East and North Hertfordshire NHS Trust

Queen Elizabeth II Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Requires improvement
Urgent and emergency services	**Requires improvement**
Outpatients and diagnostic imaging	**Good**

Summary of findings

Letter from the Chief Inspector of Hospitals

Queen Elizabeth II (QEII) hospital is part of East and North Hertfordshire NHS Trust and it provides outpatient and diagnostic imaging services for a wide range of medical and surgical specialities. The hospital opened fully for patients in June 2015. Outpatient appointments are available from 8:30am to 5:30pm, Monday to Friday. The diagnostic imaging department is open for appointments from 8:30am to 5:30pm and offers plain film radiography, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound, fluoroscopy and breast imaging. This department is open between 8.30am and 4.30pm Monday to Friday for routine appointments.

During January to December 2014, the hospital facilitated 16,2278 outpatient appointments of which 40% were new appointments and 60% were follow up appointments (8% of appointments were not attended by patients).

The hospital also provides an urgent care centre (UCC) which is open 24 hours a day seven days per week. The UCC comprises a nurse led minor injuries unit and a GP led minor illness service. Since opening the unit has had 18,867 attendances, with 5,904 of these being patients under the age of 16. The UCC is designed to treat adults and children with minor illness and injuries and does not admit patients.

We carried out an announced inspection from 20 to 23 October 2015 and inspected a number of the outpatient clinics and diagnostic services and the urgent care centre at QEII. We spoke with 22 patients and 25 staff including nursing, medical, allied health professionals and support staff. We also reviewed the trust's performance data and looked at twelve individual care records.

We inspected two core services, urgent and emergency care and outpatients, and rated the UCC as requiring improvement and outpatients as good. Both services were rated as good for caring.

We rated QEII as good for two of the five key questions which we always rate, which were whether the service was caring and responsive. We rated the hospital as requiring improvement for safety, effectiveness and for being well led. Overall, we rated the hospital as requiring improvement.

Our key findings were as follows:

- Staff interactions with patients were positive and showed compassion and empathy.
- Feedback from patients was generally very positive.
- The service consistently met the four hour target for referral, discharge or admission of patients in the UCC.
- The environments we observed were visibly clean and staff followed infection control procedures.
- Nurse staffing levels were generally appropriate with minimal vacancies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice.
- We found that both services were generally responsive to the needs of patients who used the services.
- Waiting times were within acceptable timescales.
- Clinic cancellations were around 2%.
- There were effective systems for identifying and managing the risks associated with Outpatient appointments at the team, directorate or organisation levels.
- There was a strong culture of local team working across the areas we visited.

Summary of findings

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

- Staff in the UCC did not always report incidents appropriately, and learning from incidents was not always shared effectively.
- During the inspection, staff told us that leaders in UCC were not always visible in the department and it was the perception of staff that they did not feel adequately supported as a result of this.
- Mandatory training attendance in the UCC was not sufficient to meet the trust's target, and did not ensure that all staff were trained appropriately.
- Medicines were not always stored and handled safely in the UCC.
- Reassessments of patients' pain levels were not always completed following treatment in the UCC.
- There was not a robust system of clinical audits in the UCC to drive improvements in service delivery.
- Most nursing staff we spoke with in the UCC lacked an understanding of the Mental Capacity Act (MCA) and how to assess whether a patient had capacity to consent to or decline treatment.
- Whilst the majority of equipment was fit for use and had been maintained well, the ocular computed tomography (OCT) imaging systems across the trust were not compatible. This meant that the images could not be compared to monitor disease progression as they were on different systems.
- Medical records were stored centrally off-site and were not always available for outpatient clinics.

The trust should therefore:

- ensure robust systems are in place to learn lessons from incidents and embed learning throughout the UCC.
- ensure staff receive mandatory training in accordance with trust procedures in the UCC.
- should ensure effective procedures are in place for the storage and management of medicines in the UCC.
- ensure effective arrangements are in place when patients are transferred or advised to attend other accident and emergency locations to ensure the other service is aware.
- ensure participation in appropriate clinical audits in order to enhance performance and service delivery in the UCC.
- ensure patients are reassessed following pain relief.
- ensure that leadership within the UCC facilitates effective staff engagement.
- The trust should ensure all equipment in Outpatients is suitable for use.
- The trust should ensure that patient records are available for all clinic appointments in Outpatients.

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?
Urgent and emergency services	Requires improvement 	We found the Urgent Care Centre at Queen Elizabeth II (QE II) required improvement. Incident reporting was not always prioritised by nursing staff. Learning points relating to incidents in the department were not always shared with staff, and feedback was not routinely provided. Mandatory training attendance was not sufficient to meet the trust's target, and did not ensure that all staff were trained appropriately. Most nursing staff we spoke with lacked an understanding of the Mental Capacity Act (MCA) and how to assess whether a patient had capacity to consent to or decline treatment. Medicines were not always stored and handled safely in the UCC. Pain was rapidly assessed in the department and analgesia given in line with guidance. However pain was not always re-assessed following the initial administration of analgesia. Leaders were not always visible in the department and it was the perception of staff that they did not feel adequately supported as a result of this. Staff felt the service was segregated from the rest of the trust and the role it provided was not always understood by other areas or departments. Staff within all areas were competent and suitable for their roles, with further role specific training available to all staff. Staff interactions with patients were positive and showed compassion and empathy. Staff told us that helping patients to feel relaxed and comfortable was a priority to ensure a good patient experience whilst they were used the service. An appropriate procedure was in place for the management of deteriorating patients and equipment was available to manage these patients whilst in the department. However, this was not always effective when patients were advised to attend another emergency department.

Summary of findings

Outpatients and diagnostic imaging

Good

Staff were encouraged to report incidents and the learning was shared to improve services. In diagnostic imaging, staff were confident in reporting ionised radiation medical exposure (IR(ME)R) incidents.

The environments we observed were visibly clean and staff followed infection control procedures. Equipment was generally maintained regularly and medicines were appropriately managed and stored.

Ocular computed tomography (OCT) imaging systems across the trust were not compatible. This meant that the images could not be compared to monitor disease progression as they were on different systems. The trust confirmed that clinical decisions using either machine were valid as both machines were in working order and that they were in process of procuring a central server to run all OCT machines on to allow image comparison on different sites.

The OCT machine in the ophthalmology department was eight years old and had not been recently serviced. The trust confirmed that the machine was no longer supported for software updates or servicing by the manufacturer. We were therefore unable to confirm that the machine had recently been suitably serviced and calibrated.

Medical records were stored centrally off-site and were not always available for outpatient clinics. Staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead.

Patients were very happy with the care they received and found it to be caring and compassionate. Staff worked within nationally agreed guidance to ensure that patients received the most appropriate care and treatment for their conditions. Patients were asked for their consent before care and treatment was given.

Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice. Staff felt supported to deliver care and treatment to an appropriate standard.

There were effective systems for identifying and managing the risks associated with outpatient appointments at the team, directorate or

Summary of findings

organisation levels. Regular governance meetings were held and staff felt updated and involved in the outcomes of these meetings. There was a strong culture of team working across the areas we visited.

Queen Elizabeth II Hospital

Detailed findings

Services we looked at:
Urgent and emergency services; Outpatients and diagnostic imaging

Detailed findings

Contents

Background to Queen Elizabeth II Hospital

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley. There are approximately 696 beds at the Lister Hospital Site and at the Mount Vernon Cancer Centre there are 45 beds and a 12 bedded hospice. The trust has a turnover of approximately £375m and 5,290 staff are employed by the trust, representing around 4,540 whole time equivalent posts.

The area served by the trust for acute hospital care covers a population of around 600,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire.

The trust's main catchment is a mixture of urban and rural areas in close proximity to London. The

population is generally healthy and affluent compared to England averages, although there are some pockets of deprivation most notably in Stevenage, Hatfield, Welwyn Garden City and Cheshunt. Over the past ten years, rates of death from all causes, early deaths from cancer and early deaths from heart disease and stroke have all improved and are generally similar to, or better than, the England average.

The trust concluded its "Our Changing Hospital" programme in October 2014, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Additional £30m investment enabled the development of the new Queen Elizabeth II (QEII), to provide outpatient, diagnostic and antenatal services and a 24/7 urgent care centre; which opened in June 2015.

