Care Quality Commission

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Montagu Hospital, Mexborough

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	Good
Urgent and emergency services	Good
Medical care	Good
Surgery	Good
Outpatients and diagnostic imaging	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Montagu Hospital, Mexborough was one of the hospitals forming part of Doncaster and Bassetlaw NHS Foundation Trust. The trust served a population of around 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council, as well as parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire.

Montagu Hospital, Mexborough provided medical services on two wards in the Rehabilitation Centre, day surgery, outpatients and diagnostic imaging services. In addition, there was a minor injuries unit open seven days a week. It had approximately 58 inpatient beds in addition to the day surgery unit.

We inspected Montagu Hospital, Mexborough as part of the comprehensive inspection of Doncaster and Bassetlaw NHS Foundation Trust. We inspected the hospital on 14 April 2015.

Overall, we rated Montagu Hospital, Mexborough as good. We rated it good for caring, responsive effective and well-led. We rated it as requires improvement for safe.

Our key findings were as follows:

- The inpatient areas were clean and well-maintained. However, areas of the minor injuries unit required improvement in this area.
- There were sufficient numbers of staff to meet the needs of the patients.
- Patients received adequate hydration and nutrition.
- Patients were overall positive about the care they received at Montagu Hospital, Mexborough.

We saw several areas of outstanding practice including:

- The Operational Manager was working with Sheffield University in developing specialty specific training for rehabilitation nurses from Band 2 to 7.

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

Importantly, the trust must:

- The trust must ensure the minor injuries unit is clean and well-maintained.
- The trust must ensure that staff receive mandatory training including adult and child safeguarding training.
- The trust must ensure that staff receive an effective appraisal.
- The trust must ensure that medicines are safely managed within outpatients and diagnostics.

In addition the trust should:

- The trust should review systems in place to monitor the quality and outcomes of care on the Minor Injuries Unit.
- The trust should review practices for completing safeguarding records within the Minor Injuries Unit.
- The trust should review staff understanding of major incidents and their role.
- The trust should review the impact of introducing seven day therapy services on the therapy staffing levels and take appropriate action if required.
- The trust should review availability of information about making a complaint so it is easily accessible for all patients and their families/carers on the wards.
- The trust should review maintenance and deep cleaning schedules on the day surgical unit.
- The trust should review access to single sex toilets on Rockingham ward.
- The trust should review systems so patients are protected from unnecessary radiation exposure.
- The trust should identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents within outpatients and diagnostics.

Summary of findings

- The trust should review processes for checking emergency equipment within outpatients and diagnostics.
- The trust should review the audit programme to monitor the effectiveness of services within outpatients and diagnostics and the minor injuries unit.
- The trust should continue improvements to meet the 6 week target referral to treatment target for medical imaging.
- The trust should review the processes for identifying and managing patients requiring a review or follow-up appointment.
- The trust should further develop the outpatient's services strategy to include effective service delivery.
- The trust should identify and monitor key performance indicators for outpatients.
- The trust should implement plans to ensure radiology discrepancy and peer review meetings are consistent with the Royal College of Radiology (RCR) Standards.

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	Good 	Cleanliness, infection control and hygiene was not meeting the standards expected. The reception area did not enable the maintenance of patient's privacy and dignity. Stocks of equipment were not maintained appropriately. Processes were in place to safeguard patients; however staff were completing the safeguarding record after the patient left the department. Mandatory training rates and/or records were low. Incident reporting was occurring, however learning from incidents was not formalised. Staff were not aware of the major incident plans and had not undertaken any major incident training. Staff competencies were assessed by a clinical education team within the emergency departments. Condition specific patient pathways were available. Limited audits were undertaken to monitor quality and patients' outcomes. Systems were in place to provide patients with pain relief, when required. Patients told us they felt listened too and had not waited long for treatment. Patients and relatives were happy with the care they received. Nurse Practitioners could refer to other hospitals within the area as part of agreed protocols, which allowed patients to be referred to a clinic nearer home. Patient information was not available in languages other than English. Themes around complaints and lessons learnt were shared. The service had a clear vision. Staff were positive about the leadership and culture of the department and the management structure within the care group. A risk register was in place which included the MIU. There was limited evidence of quality measurement.
Medical care	Good 	Feedback on incidents and shared learning was discussed at the clinical governance meetings, Band 7 meetings and cascaded at monthly team meetings to therapy and nursing staff. Resuscitation trolleys were appropriately stored in general ward areas and monitored daily. Equipment was noted to be labelled with the last service date and were up-to-date. The wards was visibly clean and staff

Summary of findings

adhered to infection control policies and procedures. Staff on the rehabilitation wards were aware of what to do in the case of a safeguarding concern; however training levels were low at the time of inspection. We saw evidence of future safeguarding and mandatory training sessions being booked and training levels being actively monitored. Risk assessments were completed relevant to patients' needs. These included assessments for mobility, falls, pressure ulcers and nutrition.
There was evidence of good multidisciplinary working in the rehabilitation wards and most services were working towards a seven day service. Staff reported that allied health professional resources were sometimes stretched to achieve this, but that the development of health care assistants in therapy support roles was in progress. On the day of inspection, both rehabilitation wards were calm with buzzers answered quickly. The nursing staff were seen to kind and caring during communication with patients and family members and considerate of the personal needs of patients. We spoke to six patients and five carers or family members who were generally very positive about the standard and quality of care. However, some patients said that the nurses were often very busy and they felt this affected the care delivered on occasion.
There were processes in place to ensure patients' rehabilitation needs were fully assessed and care pathways planned. Staff worked to meet the needs of individual patients however the environment could be further developed to meet the needs of patients with dementia. Complaints were few but managed effectively. There was a strong governance structure in place and staff were generally positive about the leadership and the levels of engagement with their line management through to executive level. Most staff were clear about the vision and strategy for the service particularly around the refurbishment plans and the future use of additional facilities.

Surgery **Good**

The day surgery unit and the adjacent Rockingham ward were clean and well maintained, with staff observing infection control and hand washing procedures. There were some concerns raised by

Summary of findings

staff in the day surgery unit that it was difficult to obtain junior doctor cover after 5pm. There were sufficient staff, though not all staff were recorded as having received their mandatory training.
The ward and theatres were clean and well maintained; though staff informed us there were no planned deep clean systems in place.

Outpatients and diagnostic imaging

Requires improvement

We rated outpatients and diagnostic and imaging as requires improvement
There were effective systems to report incidents. However, an incident had occurred on the day of inspection; no incident report, risk assessment or advice from the infection control had been sought.
Across the outpatients departments and diagnostic imaging, the percentage of staff who had undertaken children's safeguarding training was well below the trust compliance target of 85%. It was also well below the trust compliance target for adult safeguarding training for nursing staff in the outpatient department. Within outpatients we saw clean and dirty utility rooms where the wash hand basin was not accessible due to the number of trollies being stored with in the allocated space. We also saw COSHH substances were not securely stored. Emergency resuscitation equipment was not regularly checked.
Within medical imaging, medicines were replenished by nurses bringing the medicine over from the Doncaster department. This was escalated at the time of inspection. Some drug fridge temperatures in outpatients were not regularly checked.
We saw patient personal information and medical records were mostly managed safely and securely. However there was limited evidence of audit to demonstrate effectiveness. This included IR(ME)R related audits. Radiation Exposure were not audited regularly.
All of the patients we spoke with across the department told us they were very happy with the services provided. There were positive examples of meeting patient's individual needs.
The management team were in the process of reviewing capacity and demand for outpatient clinics. Most referral to treatment targets were met including all cancer related targets. There was no

Summary of findings

centrally held list of all patients requiring a review or follow-up appointment. Medical imaging was not meeting the 6 week target referral to treatment target; however improvements had been made.
Staff we spoke with were aware of the trust overall vision and strategy. An outpatient's services strategy had been drafted however, this lacked detail and senior managers agreed it required further development.
A review of outpatient services had started to audit the current outpatient service delivery and clinical work streams but this was not yet completed. There were limited key performance indicators for outpatients, such as did not attend rates and clinic cancellations. Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met, Eight meetings had been held in the period April 2014 to March 2015. There were plans in place to address this but these were not yet in place.
Staff were positive about the recent and future management of medical imaging and outpatients.

Montagu Hospital, Mexborough

Detailed findings

Services we looked at

Urgent & emergency services; Medical care (including older people's care); Surgery; Outpatients & Diagnostic Imaging

Detailed findings

Contents

Background to Montagu Hospital, Mexborough

Montagu Hospital, Mexborough was one of the hospitals forming part of Doncaster and Bassetlaw NHS Foundation Trust. The trust served a population of around 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council, as well as parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire.

Deprivation was higher than the England average and about 3,800 children lived in poverty. Life expectancy for both men and women is lower than the average. Rates of deaths from smoking and hospital stays for alcohol related harm are worse than the England average.

Montagu Hospital, Mexborough provided medical services on two wards in the Rehabilitation Centre, day surgery, outpatients and diagnostic imaging services. In addition, there was a minor injuries unit open seven days a week. It had approximately 58 inpatient beds in addition to the day surgery unit. The Rehabilitation Centre was opened in October 2013 to provide care for people recovering from serious illness or injury.

Our inspection team

Our inspection team was led by:

Chair: Yasmin Chaudry

Head of Delivery: Adam Brown, Care Quality Commission

The team included CQC inspectors and a variety of specialists: consultant physician, junior doctors, clinical nurse specialist, radiographer, senior nurses and managers, student nurse and 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 to people's needs?
- Is it well-led?

Detailed findings

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

We carried out an announced visit to the trust on 14 -17 April 2015. During the visit we held a focus group with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the trust, including from the wards, theatres, critical care, outpatients, maternity and emergency departments. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records.

We held a listening event on 13 April 2015 in Doncaster and attended a local group in Bassetlaw to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

We carried out an unannounced visit on 29 April 2015.

Facts and data about Montagu Hospital, Mexborough

There were 70,593 outpatient attendances between January and December 2014 at Montagu Hospital.

Between July 2013 and January 2015, the minor injuries unit saw 31,353 patients, with 1814 patients seen in March 2015.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

Urgent and emergency services

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

Information about the service

The Minor Injuries Unit (MIU) at Mexborough hospital treated people with minor injuries, requiring urgent care. The MIU was a nurse led unit with no medical cover on site.

The MIU saw both adults and children with 30% of all attendances being from children under 16. The unit had admission criteria which were followed by the ambulance services. Patients also self-presented to the unit. Patients who did not meet the unit's admission criteria but required emergency care were usually transported to Doncaster Royal Infirmary.

Between July 2013 and January 2015, the minor injuries unit saw 31,353 patients, with 1814 patients seen in March 2015.

During our inspection we spoke with three patients and their relatives to obtain their feedback on the care they were receiving. We visited all areas within the unit.

Summary of findings

Cleanliness, infection control and hygiene was not meeting the standards expected. The reception area did not enable the maintenance of patient's privacy and dignity. Stocks of equipment were not maintained appropriately with evidence of poor stock rotation and assurance that equipment to be used on multiple patients was clean, well maintained or serviced. Medicines were stored appropriately however multiple bottles of skin disinfectant were opened and stored in an unlocked floor level cupboard. Processes were in place to safeguard patients, however staff were completing the safeguarding record after the patient left the department.

Mandatory training rates were low for Doncaster and Bassetlaw NHS Foundation Trust ranging from 3%-48%, compared with an expected compliance rate of 85% or above. It was unclear if this was a recording issue; in any event the trust could not be assured that staff had received training. Incident reporting was occurring, however learning from incidents was not formalised. Staff were not aware of the major incident plans and had not undertaken any major incident training. Staff competencies were assessed by a clinical education team within the emergency departments.

Condition specific patient pathways were available. These were based on National Institute for Health and Care Excellence NICE guidance. Limited audits were undertaken to monitor quality and patients' outcomes.

Urgent and emergency services

Systems were in place to provide patients with pain relief, when required. Food and drinks were available. Staff could readily access information about patients and letters were sent to GPs following attendance.

Within the department, patients were cared for with privacy. Patients told us they felt listened too and had not waited long for treatment. Patients and relatives were happy with the care they received.

