

Leeds Teaching Hospitals NHS Trust Wharfedale 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



Surgery

Good



Outpatients

Good



Summary of findings

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Summary of findings

Overall summary

Wharfedale Hospital is one of seven hospitals that form part of Leeds Teaching Hospitals NHS Trust. The trust is one of the largest in the United Kingdom. The trust serves a population of 751, 485 in Leeds and surrounding areas. In total, the trust employs around 15,000 staff. Wharfedale Hospital was opened in October 2004 providing services for the people of Otley and the surrounding area of Leeds.

The hospital provides day surgical services, with one ward and two theatres. Surgical services are provided for a range of general surgical conditions, ear, nose and throat (ENT), ophthalmology, gynaecology, vascular conditions and pain management. There is an endoscopy unit with 12 beds, but no inpatient beds. The hospital completed 5,400 procedures in the last year.

Outpatient services are also provided in the hospital and include specialities such as cardiology, elderly medicine, ophthalmology and rheumatology. Both the surgical and outpatient services form part of the trust wide clinical service units with staff and services being overseen from the main trust headquarters. Local management arrangements were in place.

There were systems to identify risk and report incidents. Lessons were learnt from the investigations of incidents from across the trust and staff felt well informed. There were effective systems in place to prevent patients suffering pressure ulcers, falls, blood clots and hospital acquired infections.

Staff were trained in identifying abuse and neglect and knew how to report concerns of this nature. However, not all mandatory training was completed.

Care was provided in line with national best practice guidelines. Access to services was good; patients' needs were responded to appropriately and in a timely manner.

Patients were treated with dignity and respect and felt informed about their treatment and care. Patients were positive about their experiences at the hospital.

Staff reported that there had been a positive change in the leadership at trust level and that the executive team were more visible, especially the Chief Executive. Staff reported that they felt supported locally and encouraged to participate in improvement initiatives.

Staffing

The wards and departments were adequately staffed. Staffing levels were assessed using a national tool. When there were shortfalls, arrangements were in place to cover any gaps on rotas, including the use of bank staff. Medical cover was reported to be good including access to consultants.

Cleanliness and infection control

There were arrangements in place to manage and monitor the prevention and control of infection, with a dedicated trust team to support staff and ensure policies and procedures were implemented. We found all areas visited clean. There were no reported healthcare acquired infections at the hospital within the last year.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

There were clear arrangements in place to assess, monitor and report risk. The wards, surgical areas and outpatient clinics were cleaned to a high standard and with arrangements to prevent and control infection. There were appropriate medical and nursing staff levels; medical cover arrangements were good and handover arrangements worked well. The operating theatres used the World Health Organisation safety checklist to ensure practices were safe. Mandatory training remained an issue, although a plan was in place to address this.

There were suitable arrangements in place to transfer patients should their condition deteriorate. Ongoing work was taking place to adapt the new policy for identifying the early warning signs of a deteriorating patient as this did not quite reflect the type of patient admitted to the service. However, we were concerned that mandatory training within surgery had a low level of completion, including basic life support which was below 30%. This requires improvement.

Requires improvement



Are services effective?

Care was provided in line with national best practice guidelines and standards were displayed for staff to follow. Staff were familiar with trust policies and guidance. Day case surgery was part of the trust's surgical clinical services unit, which performed above national expectations. Nursing documentation was appropriately maintained and followed the patient as they moved through the service.

Good



Are services caring?

Patients were treated with dignity and respect. Patients reported that they were highly satisfied with the care and treatment received at the hospital and were fully involved in decisions. Analysis of patient feedback and surveys showed that on the whole patients treated at the hospital reported a positive experience.

Patients visiting the outpatients department were treated with compassion and felt they were involved in decisions about their care. Patients were supported when they received a difficult diagnosis and staff explained choices for treatment and ensured they received appropriate information to meet their needs.

Good



Are services responsive to people's needs?

The hospital understood the needs of the different communities it served. However, bed occupancy for the hospital was below the 85% target; the hospital was not fully utilised. Patients were assessed for their suitability for surgery prior to their admission to the hospital. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust.

Good



Summary of findings

Patients reported that they accessed the service without difficulty and as their choice. There was no specific information for Wharfedale Hospital but the trust as a whole was generally performing well on referral treatment, apart from the referral to treatment times of less than 18 weeks, which was below target at 85% against a target of 90%. The number of patients waiting over six weeks for a diagnostic test was also lower than expected. Wharfedale Hospital reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The hospital improved its clinic attendance rate by using electronic messaging to contact patients.

Clinic visits were supported for patients with dementia-related conditions, a learning disability or a visual or hearing impairment. There was access to translation services. Leaflets and information were available for patients about specific procedures and aftercare. A range of health promotion leaflets were available and we saw that posters were placed around the hospital.

Are services well-led?

The trust had recently introduced a new leadership and governance structure. There had been a change of leadership at trust level in 2013 and staff reported that there had been a positive shift in culture since this change. The Chief Executive in particular was visible and staff reported a positive lift in confidence within the hospital and the trust as a whole. At a local level, staff reported that they felt well informed and supported by their managers. The hospital had a very low turnover of staff.

Good



Summary of findings

What we found about each of the main services in the hospital

Surgery

The wards and surgical areas were cleaned to a high standard. There were appropriate medical and nursing staff levels; medical cover arrangements were good. Handover arrangements worked well. The operating theatres used the World Health Organisation safety checklist to ensure safe practice. However, we were concerned that mandatory training within surgery had a low level of completion, including basic life support which was below 30%. This requires improvement.

There were suitable arrangements in place to transfer patients should their condition deteriorate. Ongoing work was taking place to adapt the new policy for identifying the early warning signs of a deteriorating patient as this did not quite reflect the type of patient admitted to the service.

Patients were asked to give their consent for treatment appropriately and correctly. Staff were aware of safeguarding procedures. Patients' feedback on the service was positive and they told us that the care was good.

Care was provided in line with national best practice guidelines and standards were displayed for staff to follow. Nursing documentation followed the patient and was completed appropriately.

Patients told us they had accessed the service without difficulty and as their choice. Patients were assessed for their suitability for surgery prior to their admission to the hospital. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust. Support was available for patients with special needs such as a dementia or learning disabilities.

We found several examples of the hospital working effectively with others. The hospital had its own stakeholder forum, although it had been temporarily discontinued pending the agreement of new terms of reference. Bed occupancy for the hospital was below the 85% target, which meant that the hospital's facilities were currently underused.

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Outpatients

The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring staff team. There were safety checks in place for equipment.

There were mechanisms in place to learn from incidents and complaints. Patients spoke very positively about their experience, if delays were expected; the reason was explained to them. Sufficient time was allocated for patient appointments.

Patient confidentiality and data protection were recognised as an issue for outpatients, although steps were being taken to address concerns. Consent was obtained from patients correctly and was recorded. Staff were aware of steps to take to safeguard vulnerable adults. Mandatory training for staff was mainly achieved.

The hospital reviewed clinic statistics monthly to improve efficiency and reduce waiting times. Initiatives such as using electronic messaging to contact patients prior to their appointment had led to a reduction in patients not attending. Clinic visits were supported for patients with dementia-related conditions, a learning disability or a visual or hearing impairment. The hospital wrote to patients and their GP within one week of the outpatient clinic.

Good



Summary of findings

What people who use the hospital say

The NHS Friends and Family Tests have been introduced to give patients the opportunity to offer feedback on the quality of care they had received. In October 2013, the trust scored about the same as the England average for inpatient tests, and significantly above for accident and emergency services, with a higher response rate for inpatient data.

The Adult Inpatient Survey 2013 rated the trust as average across all areas overall.