Hertford County Hospital provides outpatient and diagnostic services. The Mount Vernon Cancer Centre provides tertiary radiotherapy and local chemotherapy services. The trust owns the freehold for each of the Lister, QEII and Hertford County. The cancer centre operates out of facilities leased from Hillingdon Hospitals NHS Foundation Trust. The trust is also a sub-regional service in renal medicine and urology and a provider of children's community services.

The trust is not a foundation trust.

The trust has five clinical divisions: Medical, Surgical, Cancer, Women's and Children's and Clinical Support Services, each led by Divisional Director and Divisional Chair. These are supported by a corporate infrastructure. Therapy Services, Outpatient Pharmacy Services and Pathology Services are provided by different organisations.

From information provided by the trust, the total number of beds across all trust sites (excluding Michael Sobel House, the trust's hospice) was 741 with:

- 629 General and acute beds

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- 48 maternity beds (excluding assessment and delivery)
- 19 Critical care beds
- 45 Cancer centre beds

The trust employees 5,340 staff with:

- 760 Medical staff
- 1806 Nursing staff
- 2,779 Other staff.

The trust's revenue was £376 million with a deficit of £ 3 million.

Our inspection team

Our inspection team was led by:

Chair: Professor Sir Norman Williams, MS, FRCS, FMed Sci, PPRCS.

Head of Hospital Inspections: Helen Richardson, Head of Hospital Inspections, Care Quality Commission.

The team included 17 CQC inspectors, 45 clinical specialists (including a medical director, safeguarding leads, clinical leaders, consultants, senior nurses, junior doctors, therapists, oncologists and radiographers) and three experts by experience.

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 of people's needs?

• Is it well-led?

Before visiting, we reviewed a range of information we held about the QE II Hospital and asked other organisations to share what they knew about the hospital. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held listening events in Stevenage and Welwyn Garden City before the inspection, where people shared their views and experiences of services provided by East and North Herts NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme, which took place on other trust sites during 20 to 23 October 2015.

We talked with patients and staff from all the departments and clinic areas.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at QE II Hospital.

Facts and data about Queen Elizabeth II Hospital

During January to December 2014, the hospital facilitated 16,2278 outpatient appointments of which 40% were new appointments and 60% were follow up appointments (8% of appointments were not attended by patients).

The hospital also provides an urgent care centre (UCC) which comprises of a nurse led minor injuries unit and a

Detailed findings

GP led minor illness service, open 24 hours a day seven days per week. Since opening the unit has had 18,867 attendances, with 5,904 of these being patients under the age of 16.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Urgent and emergency services

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

Information about the service

The urgent care centre (UCC) at Queen Elizabeth II (QEII) hospital replaced the accident and emergency unit in May 2015. It is co-located with a GP service run by an external provider; the GP service did not form part of the inspection.

The UCC comprises of a nurse led minor injury unit and the GP led minor illness service, both open 24 hours a day seven days per week. Since opening, the unit has had 18,867 attendances, with 5,904 of these being patients under the age of 16.

The UCC is designed to treat adults and children with minor illness and injuries and does not admit patients. We spoke with ten patients and six staff during the inspection.

Summary of findings

We found the urgent care centre at QEII required improvement.

Incident reporting was not always prioritised by nursing staff. Learning points relating to incidents in the department were not always shared with staff, and feedback was not routinely provided.

Mandatory training attendance was not sufficient to meet the trust's target, and did not ensure that all staff were trained appropriately.

An appropriate procedure was in place for the management of deteriorating patients and equipment was available to manage these patients whilst in the department. However, this was not always effective when patients were advised to attend another emergency department.

Most nursing staff we spoke with lacked an understanding of the Mental Capacity Act (MCA) and how to assess whether a patient had capacity to consent to or decline treatment.

Staff within all areas were competent and suitable for their roles, with further role specific training available to all staff.

Pain was rapidly assessed in the department and analgesia given in line with guidance. However pain was not always re-assessed following the initial administration of analgesia.

Urgent and emergency services

Staff interactions with patients were positive and showed compassion and empathy. Staff told us that helping patients to feel relaxed and comfortable was a priority to ensure a good patient experience whilst they were used the service.

Patients we spoke with provided positive feedback in relation to the care they had received from staff in the service.

Staff said leaders were not always visible in the department and it was the perception of staff that they did not feel adequately supported as a result of this. Staff felt the service was segregated from the rest of the trust and the role it provided was not always understood by other areas or departments. The trust provided additional information to show that senior managers had been in attendance on a regular basis at the UCC and that support from a management nurse was in place from September 2015 in the UCC.

Are urgent and emergency services safe?

Requires improvement

We rated the service as requiring improvement in relation to safety.

Themes and learning points relating to incidents in the department were not always shared with staff, meaning that staff were not provided with guidance or knowledge to prevent similar incidents in the future. Incident reporting was not always seen as a priority by staff and not all staff had sufficient knowledge of what required reporting.

Processes were in place to ensure patients were seen by the most appropriate practitioner; either the GP service or the nursing led minor injury service.

Nursing staff did not have sufficient knowledge of what the regulatory duty of candour meant and how it was relevant to them in practice.

Medicines' management was not always in line with trust policy and access to medicines was not always timely following their initial pain assessment and administration.

Not all staff had attended the necessary mandatory training within the past 12 months.

An appropriate procedure was in place for the management of deteriorating patients and equipment was available to manage these patients whilst in the department. However, this was not always effective when patients were advised to attend another emergency department.

Incidents

- An electronic system was used for reporting untoward incidents. Staff in the UCC knew how to access and use this system, however told us they did not always report incidents such as staffing constraints as it happened so regularly. The trust told us that staffing issues were resolved in real time through a robust escalation process. Nursing staffing had continued to be a challenge due to an increasing establishment and on-going vacancy rate.

- Between January and August 2015, 34 incidents had been reported. The main categories of incident being reported were communication, capacity, equipment faults and delayed ambulance transfers.
- We saw evidence of one of the 34 incident being discussed at the weekly meeting for the UCC managerial steering group, but this was due to its severity and incidents were not regularly discussed as an overall topic during these meetings.
- There had been no serious incidents (SI) reported in relation to the UCC.
- Not all staff had a good knowledge of what should be reported as an incident and there was no urgency in reporting of incidents. Whilst on site, we found two incidents that required reporting due to risks to patient safety and informed staff of this. Staff did not immediately report these incidents and required prompting to ensure they were reported. Staff did not directly understand how these incidents may impact on patients.
- We saw no evidence of lessons learnt from incidents being shared with staff and this was supported by staff who told us they rarely heard about incidents or received feedback from them.
- Staff were not familiar with the change in regulations relating to duty of candour. Upon prompting, staff could explain being open and honest with patients but were unaware this related to duty of candour. The trust told us UCC staff had received information on duty of candour, reinforced by a poster display.

Cleanliness, infection control and hygiene

- All areas within the UCC were visibly clean, well maintained and tidy.
- Alcohol gel and hand washing facilities were available in all areas and easily accessible to staff and visitors.
- Personal protective equipment (PPE) was available throughout all departments and staff utilised these items appropriately.
- Sharps management within the UCC was not always in line with trust policy. Sharps bins observed did not have temporary closures in place. This poses a risk of needlestick injury and cross-contamination to patients and staff.
- We saw staff cleaning equipment during our inspection, with green stickers placed on items that had been cleaned and were ready for use.
- Domestic staff were responsible for maintaining cleanliness throughout the department; however, there was no domestic cover after 4pm at weekends. This meant nursing staff had to conduct cleaning tasks when demand allowed. Staff told us they did not feel this was the most appropriate use of their time as on occasion they were cleaning facilities rather than seeing patients who were waiting to be seen.
- Within the dirty utility room we found several bags of unclean linen that were overflowing, this increases the risk of environmental contamination.

Environment and equipment

- During our inspection we found that all call bells and emergency buzzers within the department were not working. This had been noted two days prior to our inspection during room checks but had not been escalated. We informed staff who advised us this would be raised with the estates team, two of the staff members we spoke with did not understand the importance of emergency buzzers working in relation to patient and staff safety. We observed staff discussing this problem with the estates team and post inspection we saw an incident report had been completed and the problem rectified.
- Clinical equipment was checked and maintained in accordance with trust guidance. We observed checklists being completed for equipment including the resuscitation trolley on a daily basis.
- All clinical equipment within the UCC had been serviced within the necessary time period ensuring its accuracy and safety for use.
- The department had a consulting room that contained a hospital trolley and equipment to provide initial emergency treatment prior to transfer to a more appropriate setting. Staff told us this room was kept available wherever possible for patients with 'red flag' symptoms such as chest pain was seen in this room in case they deteriorated.