A review was currently taking place to review reasons for attendances at the MIU. Nurse Practitioners could refer to other hospitals within the area as part of agreed protocols, which allowed patients to be referred to a clinic nearer home. We observed that staff were aware of the needs of patients who used the unit. Patient information was not available in languages other than English. Themes around complaints and lessons learnt were shared, however these appeared to be sporadic and not formalised in nature.

The service had a clear vision to provide a minor injuries service to the population. Staff were positive about the leadership and culture of the department and the management structure within the care group.

A risk register was in place which included the MIU. There was limited evidence of quality measurement.

Are urgent and emergency services safe?

Requires improvement

Cleanliness, infection control and hygiene was not meeting the standards expected; dust was found on patient equipment and in the environment. Bins for the disposal of sharps were full or not provided.

The environment was well laid out and organised within the department, however the reception area did not maintain patients privacy and dignity. Stocks of equipment were not maintained appropriately with evidence of poor stock rotation and assurance that equipment to be used on multiple patients was clean, well maintained or serviced. Medicines were stored appropriately however multiple bottles of skin disinfectant were opened and stored in an unlocked floor level cupboard. Records were held on a computer programme widely used in the NHS. Processes were in place to safeguard patients, however staff were completing the safeguarding record after the patient left the department.

Mandatory training rates were low for Doncaster and Bassetlaw NHS Foundation Trust ranging from 3%-48%, compared with an expected compliance rate of 85% or above. It was unclear if this was a recording issue; in any event the trust could not be assured that staff had received training.

There had been no never events or serious incidents reported. Incident reporting was occurring, however learning from incidents was not formalised. Staff were not aware of the major incident plans and had not undertaken any major incident training.

Incidents

- There were no never events or serious incidents reported for the MIU.
- We found that staff were aware of the process to report incidents and completed incident reports using the trust's electronic incident reporting system.
- There was no formal process for discussion of incidents or to share learning.
- Duty of candour prompts and recording was incorporated into the electronic reporting system.

- Information for staff on the duty of candour was displayed on screensavers on computers throughout the department.

Cleanliness, infection control and hygiene

- Alcohol gel was available for use on admission to the unit.
- Personal protective equipment such as gloves and aprons were available.
- Nursing staff followed bare below the elbows policy.
- We reviewed the internal cleanliness audits for the unit and it had not achieved the recognised NHS domestic cleanliness standards for several months. In high risk clinical areas the domestic audit should achieve a 98% cleanliness level, the unit achieved scores of 89% to 92%.
- We observed high levels of dust in the department, both at high and low levels. Staff told us that they had domestic cover during the day. However due to staff sickness this was not consistently provided by the same member of staff. Hospital porters cleaned the floors in the evening.
- We inspected the cleanliness of the unit. Patient trolleys were found to be visibly dirty and dusty. Wheelchairs were stored in the resuscitation room, which can provide a health and safety risk, and were dirty. The communal play area in the main waiting room was dirty. We asked to see the cleaning record for this area, but no record was available.
- Sharps bins were full. In the resuscitation area, no sharps bin was provided.
- We found a bottle of disinfection solution was stored on a worktop, rather than in a locked cupboard. The disinfection solution which was intended to be made up daily was two weeks out of date.
- Stock was stored on the floor in the store room, which prevented effective cleaning.
- Staff told us that infection prevention hand hygiene audits and equipment cleanliness audits used to be carried out, but no longer were.
- Staff we spoke with were unaware of cleaning rotas or schedules and were unaware of the domestic audit scores.
- A mop bucket full of water with a mop in it was stored in the plaster room. It was not clear how long this has been there. This could present some risk of infection to patients.
- We asked staff about the water management policy for the unit but staff had no knowledge of this or of water safety flushing checklists.
- Some sinks within the unit were inaccessible as they were blocked by equipment.

Environment and equipment

- The unit contained several rooms for treating patients, some of which were identified for specific conditions or treatments, for example eye care, suturing, or monitoring privacy. The reception area was in a small public waiting room and people were sitting very close to the reception desk. We observed a patient booking for treatment with the receptionist staff. This provided no privacy and the conversation with the receptionist was clearly heard.
- We found a bottle of alcohol gel had an expiry date in 2014 which we reported to the nursing staff during the inspection. We found two out of date airways in the resuscitation trolleys. We found no evidence of stock rotation in the store room.
- Plaster equipment was dirty and damaged. A couch in the plaster room was ripped, cracked and worn.
- We observed that equipment was not labelled to indicate it had been cleaned.
- No artificial ventilation was available in the department even in the suture room, however staff told us this room was only used for minor suturing; if a patient required extensive suturing they would be transferred to Doncaster Royal Infirmary.
- The resuscitation area was cluttered with equipment and boxes stored on the floor, which made cleaning difficult.
- Staff told us that some items of equipment were awaiting repair or replacement but this did not happen in a timely manner. For example, only one of two electronic blood pressure monitoring machines was available.

Medicines

- We reviewed the way medicines were stored, managed and checked. The medicines cupboard was well organised and adequately stocked.
- The control of substances hazardous to health cupboard was floor level and was found to be unlocked. This contained several opened bottles of skin disinfectant as well as other solutions.

- Drug fridge temperatures were recorded and we saw these were within range.
- Patient Group Directives were available. Processes were in place for the management of these.

Records

- Records were held on a computer programme widely used in the NHS. The system had been recently introduced. Staff told us they had experienced problems during implementation, but were now finding it beneficial. They had easier access to records and GP letters were generated.
- We observed staff completing the records. We saw these were completed to a good standard.

Safeguarding

- Safeguarding assessments were recorded on the unit's computer system. For patients considered to be at risk, staff recorded an explanation of any injury and the nature of their concerns. For paediatric patients, staff recorded whether the paediatric team was contacted, whether the child had a social worker and whether there had multiple attendances to the unit.
- We found the safeguarding assessment was completed after the discharge of the patient rather than during the assessment of the vulnerable person, which presented some risk that key information to support the patient's safety may be missed. The senior management team confirmed that the safeguarding questions should be done during the consultation not at the end when the patient has been discharged.
- Staff told us that they routinely recorded any children living with adults with risk taking behaviours. However, they did not routinely record all adults accompanying children to the unit.
- We found staff were knowledgeable about safeguarding issues in the local area and the impact that had on child protection.
- Staff were knowledgeable about Female Genital Mutilation (FGM) and female trafficking and were aware of an audit that had been carried out into these areas. Staff were aware that training was being carried out to support their knowledge of this area; however they had not attended this at the time of the inspection.

Mandatory training

- Staff told us that they were up to date with their mandatory training.
- However, data provided by the trust showed training compliance rates were very low for Doncaster and Bassetlaw NHS Foundation Trust ranging from 3%-48%, compared with an expected compliance rate of 85% or above. We were unable to establish whether it was training or a records issue; in any event, managers were not assured that staff had attended training.

Assessing and responding to patient risk

- A see and treat model was used with patients being seen in time order, rather than a traditional triage system.
- Reception staff booked patients and alerted nursing staff if they felt that the patient was sick or deteriorating. Staff were satisfied that this system worked effectively to identify patients at risk and were unaware of any previous issues which had resulted, however there was no formal protocol for reception staff to follow.
- Nursing staff said that during a normal shift they normally had opportunity to carry out an initial review of patients within one to two hours from booking.
- Early Warning Scores were calculated in the electronic patient record, and produced alert triggers for the intervention by staff.Staff were able to explain the procedures for transfer of a patient who had deteriorated to Doncaster Royal Infirmary. As no medical staff were based at MIU, patients with chest pain had to be transferred to Doncaster Royal Infirmary. Staff were aware to ring an emergency ambulance.
- Staff were very clear about the escalation process, however no documented escalation policy was available. A hospital policy existed for cardiac arrest in the MIU. Nurse practitioner were trained in advanced life support.

Nursing staffing

- The unit was nurse led with no medical cover; it was staffed by nurse practitioners, who were qualified nurses with extra training. The staffing establishment per shift was two nurse practitioners and one health care assistant (HCA). The HCA worked from 12noon to 8pm however, we were informed a review was being undertaken of the HCA role to confirm whether the level of staffing was sufficient.
- Four nurse practitioners provided the core staffing for the MIU. When shortfalls existed nurse practitioners based at Doncaster Royal Infirmary provided back-up.

Urgent and emergency services

However, staff told us that if a HCA went on sickness/ absence this was not always covered. We reviewed staffing rotas and found the planned number of nurse practitioners had been achieved.

- Staff told us that new members of staff were always buddied with an experienced member of staff, although they had not received any new staff for quite a period of time. Staff often rotated from Doncaster Royal Infirmary's MIU so they usually required orientation to the department rather than additional training.
- The staffing rota was completed by a nationally recognised NHS computer system and we found no evidence of any staff shortages over the previous month's rosters.

Major incident awareness and training

- There was a major incident policy available for staff on the intranet.
- The unit was not a receiving centre for major accidents or trauma. Patients from a major incident were taken to Doncaster Royal Infirmary, however they still could be used as a minor injury receiving area.
- Staff were not aware of their role in major incidents. They told us that training in major incidents had not been carried out, but was currently in the process of being planned.

Are urgent and emergency services effective?

(for example, treatment is effective)

Good

Condition specific patient pathways were available. These were based on National Institute for Health and Care Excellence NICE guidance. Limited audits were undertaken to monitor quality and patients' outcomes.

Systems were in place to provide patients with pain relief, when required. Food and drinks were available.

Staff were supported and their competencies were assessed by a clinical education team within the emergency departments. They reported good relationships with other healthcare professionals.

The Minor injuries unit was open seven days a week from 9am to 9pm. Out of hours services were provided by Doncaster Royal Infirmary. Staff could readily access information about patients and letters were sent to GPs following attendance.

Evidence-based care and treatment

- Condition specific patient pathways were available. These were based on National Institute for Health and Care Excellence NICE guidance.
- Staff told us that they used the same pathways for delivering care across the emergency departments at Doncaster and Bassetlaw NHS Foundation Trust.
- These were monitored and updated by a consultant in emergency department medicine based at Doncaster.

Pain relief

- Staff routinely explained to people to ask for pain relief if required.
- Nurse's practitioners were able to prescribe a range of analgesics.
- The trust performed 'about the same' as other trusts in the A&E patient survey 2014 for provision of pain relief medication and management of pain.

Nutrition and hydration

- Facilities were available to provide drinks for patients.
- Staff could arrange food for patients from the kitchen, if required.

Patient outcomes

- Limited audits were undertaken to monitor quality and patients' outcomes within the MIU.

Competent staff

- There was a clinical education team within the emergency departments who supported staff training and competency assessments.
- Nurse practitioners were all qualified as nurse prescribers.
- We observed staff all working within their competencies and staff said they felt confident and competent working within their own protocols.
- All four core nursing staff had received an annual appraisal.

Multidisciplinary working

Urgent and emergency services

- Staff reported good links with the main emergency department at Doncaster Royal Infirmary. Where appropriate, patients were transferred to Doncaster Royal Infirmary.
- Staff reported a good working relationship with the radiology staff based at Montagu Hospital.
- Staff could refer for advice and guidance from the multidisciplinary team.

Seven-day services

- The Minor Injuries Unit was open seven days a week. The only day it closed was on Christmas day. The unit was open from 9am to 9pm.
- Out of hours services were provided by a GP service based at Doncaster Royal Infirmary.
- The minor injury unit had access to onsite X-ray facilities.

Access to information

- Staff told us that since the recent implementation of the computer system, it was much easier to search for patient information as it was linked to national systems.
- The computer records system generated a letter for every patient seen which was sent to their GP.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us that verbal consent was always received, however this was not always documented.
- We saw evidence which demonstrated staff had a good understanding and appropriately the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs).
- Young people were encouraged to be involved in decisions about their care and treatment.

Are urgent and emergency services caring?

Good

Within the department, patients were cared for with privacy, with doors and curtains closed. We observed positive interaction between staff and patients. Staff asked appropriate questions and engaged with patients at eye level. Patients told us they felt listened too and had not waited long for treatment. Patients were offered good emotional support

Patients and relatives were happy with the care they received.

