaging service provided plain film x-rays and ultrasound.

We inspected the general outpatients department and diagnostic imaging. We did not inspect genito-urinary medicine. This inspection was undertaken as part of our scheduled inspection programme.

Our inspection team

Our inspection team was led by:

Chair: Yasmin Chaudry

Head of Delivery: Adam Brown, Care Quality Commission

The team included CQC inspectors and a variety of specialists: a senior radiographer, CQC inspection manager and inspector.

Detailed findings

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?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, local area team, Monitor, Health Education England and Healthwatch.

We carried out an announced visit on 14 -17 April 2015. We talked with patients and staff within the

Outpatients and diagnostic imaging department and reviewed patients' personal care or treatment records. We held a listening event on 13 April 2015 in Doncaster and attended a local group in Bassetlaw to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection.

We carried out an unannounced visit on 29 April 2015.

Facts and data about Retford Hospital

There were 10,393 outpatient attendances between January and December 2014 at Retford Hospital.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

Outpatients and diagnostic imaging

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

Information about the service

The outpatients and diagnostic imaging services at Retford Hospital covered a range of specialities.

For outpatients these included general medical, surgical, respiratory, urology clinics and genito-urinary medicine. Minor procedures including vasectomies were undertaken within the general outpatients department one session a week. The imaging service provided plain film x-rays and ultrasound.

There were 10,393 outpatient attendances between January and December 2014 at Retford Hospital.

The main outpatient's facilities and staff were managed by the Diagnostic and Pharmacy Care Group, however the responsibility for the provision of the outpatient's clinics was held by individual Care Groups.

The managers at Bassetlaw District General hospital also managed the imaging department based and the outpatients department at Retford Hospital.

Outpatient clinics were held Monday to Friday. The diagnostic imaging department was open 8.30 to 16.45, Monday to Friday.

During our inspection at Retford Hospital we visited the outpatients and diagnostic imaging departments.

We spoke with two patient and relatives, six members of staff and looked at four sets of records.

Summary of findings

There is a legal requirement to protect the public from unnecessary radiation exposure. We saw that there were some doors with no signage that had unrestricted entry to x-ray controlled areas. This was raised with the trust and referred to the Health and Safety Executive. This had been addressed when we revisited as part of an unannounced inspection 10 days later.

We found medicines within the outpatients department that were out of date. Drug fridge temperatures were checked daily, but had been consistently outside of the expected range. There was a lack of information recorded for minor surgical procedures, including no allergy status recorded or evidence of safety checks. This was raised with the trust at the time of inspection.

Mandatory training, including safeguarding and appraisals rates were well below the trust's target compliance rate of 85% particularly within the outpatients department. Staff had not received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

There were effective systems to report incidents. However, we were unable to identify clear systems and processes to evidence post incident feedback and shared learning. Evidence-based guidance was available however there was limited evidence of audit to demonstrate effectiveness. Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of

Outpatients and diagnostic imaging

Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met, Eight meetings had been held in the period April 2014 to March 2015.

All of the patients we spoke with across the department told us they were very happy with the services provided. We observed that staff were courteous when caring for patients and were seen responding to patient's individual needs in a timely manner.

The management team were in the process of reviewing capacity and demand for outpatient clinics across the trust and recognised the need to address the rate of clinic cancellations by the hospital. Most referral to treatment targets were met. Medical imaging was not meeting the 6 week target referral to treatment target; however improvements had been made. There was no centrally held list of all patients requiring a review or follow-up appointment.

Staff we spoke with were aware of the trust overall vision and strategy. An outpatient's services strategy had been drafted in December 2014. However, this lacked detail and senior managers agreed it required further development. There were key performance indicators for outpatients, however, these did not include targets for indicators such as did not attend rates and clinic cancellations. There were plans to address this

Staff were positive about the recent and future management of medical imaging and outpatients.

Are outpatient and diagnostic imaging services safe?

Requires improvement

There is a legal requirement to protect the public from unnecessary radiation exposure. We saw that there were some doors with no signage that had unrestricted entry to x-ray controlled areas. This was raised with the trust and referred to the Health and Safety Executive. This had been addressed when we revisited as part of an unannounced inspection 10 days later.