Medicines

- Policies were available for the management of medication and available to staff online.
- Medicines that required refrigeration were stored in a dedicated fridge, however we noted that a fridge containing vaccines and other medicines had been consistently reading over the maximum temperature for 28 days. Within the 28 days the fridge had been checked daily by staff and signed but the high temperatures had not been escalated. We raised this with the staff in the department who agreed the readings had been higher than advised; this was then escalated to the senior member of staff on site. The onsite pharmacy team liaised with staff to ensure appropriate action was taken, including discussing the incident with patients and
- We saw evidence post inspection that actions had been put in place to ensure fridge checks were regular and that escalation was carried out at the earliest opportunity. This would be monitored by senior staff to ensure correct procedures were followed.
- Medicines throughout the UCC were stored safely in locked cupboards. However there was only one set of keys to access medicines' cupboards and there was no dedicated person to hold these keys. Staff therefore had to go around the department to ask who had the keys and felt this was poor use of their time.
- Emergency nurse practitioners (ENP) were able to administer simple analgesia under a patient group directive (PGD). PGDs within the department which had recently been updated; the matron informed us that staff were currently undergoing competency checks for these. Most staff we spoke with could not recall any training in relation to PGDs or ever signing paperwork to confirm they had read and understood the guidance. During this time it was not clear if staff were still administering medications prior to PGD sign off. The majority of ENPs were also independent prescribers and therefore could administer medicines without needing to sign PGD competencies.
- Patients told us they were offered medicines, particularly pain relief when they had been seen by a clinician; we saw evidence of this within three patients' records.

Records

- An electronic patient report (EPR) system had been introduced into the UCC. Feedback from staff relating to this system was mixed. We saw that not all areas of patient records were electronic and this caused inconsistencies within the EPR system. The majority of staff we spoke with told us they used paper records as this was easier than using the EPR, however, this caused confusion as to where necessary patient information was stored.
- The EPR system was also used at Lister hospital, which is another trust location, and therefore records could be shared between the sites if their treatment and assessment details had been completed electronically.
- We saw no evidence of records' audits being carried out within the UCC and therefore inconsistencies were not picked up or acted upon by management teams.
- During our inspection records were kept confidentially at all times.

Safeguarding

- There were systems in place to make safeguarding referrals if staff had concerns about a child or vulnerable adult. The staff we spoke with talked confidently about the types of concerns they would look for and what action they would take.
- All staff were required to complete safeguarding training. Due to all staff also working within Lister hospital, the safeguarding attendance was not reported directly as staff working with the UCC. Safeguarding training attendance for level one and two paediatric and adult safeguarding was at 91% which was above the trust target.

Mandatory training

- The trust sets an internal target of 90% completion for all staff groups for mandatory training; included in this are health and safety, manual handling, medicines management and safeguarding. All staff who worked at the UCC also worked within the Emergency Department (ED) at Lister Hospital, one of the trust's other locations. Training data provided was not broken down by location but we were informed that safeguarding and health and safety training were the only modules that met this target. Areas such as information governance and fire safety training were over 20% below target attendance.

- All staff had completed paediatric and adult basic life support training and demonstrated a thorough understanding of this.
- Reception staff, who work solely at the UCC, told us they had not received any mandatory training, we could not see evidence of any training they received as the data provided by the trust was not broken down into staff type and location.

Assessing and responding to patient risk

- The majority of patients self-presented to the urgent care centre. On arrival they were booked in by a receptionist and then they were greeted by the 'hello' nurse who would stream them to the most appropriate area.
- Patients would then be triaged and either be seen by the GP service or by the UCC nursing team. We did not see evidence of this decision making process being documented in patient notes by nursing staff.
- We spoke with reception staff who told us that 'red flag' symptoms, such as chest pain, would be immediately raised with the nurse in charge. Reception staff were knowledgeable on what symptoms would need escalating and also had an awareness of the process that should be followed should a patient need immediate attention. Extra training had not been given to reception staff to identify patient needs but some told us they had an awareness due to previous medical jobs. Reception staff told us that patients did not wait long to see the 'hello' nurse (who streamed patients before they received triage).
- Reception staff had constant visualisation of the waiting area and told us they monitored it in case anyone became unwell whilst waiting.
- We were not provided with data to show how long patients waited to be triaged as this was not collected. During our inspection we saw that all patients were triaged within the 15 minute target however nursing staff told us this often was longer during peak times.
- A clear process was in place for staff to follow should a patient deteriorate whilst in the department. Within each assessment room and reception areas the protocol was displayed to assist staff in making decisions.
- Patients often presented to the site with emergency conditions as they had not realised that the Accident and Emergency (A&E) department was closed. Staff told us they felt able to deal with these until the patient could be transferred out of the department and we saw equipment was available to meet patient's needs. Staff had a good knowledge of 'red flag' symptoms and due to working within the Lister ED regularly, had the ability to recognise a deteriorating patient. Within the last six months there had been 571 ambulance call outs to transfer patients to the Lister ED (this also included data from the GP run service as the data is not separated between the two services).
- There was no protocol in place for communication between the UCC and the Lister ED if a patient was being transferred to them. Whilst staff told us that if a patient was severely unwell they would call the Lister ED department to alert them, this was not routinely done for other patients, including those suffering from severe pain who required further investigation or observation but not via a blue light ambulance transfer.
- During our inspection we saw one patient who was advised to attend the Lister ED department, but had not turned up. The UCC had not spoken to the Lister ED to advise them of this patient and therefore in excess of five hours passed before this was followed up when raised with the ED consultant team. Although the trust had a protocol in place for the transfer of critically unwell patients, there was no a clear process in place for patients requiring further treatment at an A&E department after being assessed at the UCC but not transport under emergency conditions. Staff told us that they only called the ED to let them know a patient was going to be attending if they had serious concerns or they required specific teams pre-alerting. Due to their being no specific protocol in place this meant that vulnerable adults or children may be missed and if they did not arrive at the Lister ED no one would have an awareness of this.
- This incident was investigated and no harm came to the patient, but showed a lack of communication between departments that could put patients at risk.

Nursing staffing

Urgent and emergency services

- Nursing staff worked a rota that varied their shifts between the UCC and Lister ED. Staff told us they were sometimes asked to change their shift and work from Lister when they were short staffed, leaving the UCC with vacant shifts.
- We asked for data in relation to unfilled shifts however due to staff being shared across both sites we could not see this broken down specifically for the UCC.
- All nursing staff within the UCC also conducted shifts within the Lister ED which ensured their emergency care competencies remained. Staff felt this regular change was beneficial to their practice.
- Nursing staff within the UCC were not paediatric trained staff; however they had training in paediatric basic life support and paediatric safeguarding.

Medical staffing

- The unit was predominantly nurse led, with external GP support contracted by the trust. No trust doctors worked from the UCC site.

Major incident awareness and training

- Staff completed major incident training through the Lister hospital site. Data showed that only 40% of nursing staff had completed major incident training, this was not split down to staff who worked at the UCC.
- Staff were not clear as to their role in the event of a major incident occurring nearby and said there was no guidance for staff in the trust's major incident plan.
- The trust told us that the Major Incident plan was available to UCC staff via the home page of the trust's Knowledge Centre (intranet). Each area had a hard copy folder of trust documents including the major incident plan in event of the intranet not being available.

Are urgent and emergency services effective?

(for example, treatment is effective)

Requires improvement

We rated the effectiveness of the service as requiring improvement.

Most nursing staff we spoke with lacked an understanding on the Mental Capacity Act (MCA) and how to assess whether a patient had capacity to consent to treatment or to decline treatment.

Staff within all areas were competent and suitable for their roles, with further role specific training available to all staff.

Pain was rapidly assessed in the department and analgesia given in line with guidance. However pain was not always re-assessed following the administration of analgesia.

Regular clinical audits were not carried out to ensure the services provided were consistent and achieved necessary outcomes for patients.

Treatment was based on national guidance and this was regularly updated to ensure its accuracy.

There were good internal and external multidisciplinary relationships within the service.

Evidence-based care and treatment

- Policies and guidance available to staff followed guidance from a number of external advisory bodies such as the Royal College of Emergency Medicine (RCEM) and the National Institute for Health and Care Excellence (NICE).
- A folder was present within the nursing station that had current guidance in for staff to follow; it was unclear whose responsibility it was to update this folder. Electronic guidance documents were available for staff online, which could be accessed in every treatment room using a trust computer.
- We saw patients being treated in line with guidance, including those with bone fractures who received the appropriate assessment, x-rays and treatment/ plastering.
- We did not see evidence of any clinical audits being carried out in relation to the UCC either locally or trust wide. This meant it could not be assured that practice was consistent and effective.