Compassionate care

- We observed positive interaction between staff and patients. Staff asked appropriate questions and engaged with patients at eye level.
- The privacy and dignity of patients within the department was maintained. Privacy was difficult to maintain at the reception area.
- We observed staff displaying empathy with patients. Patients were cared for with respect to their dignity. We observed that nursing and support staff were very caring and compassionate in their interactions with patients. Conversations demonstrated an empathetic and caring attitude by staff.
- Patients we spoke to, were positive about the care they received they told us that the staff were fantastic and the care received was excellent.
- Patients told us staff had listened to them and they had not had to wait very long.
- The trust performed 'about the same' as or better than other trusts for all questions relating to caring in the A&E patient survey 2014.

Understanding and involvement of patients and those close to them

- Patients understood why they were in the unit and why they had chosen to attend.
- They felt that they had been listened to during their consultation and felt involved with their care.
- We observed staff explaining procedures and further self-care treatment to patients in an appropriate way.
- We observed that staff demonstrated a good level of rapport in their interactions with patients and relatives. We saw that relatives were involved appropriately in the discussions.
- We saw that nursing staff demonstrated good communication skills and confidence during discussions and assessment of patients.

Emotional support

- We observed staff offering patients support and patients reported to us that they felt supported whilst in the unit.

Are urgent and emergency services responsive to people's needs?

Urgent and emergency services

(for example, to feedback?)

Good

A review was currently taking place to review reasons for attendances at the MIU. Nurse Practitioners we spoke with were aware of the patient pathways and when to transfer patients who required further medical attention. The computer system allowed clinicians at Doncaster Royal Infirmary to review the medical records of patients requiring transfer to Doncaster. Nurse Practitioners could refer to other hospitals within the area as part of agreed protocols, which allowed patients to be referred to a clinic nearer home

Emergency ambulances transported patients to the MIU in accordance with attendance criteria

We observed that staff were aware of the needs of patients who used the unit. Patient information was not available in languages other than English; although we were informed there were a significant number of people resident in the community from Eastern Europe.

The four hour target to be admitted or discharged was consistently met.

Complaints were dealt with by a dedicated person within the Emergency department at Doncaster. Themes around complaints and lessons learnt were shared, however these appeared to be sporadic and not formalised in nature.

Service planning and delivery to meet the needs of local people

- Senior nursing staff told us that a review was currently taking place to review reasons for attendances at the MIU.
- Meetings were held with the stakeholders and the access pathways were being reviewed.

Meeting people's individual needs

- We observed that staff were aware of the needs of patients who used the unit. For example, staff were able to demonstrate their awareness of the needs of patients who attended following the misuse of drugs and alcohol.
- Staff could access a translation service, if required.
- Patient information was not available in languages other than English; although we were informed there was a significant number of people resident in the community from Eastern Europe.
- Patients with complex needs were transferred to Doncaster Royal Infirmary.

Access and flow

- The Nurse Practitioners we spoke with were aware of the patient pathways and when to transfer patients who required further medical attention. The computer system allowed clinicians at Doncaster Royal Infirmary to review the medical records of patients requiring transfer to Doncaster.
- Nurse Practitioners could refer to other hospitals within the area as part of agreed protocols, which allowed patients to be referred to a clinic nearer home.
- Emergency ambulances did not often bring patients to the unit. When they did need to transport a patient who fulfilled the units attendance criteria they usually rang ahead to pre-alert staff.
- We found that some patients arrived at the unit after being told to attend by their GP or by the 111 service. These patients were always seen by nursing staff when they arrived, even if they were subsequently redirected to another service.
- Data from the MIU was discussed at the multi-site patient flow meetings. During inspection we observed a patient flow meeting were patient waiting times and staffing levels at the MIU Mexborough were discussed.
- Staff told us the morning between 9am-12md was the busiest time, however usually waiting to treatment times were less than an hour. There had been two breaches of the four hour target at Montagu Hospital within the last year (April 2014 to March 2015).

Learning from complaints and concerns

- Staff told us they had attended a recent leadership day for band 7 nurses where lessons learnt and complaints were shared. A dedicated member of staff deals with all complaints within Doncaster and Bassetlaw NHS Foundation Trust; staff from Mexborough were involved in the complaint if their input was required.

Are urgent and emergency services well-led?

Urgent and emergency services

Good

The service had a clear vision to provide a minor injuries service to the population. Staff were very positive about the leadership of the department and the management structure within the care group.

The MIU governance arrangements were part of the wider care group arrangements. A risk register was in place which included the MIU. There was limited evidence of quality measurement.

Staff felt confident about raising concerns to their line managers and considered they had an open culture.

There was evidence of some public and staff engagement.

Vision and strategy for this service

- The service had a clear vision to provide a minor injuries service to the population.
- The senior management team viewed all the three departments as one unit across the three main hospital sites.
- There was a strong focus of placing the patient at the centre of all decision-making and this was shared by management and staff.
- The trust's vision and values were displayed on computer screen savers.

Governance, risk management and quality measurement

- The MIU governance arrangements were part of the wider care group arrangements.
- Clinical governance meetings were held monthly at the care group level.
- The emergency departments also held clinical governance meetings and these were attended by the multidisciplinary team.
- A care group risk register was in place. We saw this included risks identified at MIU such as the absence of medical staff. Mitigating actions were in place.
- There was limited quality measurement in place.

Leadership of service

- The service at the MIU was led by a band 7 nurse.
- Senior managers regularly visited the MIU and arranged to cover any shortfalls in staffing.
- Staff were aware of the management structure within the care group, and were very positive about the leadership of the unit.
- Staff felt supported and could always speak to senior staff.
- The matron held regular meetings with senior qualified staff and staff were encouraged to attend.
- We observed that staff worked well together as a team.

Culture within the service

- Staff told us they went "the extra mile" to treat patients at the MIU.
- Staff felt supported. They explained how they would raise any safety concerns to their line manager and all felt very confident to be able to do this.
- Staff told us about a difficult history culturally within the emergency department structures, however with the change in the management team the culture was now seen as open.
- The senior management team told us about the last year and the amount of work they had undertaken around modelling positive behaviours and communications.

Public and staff engagement

- The senior nursing team told us that the Friends and Family Test feedback from patients was very good.
- Regular senior nurse meetings were held over the three sites; the outcomes of the meetings were shared by the senior nursing team on their own units.

Innovation, improvement and sustainability

- The introduction of the computer system had allowed clinicians at Doncaster Royal Infirmary to review the medical records of patients requiring transfer to Doncaster, allowed improved access to patient information for staff at MIU and produced letters for GPs regarding attendance at the MIU.
- Nurse Practitioners could refer to other hospitals within the area as part of agreed protocols, which allowed patients to be referred to a clinic nearer home.

Medical care (including older people's care)

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

Information about the service

Medical services at Montagu comprised of 58 rehabilitation inpatient beds on two wards (Rehabilitation Ward 1 and Rehabilitation Ward 2) for people who needed further rehabilitation before they could be discharged. Of these beds, 13 were designated for people who required rehabilitation following a stroke. The Fred and Ann Green Rehabilitation Centre opened in 2013 and was undergoing further capital investment with the goal of providing a national centre for rehabilitation services. Refurbishment of Rehabilitation Ward 1 was in progress and refurbishment of Rehabilitation Ward 2 was planned for the summer of 2015. This location was last inspected in October 2013 and met the standards reviewed at that time.

The service provided a seven day multidisciplinary rehabilitation pathway for medical and surgical patients and had facilities including a large dining and activities area, kitchen and bathroom training areas, a gym and two small flats to practice independent living prior to discharge.

During our inspection we spoke to six patients, five relatives or carers, and sixteen members of staff including the Operational Manager, Matron, Ward Managers, Head of Therapies, nursing staff and various therapists.

Summary of findings

Feedback on incidents and shared learning was discussed at the clinical governance meetings, Band 7 meetings and cascaded at monthly team meetings to therapy and nursing staff. Resuscitation trolleys were appropriately stored in general ward areas and monitored daily. Equipment was noted to be labelled with the last service date and were up-to-date. The wards was visibly clean and staff adhered to infection control policies and procedures. Staff on the rehabilitation wards were aware of what to do in the case of a safeguarding concern; however training levels were low at the time of inspection. We saw evidence of future safeguarding and mandatory training sessions being booked and training levels being actively monitored. Risk assessments were completed relevant to patients' needs. These included assessments for mobility, falls, pressure ulcers and nutrition.

There was evidence of good multidisciplinary working in the rehabilitation wards and most services were working towards a seven day service. Staff reported that allied health professional resources were sometimes stretched to achieve this, but that the development of health care assistants in therapy support roles was in progress. On the day of inspection, both rehabilitation wards were calm with buzzers answered quickly. The nursing staff were seen to kind and caring during communication with patients and family members and considerate of the personal needs of patients. We spoke to six patients and five carers or family members who were generally

Medical care (including older people's care)

very positive about the standard and quality of care. However, some patients said that the nurses were often very busy and they felt this affected the care delivered on occasion.

There were processes in place to ensure patients' rehabilitation needs were fully assessed and care pathways planned. Staff worked to meet the needs of individual patients however the environment could be further developed to meet the needs of patients with dementia. Complaints were few but managed effectively. There was a strong governance structure in place and staff were generally positive about the leadership and the levels of engagement with their line management through to executive level. Most staff were clear about the vision and strategy for the service particularly around the refurbishment plans and the future use of additional facilities.

Are medical care services safe?

Good

We rated medical care services as good for safety.

Feedback on incidents and shared learning was discussed at the clinical governance meetings, Band 7 meetings and cascaded at monthly team meetings to therapy and nursing staff. Resuscitation trolleys were appropriately stored in general ward areas and monitored daily. Equipment was noted to be labelled with the last service date and were up-to-date.

The wards was visibly clean and staff adhered to infection control policies and procedures. Staff on the rehabilitation wards were aware of what to do in the case of an adult safeguarding concern. Although training levels were low at the time of inspection, we saw evidence of future mandatory training sessions being booked and training levels being actively monitored. Risk assessments were completed relevant to patients' needs. These included assessments for mobility, falls, pressure ulcers and nutrition.

Incidents

- There were no Never Events and one Serious Incident between September and December 2014 within rehabilitation services.
- 87 patient safety incidents were reported between September and December 2014 of which one was classified as serious (a Category 3 pressure ulcer). The most commonly reported incidents related to patient falls; however none resulted in serious harm. There were 26 falls of which 18 caused no harm and the remaining eight, low harm.
- There were systems in place to report incidents using an electronic reporting system. Nursing staff told us they were aware of how to use the system to report incidents, they were encouraged to complete incidents reports and that feedback was received from their line manager at team meetings and by email from the ward managers.
- Feedback on incidents and shared learning was discussed at the ward managers' monthly meeting with the Matron and cascaded at monthly team meetings on the wards.

- Staff were aware of the meaning of duty of candour and prompts about duty of candour and how to record was incorporated into the electronic reporting system.
- Ward Managers and the Band 7 Physiotherapist and Occupational Therapist also had weekly meetings with the Operational Manager to discuss any current risks, serious incidents and clinical incidents.
- Reviews of mortality and morbidity by the consultant team were included as part of the rehabilitation specialty clinical governance meetings.

Safety thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The rehabilitation wards recorded the Safety Thermometer information electronically monthly and fed into trust-wide reporting to the Board.
- Information regarding the results of the Safety Thermometer was not routinely displayed for public view on either of the wards but were displayed in staff rooms.
- There were six pressure ulcers reported from September to December 2014 of which five were classified as low or no harm.

Cleanliness, infection control and hygiene

- Ward areas appeared clean. Cleaning checklists were completed by the housekeeper and the outcomes recorded electronically.
- There were eight MRSA colonisation cases for 2014/15 but there had been no attributable cases of MRSA infection for the rehabilitation wards at Montagu Hospital. The target was zero trust attributable cases.
- The incidence of C. difficile in the Musculoskeletal (MSK) and Frailty Care Group to which the rehabilitation wards belonged was very low. They dropped from five cases in Q1 2014/15 to one case in Q4. There had been no cases of C.Difficile on the rehabilitation wards in that time.
- Monthly infection control audits were undertaken and recorded electronically. Data from the most recent audits showed good compliance with hand hygiene and urinary catheter management.. This data was also displayed on the wards.
- Personal protective equipment and alcohol hand gel was available at the entrance to, and throughout, the wards. We observed that staff wore personal protective equipment and applied the principles of infection control.
- Equipment was observed to be clean and reported to be cleaned after use. However there was no system in place to identify equipment as clean such as by labelling.

