

Wrightington, Wigan and Leigh NHS Foundation
Trust

Thomas Linacre Centre

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

Outstanding



Outpatients and diagnostic imaging

Outstanding



Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected the Thomas Linaker Centre as part of the comprehensive inspection of Wrightington Wigan and Leigh NHS Foundation Trust. We rated the outpatient and diagnostic services at the Thomas Linacre Centre as good overall.

Our key findings were as follows:

- The hospital met the department of health target in providing appointments for patients within 18 weeks.
- Patients received care based on local and national guidelines. The breast screening unit performance was above national targets. A holistic service was offered to patients requiring treatment.
- Areas were visibly clean and tidy.
- Incidents were recorded and investigated appropriately. Records were usually available, of good quality and stored securely overnight. Medicines were appropriately stored and were within expiry date. Risks were identified and mitigated. Nurse and medical staffing was adequate. Staff received appraisals annually and were given opportunities to develop their skills.
- Services were not operating seven days a week at the time of our inspection but occasional evening and Saturday morning clinics did take place.
- Patients told us staff were caring and we saw them deal with patients in a kind and polite manner and understood the principles of consent and best interest decision making. Staff were able to meet the needs of local people with translators available for patients whose first language was not English.
- Low numbers of complaints were received but details about complaints were shared in order to share learning.
- Service values were evident and staff and public engagement took place regularly. Staff felt that managers listened. Governance was in place and reviewed in monthly meetings. Risk was also managed and mitigated.

We saw outstanding practice including:

- The achievements of the breast team which deserve particular recognition. The staff achieved screening targets above national average and managed a large catchment area of patients. The specialist nurses ensured a holistic patient approach and considered psychosocial aspects of women having breast surgery by offering a complete service. There is evidence of continuous learning and participation in audits.

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

Outstanding



Why have we given this rating?

We rated the outpatient and diagnostic services at the Thomas Linacre Centre as outstanding overall. Incidents were recorded and investigated appropriately. Areas were visibly clean and tidy. Staff told us records were usually available, of good quality and stored securely overnight. Medicines were appropriately stored and were within expiry date. Risks were identified and mitigated. Nurse and medical staffing was adequate. Staff received appraisals annually and were given opportunities to develop their skills.

Patients received care based on local and national guidelines. Services were not operating seven days a week at the time of our inspection but occasional evening and Saturday morning clinics did take place. Patients told us staff were caring and we saw them deal with patients in a kind and polite manner and understood the principles of consent and best interest decision making.

Staff were able to meet the needs of local people with translators available for patients whose first language was not English. There was ample car parking on site. The hospital met the department of health target in providing appointments for patients within 18 weeks. Upon arrival at clinic, wait times varied dependent upon the specialty. Patients attending for plain film x-rays did not have to wait, but there were waits of up to two hours for patients attending orthopaedic clinics. Staff offered patients a pager to enable them to leave the waiting area and any delays were displayed on noticeboards. The breast screening unit worked within national guidelines and performance was above national targets. A holistic service was offered to patients requiring treatment.

Low numbers of complaints were received but details about complaints were shared in order to share learning.

Service values were evident and staff and public engagement took place regularly. Staff felt that managers listened. Governance was in place and reviewed in monthly meetings. Risk was also managed and mitigated.

Thomas Linacre Centre

Detailed findings

Services we looked at

Outpatients and diagnostic imaging

Detailed findings

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Background to Thomas Linacre Centre

The Thomas Linaker Centre is a service provided by Wrightington Wigan and Leigh NHS Foundation Trust.

Our inspection team

Our inspection team was led by:

Chair: Bill Cunliffe, Consultant colorectal surgeon with 6 years' experience as a medical director

Acting Head of Hospital Inspections: Lorraine Bolam, Care Quality Commission

The team included a CQC Inspection Manager, two CQC inspectors and a variety of specialists including a consultant haematologist and a nurse.

We did not have any Experts by Experience on the team but held a listening event on 2 December 2015 which was attended by a number of local people who had experienced the services at Wrightington, Wigan and Leigh. It was also attended by the local Healthwatch team who shared information they had received about services.

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 inspected the following core service at Boston House;

- Outpatients.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. We interviewed staff and talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

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 Wrightington, Wigan and Leigh hospitals

Detailed findings

Facts and data about Thomas Linacre Centre




Between January and December 2014 the centre saw 135,556 patients. Twenty percent of these were first appointments and 53% were follow up appointments. The remaining 27% were either cancellations or patients failing to attend.

