

East and North Hertfordshire NHS Trust

Hertford County Hospital

Quality Report

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

Ratings

Overall rating for this hospital

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Hertford County Hospital is part of East and North Hertfordshire NHS Trust and provides a wide range of outpatients, ante/post-natal, diagnostic and therapeutic services to the people of south-east Hertfordshire. It is open Monday to Friday, except on bank holidays, between 8am and 6pm.

During January to December 2014, the hospital facilitated 63,213 outpatient appointments, of which 24% were new appointments and 42% were follow up appointments (7% appointments were not attended by patients).

We carried out an unannounced inspection on 6 November 2015 and inspected a number of the outpatient clinics and diagnostic services at Hertford County Hospital. We spoke with 12 patients and 10 staff including nursing, medical, allied health professionals and support staff. We also reviewed the trust's performance data and looked at five individual care records.

We inspected one core service, outpatients, and rated it as good.

Overall, we rated Hertford County Hospital as good for four of the five key questions which we always rate. We do not currently rate effectiveness.

Our key findings were as follows:

- Staff reported incidents appropriately, incidents were investigated, shared, and lessons learned.
- Medicines were stored and handled safely.
- Infection control processes had been followed.
- Nurse staffing levels were appropriate with minimal vacancies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice.
- Staff working in the outpatient and diagnostic imaging departments were kind, caring and compassionate.
- We found that outpatient and diagnostic services were generally responsive to the needs of patients who used the services.
- Waiting times were within acceptable timescales. Clinic cancellations were around 2%.
- There was a strong culture of team working across the areas we visited.

However, there was an area of poor practice where the trust needs to make improvements.

The trust should:

- Ensure patients' records are available for clinic appointments in all cases.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Rating

Good



Why have we given this rating?

Overall, we rated the service as good, with a rating of good for safety, caring, responsiveness and for being well led. We inspect but do not rate the effectiveness of outpatient services currently.

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

Infection control processes had been followed. The environment was visibly clean and well maintained. Hand-washing facilities and hand gels for patients and staff were available in all clinical areas. Medicines were stored and handled safely. Diagnostic imaging equipment and staff working practices were safe and well managed.

Medical records were stored centrally off-site and were generally available for outpatient clinics. For those cases when notes were not available, staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead.

Nurse staffing levels were appropriate with minimal vacancies.

Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice. Staff generally had the complete information they needed before providing care and treatment but in a minority of cases, records were not always available in time for clinics.

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

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

Patients we spoke with during our inspection were positive about the way they were treated.

We found that outpatient and diagnostic services were generally responsive to the needs of patients who used the services. Waiting times were within acceptable timescales. Clinic cancellations were around 2%.

Summary of findings

Patients were able to be seen quickly for urgent appointments if required. New appointments were rarely cancelled but review appointments were often changed.

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

There were effective systems for identifying and managing the risks associated with outpatient appointments at team, directorate or organisation levels. Regular governance meetings were held and staff felt updated and involved in the outcomes of these meetings. There was a strong culture of team working across the areas we visited.

Hertford County Hospital

Detailed findings

Services we looked at:

Outpatients and diagnostic imaging

Detailed findings

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Background to Hertford County Hospital

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley. There are approximately 620 beds at the Lister Hospital site and 45 beds at the Mount Vernon Cancer Centre. The trust has a turnover of approximately £375m and 5,290 staff are employed by the trust, representing around 4,540 whole time equivalent posts.

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

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

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

The trust concluded its "Our Changing Hospital" programme in October 2014, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Additional

£30m investment enabled the development of the New QEII, to provide outpatient, diagnostic and antenatal services and a 24/7 urgent care centre; which opened in June 2015.

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

The trust is not a foundation trust.

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

Therapy Services, Outpatient Pharmacy Services and Pathology Services are provided by different organisations.

From information provided for the year 2013 to 2014, the total number of beds across all trust sites was 724 with:

- 639 General and acute beds
- 66 Maternity beds
- 19 Critical care beds

The trust employs 5,340 staff with:

- 760 Medical staff

Detailed findings

- 1806 Nursing staff
- 2,779 Other staff.