Environment and equipment

- The rehabilitation wards were well lit, clean and tidy.
- Resuscitation equipment was checked daily with few exceptions. The trolleys were centrally placed and covered with a fitted cloth cover that held a notice indicating the first expiry date to occur for drugs held on the trolley.
- The rehabilitation wards were well equipped and members of staff raised no concerns with regards to availability of equipment.
- Equipment was noted to be labelled with portable appliance test service dates and were up-to-date.

Medicines

- Controlled drug cupboards were closed and locked. Controlled drug registers were secure and stock counts completed.
- Medicines refrigerators were secure. Temperature records were checked daily to ensure medication was stored at the correct temperature. Records showed that the temperature was at the recommended level.
- Medication was administered according to the electronic prescribing system. Nursing staff reported that agency staff did not have log-in details so were not able to administer medication; however we were informed by Pharmacy that agency staff who worked regularly on a ward were assigned log-in details to enable them to medicate patients.
- Medicines were securely held in locked cupboards within a locked treatment room.
- A pharmacist was assigned to the rehabilitation wards and attended the multidisciplinary meetings held weekly.

Records

- We reviewed two case notes which showed risks to patients had been identified and a care plan put in place. Nursing records were noted to be well completed at the bedside and in the case notes.

- The rehabilitation wards used a combined risk assessment tool and completed a daily plan of care relevant to the needs of the patient. They were also piloting a pressure ulcer prevention and management plan.
- We noted observation charts that were being regularly completed and an example of the goal setting sheet completed by the occupational therapist.

Safeguarding

- There was a physiotherapist designated as the safeguarding lead for the unit who provided a resource for safeguarding issues. Staff on the rehabilitation wards were aware of what to do in the case of a safeguarding concern; however training levels recorded by the trust were low at the time of inspection. The target training level for safeguarding adults was 85% - the training levels for registered nurses was recorded as 24-32% and for allied health professionals was 58%. We noted that future safeguarding training sessions were booked for all nursing staff where required.
- The trust had a safeguarding policy and a copy was available for review by nurses in the ward office. The trust has a Strategic Safeguarding People Board chaired by the executive lead for safeguarding with remit to manage the trust assurance processes in relation to safeguarding. Alerts and referrals are reviewed and managed by the corporate safeguarding team supported by the named doctor, named nurse and named midwife

Mandatory training

- The trust had a programme of statutory and mandatory training for all staff.
- Training levels recorded on trust systems at February 2015 were notably low amongst nursing staff on the rehabilitation wards for Conflict Resolution, Equality and Diversity and Information Governance (less than 20%).
- It was also noted that Fire Prevention training levels for nursing staff were recorded as 71% or less which could present a risk to patient safety in the event of fire. Fire training levels for allied health professionals and ancillary staff were 100%.
- However, we saw evidence of future mandatory training sessions being booked where required and training levels were being monitored.

Assessing and responding to patient risk

- The National Early Warning System was in use to identify deteriorating patients. Assessment of the score was seen to be a routine part of recorded vital signs on observation charts. Patient observations were recorded appropriately and concerns were escalated in accordance with the guidance.
- Limited GP trainee cover was available at night. When there was no medical cover present overnight at Montagu Hospital and if a patient's condition deteriorated, medical support was available by phone from the Medical Registrar on call at Doncaster Royal Infirmary. If a medical emergency arose, the staff called an emergency ambulance to transfer the patient to Doncaster Royal Infirmary. This was reported to be a rare occurrence. There was a plan to scope the opportunity to introduce a Nurse Practitioner role to the site to provide additional clinical expertise and support.
- All the nurses were trained in Immediate Life Support skills.

Nursing staffing

- The trust used NICE (National Institute for Health and Care Excellence) guidance for staffing levels and planned staffing levels were agreed in the 2015/2016 funded establishments. An acuity tool was not in use to assess staffing needs at a local level on the rehabilitation wards.
- Expected and actual staffing levels were clearly displayed. One of the rehabilitation wards was below establishment (December 2014: 18.6wte establishment,14.89wte in post) for nurse staffing and this was reflected in the level of agency or bank staff use.
- An electronic rostering tool was in use to manage nursing staff resource and each rota was authorised by the Matron.
- Common staffing patterns were to have three qualified nurses and two healthcare assistants on day and evening shifts and two qualified nurses with two healthcare assistants on nights. Each ward had 28 beds which meant that on nights the ratio of qualified nurse to patient was 1:14 patients.
- Due to a high sickness rate in the MSK & Frailty Care Group, monthly sickness clinics were established to consider how the trust could support those members of staff with sickness rates over 3.5%. Sickness rates were reported to have fallen as a result of these clinics.

- Sickness rates had fallen on Rehab Ward 1 to an average of 4.1% for April-December 2014 from a peak of 14.4% in November 2013. However Rehab Ward 2 had an average sickness rate of 8.9% for April-December 2014 with rates fluctuating up to 14.2% during that time.

Medical staffing

- There were two stroke consultants and one general rehabilitation consultant running three multidisciplinary meetings per week on Rehabilitation Ward 1 and one consultant ward round and multidisciplinary meeting per week on Rehabilitation Ward 2. The multidisciplinary meetings were attended by pharmacy, physiotherapy and occupational therapy.
- A Senior House Officer provided medical cover 9am to 8pm Monday to Friday and 9am to 3pm at the weekend. Limited GP trainee cover was available at night. When there was no medical cover present overnight at Montagu Hospital and a patient's condition deteriorated, medical support was available by phone from the Medical Registrar on call at Doncaster Royal Infirmary. If a medical emergency arose, the staff called an emergency ambulance to transfer the patient to Doncaster Royal Infirmary. This was reported to be a rare occurrence. There was a plan to scope the opportunity to introduce a Nurse Practitioner role to the site to provide additional clinical expertise and support.
- No locums were in use on the rehabilitation wards

Major incident awareness and training

- The trust had a major incident plan in place and staff we spoke with were aware of this.
- Contingency plans were in place to manage the decanting from the ward for completion of the refurbishment in summer 2015.

Are medical care services effective?

Good

There was evidence of good multidisciplinary working in the rehabilitation wards and most services were working towards a seven day service. Staff reported that allied health professional resources were sometimes stretched to achieve this, but that the development of health care assistants in therapy support roles was in progress.

The trust was working to improve appraisal rates but also recognised that the electronic recording system was not producing accurate data. In the last staff survey, 63% of trust-wide staff said they had received an appraisal in the last year although the electronic systems recorded 42%. We saw evidence of appraisals being scheduled for future dates and were given assurance by the Matron for that area that the current round of appraisals for nursing staff should be completed in May 2015.

Ward staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). They were clear about processes to follow if they thought a patient lacked capacity to make decisions about their care. The Intermediate Discharge Team was involved in assessing capacity and the Physiotherapy team had a safeguarding lead. Best interest evaluations were undertaken when required.

Evidence-based care and treatment

- Policies based on NICE guidelines were available to staff and accessible on the trust intranet site.
- Patients had their needs assessed and their care planned and delivered in line with best practice. For example the wards were piloting a new pressure ulcer prevention and management plan. This was supported by tissue viability training available to and attended by all grades of nursing staff.

Pain relief

- Pain assessments were carried out and recorded.
- Pain relief was provided as prescribed and there were systems in place to make sure that additional pain relief could be accessed via medical staff, if required.
- Patients we spoke with had no concerns about how their pain was controlled.

Nutrition and hydration

- Patients were assessed for their nutritional and hydration needs using MUST (Malnutrition Universal Screening Tool) and patients were referred to a dietician if required.
- Patients were mainly positive about the food provided. They told us there was sufficient food and drink and were offered a choice.

- There were protected meal times on wards and a red tray system in place to indicate which patients needed assistance with eating and drinking. We observed patients being supported to eat and drink.
- We noted whether patients had a drink within their reach and found that all observed patients could reach a drink.

Patient outcomes

- The average length of stay for patients for the rehabilitation services was below the England average for 2013/2014; however the average length of stay for stroke medicine at Montagu Hospital was higher (63 days) than the England average (12 days). Average length of stay for Stroke Medicine for the trust was also above the England average at 17.7 days compared to 12 days. (Source: HES (Jul 2013-Jul 2014)
- Delayed discharges were acknowledged to occur for complex rehabilitation cases.
- There was no evidence of risk related to in-hospital mortality outliers for this location.
- There were less observed readmissions than expected for the rehabilitation service.
- During 2014/15, Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in 87.5% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in according to their Quality Accounts. Medical staff within the MSK and Frailty Care Group including rehabilitation services participated in national and local audits across the trust. Audit outcomes were discussed at the monthly clinical governance meetings.
- An audit of the provision of accurate staged diets & modified fluids in 2014 on the rehabilitation wards resulted in dysphagia training delivered by Speech and Language Therapists to kitchen and nursing staff to improve awareness of standards for modified foods and the needs of patients with dysphagia.
- There was a trust-wide quality metrics framework for ward managers to complete. Staff confirmed that they had completed the audits and submitted these electronically. Audits were undertaken to monitor compliance with guidance, such as hand hygiene audits. Results seen showed good levels of compliance.

Competent staff

- Appraisal rates for the rehabilitation wards for 2013/14 were reported in December 2014 as 58%for Rehabilitation Ward 1 and 16.7% for Rehabilitation Ward 2 for registered nurses. Appraisal rates for allied health professionals was 52% for 2013/14. The trust was working to improve appraisal rates but also recognised that the electronic recording system was not producing accurate data. In the last staff survey, 63% of trust-wide staff said they had received an appraisal in the last year although the electronic systems recorded 42%.
- We saw evidence of appraisals being scheduled for future dates and were given assurance by the Matron for that area that the current round of appraisals for nursing staff should be completed in May 2015.
- A report to the board in April 2015 showed that 90% of medical staff across the trust completed an appraisal in 2014/2015. The revalidation process was managed by the Deputy Medical Director; in the July 2014 report to the Board, 104 consultants had been recommended and accepted by the General Medical Council for revalidation at that time.

Multidisciplinary working

- All staff groups involved in the multidisciplinary meetings reported very good working relationships. There were three multidisciplinary meetings held per week on the rehabilitation wards, which included all members of the clinical team.
- There was a discharge coordinator assigned to the rehabilitation wards to facilitate discharge planning. Staff reported that there could be delays in assigning social workers to patients but that relationships with social services were good.

The rehabilitation service was working with community colleagues who delivered intermediate care, reablement and community physiotherapy including inviting them to attend the multi-disciplinary meetings. **Seven-day services**

- There were 26 therapists on rota for rehabilitation including Occupational Therapy, Speech and Language Therapy and Physiotherapy at Band 5, 6 and 7. Physiotherapy and occupational therapy were providing a seven day service; however staff reported there had been no increase in establishment which meant that

staffing levels could be short during the week for patients who needed three therapists. The role of the rehabilitation assistant was being developed to work with the therapists.
- Pharmacy services were available five days a week.
- A Senior House Officer was available Monday to Friday 9am to 8pm and at the weekend 9am to 3pm. There was no consultant round at the weekend. Senior medical support was available by telephone via the Medical Admission Unit at Doncaster Royal Infirmary.

Access to information

- Staff told us there was sufficient information in patients care records to enable them to care for patients appropriately.
- Information was displayed on computerised screens by the nurse's station. Staff could access test results, care records and other relevant information about patients on the ward.
- Care summaries were sent to the patients' GP on discharge.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Ward staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). They were clear about processes to follow if they thought a patient lacked capacity to make decisions about their care. The Intermediate Discharge Team was involved in assessing capacity and the Physiotherapy team had a safeguarding lead. Best interest evaluations were undertaken when required.
- Patients we spoke to confirmed that explanations and choices were given by staff so they could agree to or decline tests or procedures.
- We did not see any patients subject to Deprivation of Liberty Safeguards during our inspection

Are medical care services caring?

Good

On the day of inspection, both rehabilitation wards felt quiet with buzzers answered quickly. The nursing staff were seen to kind and caring during communication with patients and family members and considerate of the personal needs of patients. We spoke to six patients and five carers or family members who were generally very positive about the standard and quality of care. However, some patients said that the nurses were often very busy and they felt this affected the care delivered on occasion.