The centre provides 96 consultant led clinics per week covering anti-coagulation, cardiology, haematology, diabetes, breast biopsy, endocrinology, gastroenterology, hepatology, nephrology, surgery, oncology, plastic

surgery, rheumatology, ear, nose and throat (ENT), pain management, urology and women's' health. The paediatric outpatients department provides clinics covering cardiology, nephrology, urology and diabetes. The trust also hosts the Breast Screening Service for Wigan and South Lancashire at the Thomas Linacre Centre and is responsible for three mobile screening units.






Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	N/A	Good	Outstanding 	Good	Outstanding 
Overall	Good	Not rated	Good	Outstanding 	Good	Outstanding 

Notes

Outpatients and diagnostic imaging

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

Information about the service

A range of outpatient and diagnostic services are provided by Wrightington Wigan and Leigh NHS Foundation Trust at The Thomas Linacre Centre under the specialist services division. The centre has been open to outpatients since 2002.

The main outpatients department is located on the ground floor and there is a paediatric outpatients department on the first floor. Between January 2014 and December 2014 the centre saw 135,556 patients. Twenty percent of these were first appointments and 53% were follow up appointments. The remaining 27% were either cancellations or patients failing to attend.

The outpatients department provides 96 consultant led clinics per week covering anti-coagulation, cardiology, haematology, diabetes, breast biopsy, endocrinology, gastroenterology, hepatology, nephrology, surgery, oncology, plastic surgery, rheumatology, ear, nose and throat (ENT), pain management, urology and women's' health. The paediatric outpatients department provides clinics covering cardiology, nephrology, urology and diabetes. The trust also hosts the Breast Screening Service for Wigan and South Lancashire at the Thomas Linacre Centre and is responsible for three mobile screening units.

During our inspection we observed interactions with five patients and spoke with 14 members of staff including senior managers, receptionists, and nurses and spoke to two volunteers We analysed information provided by the trust before and after our inspection.

Summary of findings

We rated the outpatient and diagnostic services at the Thomas Linacre Centre as outstanding overall.

Incidents were recorded and investigated appropriately. Areas were visibly clean and tidy.

Staff told us records were usually available, of good quality and stored securely overnight. Medicines were appropriately stored and were within expiry date. Risks were identified and mitigated. Nurse and medical staffing was adequate. Staff received appraisals annually and were given opportunities to develop their skills.

Patients received care based on local and national guidelines. Services were not operating seven days a week at the time of our inspection but occasional evening and Saturday morning clinics did take place. Patients told us staff were caring and we saw them deal with patients in a kind and polite manner and understood the principles of consent and best interest decision making.

Staff were able to meet the needs of local people with translators available for patients whose first language was not English. There was ample car parking on site.

The hospital met the department of health target in providing appointments for patients within 18 weeks. Upon arrival at clinic, wait times varied dependent upon the speciality. Patients attending for plain film x-rays did

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not have to wait, but there were waits of up to two hours for patients attending orthopaedic clinics. Staff offered patients a pager to enable them to leave the waiting area and any delays were displayed on noticeboards.

The breast screening unit worked within national guidelines and performance was above national targets. A holistic service was offered to patients requiring treatment.

Low numbers of complaints were received but details about complaints were shared in order to share learning.

Service values were evident and staff and public engagement took place regularly. Staff felt that managers listened. Governance was in place and reviewed in monthly meetings. Risk was also managed and mitigated.

Are outpatient and diagnostic imaging services safe?

Good



We have rated outpatient and diagnostic services at the Thomas Linacre Centre as 'Good' for providing safe care.

Services adopted a culture where incidents were reported and investigated, with action taken to limit recurrence. Staff were open and honest in their approach when things went wrong.

Medicines were stored correctly and were within expiry date. Records were available routinely and of good quality.

There was a focus on safeguarding practice with a dedicated trust team available to support staff. Mandatory training was monitored by managers, and staff were given time to complete training. Ninety seven percent of staff were up to date with mandatory training which was above the trust target of 95%.

Patient risks were identified and managed with appropriate measures in place to mitigate them. Nurse and medical staffing was adequate. Staff were familiar with major incidents and aware of the process should a major incident be declared.