Pain relief

- The UCC had a scoring tool to record patients' pain levels. Pain was scored from 0-10. Adult patients were asked (where possible) what their pain rating was. From review of files we noted that pain scores had been recorded for the majority of patients and pain relief

offered in line with this. However patients who had been administered analgesia did not always have a second pain score recorded to check pain was being controlled efficiently.

Nutrition and hydration

- Patients often spent only short periods of time within the UCC so there were no regular checks on patient's nutrition or hydration needs. However within the building close to the UCC there were vending machines and a café which patients felt was sufficient to meet their needs.

Patient outcomes

- Due to clinical audits not being conducted we could not see any evidence of patient outcomes being met.

Competent staff

- The trust had systems in place to ensure professional registration of permanent employees was maintained and up to date and we were told that 100% of all staff employed within the UCC were up to date with their registration.
- There were no specific paediatric trained staff working within the UCC. Whilst staff felt confident working with children they told us they felt some further learning in relation to assessing and treating children would help them in their role.
- The staff we spoke with told us that they had received an appraisal within the last year and had found this process helpful.
- All staff who carried out triage were appropriately trained.
- Staff told us that if they wished to attend further role specific training then this would be supported by the trust and progression opportunities were regularly offered.

Multidisciplinary working

- The UCC was co-located with a GP led service provided by an external provider. Whilst not part of this inspection, we spoke to one of the GP's working with this service. They told us that there was a good working relationship between services and there had been no issues since the opening of the service.
- Staff at the UCC told us that the services worked well together and that GPs regularly supported them if clinical need required.
- We saw examples where staff interacted well with other teams on site, including those in the x-ray department.
- Staff told us there were sometime problems with the ambulance service and relationships were not always as good as with other services within the UCC (including outpatients). We saw incidents where there had been disagreements between the ambulance service and the UCC staff in relation to the patient's condition and priority need of transport.

Seven-day services

- The UCC was open 24 hours a day, seven days per week.
- Urgent care access to x-rays was available from 8am to 11pm seven days per week.

Access to information

- Due to most patient records being electronic this made accessibility easier within the department. This meant data could be shared with the Lister site and patients' past medical history and attendances were easy to view. However staff told us the system often ran slowly causing delay in accessing information.
- We asked staff whether some records being on paper impacted accessibility but staff told us they had not experience this as a problem previously.
- We saw an example during our visit to another trust site that the reception staff had to call the UCC to ask about patient notes as they were not available electronically. This meant that although paper records were accessible to staff within the UCC, if a patient attended another site then their previous record from the UCC was not always available.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Most of the nursing staff we spoke with did not have a full understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS) and told us if they were unsure whether a patient had capacity they would speak to a more senior member of staff for

guidance. However during our inspection the most senior member of staff on site did not show a full understanding and therefore we were not assured that capacity was assessed appropriately at all times.

- Staff could tell us the importance of gaining patient consent and we saw examples of staff asking for consent prior to a clinical intervention.

Are urgent and emergency services caring?

Good

We rated the service as good for caring.

Staff interactions with patients were positive and showed compassion and empathy. Staff felt that helping patients to feel relaxed and comfortable helped to provide a good patient experience whilst they used the service.

Patients we spoke with provided positive feedback in relation to the care they had received from staff in the service.

The trust obtained friends and family test data to establish patient feedback relating to their care. We saw no evidence of this data being learnt from or shared with staff. This meant that staff were not aware of what areas of their care was well received by patients and if any areas required improving.

Compassionate care

- Patients and their families gave positive feedback in relation to their care at the UCC.
- We observed that people's privacy and dignity was respected.
- Staff we spoke with told us they felt providing care in an understanding and empathetic way enabled good relationships with their patients.
- We observed a number of instances where staff ensured that people's privacy and dignity were protected prior to treatment. This included not discussing their condition until they had closed the door of the treatment room and knocking before entering rooms.
- We observed many examples of compassionate care; staff used both verbal and non-verbal communication very effectively. Staff interacted well with patients to make them feel reassured and comfortable.
- We saw an example of a patient who appeared visibly anxious and was seen by an ENP, the ENP asked if another member of staff would assist while the patient received treatment to solely provide reassurance to help reduce the patient's anxiety.
- The most recent friends and family test data showed that 88% of patients would recommend the service (with a response rate of 20%). This is similar to the national average.

Understanding and involvement of patients and those close to them

- The patients we spoke with had a good understanding of their diagnosis and what further appointments or treatments were required.
- We noted that staff checked that patients who were being treated understood their diagnosis and what aftercare and appointments such as fracture clinic were necessary.
- We observed staff allowing patients and their families' time to ask questions relating to their treatment and explained answers in a way they could understand.

Emotional support

- We observed staff providing emotional support to patients and their relatives.

Are urgent and emergency services responsive to people's needs? (for example, to feedback?)

Good

We rated the service as good for responsiveness.

The service was easily accessible to all patients, with facilities available for patients with a disability.

Urgent and emergency services

Translation services were provided via telephone and all staff knew how to access this service if a patient was unable to speak English. However health advice leaflets were only available in English.

The service consistently met the four hour target for referral, discharge or admission of patients. Patients felt they were seen in a timely manner and were satisfied with the length of time they spent in the department.

Staffing rotas within the UCC matched times of demand within the service.

Service planning and delivery to meet the needs of local people

- The UCC was located in the area previously used as the A&E until it closed. The UCC was spacious and staff said it was very adequate to treat the number of people that they saw.
- Staff told us that a lot of effort had been made to explain to the local population the changes in emergency care, however sometimes patients who required treatment that exceeded the remit of the UCC did arrive.
- There was no specific children's waiting area, which meant that young children were not effectively screened from the adult waiting room.
- When we looked at the rota for staff, we saw that it matched the hours at which the service saw the most numbers of people with the highest numbers of staff.

Meeting people's individual needs

- All assessment areas within the department had doors to maintain patient privacy and confidentiality.
- Translation services were provided via a telephone service. Both reception and nursing staff knew how to access this system.
- Advice leaflets were available to patients and families within the department; however these were only available in English. Staff confirmed this and stated they did not have access to printed information in any other language. This meant those who were being discharged and did not speak English were not provided with information to refer to in relation to their injury or illness.
- We saw no guidance in the department in relation to those with a learning disability or living with dementia. Staff had a basic understanding of caring for these patients from working at the Lister A&E.
- The UCC had good disabled access with no steps, rooms that could accommodate wheelchairs and disabled toilet facilities.
- There was no separate area for children to wait within the department; however there were suitable toys for them within the general waiting area.
- Posters and advice leaflets were available throughout the department relating to helplines and support for various conditions and illnesses.

Access and flow

- Staff said that there was normally good flow through the department. We were told that the main cause of problems with flow was delays in transport by ambulance to the local A&E department; we saw incident reports that supported this. The trust had invited the ambulance service to attend meetings to improve working relationships and also include addressing these problems but this had not yet occurred.
- Data provided by the trust showed that in the last six months patients spent on average less than two hours in the department. With all patients being seen within the four hour target. Patients we spoke with and feedback we reviewed post inspection showed that that the vast majority of patients were satisfied with the length of time it took to be seen.

Learning from complaints and concerns

- The UCC received seven complaints between May and August 2015. There were no clear themes in relation to these complaints.
- We saw no evidence that learning from complaints was shared across team, or if any changes had been made following complaints.
- Staff told us that if somebody wished to complain they would attempt to resolve this within the department immediately, however if this was not possible they knew where to direct patients to make a formal complaint.

Urgent and emergency services

- There were leaflets about how to make a complaint and information about the Patient Advice and Liaison Service (PALS) available from the reception staff. None of the patients we spoke with had ever needed to make a complaint about the service.

Are urgent and emergency services well-led?

Requires improvement

We rated the service as requiring improvement for being well led.

Staff were passionate about their roles and providing high quality patient care, but did not feel the culture within the UCC encouraged them to improve and innovate.

Staff felt that visibility and interaction of leadership teams was poor. Staff felt the UCC was very separate from the rest of the trust and there were poor working relationships between sites.

Staff showed an awareness of the trust's visions and values, but did not have knowledge of strategies relating to the trust or the UCC.

