Integrated Pathology Partnerships Limited

Yeovil District Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

We did not rate this service. We found:

- The service had enough staff to provide the right level of service. Staff had training in key skills and managed safety well. The service controlled infection risk well. Staff assessed risks, acted on them and kept good records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week. Services were available to support timely care.
- The service was planned to meet the needs of local people.
- Leaders had the skills and abilities to run the service using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients. Staff were clear about their roles and accountabilities. The service engaged well to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical laboratories	Inspected but not rated 	We did not rate this service. We found: • The service had enough staff to provide the right level of service. Staff had training in key skills and managed safety well. The service controlled infection risk well. Staff assessed risks, acted on them and kept good records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week. Services were available to support timely care. • The service was planned to meet the needs of local people. • Leaders had the skills and abilities to run the service using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients. Staff were clear about their roles and accountabilities. The service engaged well to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Yeovil District Hospital

The pathology centre at Yeovil District Hospital is one of three locations in Somerset run by the provider, Integrated Pathology Partnerships, providing pathology service for NHS establishments operating within the county. The centre is located within the hospital building and comprises a set of self-contained laboratories providing analysis in the disciplines of clinical chemistry, haematology, blood transfusion, microbiology and histology.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? We did not inspect the caring domain at this inspection as the laboratory does not have any direct contact with patients.

The provider is registered to provide the following regulated activity:

- Diagnostic and screening procedures
- Management of supply of blood and blood derived products

The location has a registered manager in post since 2020. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider employs 202 members of staff across the three locations. Technical and managerial staff are employed by Integrated Pathology Partnerships while clinical staff are employed by partners in the joint venture with Somerset NHS Foundation Trust and Yeovil District Hospital Foundation Trust.

The previous inspection of this service was March 2013 when the provider had met the standards but was not rated.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 16 February 2022.

How we carried out this inspection

The team that inspected this location comprised of a CQC inspection manager, two CQC inspectors and a specialist advisor with expertise in laboratory services. During the inspection, we spoke with ten members of staff. We reviewed documents and electronic records kept by the provider and inspected the premises.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical laboratories	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated

Inspected but not rated

Medical laboratories

Safe	Inspected but not rated
Effective	Inspected but not rated
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Medical laboratories safe?

Inspected but not rated

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could easily tell us the overall completion rate of training for staff as they kept an overview of totals and expiry dates. Compliance for mandatory training at February 2022 was 91.3% against the target of 95% but was on track to achieve this by the end of the year. There was a central system to alert managers and staff when they needed to update or refresh their training.

The mandatory training was comprehensive and met the needs of staff. All staff told us mandatory training updates were delivered to meet their needs and they were able to access training as they needed it. There was a range of topics including manual handling, health and safety, fire safety, information governance, infection control, bullying. Mandatory training was available using an e-learning package. There was also a course of the month, support for additional technical external training and the opportunity to attend national conferences.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect themselves and others from infection and prevent cross contamination of specimens. They kept equipment and the premises visibly clean.

Laboratory areas appeared clean, well-maintained and uncluttered. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE), such as face masks, gloves and laboratory coats. These were readily available to staff.

There were working protocols to make sure the risk of cross infection and contamination was prevented or minimised so far as was reasonably practicable. This included prevention of the spread of micro-organisms and contamination between specimens.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Inspected but not rated

Medical laboratories

The design of the environment ensured it kept people safe. Access was restricted to all parts of the building. Staff identification cards gave access to staff using an electronic locking system.

Staff carried out daily safety checks of specialist equipment. There was an electronic quality management system which included an inventory of equipment including name of manufacturer, serial number, date of purchase or acquisition, current location and a record of equipment breakdown and contracted maintenance. The provider demonstrated each sample analyser was registered with an external quality assurance for performing the tests it was used for.

The service had enough suitable equipment to help them to safely complete tests for patients. Specialist equipment was sourced from Europe. Reagents had been obtained from Holland during the COVID-19 pandemic.

The service had enough suitable equipment to help them to safely complete tests for patients.

There was a safe system for storage and disposal of specimens and other clinical waste. Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff prioritised results where patients needed urgent medical attention and made sure they informed the person who requested the test as soon as possible.

Staff knew about and dealt with any specific risk issues. There was a standard operating procedure to make sure unexpected or abnormal results requiring immediate or urgent medical intervention were communicated, processed and monitored in a timely way.

Laboratory staffing

The service had enough laboratory staff with the right qualifications, skills, training and experience to provide the right level of service. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough laboratory staff to keep patients safe. Staffing levels and skill mix was planned and reviewed through electronic rostering, so staff did not work excessive hours. Staff rotated between the three locations. The provider had arrangements to support the out of hours service and shift system with enough staff to support the requirements of the service.

The managers could adjust staffing levels daily according to the demands of the service. Staffing was monitored and reviewed to ensure the right staff were in the right place at the right time.

Managers could access locums when they needed additional laboratory staff. All locums were expected to have in date mandatory training and received a full induction to the service before they started work. Locum staff were engaged for a period of time rather than adhoc shifts to promote continuity and consistency.