Wharfedale Hospital scored 4.5 out of 5 stars on the NHS Choices website, with 59 people expressing views. The hospital scored 4.5 stars for cleanliness, 4.5 stars for co-operation, 4.5 stars for dignity and respect, 4.5 stars for involvement in decisions and 4.5 stars for the same sex accommodation.

The 2013 Patient-led assessments of the care environment (PLACE) focuses on the environment in which care is provided and looks at cleanliness, food, hydration and the extent to which the provision of care with privacy and dignity is supported. The hospital scored 98.4% for cleanliness, 83.1% for food, 87.9% for privacy and dignity and 96.3% for facilities.

Healthwatch shared their 2014 survey, where 183 people shared their views and experiences of services across five hospitals at the trust. At trust level, approximately 44% rated the service outstanding, 24% were rated as good, 7% were rated as satisfactory and 26% were rated as requiring improvement. There was no specific information on Wharfedale Hospital services.

Areas for improvement

Action the hospital **SHOULD** take to improve

- Ensure that labelling is clear on equipment that has been cleaned and is ready for use.

- Review and improve staff access to patients' notes in the outpatients department.

Good practice

- The Productive Operating Theatre (TPOT) was being applied to organise theatres. The TPOT programme involves reviewing the design of the operating theatre in a way that focuses on improving outcomes for patients. TPOT is based on global best practice, and looks at eliminating errors, having systems for briefing and debriefing, and learning from near misses.
- The '5S' method for transforming theatres by standardising the work environment was also being introduced to standardise anaesthetic areas across the trust. A good practice service award system was in place.
- There was good learning from trust-wide incidents and events, promoting a good safety culture in the hospital.

Wharfedale HospitalWharfedale Hospital

Detailed Findings

Services we looked at:
Surgery and Outpatients

Our inspection team

Our inspection team was led by:

Chair: Dr Jane Barrett Consultant Radiologist

Head of Hospital Inspections: Julie Walton, Care Quality Commission (CQC)

The wider inspection team included CQC inspectors and a variety of specialists: The team of 80 included CQC senior managers, inspectors and analysts, senior and junior doctors, nurses, midwives, a student nurse, a pharmacist, a theatre specialist, patients and public representatives, experts by experience and senior NHS managers.

A sub team made up of CQC inspectors, professional experts by experiences, clinicians and an expert by experience inspected Wharfedale Hospital.

Background to Wharfedale Hospital

Wharfedale Hospital is a peripheral site of Leeds Teaching Hospitals NHS Trust and is consultant-led. The hospital operates a multi-specialty day surgery unit with a 23 bedded ward with five bays. There are no inpatient beds at

the hospital. There are two theatres with a post-anaesthesia care unit area. Patients were assessed for their suitability for surgery prior to admission in a pre-assessment area. The specialties using the service included ear, nose and throat (ENT), ophthalmology, colorectal, gynaecology, hepato-biliary, upper gastrointestinal, vascular and pain management. There was also an endoscopy day unit with 12 beds. The hospital completed 5,400 procedures in the 12 months prior to our inspection.

Leeds Teaching Hospitals NHS Trust provided a range of outpatient clinics with just under 1 million patients attending each year. The trust had a dedicated outpatients department with dedicated outpatient staff across the hospital sites. The trust employed 220 nursing staff (registered and unregistered) who were supported by approximately 350 administrative and reception staff to provide and support outpatient services. During the week of our inspection there were 19 specialty services providing outpatient clinics at Wharfedale Hospital.

Why we carried out this inspection

We carried out this comprehensive inspection because the Leeds Teaching Hospitals NHS Trust was initially placed in a high risk band 1 in CQC's intelligent monitoring system.

Detailed Findings

Immediately prior to the inspection the intelligent monitoring bandings were updated and the trust was then placed in a lower risk band 4, this was in the main due to an improved staff survey result.

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?

The inspection team always inspects the following core services (where provided) at each inspection:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people






- End of life care
- Outpatients.

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, NHS Trust Development Authority, Health Education England and Healthwatch. We carried out announced visits on 18 and 20 March 2014.

During the visits we spoke with staff from all areas of the hospital, including the wards, theatres and outpatients. 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 two listening events on 11 March 2014 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 we looked at as part of the inspection. We also held a community focus group with the support of Regional Voices (through Involve Yorkshire and Humber) who was working with Voluntary Action Leeds so that we could hear the views of harder to reach members of public.

Surgery

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

Information about the service

Wharfedale Hospital is a peripheral site of Leeds Teaching Hospitals NHS Trust and is consultant-led. The hospital operates a multi-specialty day surgery unit with one 23 bedded ward. There are two theatres with a post-anaesthesia care unit area. Patients were assessed for their suitability for surgery prior to admission in a pre-assessment area. The specialties using the service included ear, nose and throat (ENT), ophthalmology, colorectal, gynaecology, hepato-biliary, upper gastrointestinal, vascular and pain management. There was also an endoscopy day unit with 12 beds. The hospital completed 5,400 procedures in the 12 months prior to our inspection.

During our inspection we visited the day surgery unit and the theatre suite. We spoke with eight patients and 11 members of staff, including nurses, doctors, consultants, senior managers and support staff. We observed care and treatment and looked at care records for five patients. We received comments from our listening event and from people who contacted us to tell us about their experiences. We reviewed performance information about these services.

Summary of findings

The wards and surgical areas were cleaned to a high standard. There were appropriate medical and nursing staff levels; medical cover arrangements were good. Handover arrangements worked well. The operating theatres used the World Health Organisation safety checklist to ensure safe practice. However, we were concerned that mandatory training within surgery had a low level of completion, including basic life support which was below 30%. This requires improvement.

There were suitable arrangements in place to transfer patients should their condition deteriorate. Ongoing work was taking place to adapt the new policy for identifying the early warning signs of a deteriorating patient as this did not quite reflect the type of patient admitted to the service.

Patients were asked to give their consent for treatment appropriately and correctly. Staff were aware of safeguarding procedures. Patients' feedback on the service was positive and they told us that the care was good.

Care was provided in line with national best practice guidelines and standards were displayed for staff to follow. Nursing documentation followed the patient and was completed appropriately.

Patients told us they had accessed the service without difficulty and as their choice. Patients were assessed for their suitability for surgery prior to their admission to

Surgery

the hospital. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust. Support was available for patients with special needs such as a dementia or learning disabilities.

We found several examples of the hospital working effectively with others. The hospital had its own stakeholder forum, although it had been temporarily discontinued pending the agreement of new terms of reference. Bed occupancy for the hospital was below the 85% target, which meant that the hospital's facilities were currently underused.

Are surgery services safe?

Requires improvement 

The wards and surgical areas were cleaned to a high standard. There were appropriate medical and nursing staff levels; medical cover arrangements were good. Handover arrangements worked well. The operating theatres used the World Health Organization safety checklist.

There were suitable arrangements in place to transfer patients should their condition deteriorate. There was ongoing work taking place to adapt the new policy for identifying the early warning signs of a deteriorating patient as this did not quite reflect the type of patient admitted to the service. Checks were in place to ensure that staff were competent to use the equipment, although we found that some equipment was not clearly labelled when cleaned.

Patients were asked to give their consent for treatment appropriately and correctly. Staff were aware of safeguarding procedures. Tighter stock control of medicines had resulted in some savings for the hospital. Mandatory training remained an issue for theatres, 71% of staff were up to date with their mandatory training, compared with 58% the previous year, however basic life support training fell below 30%. This requires improvement.

Patients' feedback on the service was positive and they told us that the care was good.