Compassionate care

- During our inspection we witnessed staff behaving in a caring manner towards their patients.
- Patient buzzers were answered promptly and curtains were drawn appropriately during episodes of care to preserve dignity and respect.
- We observed the distribution of an evening meal. There was a red tray system in place to identify patients who required support to eat and drink and this need was communicated on individual menus to inform staff.

Understanding and involvement of patients and those close to them

- Staff uniforms clearly identified the different roles of nurses and allied health professionals and these were explained on a board at the ward entrance.
- We did not see evidence of information displayed to signpost patients and carers to the PALS or complaints service if they had any concerns; however the patients we spoke to said they would speak to the nurse in charge if they felt they needed to raise a concern.
- Patients and family members said that medical and nursing staff were approachable and responsive if they did raise concerns.
- The patients we spoke to told us that they received excellent support from the physiotherapists and occupational therapists.
- Some patients were aware of their care plan and rehabilitation objectives and felt fully involved but others were less clear in their understanding.

Emotional support

- We witnessed staff providing good emotional support to patients and to a family member during a discussion about discharge planning.
- Patients reported that they enjoyed the organised daily activities on the ward and the use of the large communal dining / activities area.
- One patient said that staff had 'made me feel welcome.'

Are medical care services responsive?

Medical care (including older people's care)

Good

There were processes in place to ensure patients' rehabilitation needs were fully assessed and care pathways planned. Staff worked to meet the needs of individual patients however the environment could be further developed to meet the needs of patients with dementia. Complaints were few but managed effectively.

Service planning and delivery to meet the needs of local people

- A Band 8 physiotherapist managed the stroke pathway from acute care to rehabilitation.
- The Integrated Discharge Team ensured that patients met the criteria for transfer to the rehabilitation service.Therapy services were provided over seven days to reduce length of stay and provide continuous support to patients to achieve improvement.

Access and flow

- The rehabilitation wards received patients predominately from Doncaster Royal Infirmary with Parkinson's disease, stroke, orthopaedic, vascular and respiratory conditions. They also took orthopaedic patients recovering from joint surgery.
- The Integrated Discharge Team assessed patients referred for transfer to rehabilitation and then put them on a waiting list, dependent upon bed availability. We were informed that patients could wait up to five days before transferring.
- Discharge arrangements were managed by the discharge coordinator working with social services, community services and GPs. Discharge delays in some cases were acknowledged but staff related these to the complexity of patient needs and availability of services and equipment.
- Discharge dates were reviewed weekly at the multidisciplinary meetings.

Meeting people's individual needs

- The rehabilitation wards dealt with a range of patients with complex needs and provided therapy services seven days a week to maintain continued progress.
- There was a list of daily activities posted for patients to participate in. These were held in a large, brightly decorated and well lit activity area that was also used as a dining room. We were told that relatives and carers were encouraged to use the area for visiting purposes as it was more relaxing than the ward area. We observed a family including patient visiting together and having tea together in this area at the time of our inspection.
- Facilities also included a gym for exercise, large single rooms and a purpose-built small flat that was planned to be in use following the completion of the refurbishment programme. The single bedrooms and flat were used as part of the rehabilitation programme to promote and assess a patient's ability to manage independent living.
- Patients living with dementia were received on the rehabilitation wards.
- Interpretation facilities were available on demand.

Learning from complaints and concerns

- The trust captured and monitored all complaints and concerns via their risk management software.
- Staff reported that there were very few complaints made about the rehabilitation service but when these occurred, they were investigated and responded to by the ward manager. The ward manager was dealing with one complaint at the time of inspection and intended to provide feedback on learning at the team meeting.

Are medical care services well-led?

Good

There was a strong governance structure in place and staff were generally positive about the leadership and the levels of engagement with their line management through to executive level. Most staff were clear about the vision and strategy for the service particularly around the refurbishment plans and the future use of additional facilities.

Vision and strategy for this service

- Staff were generally positive about the leadership and the levels of engagement with their line management through to executive level.
- Most staff were clear about the vision and strategy for the service particularly around the refurbishment plans and the future use of additional facilities such as use of the flat for assessment of independent living.

Medical care (including older people's care)

- The directors and senior managers of the medical services were clearly passionate about delivering a high quality and safe service to patients.

Governance, risk management and quality measurement

- Quarterly trust quality committee meetings were held. We saw from the minutes there were discussions and actions planned around incidents, patient complaints, risks to patient safety and health and safety concerns.
- The MSK & Frailty Care Group had its own risk register which detailed appropriate risks recognised across the group. Senior staff were aware of the risk register and how to raise a risk to be included on the register by escalation of issues through their line managers and via the governance structure.
- A senior operational group met every two weeks for the MSK & Frailty Care Group, monthly clinical governance meetings were led by the clinical director for rehabilitation services and monthly clinical management team meetings were also held for communication of service issues, risk issues and feedback from learning.
- Appraisal rates for staff on the rehabilitation wards were recognised by the Matron as having been lower than required. At the time of inspection, we were given assurance by the Matron that there was a drive to achieve the current round of appraisals for nursing staff by May 2015.

Leadership of service

- The MSK & Frailty Care Group was described by a senior nurse as proactive and patient-focussed.
- All staff we spoke to were aware of their immediate managers and felt supported by them – one staff member described their line manager as "very receptive."
- The Band 7 nurses within rehabilitation services had monthly meetings with the Matron and weekly meetings with the site Operational Manager.
- Nursing and therapy managers we spoke with told us that their teams worked hard within a busy environment.

Culture within the service

- Therapy staff were positive about working for the trust, although at times they told us they felt under pressure because of the impact of seven day services.
- Nursing staff were also positive about working for the trust and told us they felt comfortable and confident about raising concerns.
- Each ward was active in ensuring link nurses were established and that staff felt involved in the delivery of safe care.

Public and staff engagement

- Managers told us how they had engaged with the public regarding ward developments. For example, developments on the care of the elderly wards had been informed by meetings held with carers.
- The trust displayed the NHS Friends and Family Test results on the wards. The average response rate for May 2015 for the two rehabilitation wards was 33.4% with an average of 91% recommending the service.
- Information from the 2013 national NHS staff survey showed that staff engagement was better than average when compared with trusts of a similar type. However, the data for the division of medicine showed the division was the lowest scoring part of the trust in relation to staff engagement.

Innovation, improvement and sustainability

- The Operational Manager was working with Sheffield University in developing specialty specific training for rehabilitation nurses from Band 2 to 7.
- Therapy services over seven days were becoming more embedded with developing support from Band 2 assistants.

Surgery

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

Information about the service

The surgery services at Montagu Hospital were managed by three care groups: Musculoskeletal and Frailty, Speciality Services and Surgery. The surgery care group managed the day surgery unit and adjacent Rockingham ward. There was also an Endoscopy suite.

During our inspection we visited the day surgery unit and Rockingham ward. We spoke with eight members of staff, three patients, and reviewed three sets of patient records.

At the time of our inspection surgery had finished for the day, and Rockingham ward only had three patients remaining all waiting to be discharged home. This limited the number of patients and observations of care that we were able to undertake.

Summary of findings

We found that surgical services were safe. The day surgery unit and the adjacent Rockingham ward were clean and well maintained, with staff observing infection control and hand washing procedures. However, staff told us there were no pre-planned maintenance and deep cleaning schedules. There were also no single sex toilets on Rockingham ward, the day surgery unit ward. There were some concerns raised by staff in the day surgery unit that it was difficult to obtain junior doctor cover after 5pm.

We found that surgical services were effective although we had concerns about the level of mandatory training, with the service not meeting the trust target that 85% of all staff should have received mandatory training.

We found that the service was caring, responsive and well-led. However, on Rockingham ward staff told us that medical staff were not always available on-site to attend patients who became unwell following surgery.

Surgery

Are surgery services safe?

Good

We found that systems were in place to ensure that incidents were reported and effectively investigated, and that staff were able to learn the lessons of incidents in order to improve practice.

We found that the NHS safety thermometer was used in the trust as a measurement tool, with its use audited to improve compliance. The day surgery unit and the adjacent Rockingham ward were clean and well maintained, with staff observing infection control and hand washing procedures. However, staff told us there were no pre-planned maintenance and deep cleaning schedules.

We found that there were no single sex toilets on Rockingham ward, the day surgery unit ward.

Although there were shortages of nursing and surgical staff the trust were aware of this and were actively recruiting to fill vacancies. There were concerns raised by staff in the day surgery unit that it was difficult to obtain junior doctor cover after 5pm.

Although some patients had their operations under sedation, there were no clear sedation policies for staff.

There were systems in place to ensure the surgical service responded to a major incident.

Incidents

- No never events or serious incidents were reported by the trust for the surgical service at this location.
- There were 21 items on the surgical pathway risk register for Montagu Hospital. These were all graded with descriptions of the controls in place. These included shelving in the day unit which had been overstocked leading to possible staff injury. Controls put in place included staff being made aware of lifting and handling policies.
- Staff explained to us that incidents were reported on the trust's electronic incident reporting system. They were then reported through the surgical care group managers and discussed at governance meetings.
- Reports of the incidents and actions and changes to practice were cascaded to departmental and staff meetings.
- We reviewed the minutes of care group governance meetings that discussed incidents and the actions required.

Duty of Candour

- Duty of candour prompts and recording was incorporated into the electronic reporting system. Information about the duty of candour was also displayed on screen-savers at the hospital.

Safety thermometer

- The service measured the four high volume safety problems: pressure ulcers, falls in care, urinary infection (in patients with a urinary catheter), and treatment for new venous thromboembolism (VTE).
- Audits of compliance with the 'safety thermometer' had also been undertaken, and were displayed on notice boards.

Cleanliness, infection control and hygiene

- We found the day unit and theatres to be clean with appropriate hand washing sinks available for staff.
- Personal protective equipment (PPE) was available for staff in day unit and theatres, and infection control procedures were in place.
- Standard operating procedures were in place for hand washing, as they were for the deep cleaning of the theatres and day unit.
- We found that infection control audits were regularly undertaken and the results displayed on the walls for both patients and staff to view. The majority of results in the hand hygiene audits were 100%. However, there was no schedule for when deep cleaning procedures would take place.
- Trust records for environmental audits of the unit, covering the period April 2014 to March 2015, showed the majority of results to be at 100%. However, where the results did not reach 100% they were red flagged for action.

Environment and equipment

- We found the day unit and theatres to be clean, tidy and spacious.
- However, we found there was a lack of capacity in the day unit for patients on days when the theatres were busy. This resulted in patients being placed in the adjacent endoscopy department corridor. Although this was not unsafe it provided a poor patient experience.

- Staff told us there were no pre-planned maintenance and deep cleaning schedules.

Medicines

- Although there were patients who had their operations under sedation there were no clear sedation policies for staff.

Records

- We reviewed the clinical records of three patients on the day unit. We found these were appropriately completed and, amongst other things, included a pressure ulcer risk assessment, a venous thromboembolism (VTE) risk assessment, and a falls risk assessment.

Safeguarding

- We spoke with staff who told us what actions they would take in the event of witnessing an incident they believed required reporting under the trust's safeguarding procedures.
- They also told us they had received training in safeguarding adults and children and children, and were aware of the trust's safeguarding policy and procedures.
- Trust records showed that the day surgery unit and Rockingham ward had met the trust target that at least 85% of staff should have received safeguarding training.

Mandatory training

- We reviewed the trust records for mandatory training which showed that not all staff had met the 85% target for the percentage of staff that had completed mandatory training. In particular the records showed that only 6% of nursing staff in the day surgery theatres had completed infection control, information governance and manual handling training.
- However, we spoke with three qualified nurses, an operating department practitioner (ODP), three health care assistants and a matron in the day unit, who told us they were all up-to-date with their mandatory training.