We found medicines within the outpatients department that were out of date. Drug fridge temperatures were checked daily, but had been consistently outside of the expected range.

There was a lack of information recorded for minor surgical procedures, including no allergy status recorded or evidence of safety checks. This was raised with the trust at the time of inspection.

The percentage of staff within general outpatients who had undertaken adult and children's safeguarding training was well below the trust compliance target of 85%. Mandatory training was well below the trust's target compliance rate of 85% particularly within outpatients departments.

There were effective systems to report incidents. However, we were unable to identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents.

There were no patient alarms in the changing cubicles or x-ray rooms.

Incidents

- Two patient-related incidents regarding outpatients at the hospital had been reported between September and December 2014. All were reported as causing no harm.
- One patient-related incident had been reported for the same period regarding diagnostic related services. This was recorded as causing no harm.

Outpatients and diagnostic imaging

- There had been no never events in 2014 within outpatients & diagnostic imaging services (never events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented).
- Staff were aware of how to report incidents using the electronic incident reporting system. Most staff said they had received training on how to report incidents.
- Most staff reported they received some feedback when they had reported incidents.
- We saw from the Radiation Safety Committee September 2014 and Clinical Governance Sub Group (Radiation) February 2015 minutes that radiation incidents were recorded at these meetings and agreed follow up actions recorded and progress against the actions monitored at subsequent meetings.
- We also saw from these minutes the trust continued to report radiation incidents to the Care Quality Commission (CQC) under IR(ME)R and respond to actions as determined by CQC. Staff reported that the decision to report incidents to CQC were made at the clinical governance meeting and were supported with technical information from the medical physics team.
- We saw information regarding the Duty of Candour was displayed on screen-savers at the hospital. Not all staff were aware of the duty, but gave examples of being open and honest when things went wrong.
- Staff we spoke with told us that incidents were discussed informally and at departmental meetings. Some staff said they received feedback following incidents. However, we were unable to identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents with departmental staff.
- The mangers within diagnostic imaging acknowledged there needed to be some improvement in incident management including the quality of reports, investigations, actions and review. The managers told us that as part of the service improvements an external learning company had been invited to support medical imaging.

Duty of Candour

- We saw information regarding the Duty of Candour was displayed on screen-savers at the hospital. Not all staff were aware of the duty, but gave examples of being open and honest when things went wrong.

Cleanliness, infection control and hygiene

- The departments were visibly clean. Patient waiting and private changing areas were clean and tidy. Clinic rooms and equipment were cleaned regularly.
- The trust policy was that all staff should be bare below in clinical areas and comply with hand hygiene guidance. We observed staff complied with the policy. Soap dispensers and hand gel were available in clinic rooms. Hand hygiene posters were visible.
- Monthly hand hygiene and cleanliness audits were undertaken. The average compliance rate for cleanliness audits within the Diagnostic and Pharmacy Care Group, over a six month period (October 2014 to March 2015) was 91%. Hand hygiene audits were submitted to the infection prevention and control team as part of the infection prevention and control accreditation scheme. The results showed high levels of compliance.
- Staff were aware of procedures to follow if patients were known to have a communicable infection.
- All respondents in an outpatient experience survey undertaken between January and March 2015 stated the departments were very or fairly clean.
- Sharps boxes were available and signed and dated in accordance with trust policy.
- Within diagnostic imaging, the department had purchased an ultrasound probe cleaning device. There was also one at Doncaster Royal Infirmary. We raised this with the care group director who agreed to investigate the use of this equipment to ensure it complied with trust decontamination policy and procedures.

Environment and equipment

- There was no lock on the x-ray door adjacent to the patient cubicle and no warning sign displayed, therefore patients could potentially walk into the x-ray room during an x-ray exposure. There is a legal requirement to protect the public from unnecessary radiation exposure. This includes clear signage on all doors that enter into an 'x-ray controlled area' to warn patients and staff not to enter the room of the red light is on. This had been addressed when we revisited as part of an unannounced inspection 10 days later.
- There were no patient alarms in the changing cubicles or x-ray rooms.