Cleanliness, infection control and hygiene

- The hospital was kept to a high standard of cleanliness; we found only one exception in a less used bay (bay 4) on the ward, where some areas were dusty. An audit programme was in place to check cleanliness. Ward areas were observed to be free of clutter.
- Staff followed the 'bare below the elbow' policy, regularly washed their hands and used hand gel between patients. Infection control audits were completed, and these confirmed that outbreaks of infection were rare. The ward had identified an infection control nurse lead. All staff were trained in infection control. The hospital had had no recorded outbreaks of

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Methicillin-Resistant Staphylococcus Aureus (MRSA) or Clostridium difficile in the previous four years. Patients were isolated in accordance with infection control policies.

- Theatres used The Productive Operating Theatre (TPOT) infection control initiative.

Nurse staffing

- The ward areas were adequately staffed and patients told us staff answered call bells quickly and responded to their needs.
- Nursing numbers were assessed annually using a recognised staffing tool. Data on the number of patients seen was used to identify needs, trends and projected staffing levels. A nurse manager told us, “Staff are really flexible and we can usually cover absence such as sickness through staff working over to cover.” The service used only one member of temporary nursing staff (bank staff) on a regular basis. We saw that the agency staff induction checklist was signed. No staffing issues were identified.
- Staff worked across sites within the trust. The hospital rotated staff according to need and demand in departments. If surplus staff were identified, the opportunity could be used to redeploy them to another department for their learning and development. Cross-training for staff in different roles was carried out so that staff could be moved between departments without compromising patient safety.

Medical staffing

- No issues were identified with medical staff cover. The ward had one full-time senior house officer who did not leave the ward until the last patient had left the department.
- Staff told us they had encountered no problems contacting a consultant. Usually the consultant was on site, but otherwise medical staff were readily available on call. Staff had the mobile contact numbers of medical staff, and had found that they were always available.

Nursing and medical handover

- Staff handover to incoming staff was in place for medical and nursing staff and for staff working in the multidisciplinary team. Staff confirmed that handover arrangements worked well and that nursing staff had good working relationships with medical staff. Staff

received handovers for both pre- and post-operative patients. Handover arrangements were supported by the fact that surgery was fully documented in patients’ records.

Management of the deteriorating patient

- Arrangements were in place to transfer deteriorating patients to other hospitals within the trust. The ward used a recognised early warning tool to assess clinical need. There were clear directions for escalation on the observation charts if patients scored higher than expected. We found that, for Wharfedale Hospital, the early warning tool was a new policy introduced in 2014. Staff found that it did not fully reflect the needs of patients at the hospital and work was ongoing to adapt it. This was because patients were assessed as low risk to be admitted.

World Health Organization safety checklist

- The hospital used the World Health Organization (WHO) checklist for theatres. Use of the WHO safety checklist is a proven method of reducing adverse surgical events.
- A trust-wide audit was performed quarterly and demonstrated over 95% compliance with the WHO checklist. A qualitative audit tool had also been piloted. Audits were undertaken and results were discussed at monthly audit meetings.

Safety thermometer

- The hospital participated in the NHS ‘Essence of Care’ and safety thermometer initiatives to support consistency in providing care to patients. A ward health check was undertaken monthly; this included the NHS safety thermometer information used nationally. The health check provided a consistent method of monitoring information for patients that may indicate harm. Analysing results and monitoring the information supported improvements in the standard of care. Safety information displayed included details of falls, a call bell daily checklist audit and cannula care.
- Safety thermometer information was displayed on the ward. The health check display was formatted so that wards needed to score above 70% to register on the dial display. This ‘set the bar’ for expected achievements and underlined the use of the data to promote safety. The trust had identified pressure ulcer prevention as a key area to improve, although there was no specific data to show that this was an area of concern at this site.



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- We found that a local audit programme was in place for the hospital. Local audits undertaken included 'Saving Lives', health and safety, and a cleaning audit completed weekly.

Incidents

- We found that the reporting of patient safety incidents trust-wide was in line with that expected for the size of the trust. The trust had reported six 'Never Events', four of which related to surgical areas.
- Serious incident investigations were undertaken, 'task and finish' groups were established that included clinical staff, and action was taken to ensure learning from incidents. We reviewed the action plans for surgical-related incidents in the trust and found that the majority of the actions to minimise recurrence had been implemented. Patients who were the subject of incidents received feedback on the results of investigations. Investigations included the identification of arrangements to share the lessons learned.
- We found that learning was shared with the staff at Wharfedale Hospital from surgical 'Never Events' within the trust. Staff were aware of the 'Never Events', of lessons learned and of safety priorities. For Wharfedale Hospital, only one serious untoward incident (SUI) had occurred in the previous five years, and this did not result in patient harm. As a result of learning, a new theatre checklist and documentation had been implemented. No SUIs had been reported since. We saw that incident reports for theatres demonstrated that feedback was received and action agreed. We observed an in-theatre discussion regarding incidents and action taken in response by the surgical team. Theatre checklists were completed for swabs, needles and instruments and signed in accordance with the 'Never Event' action plan.
- For incidents, the hospital used an electronic reporting system that all staff could access. Staff were aware of how to record an incident. On the ward, incident forms submitted were reviewed by the nurse manager for quality assurance before 'sign-off'; if the nurse manager identified a lack of information or of action taken, the incident report was returned for the member of staff who completed it to provide additional information. We found that nurse managers reviewed incident data analysis and trends.

Environment and equipment

- The hospital participated in annual patient-led assessments of the care environment (PLACE). An action plan was developed from PLACE and implemented by nurse managers.
- We observed that equipment was well provided for the hospital. Emergency equipment was in place, including emergency resuscitation trolley equipment and first aid boxes. We found that resuscitation trolleys were checked and in order.
- Portable electrical appliances were tested for safety and audits of tests were in place; these provided assurance that the equipment was safe to use. Fire extinguishers were accessible.
- The hospital obtained equipment from other theatres within the trust if this was required. The use of loan equipment was included in the hospital's risk register. We found that a protocol was in development for loan equipment so that its use was requested only if agreed.
- Programmes to train staff in the use of new equipment were provided, usually by the equipment supplier. Staff were identified to train other staff in the use of specific items of equipment, and checks were in place to ensure that staff were competent to use equipment.
- The hospital's theatre policy included daily equipment checks. We saw evidence that equipment was checked at the start and finish of the working day, although we found the system used for labelling equipment as clean was unclear to staff, which presented some risk to the safety of patients.

Medicines

- The medicines trolley was stored securely and the controlled drugs storage area was double-locked. Controlled drugs were checked at the start and finish of the day. Drug fridge temperatures were monitored. A stock control system for medicines was in place and we were informed that, since the system had been introduced two years ago, the hospital had saved £2,000 as a result.
- Medicines charts were completed appropriately. We saw that medicines audits were completed.

Records

- Patient records were in paper format and followed the patient through the hospital. The patient notes we reviewed in the theatre areas were recorded clearly and up to date. We observed that checklists were

Surgery

completed, signed and dated. We identified no recording issues for the patient records we reviewed on the ward. Patient notes were recorded clearly, relevant and up to date.

- Documentation audits were undertaken in the hospital. A ward assurance audit was completed monthly; this included auditing nursing care records. Incorrect filing was the most commonly reported incident and occurred on average once per month. Action had been taken to address this and reduce incidents. The staff now checked patients' notes prior to their appointment to ensure that all documentation was present and that relevant test results were filed in their records.
- Staff told us that they sometimes had difficulty obtaining patient notes from clinical service units (CSUs). A member of staff told us, "99% of the time we obtain notes OK but sometimes we may only obtain them on Friday when the patient is due to attend on Monday. This leaves limited time to fully review them properly." The issue had been raised with the CSUs concerned.
- For the trust, medical health record-keeping standards were audited at least annually. Actions to address issues were identified. The most recent trust-wide audit had shown as areas for improvement the recording of date and time for each entry in the health records; recording of the author's name, designation and contact details; and inclusion of the patient's name and NHS number (where available) or case note number on each page of the clinical health record. It was not possible to break the information down to identify any specific results across the surgical CSUs.