The UCC did not always have good working relationships with the rest of the hospital or with the Lister ED department.

Vision and strategy for this service

- The majority of staff we spoke with were aware of the trust values, but were unaware of the trust's strategy.
- Staff knew the main aims and purpose of the UCC, but were not aware how this fitted into the trust's strategy.

Governance, risk management and quality measurement

- A risk register was in place for the QEII site as a whole and there was not a specific risk register in relation to the UCC. However within the site wide register two risks were associated with the UCC which were potential for unwell/deteriorating patients and also potential for information to be transferred incorrectly by reception staff. We saw evidence that actions were in place to address these two risks with regular updates from senior staff being documented within the risk register.
- A weekly meeting was held by senior manager to discuss activity, any risks, updates and the ongoing urgent care steering group action plan. Information discussed within these meetings was not always shared with staff working within the department.
- The UCC steering group action plan was up to date and all items were rated red, amber or green dependant on whether the action was completed, on target or over target for completion.

Leadership of service

- The clinical leaders for the UCC were the same as the Lister site. The majority of staff knew who these were from working at the Lister site, however stated they had rarely seen them at the UCC.
- We saw little evidence that the senior leadership team worked closely with staff in the UCC. Staff felt there was a separation of the UCC from the rest of the trust and leaders did not often engage with them.
- The majority of staff we spoke with felt that there was very little management support and did not feel supported within their roles due to this.
- Staff told us some more support in relation to how the rest of the QEII site interacted with the UCC would be useful. We saw evidence of several incident reports where other areas of the QEII had inappropriately sent patients to the UCC and had poor attitudes when interacting with UCC staff. We saw no evidence this had been resolved or dealt with by leaders to ensure good internal multiagency working.
- We were told by leaders that staff often wanted to work at the QEII more often as it was seen as a 'break' from the A&E department.
- The trust provided additional information to show that senior managers had been in attendance on a regular basis at the UCC and that support from a management ENP was in place from September 2015 in the UCC.

Culture within the service

- All staff we spoke with at the UCC told us there was an 'obvious divide' between the UCC at QEII and the Lister hospital site. UCC staff did not feel that leaders from the Lister site appreciated that their work could sometimes be demanding and felt that they had a reputation for having an 'easy life'.

- Morale being low was discussed by staff, they told us this was due to operational pressures, increased responsibility and expectation along with staffing levels.
- Staff told us that they were very passionate about delivering high quality care and felt that improved team working would enable this to be even better.

Public engagement

- We saw that the trust gained opinions and feedback from patients through NHS choices website to gain their views relating to the service. Where themes were reported, for examples in relation to car parking, the trust advised that this was a regular complaint of patients and they were looking to address it, but full responses or actions were not given.
- Friends and family test data was collated by the trust to establish patients views. However we saw no evidence of the results being discussed at meetings or utilised to improve services.

Staff engagement

- Staff received communications in a newsletters, email and notices. Staff told us that they were made aware when new policies were issued.
- Staff felt it would be helpful if they were invited to meetings in relation to the UCC as they would be able to suggest improvements and have an ability to voice any concerns, at present they felt unable to do this.

Innovation, improvement and sustainability

- We did not see any evidence in relation to innovation within the department; staff told us that due to demand lack of leadership within the department there was little time or ability for sharing ideas to improve the service.

Outpatients and diagnostic imaging

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

Information about the service

The QEII Hospital is a new hospital and is part of East and North Hertfordshire NHS Trust. It provides outpatient and diagnostic imaging services for a wide range of medical and surgical specialities. The hospital opened fully for patients in June 2015.

Outpatient appointments are available from 8:30am to 5:30pm, Monday to Friday.

The diagnostic imaging department was open for appointments from 8:30am to 5:30pm and offered plain film radiography, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound, fluoroscopy and breast imaging. The department is open between 8.30am and 4.30pm Monday to Friday for routine appointments. Urgent care access to X-rays is available from 8am to 11pm seven days-a-week.

During January to December 2014, the hospital facilitated 157,501 outpatient appointments, of which 28% were new appointments and 43% were follow up appointments (6% appointments were not attended by patients).

We inspected a number of the outpatient clinics and diagnostic services at QEII including ophthalmology, fracture clinic, breast clinic and radiology service. We spoke with 12 patients and 19 staff including nursing, medical allied health professionals and support staff some of whom worked across the three hospital sites. We also reviewed the trust's performance data and looked at eight individual care records and images.

Summary of findings

Overall, we rated the service as good.

Staff were encouraged to report incidents and the learning was shared to improve services. In diagnostic imaging, staff were confident in reporting ionised radiation medical exposure (IR(ME)R) incidents.

The environments we observed were visibly clean and staff followed infection control procedures. Equipment was maintained regularly and medicines were appropriately managed and stored.

Ocular computed tomography (OCT) imaging systems across the trust were not compatible. This meant that the images could not be compared to monitor disease progression as they were on different systems.

The OCT machine in the ophthalmology department was eight years old and had not been recently serviced. The trust confirmed that the machine was no longer supported for software updates or servicing by the manufacturer. We were therefore unable to confirm that the machine had recently been suitably serviced and calibrated.

Medical records were stored centrally off-site and were not always available for outpatient clinics. Staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead.

Patients were very happy with the care they received and found it to be caring and compassionate. Staff

worked within nationally agreed guidance to ensure that patients received the most appropriate care and treatment for their conditions having relevant training and appraisal. Patients were asked for their consent before care and treatment was given.

Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice. Staff felt supported to deliver care and treatment to an appropriate standard, including

There were effective systems for identifying and managing the risks associated with outpatient appointments at the team, directorate or organisation levels. Regular governance meetings were held and staff felt updated and involved in the outcomes of these meetings.

There was a strong culture of team working across the areas we visited.

Are outpatient and diagnostic imaging services safe?

Good

We rated the service as good for safety.

Staff reported incidents appropriately, incidents were investigated, shared, and lessons learned.

Infection control processes had been followed. The environment was visibly clean and well maintained. Hand-washing facilities and hand gels for patients and staff were available in all clinical areas.

Diagnostic imaging equipment and staff working practices were safe and well managed.

Ocular computed tomography (OCT) imaging systems across the trust were not compatible. This meant that the images could not be compared to monitor a patient's disease progression as they were on different systems. The trust confirmed that clinical decisions using either machine were valid as both machines were in working order and that they were in process of procuring a central server to run all OCT machines on to allow image comparison on different sites.

The OCT machine in the ophthalmology department was eight years old and had not been recently serviced. The trust confirmed that the machine was no longer supported for software updates or servicing by the manufacturer. We were therefore unable to confirm that the machine had recently been suitably serviced and calibrated.

Medical records were stored centrally off-site and were not always available for outpatient clinics. Staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead. However, there was a risk the staff member carrying out the consultation did not have all of the patient information required.

Nurse staffing levels were appropriate with no vacancies.

Staff in all departments were aware of the actions they should take in the case of a major incident.

Incidents

Outpatients and diagnostic imaging

- Records submitted by the trust showed there had been 149 incidents reported in outpatients and diagnostics departments across the three hospital locations between July 2014 and July 2015. Of these, 44 occurred on the QEII site. The most common type of incident reported related to medical records and x-ray incidents.
- Staff spoken with were aware of how to follow the trust's policies and procedures for reporting incidents, including 'near misses'. Staff in both outpatients and diagnostic imaging departments were supported by senior staff to use the online reporting system.
- We looked at a sample of reported incidents within the last three months and saw that these were managed in accordance with the trust's incident reporting and management policies. Staff were able to tell us how the system worked and what kind of incidents they would report.
- The 2014 report compiled by the Ionising Radiations Group indicated that there had been five reported radiation incidents at QEII.
- We saw that the recommended actions and learning from a sample of incidents had been completed in accordance with the investigation outcomes. For example, a consultant radiologist told us of an incident that had occurred whereby the way an image was displayed on a computer screen prevented a subtle change to the patient's condition being noticed. The incident was investigated and changes made to ensure staff were aware of what to look for on an image. The learning from this incident was also shared with the Royal College of Radiologists.
- Diagnostic imaging produced a weekly newsletter to all staff, with lessons to be learnt from incidents and near misses. Staff within the outpatients' department were less aware of feedback from incident reporting.
- Staff were aware of their responsibilities in terms of the recently introduced Duty of Candour regulations and all staff described an open and honest culture. We saw evidence of telephone call logs and letters to patients offering an apology and information regarding incidents and complaints.