Assessing and responding to patient risk

- We found that appropriate assessments were undertaken prior to admission, and on the day of admission.
- We also found that after their discharge from the day unit follow-up calls were made to patients to check on their condition.
- We found that in the operating theatres of the day surgery unit the World Health Organisation (WHO) safer surgery checklists were undertaken. The results of the WHO checklists were regularly audited, though demonstrated some variation in the completeness of the checks

Nursing staffing

- The trust board in April 2015 discussed the staffing needs assessments and establishment levels across the organisation as part of the programme to meet the hard truths staffing levels.
- This data outlines the assessments of staffing need using recognised tools, and the number of hours available from the staff employed. For the surgical care group there were 30,409 planned hours of nursing time required against 29,161 that were available.
- For the musculoskeletal and frailty care group there were 41,108 planned hours of nursing time available against 43,837 that were available, and for the speciality services care group there were 27,437 planned hours of nursing time available against 27,309 that were available.
- In the day surgery unit we found there was an adequate level of staffing; agency usage did not take place on a regular basis.
- On Rockingham ward, there was one qualified nurse and one health care assistant for each eight bed patient bay. There was also a coordinator. Nursing staff we spoke with felt the staffing levels were adequate.
- Nursing staff covered the unit from 9am to 6pm, although they would remain on-duty if a patient became unwell
- In their operational report for 2015 – 2017 the musculoskeletal and frailty care group reported that they were finding it difficult to recruit qualified nursing staff, including experienced orthopaedic scrub nurses.

Surgical staffing

- We found that the trust had vacancies for surgical staff although they were aware of this and were actively recruiting to these posts.
- Senior managers and senior consultant surgeons we spoke with told us that the trust were concerned that they were not sufficiently staffed at the middle grade level. This included trainee specialist registrars, and non-training grades such as associate specialists, and staff grade doctors.

- To mitigate this the trust was in the process of developing advanced nurse practitioners who could undertake some of the duties previously undertaken by junior medical staff.
- They also told us there had been a recent campaign to increase the number of consultant surgeons. This was also shown in the surgical care group's operational plan for 2015 -2017. The report showed ten consultant vacancies, four middle grade vacancies, and ten vacancies for junior doctors.
- The musculoskeletal and frailty group also reported in their operational plan for 2015 – 2017 that they were finding it difficult to recruit year two senior house officers (FY2s).
- The speciality services care group's operational plan for 2015 – 2017 reported that the breast surgery service had submitted a business plan for two whole time equivalent (wte) consultants to manage complex surgery and increasing outpatient demand.
- There were concerns raised by staff in the day surgery unit that it was difficult to obtain junior doctor cover after 5pm. This was normally required if a patient in the day surgery unit ward became ill and needed to be transferred to the Doncaster Royal Infirmary location.

Major incident awareness and training

- Major incident and resilience plans were in place that included the use of staff from the surgical care groups across all three trust sites.
- We found that staff took part in major incident training.

Are surgery services effective?

Good

We found examples of evidence-based care and treatment in the prevalence of local audit activity on the wards and departments. There was a system for the provision of pain relief to patients. There were also effective systems for the provision of nutrition and hydration to patients. Patient outcomes as reported by national audit did not show the trust to be an outlier in any area of practice. In most cases they were either side of the mean average.

With regard to mandatory training the trust records showed that not all surgical staff had received mandatory training and that compliance with the 85% target for achievement of this was poor. However, this did not correspond with the views of staff we spoke with in the day surgery unit who told us they were up-to-date with their mandatory training. There were systems in place for yearly appraisal.

There was evidence of effective multidisciplinary working in the day surgery unit. However, Rockingham ward staff told us that medical staff were not always available on-site to attend patients who became unwell following surgery. There was evidence of there being systems in place for consent, and the assessment of patient's capacity at pre-assessment clinics.

Evidence-based care and treatment

- Staff utilised evidence based practice and guidance from other sources for example Royal Colleges.
- We found evidence of local audit activity in the day unit. Audits were undertaken into slips, trips and falls; the WHO surgical safety checklist; patient observations; patient experience and staff satisfaction. The results of these audits, which showed performance to be to an acceptable standard, were displayed on the walls of the unit and were visible to both patients and staff.
- A range of audits took place, including hand hygiene, environmental audits and use of equipment. The scores for day surgery were 100%.

Pain relief

- At the time of the inspection the day case unit was closing down for the day, so there were limited patients that we could speak with.
- We spoke with three patients who told us that their pain had been well managed. We reviewed their records and could see that pain assessments had been undertaken.

Nutrition and hydration

- We found that on the day unit a malnutrition universal screening (MUST) tool was used to identify patients who required support with nutrition and hydration.
- Patients were offered food post operatively, and did not raise any concerns regarding access to this.

Patient outcomes

- As Montagu Hospital only provided day case surgery, not all patient reported outcome measures (PROMS) for surgical services were applicable. However, overall the majority of indicators were better than the England average.

- The length of stay of patients was 20.9 days against 19.8 days overall nationally.
- There was a lower incidence of pressure ulcers within the service than in the overall national findings.

Competent staff

- The staff we spoke with also told us they had all had received an appraisal within the last year.
- We also found that a series of competency standards were in place to allow staff from the day unit to work across all sites. This meant that theatre, recovery and ward staff were trained to deal with all surgical procedures and situations.

Multidisciplinary working

- The day surgery unit utilised staff from different professional backgrounds. These include qualified nurses, operating department practitioners, and health care assistants. These staff were based in the department.
- There was a policy in place for cross-site working which meant that the theatre staff could be rostered to work in the operating theatres at the Doncaster or Bassetlaw sites. Cover for the day surgery unit theatres could be provided by staff from these other two sites.
- The anaesthetists and surgeons who worked in the department did so on a sessional basis and were not based in the department.
- During our visit to the day unit staff on Rockingham ward told us that medical staff were not always available on-site to attend patients who became unwell following surgery. They told us that there was a policy in place that medical staff based in the hospital should not leave the site until they had assured themselves that there were no patients still in the day unit. They were expected to go to the day unit and check whether all the patients had gone. Nursing staff told us that this did not always happen creating a possible risk for patients, and that they had reported this.
- We reviewed the policy and spoke with the senior manager for surgery who told us they were unaware of the situation described to us by the nursing staff. They told us they would investigate and ensure that medical staff adhered to the policy.

Access to information

- Patients we spoke with told us they were provided with sufficient information before they attended for surgery on the day unit, and following their surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found that a system for the obtaining of consent from patients, including children, was in place at the trust. This included consent forms that included sections describing known complications. There were also sections describing what type of anaesthetic was to be used. There was also a section to be completed by a person who had provided professional translation or interpretation services. Details of a clinician patients could contact after the consent form had been signed was also included on the form.
- Nursing staff on the Rockingham ward told us that patient's capacity was assessed at their pre-assessment clinic, and their care was planned accordingly.

Are surgery services caring?

Good

We found that the surgery services were caring and that patients received compassionate care. Our discussions with patients showed that they were involved in the care provided to them. The patients also told us they had received emotional support whilst in the day surgery unit.

Compassionate care

- At the time of inspection, there were only three patients left on Rockingham ward, all awaiting discharge. Information was therefore limited from our conversations with them and their relatives.
- We spoke with three patients, and a relative, who told us they received compassionate care, that the nursing staff took the time to speak with them and provide reassurance where necessary.

Understanding and involvement of patients and those close to them

- The patients we spoke with told us they had received sufficient information prior to, as well as after surgery.

Emotional support

Surgery

- The patients we spoke with told us they found that the staff on the day unit were professional and caring.
- Patients told us that the nursing staff would answer call bells promptly, and provided good support during their stay on the ward

Are surgery services responsive?

Good

We found evidence of service planning and delivery to meet the needs of local people.

In February 2015, the percentage of patients waiting to start treatment (incomplete pathway) within 18 weeks from point of referral to treatment was better than the national target. The number of patients who had to wait longer than 18 weeks from referral to treatment (admitted) breached the operational standard.

The proportion of patients whose operation was cancelled for non-clinical reasons was as expected for the trust and better than expected for treatment within 28 days of last minute cancellation.

We found that the trust had systems in place that assisted in meeting the needs of people who used the service; including people with a learning disability, and those who could not communicate in spoken English. There was a system in place for the investigation, management and resolution of complaints. We found evidence of learning from complaints.

Service planning and delivery to meet the needs of local people

- We found there were four bed spaces in the day surgery recovery area which was appropriate for the throughput of patients, with staff telling us they rarely had to stop the operating lists because recovery was full.
- We reviewed a policy for the transfer of patients to the wards at Doncaster Royal Infirmary. Although the unit at Montagu Hospital only undertook day surgery, it was sometimes necessary to transfer patients whose condition deteriorated, or were not able to be discharged home, to the main trust hospital in Doncaster. This policy also included the emergency transfer of people who became critically ill to the critical care service at Doncaster.

Access and flow

- For patients waiting to start treatment, the maximum time of 18 weeks from point of referral to treatment (incomplete pathway) was 93.7% against a target of 92%.
- The musculoskeletal care group's operational plan for 2015 – 2017, described an action plan to increase theatre productivity in order to improve patient access and referral to treatment times. As part of this work, a full review of orthopaedic theatre usage took place in January 2015 which identified spare capacity at Bassetlaw District General Hospital and Montagu Hospital. This work was continuing at the time of the inspection.

Meeting people's individual needs

- We found that if a patient had a learning disability special arrangements were put in place. These involved putting the patients first on the operating list, and allowing a family member or carer to stay with them in the anaesthetic room.
- We also found that staff were aware that patients with a learning disability could arrive for surgery with a "This is me" booklet which would describe their needs, and their likes and dislikes. This booklet would be used to help staff care for the patient.
- Whilst Rockingham ward, the day surgery unit ward, was comprised of single sex bays, there were no single sex toilets.
- We found that the trust had a system in place where staff were able to book on-line translation services for patients who could not speak English. Systems were also in place to allow for the booking of sign language interpreters for patients who were profoundly deaf and used sign language.

Learning from complaints and concerns

- There was a trust policy for the management of complaints.
- Information about how to report a concern was included on laminated bedside information leaflets provided to all patients.
- We spoke with three patients who told us they had no concerns with the care and treatment they had received.
- We found that learning from complaints were shared at team meetings.

Surgery

- At a meeting of one of the surgical care groups held in February 2015 there was a discussion of complaints related to what patients saw as a poor attitude from some doctors and nurses. Following this meeting there was an "action notes" log which stated that these complaints would be broken down to the level of the person involved and discussed with them at their appraisals.
- At a surgical specialty group meeting, also in February 2015, there was discussion of a particular case where a junior surgical doctor had given important information about their condition to a patient when the family had not been present, which had caused distress to the family. The minutes said that the doctor had apologised and learning from this incident had been communicated to other staff.
- There were further discussions of complaints issues at care group meetings held in January and March 2015.

Are surgery services well-led?

Good

The surgical care groups were well-led with a vision and strategy for the service. There were systems of governance, risk management and quality measurement in place.

There was a new system of care groups as a framework for the management of surgical service. Although these were well connected across clinical leaders, including medical and nursing, who linked in well with senior managers this was not fully replicated at ward level.

Communication with staff took the format of ward meetings. There was also evidence of engagement with the public in the use of patient-led assessments of the care environment (PLACE) teams.

Vision and strategy for this service

- Staff we spoke with were aware of the trust's vision and felt they reflected their work caring and treating patients.

Governance, risk management and quality measurement

- We found that governance, risk management and quality measurement took place at the care group level, as well as at the level of surgical specialities.
- We reviewed clinical governance minutes from both the care group and surgical speciality levels. These meetings were attended by senior clinicians and senior managers.

Leadership of service

- There are three care groups that manage the surgical specialties. These are Musculoskeletal (MSK) and Frailty; Speciality Services; and Surgical. Each of them were led by a triumvirate consisting of a care group director, who is a consultant surgeon; a head of nursing and quality; and a general manager. They were assisted by assistant care group directors, a clinical governance lead, matrons, business managers, and a human resources (HR) business partner. The care group directors were part of the trust management board that reported up to the trust executive board.
- We spoke with three qualified nurses and three health care assistants in the day unit, who told us they felt valued and that they were part of a good team.

Culture within the service

- We found that there was an open culture with staff able to bring their concerns to the attention of their managers. However, staff on the day surgery ward felt that their concerns about medical staff not being available to see patients remaining on the unit in the evening had not been properly dealt with by trust senior managers.