Mental Capacity Act, consent and deprivation of liberty safeguards

- Staff were aware of the Mental Capacity Act 2005. Staff received training in the Act and in deprivation of liberty safeguarding. Ward staff were aware of the implications for a patient's consent with regard to deprivation of liberty safeguarding. The trust employed a mental capacity act coordinator and resources were available to support staff. The Mental Capacity Act 2005 was adhered to appropriately.
- Consent forms were presented to the patient at their pre-assessment and were also confirmed with them

verbally on the day of their surgical procedure. Consent to care was documented in patients' care records. We found that consent forms were completed appropriately in the patients' notes for surgery.

- Staff were aware of the safeguarding process and how to make a referral. Staff could describe the outcome of a recent safeguarding referral.
- Safeguarding information was posted in the hospital and available on the trust's website.
- A trust-wide audit of consent had been undertaken in July to December 2013. It was unclear if all surgical specialties had submitted data (there was a 61% participation rate overall).
- Patients told us that they had felt informed and had been asked to give consent. This was in accordance with national guidance.

Mandatory training

- Staff said that mandatory training was accessible but reported that more dates for attendance were required. Staff had previously encountered difficulties in accessing intermediate life support training, although managers assured us that arrangements were now in place to address this for the three ward staff affected. Mandatory training remained an issue for theatres, although a plan was in place to address this and we were informed that 71% of staff were up to date with their mandatory training, compared with 58% the previous year. There was low attendance at some courses such as resuscitation 28% and moving and handling 48%. Completion of statutory mandatory training was recently linked to the staff appraisal system. Staff confirmed that they saw it as their responsibility to keep their mandatory training up to date.

Are surgery services effective? (for example, treatment is effective)

Good 

Care was provided in accordance with national best practice guidelines and standards were displayed for staff to follow. Guidance developed within the trust was also used. Staff were familiar with policies and guidance. Day case surgery performed above the national expectations for this hospital. Nursing documentation followed the patient and was completed appropriately. We found

Surgery

several examples of the hospital working effectively with others. The hospital had its own stakeholder forum although it had been temporarily discontinued pending the agreement of new terms of reference. The hospital's facilities were currently underused.

Use of national guidelines

- Trust policies and guidelines were in place for surgery. Guidance prepared by the National Institute for Health and Care Excellence (NICE) is widely recognised as setting the standard for high-quality healthcare, including surgery. A member of trust staff acted as lead for NICE guidance and cascaded guidance to the hospital. We found that the hospital used NICE guidance and we observed that standards were displayed on boards for staff to follow.
- Locally developed guidance included the 'Wharfedale theatres' day surgery operational policy'. We found that staff were familiar with this document and with other policies and guidance. New policies were circulated to staff for their comment before they were implemented. Medical staff could explain the systems in place to ensure that they kept up to date with best practice guidance.

Patient outcomes

- We found no specific data for the Wharfedale Hospital site. Performance and reporting were included within the data for the CSUs as a whole. Therefore, our findings are based on an analysis of trust-level data only unless stated otherwise.
- Patient-reported outcome measures for surgery were within expected limits.
- A review showed that there were no mortality outliers for relevant surgical specialties. This indicated that there had been no more deaths than expected for patients undergoing surgery at Wharfedale Hospital.
- Emergency readmissions following elective (planned) or emergency admissions compared favourably with national comparators.
- Day case surgery was performed above national expectations (the British Association of Day Surgery recommends that 90% of certain surgeries are completed as day cases).

Care plans and pathways

- Care pathways were in use. A care pathway is an agreed way of helping a patient with a specific condition or diagnosis to move progressively through their hospital visit. Nursing documentation followed the patient and was completed appropriately.

Pain relief

- Patients told us that pain management was very good and that they were not left in discomfort. Patients confirmed that at their pre-assessment they were advised to ensure that they had a supply of over-the-counter pain relief at home for pain management. Patients who were offered pain relief and pain control told us, "They told me about different levels of pain management" and "They told me about pain relief." Patients' pain management was administered appropriately.

Multidisciplinary team working and working with others

- We found that multidisciplinary team (MDT) working was in place in the hospital and included medical staff. Medical staff told us they felt part of the CSU and were involved in theatre training across the trust. Medical staff worked in other theatres within the trust if they were needed to cover staff shortages. We found that it was not usual practice for other staff to rotate to other hospitals.
- The hospital had its own stakeholder forum, although it had been temporarily discontinued pending the agreement of new terms of reference with the executive team.
- There was no pharmacy located on the hospital site, although a small stock of medicines was maintained on the ward. The hospital could obtain prescription medications from another hospital within the trust and a system was in place for same-day delivery. There were no reported issues with this system.

Equipment and facilities

- We saw that equipment was serviced and appropriate for use, which ensured that effective care could be supported.
- The '5S' (sort, set, shine, standardise, sustain) workplace method had recently been implemented across the trust to de-clutter and streamline its anaesthetic areas.

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'5S' is used to reorganise the work space to improve its effectiveness by identifying and storing the items used, maintaining the area and items, and sustaining the new order.

- The hospital facilities were currently underused.

Seven-day services

- Out of hours arrangements were not applicable to this hospital. Theatres operated from 8.30am until 5.30pm, five days a week.
- Medical staff supported trust-wide arrangements for surgery, including working at other hospital sites, for example to support patient operations on Saturdays.

Are surgery services caring?

Good 

Patients were treated with compassion, dignity and respect. We received positive feedback from patients and staff. Staff were visible and accessible to patients. The patient records we reviewed had been completed sensitively and appropriately. Helpful information was given to patients and displayed on information boards. Patients felt involved in their care and were given the opportunity to speak with the consultant looking after them. As a result of an audit, the hospital had introduced recovery bay screens to maintain patients' privacy and dignity.

Compassionate care and emotional support

- We reviewed the NHS Friends and Family test results for the surgical wards for February 2014 and found that they did not indicate any areas of risk. We also checked the information on the surgical wards we visited and found that the net promoter score (the proportion of patients who would strongly recommend minus those who would not recommend, or who were indifferent) indicated that patients were satisfied overall with the level of care they received. We observed that the NHS Friends and Family test was used on the ward: at each bed, Friends and Family test comment cards were available for patients to complete.
- The CQC Inpatient Survey 2013 did not identify any evidence of risk.
- The hospital had recently undertaken a patient satisfaction survey for diabetic patients and we saw the results were displayed in the department.

- Throughout our inspection we witnessed patients being treated with compassion, dignity and respect. Communication between staff and patients was respectful and compassionate. Patients were addressed by their preferred names.
- We received positive feedback from patients, who told us: "There was someone to greet me as soon as I arrived"; "Staff allay your fears as soon as you come in"; "You don't feel isolated because staff are in and out all the time to check on you"; "I can't tell you how wonderful this ward is"; "I am happy and delighted in what they are doing, nothing is too much trouble for them"; and "It's lovely here – I would recommend it to anyone."
- Staff were visible and accessible to patients. We saw that staff understood the needs of patients and provided them with a very caring service. Staff responded in a timely way to requests from patients and showed patience in dealing with their requests. At the bedside, staff offered to take people to a quiet area for confidential discussions. Staff recognised that patients could be very stressed and took time to explain processes.
- Patient records were completed sensitively and appropriately. Pre-assessment records were very informative and included social, medical and lifestyle histories.
- The hospital was compliant with single-gender accommodation guidance.
- Recovery bay screens enhanced privacy and dignity. According to audits, issues had been identified relating to patients in the walk-in clinic being accommodated in the same waiting area prior to their appointment for photography procedures, which compromised their privacy and dignity. Changes had been made to the appointments system and facilities to maintain patients' privacy and dignity.