Senior clinical staffing

The service had enough medically qualified consultants and consultant-level scientists with the right qualifications, skills, training and experience to provide clinical advice. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Medical laboratories

The service always had a consultant on call during evenings and weekends. The on-call consultant pathologist could be contacted at all times through the Trust switchboards for advice about the interpretation of results, appropriate further investigations, and the management of clinical pathological problems.

Every shift was covered by a team manager. Senior staffing levels and skill mix was planned and reviewed through electronic rostering, so staff did not work excessive hours. Cover was provided for staff absence.

Records

Staff kept detailed records of patients' specimens. Records were clear, up-to-date, stored securely and easily available to all staff.

Records were stored securely electronically. The provider had a sample acceptance policy containing acceptance criterion for the level of information required on specimen request forms. More than 90% of requests were electronic and were barcoded to match the barcode on the specimen. This helped to prevent patient samples getting mixed up. Manual requests were processed one at a time to prevent errors. The provider had a laboratory record information system that operated across the three locations so staff could access it whichever site they were working at. This meant samples transferred between sites for analysis could be tracked and progress monitored.

The provider had a procedure for deleting, amending or relinking a chemistry or haematology request which staff were able to explain.

Urgent specimens were recorded as such on the electronic system. The commissioners of the service knew to telephone in advance before sending an urgent specimen.

The provider has a contingency plan for each piece of equipment in the event of a system failure and arrangements for frequent and secure back-up of data. There was a protocol for manual processing of urgent specimens if there was a system failure for analysers.

Medicines

The service stored and used medical reagents safely.

Staff followed systems and processes when recording and storing reagents.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the provider's policy. For example, staff told us the process if a sample was compromised or contaminated, then an incident was raised. Many were classed as 'process deviations' rather than true incidents.

Reports from investigations showed managers investigated incidents thoroughly. There was evidence changes had been made as a result of identified learning and staff received feedback from investigation of incidents. Managers shared learning about serious incidents with their staff and across the organisation. The provider ensured investigations and learning from adverse incidents was discussed and shared with other providers when appropriate.

Inspected but not rated

Medical laboratories

Staff took action if external quality assurance results were not in-line with acceptable results by contacting the external quality assurance provider and raising an incident report within the organisation.

Managers investigated incidents thoroughly and managers debriefed and supported staff after any serious incident. Staff confirmed they received feedback after reporting an incident and an action plan was shared. Learning was shared using a variety of methods. Firstly, there was an immediate response and any local action taken to help prevent a reoccurrence and formal feedback by email to help spread any learning from incidents. General emails were circulated about health and safety and general data protection regulation issues.

Are Medical laboratories effective?

Inspected but not rated

Evidence-based care and treatment

The service followed national guidance when presenting results. Managers made sure staff followed quality control procedures.

Staff followed up-to-date policies to plan and deliver high quality testing according to evidence-based practice and national guidance. The laboratory quality assured the standard of presentation and interpretation of results through their comprehensive quality management system.

The provider subscribed to National and International External Quality Assessment Schemes. The organisation had hundreds of national and international external quality assessments for all the disciplines across the three locations. For example, immunocytochemistry cytology, general urine chemistry, tumour markers and blood gases on all sites.

There were effective procedures for internal quality control of all examinations which verified the intended quality was achieved. The provider has a programme of external quality assurance used for all tests being offered by the laboratory.

Any new NICE guidelines were introduced by the pathology consultants from the local NHS trust.

Patient outcomes

Staff monitored the effectiveness of their service. They used the findings to make improvements and achieved good outcomes. The service used quality assurance schemes to monitor and check their results. The service had ISO151819 accreditation.

The service participated in relevant national clinical audits. Managers and staff used the results to improve the service. There was an audit calendar of all aspects of quality. There were also cross-directorate audits including facilities, temperature mapping and stock control. There was a monthly rolling stock take and critical equipment in key areas. Non-conformance was identified and actions taken and monitored. These were discussed at weekly operations meetings with representatives from management, procurement, IT, transformation.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Inspected but not rated

Medical laboratories

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service made sure staff were competent for their roles. There were training plans and training competencies for all staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers reviewed the training plans and appraised staff's work performance annually.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. There was a commitment to training and education within the service. Staff told us they were encouraged and supported with training and there was good teamwork. Staff were encouraged to keep up to date with their continuing professional development and there were opportunities to attend external training and conferences.

Managers gave all new staff a full induction tailored to their role before they started work. Staff received a presentation about the core directorates and a training plan.

Multidisciplinary working

Staff worked with other providers' teams to benefit patients. They supported each other to provide a good service.

Staff held regular multidisciplinary meetings with the two other locations to discuss patients results to improve their care. The provider also participated in local, trust and national meetings. For example, Local Medical Committee.

Seven-day services

Key services were available seven days a week to support timely patient care.

Seven-day, 24-hour service was available for COVID-19 testing. Consultants were available for advice at weekends.

Are Medical laboratories responsive?

Inspected but not rated

Service planning and delivery to meet the needs of the local people

Managers planned and provided services in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. Facilities and premises were appropriate for the services being delivered. The organisation provided information for health and social care providers to set out the service provided. Service specifications were contained within contracts and service level agreements to make sure it met the needs of users. During the COVID-19 pandemic, services provided were prioritised to reflect and ensure the most essential needs of the population were served.