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

Our inspection team

Our inspection team was led by:

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

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

The team included four CQC inspectors and a clinical specialist.

How we carried out this inspection

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

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

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

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

We carried out this inspection as part of our comprehensive inspection programme, which took place on other trust sites during 20 to 23 October 2015. We undertook an unannounced inspection of Hertford County Hospital on 6 November 2015.

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

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

Facts and data about Hertford County Hospital

Hertford County Hospital is part of East and North Hertfordshire NHS Trust and provides a wide range of outpatients, ante/post-natal, diagnostic and therapeutic services to the people of south-east Hertfordshire. It is open Monday to Friday, except on bank holidays, between 8am and 6pm.

During January to December 2014, the hospital facilitated 65,621 outpatient appointments of which 35.68% were new appointments and 64.32% were follow up appointments (8.79% of patients were not attended by patients)

Our ratings for this hospital

Our ratings for this hospital are:






Detailed findings

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

Notes

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

Outpatients and diagnostic imaging

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

Information about the service

Based in the county town of Hertford, it is the oldest of the Trust's four hospital sites. The original hospital was built in the early 1800s and in 2003 work began on the development of a brand new hospital on the same site. The new £8.5 million facility opened its doors to patients in November 2004. Hertford County Hospital provides a wide range of outpatients, ante/post-natal, diagnostic and therapeutic services to the people of south-east Hertfordshire. It is open Monday to Friday, except on bank holidays, between 8am and 6pm.

During January to December 2014, the hospital facilitated 65,621 outpatient appointments of which 35.68% were new appointments and 64.32% were follow up appointments (8.79% of patients were not attended by patients).

Outpatient appointments are generally available from 8:30am to 5:30pm, Monday to Friday. The diagnostic imaging department was open for appointments from 8:30am to 4:30pm and offered plain film radiography, computerised tomography (CT), ultrasound, fluoroscopy and breast imaging. The department is open between 8.30am and 4.30pm Monday to Friday for routine appointments.

We carried out an unannounced inspection on 6 November 2015 and inspected a number of the outpatient clinics and diagnostic services at Hertford County Hospital. We spoke with 12 patients and 10 staff including nursing, medical, allied health professionals and support staff. We also reviewed the trust's performance data and looked at five individual care records.

Outpatient services provided by East and North Hertfordshire NHS Trust are located on three other hospital sites, those being the QEII, Lister Hospital and the Mount Vernon cancer Centre. Services at these three hospitals are reported on in separate reports. However, services on all hospital sites are run by one management team. As such they are regarded within and reported upon by the trust as one service, with some of the staff working at all sites. For this reason it is inevitable there is some duplication contained in the reports.

Outpatients and diagnostic imaging

Summary of findings

Overall, we rated the service as good, with a rating of good for safety, caring, responsiveness and for being well led. We inspect but do not rate the effectiveness of outpatient services currently.

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

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

Medicines were stored and handled safely. Diagnostic imaging equipment and staff working practices were safe and well managed.

Medical records were stored centrally off-site and were generally available for outpatient clinics. For those cases when notes were not available, staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead.

Nurse staffing levels were appropriate with minimal vacancies. Staff in all departments were aware of the actions they should take in the case of a major incident.

Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice. Staff generally had the complete information they needed before providing care and treatment but in a minority of cases, records were not always available in time for clinics.

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

During the inspection, we saw and were told by patients, that the staff working in the outpatient and diagnostic imaging departments were kind, caring and compassionate at every stage of their treatment. Patients we spoke with during our inspection were positive about the way they were treated.

We found that outpatient and diagnostic services were generally responsive to the needs of patients who used the services. Waiting times were within acceptable timescales. Clinic cancellations were around 2%. Patients were able to be seen quickly for urgent appointments if required. New appointments were rarely cancelled but review appointments were often changed.

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

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

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

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

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good



Overall, we rated the service as good for safety.

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

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

Medicines were stored and handled safely. Diagnostic imaging equipment and staff working practices were safe and well managed.