Patient involvement in care

- Patients felt involved in their care. Patients were aware of the care plans in place for them and told us that they felt involved in decisions. Patients felt they could ask questions about their care. We observed patients approaching staff and being able to ask questions.
- Patients were given the opportunity to speak with the consultant looking after them. Patients had processes explained to them by the anaesthetist, the recovery nurse and their consultant surgeon, who explained the

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outcome of their surgery either in recovery or after they returned to the day ward. Verbal information given in recovery was followed up by written information on the day ward. Our discussions with patients confirmed that it was routine practice for the consultant to see patients on the ward after their operation to check their recovery and progress. Patients told us: “They are really efficient and user friendly”; “I was told everything and given leaflets”; and “The anaesthetist gave me all the information I needed.”

- Relatives could be involved in the recovery area if they and the patient wished.

Are surgery services responsive to people’s needs? (for example, to feedback?)

Good



Bed occupancy for the hospital was below the 85% target. Patients we spoke with had accessed the service without difficulty and as their choice. Patients were assessed for their suitability for surgery prior to their admission to the hospital. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust. The patient’s discharge advice notes were sent to their GP on the day of their procedure, although staff in a focus group told us that GPs were not fully informed about services available at the hospital. Support was available for patients with dementia. The hospital recognised patients with special needs and put in place the required support. Patients with a hearing impairment were supported. The hospital had access to a telephone translation service. Two formal complaints had been received in the last three years and staff were able to explain the investigation process followed and could describe learning for the hospital as a result.

Access

- Trust-wide information showed that referral to treatment times of less than 18 weeks were below target at 85% against a target of 90%.
- The number of patients waiting over six weeks for a diagnostic test was lower than expected.
- Between July 2013 and September 2013, the bed occupancy rate for general and acute beds (which would include beds for surgical patients) was 85%. The

national target is below 85% as high bed occupancy rates can affect the quality of care provided. For Wharfedale Hospital, we were informed that bed occupancy was below the 85% target.

- Trust-wide, the proportion of patients whose operations were cancelled was higher, but similar, than the expected level. We had no information on cancellation rates at this site.
- Trust-wide, the number of patients not treated within 28 days of a last-minute cancellation due to non-clinical reasons was higher, but similar, than the expected level.
- Patients told us that they had accessed the service without difficulty. Patients told us: “I was seen in outpatients and had a choice of coming here or to Leeds”; “It has all gone very smoothly; I was seen within five minutes of arriving by the anaesthetist and doctor”; “They are really helpful staff here; they are very responsive”; and “I had a choice of which hospital I could go to. I chose here because I have been before and it is so good.”

Maintaining flow through the hospital and discharge planning

- Patients were assessed for their suitability for surgery prior to admission.
- Discharge advice notes were sent to the patient’s GP on the day of their procedure. A patient told us, “They explained the discharge procedure fully and I will get aftercare information.”
- Patients were transferred if they were not recovering as well as expected. A patient safety escalation transfer process was in place and was supported by a flow chart of the escalation pathway that we found displayed on the ward. The ward used the Modified Early Warning Signs (MEWS) clinical assessment tool to assess the patient’s clinical need in these circumstances. If clinical risk was identified, the patient was immediately transferred to an acute hospital within the trust. We were informed that one patient a week was transferred on average. A nurse manager told us, “We always act on the side of caution if we have any concerns.” Staff reported no current issues in obtaining a bed in these circumstances.

Meeting the needs of people

- Support was available for patients with dementia. Staff said they had an awareness of the needs of patients with dementia.

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- The hospital recognised patients with special needs and put in place the required support.
- Patients with a hearing impairment were supported.
- The hospital supported patients whose first language was not English. The self-check-in process in reception provided for a range of different languages, which were identified by a picture of the country's flag. The hospital could access a telephone translation service. A translator could also attend if this was needed to support patients.
- Leaflets and information were available for patients about specific procedures and aftercare. A range of health promotion leaflets were available and we saw that posters were placed around the hospital.

Communication with GPs and other departments within the trust

- Discharge advice notes were sent to the patient's GP on the day of their procedure. Discharge plans specified care to be provided by the GP practice. For each of the specialties in the hospital, the GP could obtain advice to support their care of the patient. The post-discharge process included identifying whether other agencies needed to be involved to support the discharge and the patient's recovery at home, for example the community nursing service.
- However, staff in a focus group told us that GPs were not fully informed about services available at the hospital.

Complaints handling

- Complaints were handled in line with trust policy. We found that improvements in the procedures for handling complaints were in progress. The heads of nursing reviewed all of the complaints relevant for their unit. The trust was supporting CSUs to improve complaint responses.
- We were informed that the hospital received only a very few complaints. Two formal complaints had been received in the last three years and staff were able to explain the investigation process followed and could describe learning for the hospital as a result.
- Patients said that they knew how to complain if they needed to do so. We found evidence that patient feedback was welcomed and acted on. Suggestion boxes and posters invited feedback on services. Patient comments were displayed in each area of the hospital and we saw only positive comments.

- If a patient or relative wanted to make an informal complaint, then they would speak to staff. If the staff were not able to deal with the patient's concern satisfactorily, the patient would be directed to the Patient Advice and Liaison Service (PALS). If the patient still had concerns following this, they were advised to make a formal complaint. Posters and leaflets were displayed around the hospital about how to make a complaint. Complaints posters included details about how to obtain information in Braille, in alternative formats and in languages other than English.
- Staff knew how to deal with complaints made and when to escalate them if staff were unable to resolve them immediately. Themes from both formal and informal complaints were communicated to staff. Staff demonstrated an awareness of complaints raised and lessons learned. These were shared at handovers and at ward and unit meetings.

Are surgery services well-led?

Good 

A clear structure was in place for the surgery services. Wharfedale theatres were within the adult theatres and anaesthetics clinical service unit. Staff described the positive impact of recent engagement with the executive team. Staff were involved in the process of developing the hospital's vision and values and in initiatives to improve quality. The governance structure for the hospital was clear to managers and most staff. A risk management process was in place for the trust that included the hospital. Staff were encouraged to get involved in innovative projects and trust-wide learning was shared. Good induction arrangements were reported by staff. Medical staff received and contributed to 360 appraisals. Nursing staff received an annual appraisal or an appraisal interview was planned. Non-clinical staff had received fewer appraisals during the implementation of line management changes in the hospital, but we were informed that this was being addressed. Unqualified staff and recent joiners received shadowing opportunities, probation and mentoring. The hospital had a very low turnover of staff.

Leadership of service

- A clear structure was in place to provide leadership of the service. The trust was organised into 19 CSUs. This

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structure was implemented in April 2013. Six of the CSUs were surgical or contained services that were surgically based. Theatres within the hospital formed part of the adult theatres and anaesthetics CSU for the trust.

- Staff were aware of changes implemented across the trust. Most staff knew the structure of the trust board. Executive directors visited the service and staff knew who they were and knew the name of the Chief Executive. Staff acknowledged that executive communication had recently improved, particularly from the Chief Executive.
- Staff made reference to the Chief Executive's weekly newsletter 'Start the Week', which was emailed to all staff. A member of staff told us, "We are kept in the loop about everything; communication in the organisation has really improved. The Chief Executive is very good at getting information out. It is in an easy-to-read format, which is a big improvement. That didn't really happen before."
- Staff reported that the management arrangements worked well. Staff understood the reporting structure and who their line manager was. Staff felt supported by the management team.