Cleanliness, infection control and hygiene

- Policies and procedures for the prevention and control of infection were in place. Staff understood them and could describe their role in managing and preventing the spread of infection.
- Outpatient clinics and diagnostic areas were visibly clean and tidy. 'I am clean' stickers were present and in date on each piece of equipment checked.
- There was personal protective equipment (PPE) available and hand washing facilities in each clinical room. Staff across outpatients and diagnostic imaging were seen to be using PPE appropriately.
- Patient waiting areas and private changing rooms were clean and tidy. Single sex and disabled toilet facilities were available and these areas were also clean.
- There was an ample supply of alcohol hand gel dispensers, although some were more clearly labelled as to their usage than others. For example, there were no wall mounted dispensers at the entrance to the hospital and patients were directed to use hand sanitisers located on the reception desk at each outpatient clinic.
- During our inspection we observed correct systems for waste disposal and waste bins being emptied and not overflowing.

Environment and equipment

- Clear signage and safety warning lights were in place in the x-ray department to warn people about potential radiation exposure.
- In radiology staff were seen wearing dosimeters that monitor ionizing radiation and we saw documentary evidence that occupational exposure to radiation was monitored.
- The design of the environment within diagnostic imaging protected people from avoidable harm. Waiting and clinical areas were clean. There were radiation warning signs outside any areas that were used for diagnostic imaging. Illuminated imaging treatment room no entry signs were clearly visible and in use throughout the departments at the time of our inspection
- We checked three staff records in outpatients to identify if staff were compliant with medical device competencies. All staff had competencies reviewed in the past three years in accordance with the trust policy.
- We examined the resuscitation trolleys located throughout the departments. The trolleys were secure and sealed. We found evidence that regular checks had been completed.
- The ophthalmology department had clear policies in place and appropriate external support for the safe use of lasers in the department.

- We saw labelling on equipment to demonstrate that testing had been completed and on which date.
- We were told by staff that the ocular computed tomography (OCT) machine in the ophthalmology department was eight years old and had not been recently serviced. This machine recorded images across the eye. The trust confirmed that the machine was no longer supported for software updates or servicing by the manufacturer. We asked the trust for confirmation that the machine had recently been calibrated, but this information has not been received. We were therefore unable to confirm that the machine had recently been suitably serviced and calibrated. The results of these images were used to perform procedures, as staff at the Lister were unable to access by computer the results of the images.

Medicines

- Medicines were stored in locked cupboards. There were no controlled drugs or IV fluids held in the outpatient areas.
- Temperature records were complete and contained minimum and maximum temperatures to alert staff when they were not within the required range.
- Prescription pads were stored securely. Monitoring systems in place to ensure their appropriate use.

Records

- The outpatient department used a combination of paper medical records and an electronic system where diagnostic imaging, pathology and microbiology, diagnostic results were stored.
- Records were stored securely in lockable drawers at each clinic suite. This ensured records were safe and confidential until the point of need.
- We reviewed eight patient records which were completed with no obvious omissions. Nurses carried out assessments of blood pressure, weight, height, and pulse for patients according to clinical requirements. We observed staff undertaking these checks during our inspection.
- Outpatients and diagnostic imaging staff completed risk assessments including early warning score (EWS), pre-assessment for procedures and pain assessments.These were recorded appropriately in patient records and nurses escalated any concerns to medical staff in clinics.
- We looked at the medical records of four patients attending the ophthalmology outpatient clinic. We found these were of a good standard. They contained sufficient up to date information about patients including referral letters, copies of letters to GPs and patients, medical and nursing notes.
- We saw from incident records that staff would sometime see patients without their notes, if these could not be located. We saw examples where medical staff saw patients using only their referral letter. Information given to us the trust showed that the proportion of patients waiting more than 30 minutes and being seen without full records being available was 5.3%.
- The trust provided information that showed that there were 301 incidents recorded between October 2014 and October 2015 where medical records were not available for consultations in outpatients' clinics across the whole trust. In such cases, staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead. This meant that the patient did not have to reschedule their appointment and the temporary file was merged with the main file once it was located. However, there was a risk the staff member carrying out the consultation did not have all of the patient information required.

Safeguarding

- Safeguarding policies and procedures were in place across the trust. These were available electronically for staff to refer to.
- There was a safeguarding lead at the trust and radiology/diagnostic staff told us they were encouraged to contact the safeguarding lead if they had any concerns about patients Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- Training statistics provided by the trust showed that 100% of staff in the outpatient service had completed level 2 safeguarding children and adults training. 98% of staff working in the radiology/diagnostic department had completed adult safeguarding and child protection training to level 2.

Mandatory training

- The trust had an internal target of 90% completion for all staff groups for mandatory training. Mandatory

training covered a range of topics, including fire, health and safety, basic life support, safeguarding, manual handling, hand hygiene and information governance training.
- Training figures provided by the trust for 2015 showed that 88% of staff in outpatient services and 90% of radiology staff across the three hospital sites had completed their mandatory training.
- There was an induction programme for all new staff, and staff who had attended this programme felt it met their needs. We saw completed training workbooks which had been reviewed, dated and signed by senior staff. This meant that staff working across the outpatient and diagnostic services were supported with their local induction.

Assessing and responding to patient risk

- The trust had identified radiation protection supervisors and we observed these displayed on a list in each department. We observed signs in the radiology department to prevent people entering areas that would place them at risk of radiation exposure.
- There was a clear process in place in outpatients and diagnostic imaging departments to check the identity of the patient by using name, address, and date of birth. We observed staff obtaining this information from patients that attended for appointments.
- Resuscitation equipment was available in the outpatient and diagnostic areas however; if patients become generally unwell or required urgent medical attention they were seen by staff in the Urgent Care Centre or transported to Lister Hospital by ambulance as QEII had no inpatient beds.
- Staff had concerns that ocular computed tomography (OCT) imaging systems across the trust were not compatible. This meant that the images could not be compared to monitor disease progression as they were on different systems.The head orthoptist confirmed that in cases where it was notpossible to make a definitive decision regarding treatmentit may mean the patient had to attend a further OCT clinic appointment atLister Hospital prior to initiating or continuing treatment. We were told this meant that the risk is more of capacity pressure and repeat appointments with potentially some delay to starting treatment, rather than treating or not treating patients in error.
- The head orthoptist also confirmed that the imaging service development had put forward a business case that proposed that all OCT machines would run on the same system with data stored on a central server to allow remote viewing from all of the trust's sites.
- The trust confirmed that clinical decisions using either machine were valid as both machines were in working order and that they were in process of procuring a central server to run all OCT machines on to allow image comparison on different sites.

Nursing staffing

- We looked at the staffing levels in each of the outpatient areas. There were no nursing vacancies. There were 2.44 whole time equivalent (WTE) nursing assistant vacancies across the whole outpatients department at QEII and managers told us that staff retention was high. All department managers told us that staff were flexible to be able to ensure cover was available. Staff told us there were sufficient staff to meet service and patient needs and that they had time to give to patients.
- Managers told us they were able to adjust the number of staff covering clinics to accommodate those that were busy or where patients had greater needs. Managers compiled rotas based upon activity within the departments.

Medical staffing

- Medical staffing was provided to the outpatient department by the various specialties which ran clinics. Medical staff undertaking clinics were of all grades; however we saw that there were usually consultants available to support lower grade staff when clinics were running.

Major incident awareness and training

- Staff we spoke with were aware of the trust's major incident policy. The diagnostic imaging administration staff kept an up-to-date record of telephone numbers to use in case of emergency.
- Senior staff were aware of the business continuity plan for the trust and how to access it.

Are outpatient and diagnostic imaging services effective?

Outpatients and diagnostic imaging

Not sufficient evidence to rate

Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.

Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice. Staff felt supported to deliver care and treatment to an appropriate standard, including having relevant training and appraisal.

Patients were asked for their consent before care and treatment was given.

Evidence-based care and treatment

- There was a dedicated one stop breast clinic as recommended by national guidelines.
- The hospital complied with The National Institute for Health and Care Excellence (NICE) quality standard for breast care recommendation that a clinical nurse specialist is present during appointments.
- Protocols were in place to ensure fast tracking for significant imaging findings such as cancer diagnoses and severe abnormalities relating to benign or malignant growths. Radiographers told us these findings were reported to the referrer and passed immediately to the multidisciplinary team for review and action.
- We compared the radiology x-ray practice we saw with the Society and College of Radiographer's recommendations (IR(ME)R) and saw that the department's practice was in line with professional guidance.
- Polices were in place to ensure patients were not discriminated against. Staff we spoke with were aware of these policies and gave us examples of how they followed this guidance when delivering care and treatment for patients.