Outpatients and diagnostic imaging

- The environment had been adapted and was mostly fit for purpose. There was sufficient seating available in waiting areas and a play area for children in the diagnostic imaging department.
- Resuscitation equipment was available for staff to use if needed across outpatients and diagnostics departments. Equipment was checked daily. We saw a defibrillator was available for use within the hospital.
- The trust kept an inventory of imaging equipment.
- During the course of our inspection we observed that specialised personal protective equipment was available for use within radiation areas. Staff were seen to be wearing personal radiation dose monitors and these were monitored in accordance with legislation.
- There were systems and processes in place to ensure the maintenance and servicing of imaging equipment.

Medicines

- Medicines were stored securely, however we checked a sample of medicines within the outpatients department and found two batches of medicines to be out of date. This included some that were over 18 months out of date. Whilst these were locked in a separate cupboard and unlikely to be accessed, there was the risk that these could be used.
- There was no medicines stock list or pharmacy support for outpatients.
- Drug fridge temperatures within the outpatients department were checked daily. However, they were outside of the expected range on the day of inspection and had consistently been recorded as such (0.9º centigrade) for several weeks. No action had been taken to address this until this was highlighted at inspection. This meant there was a risk that the effectiveness of the medicine could be reduced. We raised this with the manager at the time of inspection.
- No medicines were held within the diagnostic imaging department.

Records

- We looked at two outpatients records for patients who had undergone vasectomies at the clinic. We found a lack of information recorded. For example, there were no allergies recorded, no evidence of safety checks undertaken prior to, during or after surgery and no intraoperative record of the surgery, medicines or skin closure used. The operation was recorded as 'routine' and signed and dated by the surgeon. We raised this with the trust management.
- We revisited this area as part of the unannounced inspection 10 days later and found that there had been some developments to the records made after the initial inspection. A pre-printed label was used to provide information on the local anaesthetic and skin closure. There was no record of safety checks. A space for allergies to be recorded had been added on the standard assessment form. We reviewed two records of patients who had had surgery following our initial visit; there was no record of any allergies. We spoke with the trust managers who said they would undertake a review of records within day surgery across the trust
- Staff reported that records were available in a timely manner for clinic appointments. They spoke positively about the response from the medical records if records were not ready. This supported the trust report that 0.01% of patients are seen in outpatients without the full medical record being available.
- Records were stored securely.
- There was no evidence available to demonstrate that the quality of patient records was audited.
- The imaging department had a central electronic patient records database, the Reporting Information System (RIS).
- The Picture Archiving and Communications System (PACS) is a nationally recognised system used to report and store patient images. This system was available and in use across the trust.

Safeguarding

- The majority of the staff we spoke with were aware of their responsibilities to safeguard adults and children and on who to contact in the event of concern.
- Information for staff regarding safeguarding processes and protocols was available and we saw this displayed on notice boards.
- Across the medical imaging departments (trust-wide), 81% of clinical staff had received adults safeguarding training. There was no specific data for diagnostic imaging at Retford Hospital, although we saw evidence the permanent member of staff had undertaken level 2 adults and children's safeguarding training.
- General outpatient's staff were managed with staff from Bassetlaw District General Hospital. This showed 26% of

nursing staff with in general outpatients had received adults and children's safeguarding training at Level 1, 2 or 3. Within the genito-urinary medicine department at Retford Hospital, 71% of staff had received adults safeguarding training and 86% had received children's' safeguarding training at Level 1, 2 or 3. The trust compliance target was 85%.