Culture within the service

- Staff at all levels reported a significant shift in culture since the new trust management had been appointed. Staff described the positive impact of recent engagement with the executive team. Staff felt that things were changing for the better and they could speak out safely. They reported feeling less isolated and more connected with the trust. Staff told us: "We have seen a change in culture since the appointment of the chief executive"; "We enjoy work and staff morale is high"; "We are a good team; I feel proud to do what I do"; and "I would be happy for my relative to come here."
- Staff spoke positively about the service they provided for patients. Quality and patient experience were seen as priorities and everyone's responsibility. Staff in a focus group told us they liked working for the hospital: "We all get on so well."
- The staff survey data showed that the trust scored as expected in most areas.

Vision and strategy for this service

- Staff were aware of the vision and values of the trust. Staff were familiar with the trust's strategic objectives,

which were displayed in the hospital. Staff were aware of the Chief Executive's five-year strategy for the trust. We found the hospital used policies that were applicable across the trust.

- The vision and values for the service were displayed in departments. Staff were involved in developing the vision and values. Staff felt an obligation to develop the services provided at the hospital to better utilise its facilities.

Governance and measurement of quality

- Managers and staff could describe the governance structure for the hospital. Monthly governance meetings were held for clinical leads for the CSU. The CSU meetings were held at different hospitals within the trust on a rota basis. At governance meetings, complaints, incidents, audits and quality improvement projects were discussed. Senior nursing staff and ward managers cascaded information to staff. Governance meetings were recorded.
- A team briefing was held for senior managers, who cascaded the information to staff in their area. Team meetings were held and all staff were encouraged to attend. Complaints, incidents, audits and quality improvement projects were discussed.
- A risk management process was in place for the trust and included Wharfedale Hospital; no separate risk register existed for the hospital as it was included in the CSU risk register. We were informed that a ward-level risk register was in development. Staff could demonstrate an understanding of the risk register and explain how they identified risks, how risk incidents were analysed and how concerns were escalated; they could also discuss examples. We found that risks were identified and placed on the risk register.
- Key summary information used included details of falls, whistleblowing, safeguarding and data to support the monitoring of deteriorating patients. We found that, although data was collected, the analysis of performance data for presentation in a 'quality dashboard' format was described to us as being 'under development'. For the Wharfedale Hospital, the development of quality dashboards was linked to obtaining clarification of the quality issues particularly applicable to the hospital.
- Additional resources were being considered to enable more detailed analysis of the data collected at CSU

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level. In discussions, we found that the trust recognised that there was insufficient dedicated resource to support the delivery of the governance and quality agenda within the CSUs.

- For Wharfedale Hospital, we found that no information relating to productive ward audits was displayed on boards.

Innovation, learning and improvement





- Matrons attended CSU governance meetings monthly and identified any learning, audits and best practice guidance to be shared with staff. We were informed that this forum was also used to discuss issues identified from ward level. Any new technology or best practice guidance was shared at these meetings. Staff could describe to us how learning was shared: for example, they received email alerts and information about learning from investigations of 'Never Events'. We saw that information entitled 'learning points: February 2014' was displayed in the hospital.
- We found examples of quality initiatives that had been implemented in the hospital, both within theatres and on the ward, and staff were encouraged to get involved in innovative projects. For example, TPOT was being applied to organise theatres. The TPOT programme involves reviewing the design of the operating theatre in a way that focuses on improving outcomes for patients. TPOT is based on global best practice, and looks at eliminating errors, having systems for briefing and debriefing, and learning from near misses. The '5S' method for transforming theatres by standardising the work environment was also being introduced to standardise anaesthetic areas across the trust. A good practice service award system was in place.
- For Wharfedale Hospital, we saw that an audit of high-impact interventions was used to reduce infection risk by standardising good practice. Other quality initiatives implemented on the ward included 'Productive Ward: releasing time to care' and 'Essence of

Care'. Quality initiatives led to training to improve patient experiences, for example the introduction of staff training in venesection (giving blood as part of treating a condition).

Managing and developing staff

- The hospital had arrangements in place for managing and developing staff. Staff felt that they could share any issues with their manager. Staff in a focus group confirmed that appraisals of their performance took place and their learning needs were identified. Medical staff took part in 360 appraisals of themselves and of colleagues.
- Nursing staff received an annual appraisal or an appraisal interview was planned shortly. Completion of appraisals for non-clinical staff awaited the implementation of line management changes in the hospital.
- Staff who were new to their role received an induction. Good induction was reported by medical staff. The induction for unqualified staff and recent joiners included an introduction to the hospital as well as to the trust. Unqualified staff and recent joiners received shadowing opportunities, a probation period and mentoring support. We learned that staff could become unsettled if they had to be transferred to cover other areas as they did not always receive an induction to the 'new' area.
- On the whole, staff felt that training was accessible to them. Senior medical staff contributed to, and attended, weekly teaching sessions. Unqualified staff and recent joiners felt supported with their training needs. Completion of statutory mandatory training was not consistently completed and staff reported that a number of training courses had been cancelled.
- Staff retention was very good and the hospital had a very low turnover of staff, although we were informed that staff recruitment could be difficult due to the location of the hospital.

Outpatients

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

Information about the service

Leeds Teaching Hospitals NHS Trust provided a range of outpatient clinics with more than 1 million patients attending each year. The trust had a dedicated outpatients department with dedicated outpatient staff. The trust employed 220 nursing staff (registered and unregistered) who were supported by approximately 350 administrative and reception staff to provide and support outpatient services. During the week of our inspection there were 19 specialty services providing outpatient clinics at Wharfedale Hospital.

We visited outpatient clinics in cardiology, elderly medicine, ophthalmology and rheumatology. We spoke with 10 patients and nine staff and looked at five sets of patient notes. We reviewed the patient environment, availability of equipment and cleanliness and we looked at information provided to patients.

Summary of findings

The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring staff team. There were safety checks in place for equipment.

There were mechanisms in place to learn from incidents and complaints. Patients spoke very positively about their experience, if delays were expected; the reason was explained to them. Sufficient time was allocated for patient appointments.

Patient confidentiality and data protection were recognised as an issue for outpatients, although steps were being taken to address concerns. Consent was obtained from patients correctly and was recorded. Staff were aware of steps to take to safeguard vulnerable adults. Mandatory training for staff was mainly achieved.

The hospital reviewed clinic statistics monthly to improve efficiency and reduce waiting times. Initiatives such as using electronic messaging to contact patients prior to their appointment had led to a reduction in patients not attending. Clinic visits were supported for patients with dementia-related conditions, a learning disability or a visual or hearing impairment. The hospital wrote to patients and their GP within one week of the outpatient clinic.

Outpatients

Are outpatients services safe?

Good 

Outpatient areas were clean and infection control procedures were followed in clinical areas. Staff were available in sufficient numbers to meet patients' needs. No recorded incidents had occurred in the year prior to the inspection. The functioning and cleanliness of equipment were checked regularly. Medicines were stored correctly. Regular audits of patient records were undertaken. Patient confidentiality and data protection were recognised as an issue for outpatients, although steps were being taken to address concerns. Consent was obtained from patients correctly and was recorded. Staff were aware of steps to take to safeguard vulnerable adults. Mandatory training for staff was mainly achieved. Staff in outpatients had encountered problems accessing intermediate life support training although plans were in place to address this.

Cleanliness, infection control and hygiene

- Clinical areas were clean, and waiting areas were clean and uncluttered. Staff followed the 'bare below the elbow' policy and used personal protective equipment. Hand-washing facilities were in place throughout the outpatient areas and staff demonstrated thorough hand hygiene. Toilet facilities were clean.
- A lead member of staff for infection control was in place. Infection control audits were completed.
- Cleaning audits took place monthly, including for equipment, with 100% compliance reported. Results of cleaning audits were displayed for patients to review.