Pain relief

- Outpatients' department nursing staff administered simple pain relief medication and they maintained records to show medication given to each patient.
- Patients we spoke with had not required pain relief during their attendance at the outpatient departments.
- Diagnostic imaging and breast screening staff carried out pre-assessment checks on patients prior to carrying out interventional procedures. Staff assessed pain relief for patients undergoing procedures such as biopsies through pain assessment criteria.
- The imaging department had a stock of pain relief and local anaesthetic medication for use with invasive procedures. We saw that pain relief was discussed with patients.

Patient outcomes

- Radiology services were not accredited with the Imaging Services Accreditation Scheme (ISAS). Staff told us that they were not aware of when the trust would start the process of accreditation. ICAS is a recognised clinical service accreditation and peer-review scheme that provides independent assurance that accredited services meet standards to deliver high quality imaging services
- If patient records were not available the trust said a consultant or registrar made the clinical decision as to whether they would see the patient. If the patient was unable to be seen an apology was given along with a new appointment date and details of the patient experience team (PALS) should they wish to raise a concern. If the patient was seen, a temporary set of medical notes were created.

Competent staff

- Staff starting in diagnostic imaging had an orientation of the department's equipment with a member of staff going through the controls when a piece of equipment was new to them. Staff we spoke to who had started work at the trust within the last year had received both a local and corporate induction.
- The trust appraisal policy stated that all staff were required to have annual appraisal using the job description and person specification for their post. Staff that had received an annual appraisal told us it was a useful process for identifying any training and development needs. Trust data showed completed appraisal rates 86% of nursing staff and 100% of radiology staff had completed an appraisal.

Multidisciplinary working

Outpatients and diagnostic imaging

- There was evidence of multidisciplinary working in the outpatients and diagnostic imaging department. For example, staff communicated with other departments such as diagnostic imaging and community staff when this was in the interest of patients.
- Specialist nurses ran clinics alongside consultant-led clinics. Some clinics such as the one-stop breast clinic were jointly facilitated by breast specialists and clinical nurse specialists.
- We saw that the departments had links with other departments and organisations involved in patient journeys such as GPs, support services and therapies.
- A range of clinical and non-clinical staff worked within the outpatients department. Staff were observed working in partnership with a range of staff from other teams and disciplines, including radiographers, physiotherapists, nurses, receptionists, and consultant surgeons.
- Managers and senior staff in all outpatient and diagnostic imaging departments held regular staff meetings. All members of the multidisciplinary team attended and staff reported that they were a good method to communicate important information to the whole team.

Seven-day services

- The outpatient clinics ran from Monday to Friday 8.30am to 5pm. The phlebotomy clinic ran from 8.30am to 5:30pm weekdays with a service also available on Saturday from 9:00am to 12:00pm.
- Diagnostic imaging operated a seven day service, with the main diagnostic imaging department open Monday to Friday 8:30am to 4:30pm for routine appointments. After this time and at weekends patients were seen in the department next to the emergency department. X rays and CT scans were available at these times.

Access to information

- All staff had access to the trust intranet to gain information relating to policies, procedures, NICE guidance, and e-learning.
- Staff were able to access patient information such as diagnostic imaging records and reports, medical records and referral letters appropriately through electronic records. Systems and processes were in place if patient records were not available at the time of appointment.
- Diagnostic imaging departments used picture archive communication system (PACS) to store and share images, radiation dose information and patient reports. Staff were trained to use these systems and were able to access patient information quickly and easily. Staff used systems to check outstanding reports and staff were able to prioritise reporting and meet internal and regulator standards. There were no breaches of standards for reporting times.
- There were systems in place to flag up urgent unexpected findings to GPs and medical staff. This was in accordance with the Royal College of Radiologist guidelines.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Nursing, diagnostic imaging, therapy and medical staff understood their roles and responsibility regarding consent and were aware of how to obtain consent from patients. They were able to describe to us the various ways they would do so. Staff told us that they usually obtained verbal consent from patients for simple procedures such as plain x-rays and phlebotomy. In some general cases this was inferred consent.
- There was a trust policy is to ensure that staff were meeting their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are outpatient and diagnostic imaging services caring?

Good

We rated the service as good for caring.

During the inspection, we saw and were told by patients, that the staff working in the outpatient and diagnostic imaging departments were kind, caring and compassionate at every stage of their treatment.

People were treated respectfully and their privacy was maintained in person and through actions of staff to maintain confidentiality and dignity.

Staff involved patients and those close to them in aspects of their care and treatment. Patients we spoke with during our inspection were positive about the way they were treated.

Compassionate care

Outpatients and diagnostic imaging

- We observed three patients in the main entrance to the hospital being supported by hospital volunteers, directing patients and escorting them to departments, if necessary. One patient said "They have been very helpful; I didn't expect to get this level of support."
- Patients' privacy and dignity was respected by staff. Consultation and treatment rooms had solid doors and patients could get changed before seeing a clinician. Staff were observed to knock on doors before entering and doors closed when patients were in treatment areas.
- Staff could access private areas to hold confidential conversations with patients if necessary.
- The service operated a continuous patient experience survey which patients were encouraged to complete, either during or following their visit to the department. We saw examples of completed surveys for July and August 2015, which were all positive.
- We observed staff behaving in a caring manner towards patients they were treating and communicating with and respecting patients' privacy and dignity throughout their visit to the department.
- All staff we spoke with took great pride in their work. Many staff had worked at the trust for many years. They demonstrated caring, professional attitudes.
- The Friends and Family Test, which assesses whether patients would recommend a service to their friends or family, showed that 96% of patients would recommend the service to family and friends.

Understanding and involvement of patients and those close to them

- We spoke with seven patients across various outpatients clinics regarding the information they received in relation to their care and treatment. All the patients we spoke with were aware of why they were attending the service and felt sufficient information had been given.
- We also spoke with three patients who told us that the diagnostic tests they had undergone were explained and their consent was sought as appropriate.
- Each patient we spoke with was clear about what appointment they were attending for, what they were to expect and who they were going to see.

Emotional support

- Staff had good awareness of patients with complex needs and those patients who may require additional support should they display anxious or challenging behaviour during their visit to outpatients.
- There was access to volunteers and local advisory groups to offer both practical advice and emotional support to both patients and carers.
- The trust had clinical nurse specialists available for patients to talk to about their condition and to support the patient if they were being given a new diagnosis. Clinical nurse specialists were present during the consultations with medical staff. One patient told us they can contact the specialist breast care nurse anytime and they will always respond.

Are outpatient and diagnostic imaging services responsive?

We rated the service as good for responsiveness.

We found that outpatient and diagnostic services were responsive to the needs of patients who used the services. Waiting times were within acceptable timescales, with outpatient DNA (did not attend) rates better than the average for trusts in England. Clinic cancellations were below 2%. Patients were able to be seen quickly for urgent appointments if required.

New appointments were rarely cancelled but review appointments were often changed.

There were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia, a learning disability or physical disability. There were also systems to record concerns and complaints raised within the department, review these and take action to improve patients' experience.

Service planning and delivery to meet the needs of local people

- The outpatients departments were well sign posted and easy to find; volunteers were also available at the entrance of the hospital to direct patients to the relevant outpatient or radiology department.

Outpatients and diagnostic imaging

- The patient administration centre is responsible for booking all new outpatient appointment and the majority of follow up appointments. The lines are open from 9:00am to 4:00pm on weekdays.
- The phlebotomy department was located within the outpatients department on the ground floor where patients took their own request forms.
- Service managers held weekly meetings to plan for the weeks ahead. They discussed each clinic taking place, previous performance in terms of appointment utilisation and over runs and highlighted concerns such as patient numbers or cancellations.
- The diagnostic imaging department had processes in place and the capacity to deal with urgent referrals and arranged additional scanning sessions to meet patient and service needs.