Mandatory training

- Mandatory training figures across the general outpatient departments, including BDGH, showed no nursing staff had received resuscitation training. The trust target was 85%.
- Data showed that within outpatients, 85% of nursing staff had received fire safety training, 70% health and safety training and 59% moving and handling training. No staff were recorded as receiving infection control training. Within the genito-urinary medicine department at Retford Hospital, staff were compliant with mandatory training except infection control training, information governance and conflict resolution training.
- We saw staff with the medical imaging department were not up to date with their mandatory training.
- All of the staff we spoke with told us they received ongoing mandatory training, although some were due refresher training, and they were responsible for ensuring they kept up to date.
- Mandatory training included eLearning modules and face to face events.
- We spoke with the self-appointed trust-wide mandatory training coordinator for medical imaging. They told us that they took on the responsibility for monitoring and recording the mandatory training status for all of the radiology staff in June 2014. They send the information to all of the departmental managers with any information with regards to any planned trust mandatory training sessions.
- Since taking over this responsibility and following audit from June 2014 to December 2014 we saw from the evidence provided that significant improvements in the overall mandatory training compliance had been achieved. For example fire training in June 2014 showed 34% in December 2014; this had risen to 92% in March 2015. Information Governance, Safeguarding and resuscitation training also showed significant improvements between June and December 2014 with plans to re audit in June 2015.
- Staff reported they had not received mandatory training in conflict resolution training as these courses were not available. The trusts lone working policy identified that all staff who work alone should receive this training. Lone working was part of the duties of the imaging staff.

Assessing and responding to patient risk

- We saw that local rules were produced and available for staff to follow when undertaking radiation procedures involving the use of diagnostic X- rays April 2015. Managers and staff confirmed that the local rules were available within all of the diagnostic imaging areas.
- The manager confirmed the trust had arrangements in place to seek advice from an external Radiology Protection Advisor (RPA) in accordance with the relevant legislation.
- The RPA's had produced an annual report in compliance with relevant legislation and actions from the inspections were picked up and monitored through the trusts Radiation Safety Committee.
- The principal function of the Radiation Safety Committee is to ensure that clinical radiation procedures and supporting activities in the trust are undertaken in compliance with ionising and non-ionising radiation legislation. The committee met twice each year and received reports from the appointed Radiation Protection Advisers, ensuring all recommendations were achieved.
- The manager of the service was the appointed and Radiation Protection Supervisors (RPS) and clinical governance lead for the entire imaging service and attended both the Radiation Safety Committee and clinical governance meetings.
- Imaging request cards included pregnancy checks for staff to complete to ensure women who may be pregnant informed them before exposure to radiation. Imaging requests were scanned into the patient's electronic records.
- Within the outpatient's clinics, staff were able to describe action they would take if a patient's condition deteriorated.

Radiology and Nursing staffing

- Staffing levels in the outpatients clinics were regularly reviewed and based on the previous year's activity.
- There was a registered nurse in charge of each clinic we visited.

Outpatients and diagnostic imaging

- The diagnostic imaging department had one permanent member of staff and other staff rotated to the site.

Medical staffing

- The individual Care Groups were responsible for identifying and managing the medical staffing for the outpatients clinics. Medical staff were allocated to individual clinics.
- There was no radiologists on site; staff had access to a consultant radiologist for advice.

Major incident awareness and training

- The trust had major incident and business continuity plans in place. We saw these were available to staff.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence-based guidance was available however there was limited evidence of audit to demonstrate effectiveness. This included IR(ME)R related audits. Radiation Exposure/ DRLs were not audited regularly. Patient's records were not routinely audited.

Staff had not received an annual appraisal. Performance against the trust target of 85% was low, particularly within outpatients.

Some systems were in place to assess staff competency to undertake aspects of their role. Staff with the imaging department experienced difficulties in obtaining support from the trust to maintain and keep up to date with their continuing professional development (CPD).

Staff had not received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Evidence-based care and treatment

- Staff had access to evidence-based guidance via the trust intranet.
- The trust had an Ionising and Non Ionising – Radiations Safety Policy. The policy included the principle radiation legislation, local rules and description of the duties to be undertaken by staff in accordance with the legislation.
- The trust was aware of recommended national reference doses for radiation exposure. Diagnostic reference levels (DRL's) are used as an aid to optimisation in medical exposure.
- IR(ME)R advice and trust policy was that radiation exposures doses should be audited against the DRL's on a regular basis. Staff told us that there were no recent DRL audits available. Senior managers confirmed that there were plans to audit doses against the DRL's across the Trust.

Pain relief

- Staff confirmed that patients were prescribed pain relief, as needed.
- Local anaesthetic was available for minor procedures undertaken in the clinics.