Medical records were stored centrally off-site and were generally available for outpatient clinics. For those cases when notes were not available, staff prepared a temporary file for the patient that included correspondence and diagnostic test results so that their appointment could go ahead.

Nurse staffing levels were appropriate with minimal vacancies. Staff in all departments were aware of the actions they should take in the case of a major incident.

Incidents

- Between May 2014 and April 2015, there were four Serious Incidents reported in the Outpatients Department (OPD) service. Two of the incidents were due to a delayed diagnosis. Incidents had been investigated in accordance with trust policy and actions plans were in place to address risks.
- The hospital used the trust wide electronic incident reporting system to report incidents. Staff we spoke to were all aware of the system and how to use it and found it easy to manage. The system identified an individual 'handler' for each reported incident who had responsibility for any follow up action. Staff received feedback on incidents and action taken via staff meetings, team briefings and information on staff

noticeboards. Staff working in the outpatient department told us that learning from incidents was fed back by disseminated via local meetings which were facilitated by the matron.

- Staff told us that missing notes and any cancelled clinics were always reported on the trust's electronic incident reporting system (usually on a per clinic basis rather than for individual patients).
- We reviewed minutes of staff meetings which recorded the service's performance data, including any incidents and concerns and saw actions in place to address these. For example, processes for letting patients know about clinic waiting times were now in place.

Cleanliness, infection control and hygiene

- All areas we visited, including clinical and waiting areas, were visibly clean.
- Regular infection control and prevention and hand hygiene audits were conducted in OPD clinics and for June 2015, OPD services achieved 100% in the environmental audits and the radiology department achieved 100% compliance.
- There were daily checks of bins and treatment rooms and a monthly cleaning audit in place. Although there was no official cleaning schedule, OPD clinics operated a system of using dated green stickers on all equipment and furniture in treatment rooms to indicate that they had been cleaned every day. We saw examples of this and all stickers were in date.
- Although there were no designated waiting areas for patients with communicable diseases, the matron informed us that these patients would be seen in a separate treatment room which would be deep cleaned after use.
- Waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps, clearly marked with foot operated lids. Bins were not overfilled.
- Cleaning staff were observed using colour coded equipment in line with trust guidelines.
- Toilets were clean and well equipped with sufficient hand washing gels and paper towels.

Outpatients and diagnostic imaging

- Hand sanitising gel dispensers were available in corridors, waiting areas and clinical rooms. Staff were observed using hand sanitisers and personal protective equipment as appropriate.

Environment and equipment

- Electrical safety checks had been carried out on mobile electrical equipment and labels were attached which recorded the date of the last check.
- Clear signage and safety warning lights were in place in the x-ray department to warn people about potential radiation exposure.
- The design of the environment within diagnostic imaging kept people safe. Waiting and clinical areas were clean. There were radiation warning signs outside any areas that were used for diagnostic imaging. Illuminated imaging treatment room no entry signs were clearly visible and in use throughout the departments at the time of our inspection.
- We examined the resuscitation trolleys located throughout the departments. The trolleys were secure and sealed. We found evidence that regular checks had been completed.
- We found that the maintenance and domestic storage area on the ground floor was not locked on the day of inspection, so we informed the on-site supervisor, who took immediate action to address this.

Medicines

- Medicines were stored in locked cupboards or refrigerators. Nursing staff held the keys to the cupboards to prevent unauthorised personnel from accessing the medication supply. There were no controlled drugs or IV fluids held in the outpatient areas.
- Fridges used to store medications were checked by staff in line with trust policies and procedures. Temperature records were complete and contained minimum and maximum temperatures to alert staff when they were not within the required range.
- Prescription pads were stored securely. Monitoring systems were in place to ensure their appropriate use.
- We found one oxygen cylinder that was not stored securely whilst not in use and the nurse in charge took immediate action to secure this cylinder.