Incidents

- Staff spoke about a culture of reporting and learning from incidents. In May and August 2015 the outpatient department reported a total of six incidents. Five of these resulted in low or no harm and one resulted in minor injury to a staff member when opening a door.
- Staff used an electronic system to report incidents. They received email notifications to confirm receipt and outcome of investigations.
- Local incident analysis was done by each clinical group, for example, in each clinic the unit manager shared learning from incidents with other staff in the team. Radiology used a rapid review model for finding causes and making improvements. Management described the process as a 'name and train' exercise. Results of investigations were seen on staff noticeboards.
- Staff in the breast unit gave us an example of what to do when things went wrong. In 2013 there was a hardware failure on a mobile scanner and 47 patients' images

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were lost. Patients were contacted, offered an apology and asked to repeat the test. Root cause analysis was done and the manufacturers of the equipment were involved. The Radiation Protection Advisor was contacted and NHS England commissioners informed. All appropriate analysis was done and the manufacturers could offer no explanation. Senior staff were aware of the Duty of Candour. This is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Information about Duty of Candour was displayed on the staff noticeboard.

- Staff in the breast unit gave us an example of being open and honest when things went wrong. When a system failure resulted in images being lost, actions included contact with all patients to ensure they were aware and invited for another scan.

Cleanliness, infection control and hygiene

- The areas we inspected were visibly clean and tidy. We spoke to staff who had completed an infection control course. They explained the cleaning processes undertaken.
- Between April and August 2015, the centre scored 100% for hand hygiene compliance.
- There were an adequate number of hand gels to support hand hygiene at the entrance and exit to the clinic. We observed all staff adhering to the 'bare below the elbow' policy.

Environment and equipment

- The outpatient department had three resuscitation trolleys. These were kept on the ground floor in each suite along with a defibrillator and emergency drugs in Suite one. The paediatric resus trolley was kept in the children's area and could be moved if needed. Checks were completed daily and we saw that these were up to date and signed correctly.
- Other equipment including the blood pressure (BP) monitors and the hoist was regularly maintained and serviced and records were evident.
- All equipment inspected had evidence of portable appliance tests performed for electrical safety and conformed with regulations.

- The breast unit had sufficient equipment to offer patients scans and biopsies at one visit. The unit had a wide bore vacuum assisted biopsy device that was donated to the unit. The equipment was cleaned and maintained regularly.
- The breast scanner had the ability to perform digital tomosynthesis and could create a three dimensional image. Digital tomosynthesis is a new technique which is believed to give a clearer image of denser breast tissue and is more comfortable than conventional screening. It is not routinely available in the UK and not currently a recommendation of the National Institute for Clinical Excellence (NICE) so this facility was not used regularly but prepared for the future. The software that allows this to occur is due to be purchased by the Trust. All screening equipment was regularly maintained, up to date and quality assured by radiation protection staff and records were seen at the inspection.
- The trust provided three mobile scanning units that provided a breast screening service for women in Wigan and South Lancashire. The mobile units were not inspected as they were not accessible at the time of inspection.
- The diagnostics suite consisted of ultrasound, electrocardiogram (ECG), x-ray and a phlebotomy service. There were two x-ray rooms and two ultrasound rooms.
- Appropriate radiological and hazard signage was displayed throughout the x-ray area that complied with Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). There was also a set of 'local rules' displayed which followed radiation protection guidance and supported the safe use of equipment.

Medicines

- Nursing staff told us that medicines were rarely used in clinics; however stocks of paracetamol and topical anaesthetic were stored in case they were needed. The topical anaesthetic creams required storage at low temperature. These were stored in fridges and we saw that daily checks were done to ensure the correct temperature range was maintained.
- Keys to medicine cupboards were held by the nurse in charge to prevent unauthorised access.
- No controlled drugs were stored in the centre.
- As there was no interventional radiology performed in the centre, it was not necessary for the diagnostic suite to hold anaphylaxis drugs.

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- There was an on-site pharmacy that allowed patients to leave the clinic with the medicine they had been prescribed.

Records

- Records were in paper format and kept in the clinic rooms when seeing patients. No audits were completed to capture information in terms of how many patients were seen without notes.
- We saw staff take steps to ensure records were never left unsupervised. If senior staff were called away from the room, other staff members were asked to attend the room instead.
- The trust also used an electronic patient record system which stored duplicate records for use when the paper record was not available.