Patient outcomes

- Managers confirmed there were no recent clinical audits undertaken across the diagnostic imaging service.
- There was limited evidence of audit planed across the general outpatients. The audit schedule for 2015/16 consisted of the outpatients experience survey.
- For July 2013 to June 2014 the trust's 'follow-up to new' rate (the ratio of follow up appointments to new) was better than the England average for the trust, but worse than average for Retford Hospital.
- An outpatient clinic reconciliation slip was completed for each patient. This recorded the attendance and outcome for each patient.

Competent staff

- For the outpatients departments, we looked at data for nursing staff across Bassetlaw District General Hospital and Retford Hospital outpatients and found that 33% of staff had received an appraisal between April 2013 and April 2014; 22% of staff had an appraisal between April 2014 and December 2014. No staff within genito-urinary medicine were recorded as having had an appraisal. The trust target was 85%.
- Across the trust's medical imaging department, 77% of staff had received an appraisal between April 2013 and April 2014; 69% of staff had an appraisal between April 2014 and December 2014. The majority of the staff we spoke with told us they received appraisals.
- Staff told us they could access e-learning via a trust-wide subscription to a national nursing journal.

Outpatients and diagnostic imaging

- Senior managers within the trust's imaging department acknowledged there had been historical problems in staff accessing support for continuing professional development (CPD). They also told that the care group had plans in place to address and support staff access to CPD.
- Nine members of staff across the trust were trained and qualified to undertake the role of radiation protection supervisor (RPS). Two were based within nuclear medicine and the remaining seven based within diagnostic radiology.
- The trust provided evidence of competence update for one its RPS in 2015. There was no other evidence provided for the remaining eight.

Multidisciplinary working

- Staff reported good working relationships within multidisciplinary teams.

Seven-day services

- Services were provided during the day, Monday to Friday at Retford Hospital. Patients could access services at other hospitals if need outside of these hours.

Access to information

- A trust-wide outpatient experience survey undertaken between January and March 2015 showed 98% of respondents were happy with the amount of written information given to them regarding their condition.
- Patients could request copies of letters sent between the hospital team and their GP.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust had policies and procedures in place for staff to follow in obtaining consent from patients.
- The majority of general outpatient and x-ray procedures were carried out using implied consent from the patient and we were told this was not documented. The trusts consent procedures were followed when performing more complex or invasive radiological procedures.
- Some staff we spoke with told us they were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards, but most had not received any training. The trust had recently implemented a new approach (from February 2015) to delivering Mental Capacity Act and Deprivation of Liberty Safeguards training as part of the safeguarding training programme.

Are outpatient and diagnostic imaging services caring?

Good

All of the patients we spoke with across the department told us they were very happy with the services provided. We observed that staff were courteous when caring for patients and were seen responding to patient's individual needs in a timely manner.

Patients and their relatives we spoke with said that processes and procedures were explained so they understood their care.

Compassionate care

- An outpatient experience survey was undertaken between January and March 2015. All respondents stated the receptionist was courteous, that staff introduced themselves and that they were given enough privacy and dignity during their appointment.
- All of the patients we spoke with across the department told us they were very happy with the services provided.
- We observed that staff were courteous when caring for patients and were seen responding to patient's individual needs in a timely manner.
- Care was provided in individual consulting rooms; we noted that doors were shut to ensure privacy.
- Chaperones were available and notices were in place advising patients to ask. The trust had guidance available for staff on the use of chaperones.
- The trust had used 'Your opinion counts' feedback forms. We saw these were mostly positive.
- The trust had introduced the friends and family test within outpatients two weeks before our inspection visit. The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. No analysis had been completed at the time of inspection.

Understanding and involvement of patients and those close to them

- An outpatient experience survey undertaken between January and March 2015 showed all respondents felt

they had enough time with the healthcare professional, they were listened and felt able to ask any questions they had. Patients who had tests felt the process was explained in a way they understood.
- Patients and their relatives we spoke with said that processes and procedures were explained so they understood their care.
- Within medical imaging department we saw patients and people close to them being consulted prior to procedures and staff were attentive to their needs.