Records

- Patient records were maintained and stored in accordance with trust policy.
- The outpatient department used a combination of paper medical records and an electronic system where diagnostic imaging, pathology and microbiology, diagnostic results were stored.
- We reviewed five patient records which were completed with no obvious omissions. Nurses carried out assessments of blood pressure, weight, height, and pulse for patients according to clinical requirements. We observed staff undertaking these checks during our inspection.
- Outpatients and diagnostic imaging staff completed risk assessments including national early warning score (NEWS), pre-assessment for procedures and pain assessments. These were recorded appropriately in patient records and nurses escalated any concerns to medical staff in clinics.

Safeguarding

- Staff had regular training in safeguarding of vulnerable adults and child protection. Those interviewed were able to provide definitions of different forms of abuse and were aware of safeguarding procedures, how to escalate concerns and relevant contact information. Information on safeguarding was seen on staff noticeboards and in public areas with relevant contact numbers.
- Training statistics provided by the trust showed that 100% of staff in the outpatient service had completed level 2 safeguarding children and adults training. 98% of staff working in the radiology/diagnostic department had completed adult safeguarding and child protection training to level 2.

Mandatory training

- The trust had an internal target of 90% completion for all staff groups for mandatory training. Mandatory training covered a range of topics, including fire, health and safety, basic life support, safeguarding, manual handling, hand hygiene and information governance training.
- Training figures provided by the trust for July 2015 showed that 88% of staff in outpatient services and 90% of radiology staff across the three hospital sites had completed their mandatory training.

Outpatients and diagnostic imaging

- There was an induction programme for all new staff, and staff who had attended this programme felt it met their needs. We saw completed training workbooks which had been reviewed, dated and signed by senior staff. This meant that staff working across the outpatient and diagnostic services were supported with their local induction.
- Training information for all staff was available via the trust's Knowledge Centre. As well as departmental figures staff could access their own training records and received reminders when updates were required.
- Staff told us this training met their needs.
- There were no baseline staffing tools used in OPD to monitor staffing levels. However observation and interviews with staff confirmed that there were adequate numbers of nursing staff to safely manage OPD clinics. We observed that there were reception and nursing staff available to support all clinics running during the inspection.
- A very low use of agency staff was reported by staff and managerial staff.
- For this hospital, there were 6.86 whole time equivalent registered nursing posts with a 0.52 WTE vacancy, which was being covered by bank staff. There were no vacancies for care support workers.

Assessing and responding to patient risk

- The trust had identified radiation protection supervisors and we observed these displayed on a list in each department. We observed signs in the radiology department to prevent people entering areas that would place them at risk of radiation exposure.
- There was a clear process in place in outpatients and diagnostic imaging departments to check the identity of the patient by using name, address, and date of birth. We observed staff obtaining this information from patients that attended for appointments.
- Resuscitation equipment was available in the outpatient and diagnostic areas.
- Patient appointments were managed through a central electronic booking system (Trust wide) at the Contact Centre located on the Lister site. Appointments were prioritised according to referral requests from GPs with urgent requests and cancer referrals booked within two weeks.
- Vetting of new referrals was undertaken by clinicians and once appointments were allocated, priorities were maintained even if appointments/clinics were cancelled (for example, they would be re-booked in the same order of priority unless assessed as more urgent on an individual basis).
- There was a protocol in place to manage deteriorating patients and a system was in place to transport unwell patients to the Emergency department at Lister Hospital if required.

Nursing staffing

Medical staffing

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

Major incident awareness and training

- There was good understanding amongst nursing and medical staff with regards to their roles and responsibilities during a major incident.
- Staff were able to signpost us to the trust wide policy which was located on the trust intranet.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

We inspected but did not rate the service for effectiveness.

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

Staff generally had the complete information they needed before providing care and treatment but in a minority of cases, records were not always available in time for clinics.

Outpatients and diagnostic imaging

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

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

Evidence-based care and treatment

- The hospital complied with The National Institute for Health and Care Excellence (NICE) quality standard for breast care recommendation that a clinical nurse specialist is present during appointments.
- Policies were in place to ensure patients were not discriminated against. Staff were aware of these policies and gave us examples of how they followed this guidance when delivering care and treatment for patients.