Public and staff engagement

- The trust used patient-led assessments of the care environment (PLACE). These assessments involve local people assessing how the environment supports patient's privacy, dignity, food, cleanliness and general building maintenance.
- Meetings with staff in the day surgery unit and Rockingham ward were held.
- Staff we spoke with told us they felt that communication in the trust was good.
- They also spoke highly of the chief executive who they said was visible.

Innovation, improvement and sustainability

- In November 2014 following a review of vascular services by NHS England it was found that the service did not have the recommended minimum population to provide the service. In order to increase the population

covered the trust started providing out-of-hours services to patients in Lincoln. They were also working to develop further collaboration to increase the population covered and the workload. ("Speciality services care group's operational plan: 2015 – 2017").

Outpatients and diagnostic imaging

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

Information about the service

The outpatients and diagnostic imaging services at Montagu Hospital covered a range of specialities including general medical and surgical specialities, orthopaedics, gynaecology, urology, ENT, ophthalmology and pain management.

Montagu Hospital imaging services included plain film x-rays and ultrasound. Dental imaging was also provided.

Outpatient clinics ran Monday to Friday from 9am to 5pm.The medical imaging services were provided Monday to Friday for routine tests at Montagu Hospital. An x-ray service was available seven days a week to support the minor injuries unit.

There were 70,593 outpatient attendances between January and December 2014 at Montagu Hospital.

During our inspection we visited outpatients 1 and 2 and radiology. We spoke with 4 patients and relatives, spoke with 7 staff including managers, radiographers, sonographers, nursing and administrative staff.

Summary of findings

We rated outpatients and diagnostic and imaging as requires improvement. Safe and well-led required improvement; effective was inspected but not rated and caring and responsive were good.

There were effective systems to report incidents. Staff were aware of how to report incidents. An incident had occurred regarding the drainage system on the day of inspection; no incident report, risk assessment or advice from the infection control had been sought. We were unable to identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents.

Across the outpatients departments and diagnostic imaging, the percentage of staff who had undertaken children's safeguarding training was well below the trust compliance target of 85%. It was also well below the trust compliance target for adult safeguarding training for nursing staff in the outpatient department and conflict resolution training.

Within outpatients we saw clean and dirty utility rooms where the wash hand basin was not accessible due to the number of trollies being stored with in the allocated space. We also saw COSHH substances were not securely stored. Emergency resuscitation equipment was not regularly checked.

We saw two opened bottles of contrast medium had been put back on the shelves with the rest of the stock. Within medical imaging, medicines were replenished by

Outpatients and diagnostic imaging

nurses bringing the medicine over from the Doncaster department. This was escalated at the time of inspection. Some drug fridge temperatures in outpatients were not regularly checked.

We saw patient personal information and medical records were mostly managed safely and securely.

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

All of the patients we spoke with across the department told us they were very happy with the services provided. We observed that staff were courteous when caring for patients. There were positive examples of meeting patient's individual needs.

The management team were in the process of reviewing capacity and demand for outpatient clinics. Most referral to treatment targets were met including all cancer related targets. There was no centrally held list of all patients requiring a review or follow-up appointment. Medical imaging was not meeting the 6 week target referral to treatment target; however improvements had been made.

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

A review of outpatient services had started to audit the current outpatient service delivery and clinical work streams but this was not yet completed. There were key performance indicators for outpatients, however, these did not include targets for indicators such as did not attend rates and clinic cancellations. There were plans to address this

Radiology discrepancy and peer review meetings in February & March 2015 had been cancelled; this meant that the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not been met, Eight meetings had been held in the period April 2014 to March 2015. There were plans in place to address this but these were not yet in place.

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

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Requires improvement

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Emergency resuscitation equipment was not regularly checked.

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We saw patient personal information and medical records were mostly managed safely and securely.

Incidents

- One patient-related incident regarding outpatients at the hospital had been reported between September and December 2014. This was reported as causing no harm.
- Two patient-related incidents had been reported for the same period regarding diagnostic related services. These were reported as causing no harm.
- There had been no never events in 2014 within outpatients & diagnostic imaging services (never events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented).
- Managers told us they encouraged an open culture of incident reporting and staff we spoke confirmed this.
- Staff were aware of how to report incidents using the electronic incident reporting system. Most staff said they had received training on how to report incidents.
- Most staff reported they received some feedback when they had reported incidents. However, in some areas we were unable to identify clear systems and processes across the services to evidence post incident feedback, shared learning and changes in practice resulting from incidents.
- We saw from the Radiation Safety Committee September 2014 and Clinical Governance Sub Group (Radiation) February 2015 minutes that radiation incidents were recorded at these meetings and agreed follow up actions recorded and progress against the actions monitored at subsequent meetings.
- The trust reported radiation incidents to the Care Quality Commission (CQC) under IR(ME)R and had responded to actions as determined by CQC. Staff reported that the decision to report incidents to CQC was made at the clinical governance meeting and supported with technical information from the medical physics team.
- Within diagnostic imaging, the managers we spoke with acknowledged there needed to be some improvement in incident management including the quality of reports, investigations, actions and review. The managers told us that as part of the service improvements an external 'lean' learning company had been invited to support medical imaging.

Duty of Candour

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

Cleanliness, infection control and hygiene

Outpatients and diagnostic imaging

- The departments were mostly visibly clean. Patient waiting and private changing areas were clean and tidy. Radiology was tidy and uncluttered.
- Within radiology, the manager told us that prior to our arrival waste from the drainage systems had backed up and flooded two non-clinical areas within the department. The estates team had fixed the problem and the areas had been cleaned. However, there remained a lingering odour within these areas and we were told this type of incident had previously occurred. No incident report, risk assessment or advice from the infection control had been sought. The manager agreed to deal with these matters as soon as possible.
- Within outpatients there was limited storage space; we saw clean and dirty utility rooms where the wash hand basin was not accessible due to the number of trollies being stored with in the allocated space. We also saw COSHH substances were not securely stored.
- The trust policy was that all staff should be bare below in clinical areas and comply with hand hygiene guidance. We observed staff complied with the policy. We saw staff wearing protective clothing such as disposable gloves, aprons appropriately. Soap dispensers and hand gel were available in clinic rooms. Hand hygiene posters were visible.
- Monthly hand hygiene and cleanliness audits were undertaken. We saw the departments were achieving 93% and above from the March 2015 hand hygiene and bare below the elbow audit.
- We saw cleaning schedule records which showed clinic rooms and equipment were cleaned regularly.
- Sharps boxes were available and signed and dated in accordance with trust policy. We saw in a number of outpatient areas that sharps bins were placed on the floor. This was not in accordance with the trust policy which stated ideally they must be secured off the ground, should be out of the reach of children and must be at a safe working height and secured so they cannot be tipped over.
- The appropriate containers for disposing of other clinical waste were available and in use across the departments.
- Staff were responsible for maintaining the cleanliness of the equipment in accordance with infection prevention and control (IPC) standards. Room cleaning schedules were available; we noted that the schedule in the screening room was not up to date.
- Within outpatients, data showed that less than 10% of nursing staff had received infection control training. The trust compliance target was 85%.

Environment and equipment

- The trust kept an inventory on all of the imaging equipment in use across all locations. The trust had an Ionising and Non Ionising – Radiations Safety Policy issued October 2012 with a review date of August 2015. The policy included the principle radiation legislation, local rules and description of the duties to be undertaken by staff in accordance with the legislation.
- During the course of our inspection we observed that specialised personal protective equipment was available for use within radiation areas. Staff were seen to be wearing personal radiation dose monitors and these were monitored in accordance with legislation.
- The manager told us that there were systems and processes in place to ensure the maintenance and servicing of imaging equipment. The department had recently been upgraded
- Emergency resuscitation equipment was readily available. Within the main radiology department, equipment check records were missing from August 2014 to March 2015 and gaps in the April 2015 checks were noted. Within outpatients, the resuscitation equipment had not been regularly checked. It was planned to check this daily, but checks in outpatients one were recorded five times in January 2015, 12 times in February and 11 times in March. Staff were unable to explain the gaps in the records.
- There were no patient alarms in the changing cubicles or x-ray rooms.
- We also looked at the storage of contrast medium and saw two opened bottles had been opened and put back on the shelves with the rest of the stock. The manager removed both items immediately.
- It was also noted that the risk assessment for the new x-ray equipment was a duplicate from one used at Doncaster Royal Infirmary. Although the equipment was the same there may be differences with the room lay out.

Medicines

- The radiology department retained a small stock of one pain relieving medicine. There was no control drugs stored or medicine fridge held within the department. We were told there was no pharmacy at the hospital.

- The radiographers were responsible for medicines and management of the medicine cupboard key.
- The medicine was stored securely. However, we saw there was no medicines order book and stock control records held by the staff within the department.
- When we enquired with the manager as to how the medicines were ordered and replenished they told us that nurses bring the medicine over from Doncaster. This issue was escalated for immediate action by the manager and escalated to the pharmacy department at Doncaster.
- Within outpatients, fridges were kept locked but daily temperature checks were not always recorded. We saw a fridge containing eye drops that had the temperature checked six times in January 2015, 13 in February and March and six times in April. Medicines need to be stored at the correct temperature to ensure they remain effective.

Records

- We saw patient personal information and medical records were managed safely and securely.
- Staff reported that records were mostly available in a timely manner for outpatient clinic appointments. They spoke positively about the response from the medical records if records were not ready. This supported the trust report that 0.01% of patients are seen in outpatients without the full medical record being available.
- The trust had a central electronic patient records database within diagnostic imaging, the Reporting Information System (RIS). We looked at a total of four patient electronic records on RIS and saw each record included comprehensive detail of the patients imaging history. We also saw imaging request cards were also scanned into the electronic patient records.
- There was no evidence available to demonstrate that the quality of patient records were audited.
- The Picture Archiving and Communications System (PACS) is a nationally recognised system used to report and store patient images. This system was available and in use across the trust.

Safeguarding

- For the outpatients departments, data showed 34% of nursing staff had received adults safeguarding training. The trust target was 85%.
- For the outpatients departments, data showed 34% of nursing staff had received children's safeguarding training. The trust target was 85%.
- Across the trust's medical imaging department, 81% of clinical staff had received adults safeguarding training.
- Data for medical imaging across the trust, showed an average of 10.8% of staff had undertaken children's safeguarding training at Level 1, 2 or 3.
- The majority of the staff we spoke with were aware of their responsibilities to safeguard adults and children and on who to contact in the event of concern. Staff were able to provide examples of when safeguarding referrals had been made.
- Lead staff had been identified in the outpatient's clinics to provide safeguarding updates for staff.

Mandatory training

- Mandatory training figures across the outpatient departments showed 67% of nursing staff had received resuscitation training and moving and handling training, 80% had received fire safety training and 73% health and safety training. The trust target was 85%.
- All of the staff we spoke with told us they received ongoing mandatory training, although some were due refresher training, and they were responsible for ensuring they kept up to date. Mandatory training included eLearning modules and face to face events.
- We spoke with the self-appointed mandatory training coordinator for medical imaging across the trust. They told us that they took on the responsibility for monitoring and recording the mandatory training status for all of the radiology staff in June 2014. They send the information to all of the departmental managers with any information with regards to any planned trust mandatory training sessions.
- Since taking over this responsibility and following audit from June 2014 to December 2014 we saw from the evidence provided that significant improvements in the overall mandatory training compliance had been achieved. For example fire training in June 2014 showed 34% in December 2014; this had risen to 92% in March 2015. Information Governance, Safeguarding and Resuscitation training also showed significant improvements between June and December 2014 with plans to re audit in June 2015.
- Staff reported they had not received mandatory training in conflict resolution training as these courses were not

available. The trusts lone working policy identified that all staff who work alone should receive this training. Lone working was part of the duties of the imaging staff at all of the hospital sites.

Assessing and responding to patient risk

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

Radiology and Nursing staffing

- Staff informed us that there were usually sufficient numbers of staff deployed for the outpatients departments. Staffing was based on activity.
- Bank or agency staff were used to cover vacancies or sickness. We saw outpatients bank and agency usage from January to December 2014 was less than 1% at Montagu Hospital.
- The departmental manager told us that at the time of inspection the medical imaging service was currently supported by administration staff two receptionists three days a week and one receptionist two days a week and it can be difficult for the receptionist when they work single handed.
- Several Friday ultrasound sessions had been cancelled due to staff shortage.
- Four radiographers plus one or two students rotate from DRI to support the service.
- Overall staffing and recruitment was escalated onto the departments risk register and staff sickness was on average below the trust target of 3.5%.