Emotional support

- We saw that patients were pre-assessed prior to minor procedures such as vasectomies.
- Staff provided emotional support to patients that were about to undergo treatments.

Are outpatient and diagnostic imaging services responsive?

Good

The management team were in the process of reviewing capacity and demand for outpatient clinics and recognised the need to address the rate of clinic cancellations by the hospital. Trust-wide data showed 16.8% of patients waited more than 30 minutes to be seen.

Most referral to treatment targets were met including all cancer related targets. Medical imaging was not meeting the 6 week target referral to treatment target; however improvements had been made.

There was no centrally held list of all patients requiring a review or follow-up appointment. Some lists were held by individual consultants which could be a risk in that patients could become 'lost' in the system, though we did not identify any at the time of the inspection.

There were positive examples of meeting patient's individual needs.

Service planning and delivery to meet the needs of local people

- The management team were in the process of reviewing capacity and demand for outpatient clinics. This was part of a 'right sizing' project. It was recognised that demand for clinic appointments had increased. There was increased collaboration across the care groups to ensure the service was planned and delivered to meet patient need; however it was recognised that there was further work required.
- Patients were able to choose to be seen at the hospital site of their choice, depending on clinic availability. Patient we spoke with preferred to come to a local hospital.
- The diagnostic imaging department accepted referrals including directly from GPs.
- Waiting areas provided access to drinks and had sufficient seating.

Access and flow

- Medical imaging was not meeting the 6 week target referral to treatment target. Data showed that at March 2015, 96.7% of patients waited less than 6 weeks from referral for a diagnostics test against a target of 99%. This meant a total of 280 patients were waiting more than 6 weeks; this was improved from 565 patients in January 2015.
- The radiology department had recently commissioned a new radiology information system (RIS). There had been a number of system problems which included several patients not being visible on the RIS system. This caused a sudden spike in the number of referrals to be booked and put the department in a breach position in May 2014. These patients were entered onto the system manually. There were plans to address the system issues to prevent recurrence.
- The NHS intensive support team (IST) had undertaken a review at the trust and in May 2014 confirmed the trust had made good progress towards sustainable achievement of the referral to treatment (RTT) standards and in implementing the IST recommendations. They recommended further work was undertaken to implement a follow-up patient tracking list and to manage follow-up waiting times.
- We found there was no centrally held list of all patients requiring a review or follow-up appointment. Some of the lists were held by individual consultants within the Care Groups. There was a risk that patients may be 'lost' in the current system.
- Performance data for the trust showed that for January to March 2015, 94.7% of patients against a target of 95%, waited a maximum time of 18 weeks from point of referral to treatment for non- admitted pathways.

Outpatients and diagnostic imaging

- For incomplete pathways, 93.8% of patients waited a maximum time of 18 weeks from point of referral to treatment against a target of 92%.
- The trust had achieved their cancer related targets. The 31 day wait for second or subsequent treatment of anti-cancer drug treatments was 100% against a target of 98% and the 31 day wait for second or subsequent treatment of radiotherapy was100% against a target of 94% for January to March 2015.
- The 62 day wait for first treatment from urgent GP referral to treatment was 86.7% against a target of 85%

and the 62 day wait for first treatment from consultant screening service referralwas 90.5% against a target of 90%. 31 day wait for diagnosis to first treatment- all cancers 97.9% against a target of 96%

- The two week wait from referral to date first seen for all urgent cancer referrals (cancer suspected) was 95.9% against a target of 93%and the two week wait from referral to date first seen for symptomatic breast patients (cancer not initially suspected) was 95.9% against a target of 93%.
- The rate of patients that did not attend (DNA) for out-patients was 8.1% (3301) across the trust for January to March 2015. The trust had not set a key performance indicator for this.
- The rate of cancellations by the hospital was 15.9%. The trust had not set a key performance indicator for this. However, the managers recognised that the cancellations were an area to be reviewed and had produced reports to understand why this was the case.
- The rate of patients who did not wait was 1.1% (35) of the total amount of DNAs.
- Trust-wide data showed 16.8% of patients waited more than 30 minutes to be seen.
- An outpatient experience survey was undertaken between January and March 2015. Results showed 41% of patients reported they were seen early or on time for their appointments; 14% reported waiting more than 30 minutes after their appointment time with 2% stating they waited over one hour. 92% of patents said they were informed about the delay and 63% said they received regular updates.
- On the day of our visit patients with appointments were not left waiting for long periods of time.
- Patients arriving for x-rays from outpatient clinics and walk in GP x-ray services were accommodated into time slots within the department.
- There is no national guidance for radiography report turnaround times (TAT). The radiologist group were planning to set internal key performance indicators for report TAT. We were told at the time of inspection that there was approximately a backlog of 2,000 reports across the trust, which equated to 2-3 days' work. There were reporting radiographers who have dedicated reporting time.