Pain relief

- OPD nursing staff administered simple pain relief medication and they maintained records to show medication given to each patient.
- Patients we spoke with had not required pain relief during their attendance at the outpatient departments.
- Diagnostic imaging and breast screening staff carried out pre-assessment checks on patients prior to carrying out interventional procedures. Staff assessed pain relief for patients undergoing procedures such as biopsies through pain assessment criteria.

Patient outcomes

- The follow-up to new rate at Hertford County Hospital was comparable to the England average during the period January to December 2014.
- Service wide, the proportion of patients waiting over 30 minutes and being seen without full records being available was 5.3%. If patient records were not available the trust said a consultant or registrar made the clinical decision as to whether they would see the patient. If the patient was unable to be seen an apology was given along with a new appointment date and details of the patient experience team (PALS) should they wish to raise a concern. If the patient was seen, a temporary set of medical notes were created.

- Radiology services were not accredited with the Imaging Services Accreditation Scheme (ISAS). Staff told us that they were not aware of when the trust would start the process of accreditation.

Competent staff

- Staff indicated that they received regular training in all relevant aspects of their work.
- Staff we spoke with confirmed that they had regular updates to mandatory training and competency assessments and were able to cite recent training in all cases.
- Staff had regular appraisals which was confirmed by staff interviewed. New staff underwent an induction process and there was a 'buddy' system to support new staff during induction. Induction training included mandatory training, a period of shadowing and a workbook which had to be signed off to confirm competency levels.
- Patients who attended outpatient clinics and the diagnostic imaging department told us that they thought the staff had the right skills to treat, care and support them.
- The trust appraisal policy stated that all staff were required to have annual appraisal using the job description and person specification for their post. Staff that had received an annual appraisal told us it was a useful process for identifying any training and development needs. Trust data showed completed appraisal rates. 86% of nursing staff and 100% of radiology staff had completed an appraisal.

Multidisciplinary working

- Staff reported good liaison and cooperation with other specialists and gave examples including Tissue Viability nurses, diabetic team, cardiology assessment of high risk patients and regular MDT meetings.
- We saw that the departments had links with other departments and organisations involved in patient journeys such as GPs, support services and therapies.
- Managers and senior staff in all outpatient and diagnostic imaging departments held regular staff

Outpatients and diagnostic imaging

meetings. All members of the multidisciplinary team attended and staff reported that they were a good method to communicate important information to the whole team.

Seven-day services

- The outpatient clinics ran from Monday to Friday 8.30am to 5.30pm.
- Radiology was open from 8.30am to 4.30pm Monday to Friday.

Access to information

- Staff were able to access patient information such as diagnostic imaging records and reports, medical records and referral letters appropriately through electronic records. Systems and processes were in place if patient records were not available at the time of appointment.
- Some staff reported that missing notes were an on-going issue for many clinics although most said that the situation had improved recently. In these cases, temporary files were created if referral letters and clinic correspondence could be obtained electronically. In other cases notes were not available at the start of clinic but could be located during the clinic running times.
- All staff had access to the trust intranet to gain information relating to policies, procedures, NICE guidance, and e-learning.
- Diagnostic imaging departments used picture archive communication system (PACS) to store and share images, radiation dose information and patient reports. Staff were trained to use these systems and were able to access patient information quickly and easily. Staff used systems to check outstanding reports and staff were able to prioritise reporting and meet internal and regulator standards. There were no breaches of standards for reporting times.
- There were systems in place to flag up urgent unexpected findings to GPs and medical staff. This was in accordance with the Royal College of Radiologist guidelines.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a trust policy to ensure that staff were meeting their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

- Consent for care and treatment was usually managed by individual specialist departments rather than the OPD.
- Staff said that they had had some training in MCA and DoLS as part of their safeguarding training.
- Nursing, diagnostic imaging, therapy and Medical staff understood their roles and responsibilities regarding consent and were aware of how to obtain consent from patients.
- Patients told us that staff were very good at explaining what was happening to them prior to asking for consent to carry out procedures or examinations.

Are outpatient and diagnostic imaging services caring?

Good



We rated the service as good for caring.