Staffing

- Staff were available in sufficient numbers to meet patients' needs. The outpatient areas we visited appeared to have sufficient staff and patients we spoke with did not comment on any significant waiting times.
- The hospital recognised that there was an absence of guidelines on what constituted safe staffing for an outpatients department, and it was taking steps to address this. The role of healthcare assistant (HCA) staff was clear and HCA staff were asked to do only what was within the boundaries of their role.
- The hospital rotated staff depending on need and demand. Where additional staffing was required to meet the safety needs of patients, systems were in place to

request additional staffing. Temporary (bank and agency) staff were used to fill unexpected or planned absences. Cross-training for staff in different roles was carried out so that staff could be moved between departments without compromising patient safety.

Incidents

- We found that outpatients followed a recognised process for reporting incidents, and a system for learning from incidents was in place for the trust. We looked at incidents reported between October 2013 and February 2014 by the outpatients directorate. Incidents reported included patient falls, documentation issues, and medication incidents. No recorded incidents had occurred in the previous 12 months.
- Staff were aware of the trust policy for reporting incidents. Staff were able to describe previous incidents and learning from these that occurred within the trust.
- The most recent serious untoward incident had led to a full root cause analysis. Learning from incidents was disseminated to staff through the weekly newsletter and in team meetings. We saw that 'Never Event' reports were displayed on the ward.
- Staff we spoke with confirmed that they were encouraged to report incidents and received direct feedback from their line manager. Themes from incidents were discussed at weekly meetings and staff were able to give us examples where practice had changed as a result of incident reporting. A serious incident reported in ophthalmology resulted in a patient identification checklist being developed and used within the outpatients department.
- Information was available to nursing staff in outpatients on how to support deteriorating patients. We saw 'what you can do' information displayed in the staff area.

Environment and equipment

- The outpatient areas we visited were safe and environmentally fit for purpose.
- We observed that adequate equipment was available in the outpatient areas. The functioning and cleanliness of equipment were checked regularly.
- Two resuscitation trolleys were located in the outpatients' area and we found that daily checks of the equipment were up to date.

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Medicines

- Medicines were stored correctly, including in locked cupboards or fridges where necessary. Fridge temperatures were checked and in order. Unused prescription forms were kept securely.
- Patients received information and counselling to support with new medications.
- A patient told us, "The staff have explained my medication to me."

Records

- No recording issues were identified with the patient records we reviewed. Patient notes were clearly recorded. Temporary patient notes were used for some outpatient appointments but were combined with the main records soon afterwards.
- Regular audits of patient records were undertaken, although we did not review the results of these. Staff told us that work to improve the quality of patient records was 'work in progress'. The incorrect filing of letters was identified as a recurrent theme. Patient confidentiality and data protection were recognised as an issue and steps had been taken to address this by requesting replacement note trolleys with lids.

Mental Capacity Act, consent and deprivation of liberty safeguards

- Consent was obtained from patients correctly and was recorded. Patients confirmed that they had given their consent, and patient records confirmed this.
- Staff generally understood the relevance of the Mental Capacity Act 2005 and how it related to taking best interest decisions for vulnerable patients. The trust employed a mental capacity act coordinator and resources were available to support staff.
- Staff were aware of steps to take to safeguard vulnerable adults. Safeguarding training for senior staff was up to date. Information available to support staff included a 'safeguarding adults at risk policy flow chart'; we saw this displayed in areas of the department accessible to staff.
- Safeguarding information was displayed in the hospital and available on the trust's website.

Mandatory training

- The trust had a target of each CSU and corporate directorate achieving 80% compliance with mandatory training for staff. Staff confirmed they were up to date with training.

- Information about training was accessible to staff and there was access to e-learning. Staff in a focus group told us that training was regularly updated and checked to ensure that it was up to date. Staff completed their training in work time, and optional one-day catch-up sessions were available to staff on request.

Are outpatients services effective?
(for example, treatment is effective)
Not sufficient evidence to rate

The ratio of new to follow-up appointments for the trust compared favourably with national information. Patients spoke very positively about their experience of visiting the outpatients department. If patients were expected to experience any significant delays, the reason was explained to them. Sufficient time was allocated for patient appointments. Audits to improve the effectiveness and outcomes of care and treatment were being reviewed.

Overall effectiveness of the department

- The ratio of new to follow-up appointments for the trust was 1.43, compared with the national median of 2.23.
- We concluded from speaking with patients and staff that sufficient time was allocated for patient appointments. We observed that staff treated patients considerately and spent time with patients during their visit explaining their procedure and how their treatment was being handled. Patients spoke positively about their experience of visiting the outpatients department.
- If patients were expected to experience any significant delays, the reason was explained to them.

Multidisciplinary or specialist nurse clinics

- Multidisciplinary teams worked across the outpatients departments. The trust had a nurse specialist-led atrial fibrillation (AF) clinic for cardiology. The AF clinic provided a one-stop clinic with individualised care and treatment plans for newly diagnosed AF patients.

Urgent and next-day clinics

- Staff informed us that they offer urgent appointments depending on the circumstances of the patient.

Use of national guidelines and audit

- The trust had completed audits and surveys in the outpatient clinics. These included audits to understand why patients did not attend (DNA) the clinic.

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- The trust had completed an antibiotic audit to ensure that prescribing was in line with clinical guidelines.
- Some audits had been completed and changes implemented to improve the effectiveness and outcomes of care and treatment for patients. The hospital's use of audits and surveys for outpatient clinics was under review at the time of our visit.
- Medical staff explained to us the systems they used to review their effectiveness by keeping up to date with best practice guidance.

Are outpatients services caring?

Good 

- Patients visiting the outpatients department were treated with respect, dignity and compassion. Patients felt they were involved in decisions about their care, and on the whole they spoke highly of their care. Patients were supported when they received a difficult diagnosis and staff explained choices for treatment.

Compassionate care

- The trust completed a local survey of outpatients in 2013. We reviewed some local outcomes of the survey and found that patient comments were mainly positive.
- We observed that staff interactions with patients were caring and considerate. Patients were treated with respect, dignity and compassion.
- Patients told us: "I've been treated well and with respect by all the staff"; "I'm happy with my treatment and the staff are very friendly"; "The staff are lovely and I have no complaints"; "I am treated well; the staff don't look down on me"; and "The staff have been very pleasant and helpful." Staff told us, "We pride ourselves on providing a very good service to people." Facilities were provided for confidential conversations with patients.
- If patients needed to wait for appointments or transport they were supported. A patient told us, "I have been told that there is a delay to see the doctor and I have only been waiting about 15 minutes." A plan of action was used if patients had waited one hour for transport.
- Chaperones were available.
- Patient records were completed appropriately, particularly with regard to documenting discussions with patients.

Patient involvement in care

- Patients spoke positively about how they had been involved in decisions about their care and treatment.
- Patients had the opportunity to ask questions. Staff spent time with patients and explained their treatment to ensure that they understood it. Patients were able to talk with staff about any concerns they had.

Emotional support

- Patients were supported when they received a difficult diagnosis and staff explained choices for treatment. Patients were given a named contact in the hospital. Clean toys were provided for children.

Are outpatients services responsive to people's needs? (for example, to feedback?)

Good 

The hospital understood the needs of the different communities it served. The hospital reviewed clinic statistics monthly to improve efficiency and reduce waiting times. The hospital improved its clinic attendance rate using electronic messaging to contact patients. Clinic visits were supported for patients with dementia-related conditions, a learning disability or a visual or hearing impairment. The hospital wrote to patients and their GP within one week of the outpatient clinic. However, staff informed us that GPs did not receive sufficient information about services provided at the hospital. Out of hours services were not provided by the hospital. A minor injuries unit was operated by an external provider. Car parking was available at the hospital. We were informed that the outpatients service received very few complaints.