Meeting people's individual needs

- Translation services were available for patients to request and staff were aware and knew what procedures to follow to secure the services of translators.
- Staff were able to describe how they cared for patients with memory impairments and learning disabilities and said they would fast track patients through the departments to reduce waiting times for these patients whenever possible. Staff in outpatients they were not always made aware of when a patient was living with dementia.
- We found that staff were focused on meeting the needs of patients with complex needs.
- We saw a range of information leaflets were available across the departments.

Learning from complaints and concerns

- Patients could feedback complaints and concerns in a number of ways, including formally and by completing a 'Your experience counts' form. It was not clear how these 'informal' complaints were monitored.
- Staff told us and we saw from staff meeting minutes that complaints were included for discussion.

Are outpatient and diagnostic imaging services well-led?

Requires improvement

Staff we spoke with were aware of the trust overall vision and strategy. An outpatient's services strategy had been drafted in December 2014. However, this lacked detail and senior managers agreed it required further development.

A review of outpatient services had started to audit the current outpatient service delivery and clinical work streams but this was not yet completed. There were key

performance indicators for outpatients, however, these did not include targets for indicators such as did not attend rates and clinic cancellations. There were plans to address this.

Radiology discrepancy and peer review meetings were inconsistent with the Royal College of Radiology (RCR) Standards. Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met, Eight meetings had been held in the period April 2014 to March 2015. There were plans in place to address this but these were not yet in place. There was no recent evidence of IR(ME)R and clinical audits undertaken across the services.

Management of the services at Retford was provided by the managers based at Bassetlaw District General Hospital. Staff were positive about the recent and future management of medical imaging and outpatients.

Vision and strategy for this service

- An outpatient's services strategy had been drafted in December 2014. However, this lacked detail and senior managers agreed it required further development.
- A review of outpatient services had started to audit the current out patient service delivery and clinical work streams but this was not yet completed. It was planned this would inform a 'right sizing' plan for the outpatients services. There was a need to work across the trust between the care groups.
- Staff we spoke with were aware of the trust vision and strategy.

Governance, risk management and quality measurement

- A revised clinical governance structure had recently been introduced following the trust management restructure.
- Medical imaging had defined reporting structures that complied with ionising and non-ionising regulations.
- Work to refine departmental risk registers was in progress and we saw up to date risk registers developed on the electronic reporting system.
- Medical staff and senior managers we spoke with acknowledged that radiology discrepancy and peer review meetings were inconsistent with the Royal College of Radiology (RCR) Standards. Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met. Eight meetings had been held in the period April 2014 to March 2015. The purpose of these meetings is to facilitate collective learning from radiology discrepancies and errors with a view to improving patient safety. There were plans to develop bi-monthly Quality Assurance meetings; we saw the proposed agenda items and it was in accordance with RCR standards.
- The managers we spoke with were not aware of any recent clinical and IR(ME)R audits undertaken across the service. Senior managers told us that a clinical audit plan for medical imaging for 2015 - 2016 had been agreed.
- There were key performance indicators for outpatients, however, these did not include targets for indicators such as did not attend rates and clinic cancellations. There were plans to address this