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

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

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

Compassionate care

- All staff were kind, compassionate and caring in all patient interactions that we observed.
- We observed good examples of caring and considerate staff during our visits in all areas of the OPD, in waiting and treatment areas and in other communal areas such as corridors.
- We observed staff knocking on doors before entering clinic rooms. Patient's dignity and privacy was respected at all times.
- Patients we spoke with in radiology and outpatients praised the staff for the level of compassionate care they provided.

Outpatients and diagnostic imaging

- Patients were provided with the option of being accompanied by friends or relatives during consultations.
- We observed a good rapport between patients, reception and nursing staff.
- The Friends and Family Test, which assesses whether patients would recommend a service to their friends or family, showed that 100% of patients would recommend the service to family and friends.

Understanding and involvement of patients and those close to them

- Patients we spoke with felt well-informed about their care and treatment.
- Patients understood when they would need to attend the hospital for repeat investigations or when to expect a repeat outpatient appointment.
- Where some patients had presented with complex conditions, they told us that nursing staff were available to explain in further detail, and in a manner which they could understand, any amendments to their treatment or care.
- Each patient we spoke with was clear about what appointment they were attending for, what they were to expect and who they were going to see.
- Patients' said they were kept informed of the clinic waiting times.

Emotional support

- Patients told us that they considered their privacy and dignity had been maintained throughout their consultation in outpatients.
- We observed staff using curtains when patients were on beds in the main radiology department so as to protect people's dignity.
- Staff had good awareness of patients with complex needs and those patients who may require additional support should they display anxious or challenging behaviour during their visit to outpatients.
- There was access to volunteers and local advisory groups to offer both practical advice and emotional support to both patients and carers.

Are outpatient and diagnostic imaging services responsive?

Good



We rated the service as good for responsiveness.

We found that outpatient and diagnostic services were generally responsive to the needs of patients who used the services.

Waiting times were within acceptable timescales.

Clinic cancellations were below 2%.

Patients were able to be seen quickly for urgent appointments if required.

There were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia.

There were also systems to record concerns and complaints raised within the department, review these and take action to improve patients' experience.

Service planning and delivery to meet the needs of local people

- Signage in the hospital was clear for the relevant clinics.
- The Contact Centre was responsible for booking all new outpatient appointment and the majority of follow up appointments. The lines were open from 9:00am to 4:00pm on weekdays.
- Service managers held weekly meetings to plan for the weeks ahead. They discussed each clinic taking place, previous performance in terms of appointment utilisation and over runs and highlighted concerns such as patient numbers or cancellations.
- The diagnostic imaging department had processes in place and the capacity to deal with urgent referrals and arranged additional scanning sessions to meet patient and service needs.

Access and flow

- The proportion of clinics where the patient did not attend was below the England average of 6% between January 2014 and December 2014.

Outpatients and diagnostic imaging

- Service wide, the 18-week referral-to-treatment performance was better than the England average up until January 2015. In January 2015, the performance fell below average and the national standard of 95% to 91%; however the latest data shows the trust has exceeded the England average and standard at 96%.
- Two week and 62-day cancer waiting times were in line with national average.
- Figures supplied by trust indicated the two week referral performance for urgent/cancer referrals were better than the national average at 97 to 98%.
- 31-day cancer waiting times were slightly below England average at 97% since October 2013.
- Compared to the national average, a lower proportion of patients waited six weeks or longer for most of the time period between July 2013 and October 2014. However in November and December 2014, the proportion of people waiting rose to 10%, compared to the average of 1%.
- GPs could make referrals using a paper or scanned referral or electronically. Appointments were allocated by the Contact Centre (sometimes before, sometimes after vetting by consultant to confirm the urgency of referral) or via the Choose and Book system.
- No excessive waiting times were observed during our visits and all clinics displayed current waiting times on a noticeboard in the waiting area of each clinic (and staff regularly announced the waiting times to patients). Waiting times seen were about 20 to 30 minutes.
- Some staff interviewed said that cancellations of OPD clinics were a problem at times, sometimes at short notice. We requested up to date figures on cancelled clinics from the trust. Further information from the trust for the period November 2014 to October 2015 showed the cancelled clinics percentage to be below 2%.