Access and flow

- The proportion of clinics where the patient did not attend was below the England average of 6% between January 2014 and December 2014.
- The trust was performing better than the national average for the percentage of patients waiting six or more weeks for diagnostic treatment. Across the trust, only two patients waited longer than 10 weeks for MRI or CT scans
- The percentage of people seen by a specialist within two weeks for all cancers was 98% which was better that the England average.We looked at ten sets of patient notes and saw that all had been seen by a specialist within the two week target.
- Two week and 62 day cancer waiting times were in line with the England average. 31 day cancer waiting times at 97% was better than the England average.
- Clinic cancellations were below 2%.Managers, administrative leads and booking centre staff told us that there had been challenges in meeting the demand for patients to be seen in clinics for various reasons. Staff told us some of the challenges included clinic cancellations by doctors within six weeks. Information requested and provided by the trust following our inspection showed that 795 clinics in total had been cancelled in the months of July to September 2015.
- Contact Centre staff informed us that if clinics were cancelled with less than three weeks' notice then patients were contacted by phone. If there was more than three weeks' notice, then patients would receive a letter to re-book their appointment.
- Waiting times varied. Some patients we spoke with were called in on time others expected to wait for up to half an hour. In clinics we saw staff update boards informing people of the waiting times and talk with patients about possible delays to the running of clinics. We observed good patient flow in the main areas of most clinics.
- Trust wide figures for the proportion of patients waiting more than 30 mins to see a clinician between August 2014 and July 2015 was 17.3%.
- The trust told us that their policy was that all patients be seen within 20 minutes of their scheduled appointment time.If there are unavoidable delays the clinic delay time would be given to the patients on arrival by the clinic clerk. This would then be followed up by the nursing staff announcing the clinic delay every 30 minutes. The delay time of each clinic would also be written on the clinic white board next to the consultant's name.
- We spoke with six patients waiting to attend clinics in the ophthalmology outpatient waiting room. All six patients told us that their appointments had never been cancelled. Two patients were happy with the time they waited for their appointments and said they were seen on time in clinic.

Meeting people's individual needs

- Staff in the patient administration centre stated that there was currently no system in place to identify a patient with a learning disability, to prepare the clinic in making reasonable adjustments prior to the patients' arrival. For example offering a patient with a learning disability the first appointment in the clinic list.
- Staff were aware of how to support people living with dementia and had accessed the trust training programme in order to understand the condition and how to be able to help patients experiencing dementia.
- Departments were able to accommodate patients in wheelchairs or who needed specialist equipment. There

was sufficient space to manoeuvre and position a person using a wheelchair in a safe and sociable manner. There was a hoist available for patients who required help with mobility.
- Bariatric equipment was available which included x-ray trolleys that can accommodate larger and heavier patients.
- Within the outpatient areas there was a range of information leaflets and literature available for people to read about a variety of conditions.

Learning from complaints and concerns

- Staff were aware of the local complaints procedure and were confident in dealing with concerns and complaints as they arose. Managers and staff told us they discussed complaints, comments, and concerns at local team meetings, agreed actions, and shared any learning throughout the team.
- The QEII hospital did not have a patient advice and liaison service (PALS) to provide information or advice to patients. Staff informed us that patients could be directed to the PALS office at Lister Hospital should they wish to raise a complaint although immediate resolution was usually the preferred method for dealing with complaints.
- A total of 58 complaints were received for the outpatients and diagnostic imaging services at QEII for May 2014 to September 2015. The main themes were delays in appointments, cancellations and communication.

Are outpatient and diagnostic imaging services well-led?

Good

We rated the service as good for being well led.

Staff were familiar with the trust wide vision and values and felt part of the trust as a whole. Outpatient staff told us that whilst they felt supported by their immediate line managers and that the senior management team were visible within the department.

There were effective systems for identifying and managing the risks associated with outpatient appointments at the team, directorate or organisation levels. For example, information was consistently collected on waiting times, number of clinic cancellations, or how long patients waited for follow up appointments compared to recommended follow up times.

Regular governance meetings were held and staff felt updated and involved in the outcomes of these meetings.

There was a strong culture of team working across the areas we visited.

Vision and strategy for this service

- Staff were clear about the trust wide vision and values. The vision of the service was to continuously improve the quality of the services in order to provide the best care and optimise health outcomes for each and every individual access the services.
- We saw the trust's values on display within the wards. They used the an acronym PIVOT which ensured they; put patients first, strove for excellence and continuous improvement, valued everybody, were open and honest and worked as a team. Staff we spoke with were all aware of these values.
- The diagnostic imaging department had good leadership and management and staff told us they were kept informed and involved in strategic working and plans for the future
- The trust had a strategy for the introduction and continued use of more efficient and effective working using information technology such as electronic records.

Governance, risk management and quality measurement

- Staff told us that the risks they were concerned about were accurately reflected on the risk register for their division. For example, the division had identified the risk that patients' clinical need dates may not be met because of repeated cancellations of appointments. Daily monitoring meetings were set up to monitor breaches. OPD provided a daily booking update and next available slots to the daily meeting. Divisional teams monitored the booked cohort against the 18 week trajectory.
- Outpatient issues fed into divisional governance meetings where incidents and risks were discussed. Staff received feedback from these meetings from their direct line managers.

Outpatients and diagnostic imaging

- Outpatients departments had regular team meetings at which performance issues, concerns and complaints were discussed. When staff were unable to attend these meetings, steps were taken to communicate key messages to them which included e-mails and minutes of the meetings being available on the staff notice board.
- Diagnostic imaging had a separate risk management group consisting of modality (specialist diagnostic imaging services for example, CT and MRI) leads, radiology risk assessors and radiology protection specialists.
- We saw minutes of the radiology protection working group where radiation protection supervisors (RPS) from specialties within the department and across all sites, raised, discussed and actioned risks identified within the department and agreed higher level risks to be forwarded to the patient safety manager. The incompatibility of the OCT machines on separate sites was recorded as a risk on this service's risk register.

Leadership of service

- Staff told us that local leadership within outpatients was good. Staff felt involved and keen to improve systems and processes to ensure patients received the best care. All outpatient managers told us they had an open door policy.
- Staff felt that they could approach managers with concerns and were confident that action would be taken when possible. We observed good, positive, and friendly interactions between staff and local managers.
- Staff felt that line managers communicated well with them and kept them informed about the day to day running of the departments.
- Diagnostic imaging department leadership was positive and proactive. Staff told us that they knew what was expected of them and of the department.
- Staff told us that they had annual appraisals and were encouraged to manage their own personal development. Staff were able to access training and development provided by the trust and the trust would fund justifiable external training courses.
- Staff told us that they knew the executive team, they were supportive of new ideas and change and sent out regular communications to staff.

Culture within the service

- Staff were proud to work at the hospital. They were passionate about their patients and felt that they did a good job.
- Staff were encouraged to report incidents and complaints and felt that these would be investigated fairly.
- Staff told us that they felt there was a culture of staff development and support for each other. Staff were open to ideas, willing to change and were able to question practice within their teams and suggest changes.
- We spent time during the inspection observing the staff and the flow through the services. We saw that staff treated patients with respect and took pride in their work.
- Outpatients and diagnostic imaging staff told us that there was a good working relationship between all levels of staff. We saw that there was a positive, friendly, but professional working relationship between consultants, nurses, allied health professionals, and support staff.

Public engagement

- There was evidence in every department we visited of feedback cards for patients to voice their opinions. We observed nursing staff giving patients comments cards to complete. Staff told us that it was part of their everyday working practices to seek feedback from patients throughout the outpatients and diagnostic imaging departments.
- Patients and relatives we spoke with were, overall, very happy with the service.

Staff engagement

- Staff told us and we saw the trust newsletter which was distributed throughout the hospital to update staff on current issues and future plans.

Innovation, improvement and sustainability

- The trust appointed volunteers who provided support to patients and staff throughout outpatient areas. For example, they showed showing patients and relatives to waiting areas.
- There was a dedicated one stop breast clinic as recommended by national guidelines. This meant that patients get quicker access to a diagnosis and means they can see multiple clinicians during one appointment.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The trust should ensure robust systems are in place to learn lessons from incidents and embed learning throughout the service in the UCC.
- The trust should ensure staff receive mandatory training in accordance with trust procedures.
- The trust should ensure effective procedures are in place for the storage and management of medicines in the UCC.
- The trust should ensure effective arrangements are in place when patients are transferred or advised to attend other accident and emergency locations to ensure the other service is aware.
- The trust should ensure participation in appropriate clinical audits in order to enhance performance and service delivery in the UCC.
- The trust should ensure patients are reassessed following pain relief.
- The trust should ensure that leadership within the UCC service facilitate effective staff engagement.
- The trust should ensure all equipment in OPD is suitable for use.
- The trust should ensure that patient records are available for all clinic appointments in OPD.