Leadership of service

- Outpatients and diagnostic imaging services were part of the Diagnostic and Pharmacy Care Group within the trust. The overall management structure of the care group included a Director, Assistant Director, Clinical Governance Lead, Matron, General Manager, two Business Managers and a HR Business Partner. Management of the services at Retford was provided by the managers based at Bassetlaw District General Hospital.
- The restructure to the care groups in October 2014 meant the leadership team were relatively new in post.
- The care group managers had undertaken an internal organisational review of the medical, radiographer and nursing leadership for medical imaging services across the trust.
- The imaging department was managed by a senior radiographer (site manager). At the time of inspection the site manager was supported by the Care Group Managers until the appointment of a Head of Service.
- A service improvement plan (February 2015) was in place which included recruitment to key posts including a Head of Service, Deputy Heads of Service and Clinical Leadership roles for each modality. The plan also

included service improvements actions to address the services capacity and demands, performance targets, service administration, information systems and procurement of equipment.

- The Chief Executive Officer (CEO) retained overall responsibility for ensuring that systems were in place to manage risks arising out of the use of ionising and non-ionising radiations. We saw formal correspondence and in accordance with the regulations, the CEO had delegated this responsibility to the Diagnostic and Pharmacy Care Group Director.
- Staff we spoke with reported that local leadership was positive.
- Staff were aware of the changes at care group level and could access the relevant information from the intranet.
- Staff we spoke with were overall very positive about the recent and future management of medical imaging and outpatients. It was felt that the present management structure and the direction in which it was going were clear and supportive.

Culture within the service

- The majority of the staff we spoke with had a positive, optimistic and confident view about the recent changes introduced through the care group structure. Many of the staff at Retford Hospital had worked there for many years and felt they worked as a cohesive team.
- The internal reorganisation of the trust's medical imaging service was still in progress at the time of inspection. Senior managers envisaged the process was likely to continue for several months.

Public and staff engagement

- An outpatient experience survey was undertaken between January and March 2015. All respondents stated they would recommend the outpatients departments to family and friends and that the departments were well-organised and rated the departments as excellent or good. An action plan had not yet been produced.
- The friends and family test had been introduced for outpatients in April 2015.
- Staff felt engaged as part of the care group and the wider trust. The felt they received information, such as via Buzz, the trust newsletter.

Innovation, improvement and sustainability

- The trust managed the Abdominal Aortic Aneurysm (AAA) screening programme across South Yorkshire and Bassetlaw as part of the drive to reduce the number of people who die from the condition. AAA mainly affects men aged 65 to 74 and appointment letters were sent to all men across South Yorkshire and Bassetlaw between these ages inviting them to attend for a free scan. There were 28 clinics across South Yorkshire and Bassetlaw where this service could be accessed.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the hospital MUST take to improve

- The trust must ensure that the public are protected from unnecessary radiation exposure.
- The trust must ensure that staff receive mandatory training.
- The trust must ensure that staff receive an effective appraisal.
- The trust must audit the Radiation Exposure/ DRLs.
- The trust must ensure accurate records are maintained and safety and risk assessments are recorded.

Action the hospital SHOULD take to improve

- The trust should review systems so medicines are appropriately stored and managed within the outpatients department
- The trust should identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents.
- The trust should review the audit programme to monitor the effectiveness of services
- The trust should continue improvements to meet the 6 week target referral to treatment target for medical imaging.
- The trust should review the processes for identifying and managing patients requiring a review or follow-up appointment.
- The trust should further develop the outpatient's services strategy to include effective service delivery.
- The trust should identify and monitor key performance indicators for outpatients.
- The trust should implement plans to ensure radiology discrepancy and peer review meetings are consistent with the Royal College of Radiology (RCR) Standards.
- The trust should consider reviewing provision of call bells within the diagnostic imaging departments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18(2) (a) Persons employed by the service provider must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Staff had not received mandatory training and/or appraisals in accordance with trust requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services 17 (2) (a), (b) & (c) Systems and processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided, assess, monitor and mitigate the risks and maintain securely an accurate, complete and contemporaneous record in respect of each service user including a record of the care and treatment provided and decisions taken in relation to the care and treatment provided. There were some doors with no signage that had unrestricted entry to x-ray controlled areas; there were no radiation exposure audits; there was a lack of information recorded for minor surgical procedures, including no allergy status recorded or evidence of safety checks.