Meeting people's individual needs

- Contact numbers for the Health Liaison team were available if support was needed for patients with learning disabilities.
- A translation line was available if required and there were a range of relevant patient leaflets available in clinic waiting areas.

- Staff were aware of how to support people living with dementia and had accessed the trust training programme in order to understand the condition and how to be able to help patients experiencing dementia.
- Departments were able to accommodate patients in wheelchairs or who needed specialist equipment. There was sufficient space to manoeuvre and position a person using a wheelchair in a safe and sociable manner.

Learning from complaints and concerns

- No formal complaints had been reported for OPD in the previous six months, and staff said for informal complaints, patients were given advice of how to contact the Patient Advisory Service (PALS) or the Friend and Family Leaflets.
- Staff reported that patients commonly complained about car park facilities which senior managers were aware of as it was a hospital site issue.
- Information was accessible on the trust website and also throughout the hospital which provided details of how patients could raise complaints about the care they had received.

Are outpatient and diagnostic imaging services well-led?

Good



We rated the service as good for being well led.

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

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

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

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

Vision and strategy for this service

Outpatients and diagnostic imaging

- Staff were aware of the trust's PIVOT values for putting patients first, striving for excellence and continuous improvement, valuing everybody, being open and honest and working as a team.
- Staff were clear about the trust wide vision and values. The vision of the service was to continuously improve the quality of the services in order to provide the best care and optimise health outcomes for each and every individual access to the services.
- The diagnostic imaging department had good leadership and management and staff told us they were kept informed and involved in strategic working and plans for the future
- The trust had a strategy for the introduction and continued use of more efficient and effective working using information technology such as electronic records.
- Staff we spoke with all reported that they felt motivated to perform well and were committed to the service provided to patients.
- There were clear lines of responsibility and accountability.
- Staff told us that local leadership within outpatients was good. Staff felt involved and keen to improve systems and processes to ensure patients received the best care. The outpatient manager told us they had an open door policy.
- Staff felt that they could approach managers with concerns and were confident that action would be taken when possible. We observed good, positive, and friendly interactions between staff and local managers.
- Staff felt that line managers communicated well with them and kept them informed about the day to day running of the departments.
- Staff told us that they had annual appraisals and were encouraged to manage their own personal development. Staff were able to access training and development provided by the trust and the trust would fund justifiable external training courses.
- Staff told us that they knew the executive team, they were supportive of new ideas and change and sent out regular communications to staff.

Governance, risk management and quality measurement

- There were monthly staff meetings at departmental level, as well as bi-weekly team briefs and handover meetings in clinics.
- Staff told us that the risks they were concerned about were accurately reflected on the risk register for their division. Outpatient issues fed into divisional governance meetings where incidents and risks were discussed. Staff received feedback from these meetings from their direct line managers.
- Outpatients departments had regular team meetings at which performance issues, concerns and complaints were discussed. When staff were unable to attend these meetings, steps were taken to communicate key messages to them which included e-mails and minutes of the meetings being available on the staff notice board.

Leadership of service

- All nursing and CSW staff reported that leadership within the department was very strong, with visible, supportive and approachable managers. All felt that there was a positive working culture and a good sense of teamwork and good staff morale was evident among nursing and support staff.

Culture within the service

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

Public engagement

Outpatients and diagnostic imaging

- Friends and Family Test feedback forms were available for patients in clinic waiting areas. The OPD also conducted a monthly outpatient satisfaction survey (Meridian) which used a patient satisfaction questionnaire distributed to a pre-determined number of patients attending clinics.
- We saw a monthly feedback poster with headlines from recent patient feedback.

Staff engagement

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

- Staff told us that there were plans to increase the number of OPD clinics in future across the service to offer more clinics in the evenings and at weekends. Staff were not fully

Innovation, improvement and sustainability

- Patients attending Hertford County Hospital for light therapy treatment were required to attend three times a week for a period of up to six weeks so the service was now holding early morning clinics to enable patients to attend before work and an early evening clinic for them to attend later in the day.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- Ensure patients' records are available for clinic appointments in all cases.