Key responsiveness

- The hospital reviewed clinic statistics monthly. Cancellations, delays in clinics, waiting times, clinic start times and waiting times were displayed in clinic areas. The hospital reviewed the management of clinics to reduce waiting times for follow-up appointments. The hospital understood the needs of the different communities it served. A member of the medical staff

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told us, “This is the best outpatients department I have ever worked in. It’s fantastic from the point of view of the patient because we can deliver the service close to home.”

Ensuring attendance

- Patients who were due to attend an appointment at an outpatient clinic were sent an initial letter with a map of the hospital that located the clinic they were expected to attend. The letter included contact details for them to use if they were unable to attend their appointment.
- The trust had improved the clinic attendance rate by using text messaging and automatic telephone messaging.
- There was appropriate signage in hospital corridors to direct patients to clinic areas.
- Lifts had audio notices next to them and signs were also written in Braille.

Access for all patients

- Patients with dementia-related conditions were supported to attend their outpatients clinic. We found that patients with a learning disability and visually or hearing-impaired patients were also supported. Written information was available in large print on request. Signers were available to attend clinics in order to support patients with a hearing impairment.
- Patients with a first language other than English were supported. We observed that the self-check-in facility in the reception area included a ‘please select your language’ prompt. Clinics had access to interpreters and also to a translation telephone service. Written information was available in several languages on request.
- Clinics for bariatric patients were available at another hospital within the trust.
- The trust used the NHS ambulance service to provide patient transport for patients to attend outpatient appointments. The ambulance service completed quarterly audits on waiting times for patients and patient surveys about their experience of using the transport service.

Communication with patients and GPs

- Patients were given ‘treatment advice notes’ with recommendations for treatment to take to their GP. The

hospital wrote to patients and their GP within one week of the outpatient clinic. Patients were offered a named contact and an email address to which they could send any questions.

- GP referrals and their appropriateness were audited and fed back to the patient’s GP.
- Staff in a focus group informed us that GPs did not receive sufficient information about services at the hospital.

Environment

- Car parking was available at the hospital on payment of a fixed fee.
- The reception area was provided with seating, and drinks and snacks were available in the main reception area, courtesy of a voluntary provider.
- The ambulance service provided patient transport. Information about transport for patients was displayed in the public area.

Complaints handling for the hospital

- Complaints were handled in line with trust policy. We were informed that the outpatients service received very few complaints.
- Initially, complaints were dealt with by outpatients department staff. Patients were given guidance if they wished to make a formal complaint. A Patient Advice and Liaison Service (PALS) was also available to progress complaints. Information leaflets about the complaints service were available for patients. Complaints information was also available on posters displayed in several languages. Patients told us that they knew how to complain if they needed to do so.
- We found that the resolution of complaints and any learning as a result were discussed at staff meetings.

Are outpatients services well-led?

Good 

Executive directors visited the service and staff knew who they were. Staff in a focus group told us that they liked working for the hospital. Staff said they felt well supported. Staff worked well together and there was obvious respect, not only between the specialties but across disciplines. Risk management processes were in place. The outpatients directorate maintained its own risk register and staff could explain how they identified risks and what they did to

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manage risks. Examples of developing innovation were described to us that involved the contribution of staff in the outpatients department. Staff in a focus group confirmed that their appraisals were up to date. The potential of staff of various grades and disciplines was developed. Staff recognised the need to develop more nurse-led clinics for the outpatients department.

Leadership of service

- The outpatients department located at the hospital was part of the outpatients directorate. There was a leadership structure for the department and staff mainly understood the structure, who their line manager was and who they reported to within the structure. Staff felt that they could share any issues with their manager. However, some staff in a focus group were unclear about how the CSU structure related to the service they worked in.
- Executive directors visited the service and staff knew who they were. Staff were aware of executive director communications including 'Start the Week'. Staff acknowledged that executive communication had recently improved, particularly from the chief executive. A team briefing was held monthly by senior managers who then cascaded information to staff within five working days.

Culture within the service

- Staff in a focus group told us they liked working for the hospital. Staff said that they felt well supported. Staff worked well together and there was obvious respect, not only between the specialties but across disciplines. A member of the medical staff told us, "Staff here are very good; there is very good staff morale and people enjoy working here." We found that staff used a communication book for informal messages to each other.
- Staff in outpatients spoke positively to us about the service they provided for patients. Quality and patient experience were seen as priorities and everyone's responsibility. Staff felt that the department focused on the importance of a positive experience for patients.
- Service-level staff survey data was not available, but overall the trust scored above average for staff engagement in the 2013 staff survey.

Vision and strategy for this service

- The trust vision was visible throughout the wards and corridors of the hospital. Staff were able to repeat the

vision to us in a focus group. During conversations with staff, they could explain the outpatients department's mission statement. The Wharfedale Hospital outpatients department's mission statement (dated August 2013) was displayed in the patient area. Managers and staff contributed to an outpatient transformation project to improve the quality of the outpatient services. This project was reviewing:

- DNA rates
- text and voice reminders
- hospital cancellations
- repeat hospital cancellations
- appointments cancelled by patients
- late additions (clinics booked less than 24 hours before their start time)
- the percentage of patients seen within 30 minutes
- patient insight
- Clinic utilisation.
- Staff recognised the need to develop more nurse-led clinics for outpatients

Governance, risk management and quality measures

- Quarterly governance meetings and team meetings were held within the directorate and all staff were encouraged to attend, including junior members of staff. Complaints, incidents, audits and quality improvement projects were discussed at team meetings.
- Risk management processes were in place for the trust and included Wharfedale Hospital. The outpatients directorate maintained its own risk register, which included Wharfedale Hospital. Staff could explain how they identified risks and what they did to manage risks.
- A quality dashboard for outpatients was in development so that senior staff could understand what 'good looks like' for the service and what they were aspiring to provide.
- A health and safety audit had recently been completed for some areas of the hospital, but the results were not yet ready for review.

Innovation, learning and improvement

- The trust had begun to use text messaging and automatic telephoning to remind people about appointments. This had reduced the DNA rates for appointments. In addition, appointments were now not booked until six weeks before they were required, which had also reduced the DNA rates for services using the scheme.

Outpatients

- Innovation was encouraged from all staff members across all disciplines. Junior doctors and student nurses were involved in quality improvement projects and staff were able to give examples of practice that had changed as a result of these.
 - Outpatient staff at one hospital within the trust had developed a quality manual and care and compassion standards. These included competencies for staff to achieve and were being shared across all the outpatient departments.
 - Staff who were new to their role received an induction. Good induction was reported by medical staff. The induction for unqualified staff and recent joiners included an introduction to the hospital as well as to the trust. Unqualified staff and recent joiners received shadowing opportunities, a probation period and mentoring support.
 - On the whole, staff felt that training was accessible to them. Senior medical staff contributed to, and attended, weekly teaching sessions. Unqualified staff and recent joiners felt supported with their training needs. Completion of statutory mandatory training had recently been linked to the appraisal system. For most areas, we were informed that mandatory training of staff was completed.
- Managing and developing staff**
- The department had arrangements in place for managing and developing staff. We found that appraisals of staff performance took place and learning needs were identified. Staff in a focus group confirmed that their appraisals were up to date. Medical staff took part in 360 appraisals of themselves and of colleagues.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 23 (1) (a) & (b) HAS 2008 (Regulated Activities) Regulations 2010 Supporting workers.</p> <p>There were not suitable arrangements in place to ensure that staff were supported to enable them to deliver care and treatment to service users safely and to the appropriate standard.</p> <p>Not all staff had completed their mandatory training or had the opportunity to attend training to enhance or maintain their skills.</p>