Medical staffing

- The individual Care Groups were responsible for identifying and managing the medical staffing for the outpatients clinics. For March, across the trust 594 clinics had been cancelled or changed; this was frequently due to availability of medical staff due to annual leave, study leave or on-call commitments.
- A radiologist visited the site for one session per week to undertake screening and ultrasound sessions.

Major incident awareness and training

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

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence-based guidance was available however there was limited evidence of audit to demonstrate effectiveness. This included IR(ME)R related audits. Radiation Exposure/ DRLs were not audited regularly. Patient's records were not routinely audited. Radiology practice in relation to nasogastric tube management was not in line with national guidance.

Outpatients and diagnostic imaging

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

Staff with the imaging department experienced difficulties in obtaining support from the trust to maintain and keep up to date with their continuing professional development (CPD).

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

Evidence-based care and treatment

- Staff had access to evidence-based guidance via the trust intranet.
- The trust was aware of recommended national reference doses for radiation exposure. Diagnostic reference levels (DRL's) are used as an aid to optimisation in medical exposure.
- IR(ME)R advice and trust policy was that radiation exposures doses should be audited against the DRL's on a regular basis. It was noted in the x-ray rooms that exposures had not been audited against the DRL's since 2002. This issue was discussed with the General Manager and they confirmed that there were plans in the future to audit doses against the DRL's across the Trust.
- The managers also told us there was no recent evidence of any clinical audits undertaken across the services.
- It was reported that all patients with naso-gastric tubes inserted have a chest x-ray. The National Patient Safety Authority (NPSA) recommended: 'testing with pH indicator paper as the first line check. It recommended checking x ray images as the second line test' - therefore this suggests that chest x-rays are unnecessarily performed.

Pain relief

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

Patient outcomes

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

Competent staff

- For the outpatients departments, data showed 14.3% of nursing staff had received an appraisal between April 2013 and April 2014 and between April 2014 and December 2014. The trust target was 85%.
- Staff within the medical imaging department worked cross-site. Trust-wide information showed 77% of staff had received an appraisal between April 2013 and April 2014; 69% of staff had an appraisal between April 2014 and December 2014. The majority of the staff we spoke with told us they received appraisals.
- Staff with the imaging department reported that they had experienced difficulties in obtaining support from the trust to maintain and keep up to date with their continuing professional development (CPD). Senior managers acknowledged there had been historical problems in staff accessing support for CPD. They also told that the care group had plans in place to address and support staff access to CPD.
- Nine members of staff were trained and qualified to undertake the role of radiation protection supervisor (RPS) for the trust. Seven of these were based within diagnostic radiology.
- The trust provided evidence of competence update for one its RPS in 2015. There was no other evidence provided for the remaining eight.

Multidisciplinary working

- Specialist radiologists were part of the multi-disciplinary teams for example, gastrointestinal and breast multi-disciplinary teams.
- Staff reported good working relationships within multidisciplinary teams.

Seven-day services

- The medical imaging services were provided Monday to Friday for routine tests at Montagu Hospital. An x-ray service was available seven days a week to support the minor injuries unit.

Outpatients and diagnostic imaging

- Outpatient clinics ran Monday to Friday from 9am to 5pm.

Access to information

- An outpatient experience survey undertaken between January and March 2015 showed 81% of respondents were aware they could request copies of letters sent between the hospital team and their GP.
- 98% of respondents were happy with the amount of written information given to them regarding their condition.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Are outpatient and diagnostic imaging services caring?

Good

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

Patients and their relatives said that processes and procedures were explained so they understood their care. Results of an outpatient survey showed all respondents felt they had enough time with the healthcare professional, they were listened and felt able to ask any questions they had.

Compassionate care

- An outpatient experience survey was undertaken between January and March 2015. All respondents stated the receptionist was courteous, that staff introduced themselves and that they were given enough privacy and dignity during their appointment.
- All of the patients we spoke with across the department told us they were very happy with the services provided, although some said they had to wait to be seen.
- We observed that staff were courteous when caring for patients and were seen responding to patient's individual needs in a timely manner.
- Care was provided in individual consulting rooms; we noted that doors were shut to ensure privacy.
- Chaperones were available and notices were in place advising patients to ask. The trust had guidance available for staff on the use of chaperones.
- A number of clinics, such as phlebotomy clinic, used a ticket system for calling patients for appointments. This meant that a number was called rather than the patient's name to allow for privacy.
- The trust had introduced the friends and family test within outpatients two weeks before our inspection visit. The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. We saw 15 completed forms. These all said they were extremely likely or likely to recommend the service.

Understanding and involvement of patients and those close to them

- An outpatient experience survey undertaken between January and March 2015 showed all respondents felt they had enough time with the healthcare professional, they were listened and felt able to ask any questions they had. Patients who had tests felt the process was explained in a way they understood.
- Patients and their relatives we spoke with said that processes and procedures were explained so they understood their care.
- Within medical imaging department we saw patients and people close to them being consulted prior to procedures and staff were attentive to their needs and we saw no undue delays evident for treating walk in and out patients.

Emotional support

Outpatients and diagnostic imaging

- Specialist nurses were available to provide emotional support within speciality clinics.
- Patients and their relatives were provided with suitable emotional support prior to and during treatments.

Are outpatient and diagnostic imaging services responsive?

Good

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

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

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

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

Service planning and delivery to meet the needs of local people

- The management team were in the process of reviewing capacity and demand for outpatient clinics. This was part of a 'right sizing' project. It was recognised that demand for clinic appointments had increased. There was increased collaboration across the care groups to ensure the service was planned and delivered to meet patient need; however it was recognised that there was further work required.
- Clinic utilisation was low on a Friday at Montagu Hospital. Staff and managers were aware that there was potential to increase the number of clinics held.
- A mixture of choose and book (where patients can select where and when they attend) and written referrals were used for new patients.
- Patients were able to choose to be seen at the hospital site of their choice, depending on clinic availability.
- We saw that follow-up outpatients appointments were booked with the patient where possible, prior to them leaving the clinic.
- Waiting areas provided access to drinks and most we saw had sufficient seating.
- We were also told that the radiology reporting workload was not sustainable with the increasing demands on the service and in the longer term routine reporting may have to be outsourced.
- There were two ultrasound rooms. There was usually one ultra-sonographer in attendance but a second was allocated if additional capacity was required.

Access and flow

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

Outpatients and diagnostic imaging

- For incomplete pathways, 93.8% of patients waited a maximum time of 18 weeks from point of referral to treatment against a target of 92%.
- The trust had achieved their cancer related targets. The 31 day wait for second or subsequent treatment of anti-cancer drug treatments was 100% against a target of 98% and the 31 day wait for second or subsequent treatment of radiotherapy was100% against a target of 94% for January to March 2015.
- The 62 day wait for first treatment from urgent GP referral to treatment was 86.7% against a target of 85% and the 62 day wait for first treatment from consultant screening service referral was 90.5% against a target of 90%. 31 day wait for diagnosis to first treatment all cancers 97.9% against a target of 96%.
- The two week wait from referral to date first seen for all urgent cancer referrals (cancer suspected) was 95.9% against a target of 93%and the two week wait from referral to date first seen for symptomatic breast patients (cancer not initially suspected) was 95.9% against a target of 93%.
- The rate of patients that did not attend (DNA) for out-patients was 8.1% (3301) across the trust for January to March 2015. The trust had not set a key performance indicator for this.
- The rate of cancellations by the hospital was 15.9%. The trust had not set a key performance indicator for this. However, the managers recognised that the cancellations were an area to be reviewed and had produced reports to understand why this was the case.
- The rate of patients who did not wait was 1.1% (35) of the total amount of DNAs.
- Trust-wide data showed 16.8% of patients waited more than 30 minutes to be seen.
- An outpatient experience survey was undertaken between January and March 2015. Results for Montagu Hospital showed 72% of patients reported they were seen early or on time for their appointments; 4% reported waiting more than 30 minutes after their appointment time. 77% of patents said they were informed about the delay and 75% said they received regular updates.
- On the day of our visit patients were not left waiting in the medical imaging department; within outpatients patients were waiting for up to 60minutes to be seen. This was communicated to patients.
- Patients arriving for x-rays from outpatient clinics and walk in GP x-ray services were accommodated into time slots within the department.
- There is no national guidance for radiography report turnaround times (TAT). The radiologist group were planning to set internal key performance indicators for report TAT. We were told at the time of inspection that there was approximately a backlog of 2,000 reports, which equated to 2-3 days' work. There were reporting radiographers who have dedicated reporting time.

Meeting people's individual needs

- Translation services were available and staff knew how to access these.
- Staff were able to describe how they cared for patients with memory impairments and learning disabilities and said they would fast track patients through the departments to reduce waiting times for these patients whenever possible.
- We saw a range of information leaflets were mostly available across the departments. Leaflets were sent out with the patient's appointment times in relation to diagnostic imaging for example CT and MRI information leaflets. These leaflets were also available on the trusts website.

Learning from complaints and concerns

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

Are outpatient and diagnostic imaging services well-led?

Requires improvement 

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

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

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

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

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

Vision and strategy for this service

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

Governance, risk management and quality measurement

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

Leadership of service

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

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

Culture within the service

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

Public and staff engagement

- An outpatient experience survey was undertaken between January and March 2015. All respondents stated they would recommend the outpatients departments to family and friends and that the departments were well-organised and rated the departments as excellent or good.. An action plan had not yet been produced.
- The friends and family test had been introduced for outpatients in April 2015.
- The outpatient's department staff reported feeling more engaged with the management team; this was relatively new and regular team meetings and engagement were not yet fully embedded.
- Staff received trust-wide information, such as via Buzz, the trust newsletter.

Innovation, improvement and sustainability

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

Outstanding practice and areas for improvement

Outstanding practice

The trust managed the Abdominal Aortic Aneurysm (AAA) screening programme across South Yorkshire and Bassetlaw as part of the drive to reduce the number of people who die from the condition.

The trust was working with Sheffield University in developing specialty specific training for rehabilitation nurses from Band 2 to 7.

Areas for improvement

Action the hospital MUST take to improve

Action the hospital MUST take to improve

- The trust must ensure that staff receive mandatory training including adult and child safeguarding training
- The trust must ensure that staff receive an effective appraisal.
- The trust must ensure the minor injuries unit is clean and well-maintained.

Action the hospital SHOULD take to improve

- The trust should review systems in place to monitor the quality and outcomes of care on the Minor Injuries Unit.
- The trust should ensure access to information for patients whose first language is not English.
- The trust should review practices for completing safeguarding records within the Minor Injuries Unit.
- The trust should review staff understanding of major incidents and their role.
- The trust should review the impact of introducing seven day therapy services on the therapy staffing levels and take appropriate action if required.
- The trust should review availability of information about making a complaint so it is easily accessible for all patients and their families/carers on the wards.
- The trust should review maintenance and deep cleaning schedules on the day surgical unit.
- The trust should review access to single sex toilets on Rockingham ward.
- The trust should review compliance with arrangements to ensure medical staff are available after 5pm on the day surgical unit.
- The trust should review the management of medicines within outpatients and diagnostics.
- The trust should review systems so patients are protected from unnecessary radiation exposure.
- The trust should identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents within outpatients and diagnostics.
- The trust should review processes for checking emergency equipment within outpatients and diagnostics.
- The trust should review the audit programme to monitor the effectiveness of services within outpatients and diagnostics and the minor injuries unit.
- The trust should continue improvements to meet the 6 week target referral to treatment target for medical imaging.
- The trust should review the processes for identifying and managing patients requiring a review or follow-up appointment.
- The trust should further develop the outpatient's services strategy to include effective service delivery.
- The trust should identify and monitor key performance indicators for outpatients.
- The trust should implement plans to ensure radiology discrepancy and peer review meetings are consistent with the Royal College of Radiology (RCR) Standards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12(2) (h) The registered person must assess the risk of, and prevent, detect and control the spread of, infections. Cleanliness, infection control and hygiene was not meeting the standards expected within the minor injuries unit; dust was found on patient equipment and in the environment. Bins for the disposal of sharps were full or not provided.