All key performance indicators (KPIs) were reviewed at the quality meeting, pathology meeting and analytics and facilities meeting. Board reports were prepared for all meetings.

Access and flow

People could access the service when they needed it and received the right tests promptly.

Inspected but not rated

Medical laboratories

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included the person who made the complaint in the investigation.

The provider had a policy for monitoring user's satisfaction of the service and complaints. For laboratory services this included satisfaction and complaints from providers. Managers worked closely with the acute trusts with whom they were linked. Complaints were received through Yeovil NHS Foundation Trust's patient advice and liaison service. Complaints were used as an opportunity to learn and drive improvement. There were few complaints.

Are Medical laboratories well-led?

Inspected but not rated

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills, knowledge, experience and integrity to run the service and had a commitment to their staff and each other. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership development programme (internal and external), which included succession planning.

Leaders had an established process to manage new and emerging guidance and ensured its effective implementation. This included the National Institute for Health and Care Excellence (NICE), professional bodies and COVID-19 guidance.

The leadership team were knowledgeable and passionate about the service. They were visible and approachable. They were proud of the efforts of staff and their commitment to the business during the extreme circumstances of the pandemic

All staff we met said they felt valued and part of the team and were proud to work in the team. They felt supported by the management team and their colleagues. We received positive feedback from staff who had a high regard and respect for their managers.

Managers encouraged learning and a culture of openness and transparency. Staff were supported to develop their skills and competencies within their roles.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Inspected but not rated

Medical laboratories

There was a realistic strategy to achieve the priorities and deliver good quality, sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. Progress against delivery of the strategy and local plans was monitored and reviewed.

Key plans included the replacement of the laboratory information management system and extending histopathology working day to increase capacity to cope with increased demand. (Yeovil District hospital were currently operating at a third and Musgrove Park hospital at full capacity). There were plans to have a single site to serve both hospital sites in liaison with both acute trusts.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

All staff told us they enjoyed working for the service and felt proud to be a part of it and to make a difference to the outcomes for patients. There was a sense of teamwork, camaraderie, and shared values. Staff felt respected and valued.

The service had an open culture and staff told us they would not hesitate to report concerns to managers and believed these concerns would be taken seriously and acted upon with integrity and sensitivity. The organisation encouraged openness and honesty throughout all levels of staff. Everyone we spoke with recognised the importance of staff being able to raise concerns without fear of retribution. This was shown in the results of the staff survey of 2021.

Managers acknowledged they were not able to offer the same terms and conditions to staff as those in the NHS, for example pension and annual leave entitlement. They were looking at ways to recognise staff and compete on an even keel.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were effective and efficient structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. Most levels of governance and management functioned effectively and interacted with each other**.** There was a clear performance management reporting structure with regular governance meetings looking at operational performance.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively.

These included a bi-monthly facilities board meeting to look at risk, performance, finances and strategy; a monthly analytics board meeting to consider operations and elective recovery; and a bi-monthly pathology committee with lead consultants, trust, directorate leads and the quality manager to look at evidence-based practice, NICE guidelines and outcomes.

The general manager participated in Yeovil NHS foundation trusts' governance meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

The provider has UKAS (UK Accreditation Service) accreditation ISO 15189 for each test carried out at each location.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was on their 'worry list'. The provider regularly reviewed and acted on the laboratory risk register.

The provider has taken measures to ensure it was in a position to continue to support clinical services over the COVID-19 period. There was a review of work in order to safeguard core services whilst moving to minimal staffing levels to promote resilience, social distancing and provide testing 24 hours a day, seven days a week. Also, facilities, equipment and reagents were available to cope with the pandemic and maximise COVID-19 testing capacity.

Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored.

Managers were concerned about the risks of the anticipated impact of the lifting of Covid restrictions on workload; the unknown impact of elective recovery in the trust and the replacement of equipment and systems.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels. The laboratory had access to the acute trust computer system to ensure results could be checked quickly. The acute trust provided and maintained the computer system.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of service provided.

Inspected but not rated

Medical laboratories

The provider compiled a quality manual described the quality management system to meet the requirements of ISO15189 and appropriate national and international standards. It contained references to Blood Safety and Quality Regulations (BSQR) regulated by the Medicines and Healthcare products Regulatory Agency, The Human Tissue Act (HTA), Good Manufacturing Practice (GMP), Good Clinical Practice (GCP) ISO 15189:2012 Medical laboratories and procedures written fulfilled these requirements. This arrangement provided assurance data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

Engagement

Leaders and staff actively and openly engaged with staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Views and experiences were gathered and acted on to shape and improve the services and culture. This included the providers who had contracts and service level agreements with this service. Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture. There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance.

Staff felt empowered to make suggestions for quality improvement. This could be through departmental meetings, suggestion boards, in one to one discussion with senior staff or to their departmental manager. These suggestions were reviewed monthly at the Operations Group and any action agreed and response returned.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in recognised accreditation schemes. The provider achieved the internationally recognised ISO 15189 accreditation for each test provided.