Safeguarding

- The trust had a team dedicated to safeguarding for children and adults which supported staff with advice if required. Trust safeguarding policies were available via the trust intranet.
- Staff were trained in both child and adult safeguarding. One hundred percent of staff were up to date with adult safeguarding training. Child safeguarding training was provided in one of three levels dependent upon how involved staff were with patients. All staff were up to date with levels one or three. No staff were required to complete level two.

Mandatory training

- Mandatory training was completed annually via e-learning modules, accessible via the trust intranet. Staff received reminders via email that they were due to renew their training.
- The figures for outpatient department mandatory training at Thomas Linacre centre was 100% for clinic staff. All confirmed that they were up to date with training in line with the trust target of 95%. There was a robust process of reminder emails sent to staff at 90, 60 and 30 days prior to training days and a copy of the email was also sent to the line manager. This helped ensure compliance.

Assessing and responding to patient risk

- There were reliable systems, processes and practices in place to assist in keeping patients safe. The trust had a comprehensive resuscitation policy that defined the

levels of competency each level of staff needed in order to manage a patient suffering a cardiopulmonary arrest. Basic life support training was given to all staff who had patient contact whether clinical or non-clinical.

- Guidance was in place for staff should a patient's condition deteriorate whilst under their care. As there was no accident and emergency department on site, staff called 999 if emergency care or treatment was required.
- Resuscitation equipment was available and ready for use should it be required with equipment checked daily.
- Robust processes were in place to ensure there was no risk of pregnancy prior to radiological imaging taking place. This was noted to be clearly documented and staff were aware of the procedure.
- The staff allocated to the role of Radiation Protection Supervisor (RPS) was enrolled on the RPS training to begin in March 2016. The superintendent radiographer at the Royal Albert Edward Infirmary was available to contact for advice during working hours. An RPS is a legally recognised person who acts as an adviser regarding the Ionising Radiation Regulations 1999. RPS's also produce an annual report. We reviewed the trust's RPS report for 2014 which raised no issues. We received assurance from the North West Medical Physics department that the supervision was acceptable.
- Radiation levels were monitored on one of the other hospital sites (Royal Albert and Edward Infirmary), in public areas close to where radiation was used. These showed that between April and June 2015 the trust was compliant with dosage except for one area adjacent to the Emergency Department. Here the dosage was slightly above the range for the general public, but acceptable for radiology staff. Radiation levels had not been monitored at the Thomas Linacre Centre since 2011, however the type and nature of work undertaken had not changed in this time and results were within normal parameters. However, this was highlighted in the annual Radiation Protection Supervisors report published in March 2015.

Radiology and Nursing staffing

- A team of three radiographers worked in the two x-ray rooms at the Thomas Linacre Centre. There was one radiographer permanently based at the centre and the other staff rotated between the centre and other trust

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sites. This rotation ensured continuity of service at the centre as there was a pool of trained staff available. Managers at RAEI were responsible for arranging staff cover.

- Radiography aides were permanently employed to assist in the diagnostic department. They were responsible for patients in both x-ray and ultrasound. Their duties included preparing patients for their appointment and escorting them to the exam rooms.
- There were four sonographers employed at the centre who performed scans in both maternity and general sonography. On the day of our inspection, staff were covering both areas due to staff sickness.
- The breast screening team worked independently of the other trust staff and staffing was managed by the service manager. The mobile scanning units were staffed by two mammographers and when asked about sickness or absence the manager explained that staff were available to backfill.
- The outpatients department had 35 clinic staff in total. A band seven sister managed nine nurses and 24 band two staff (nursing assistants and administration). The sister was responsible for planning and reviewing staffing levels and maintaining the service.
- Outpatient clinics were organised at least a month in advance. Staff planning rotas knew the staffing requirements for each clinic; however there was no written process for this which left us unsure how the department would manage if an experienced staff member was unavailable.

Medical staffing

- Medical staffing was organised by each speciality. Senior nurses who ran the clinics told us there were rarely issues with medical staffing for clinics other than unavoidable delays. Unavoidable delays included surgeons delayed in theatre or called to perform emergency surgery.

Major incident awareness and training

- A trust major incident policy and a business continuity plan were in place to support staff and maintain core business should a major incident be declared.
- Staff explained their actions during a major incident, such as transferring to other sites to provide clinical support.

- Staff explained the process, should a patient come into the department with suspected Ebola symptoms. Ebola is a serious virus originating in Africa.

Are outpatient and diagnostic imaging services effective?

Outpatient and diagnostic services are not rated in the effective domain, however there were many aspects of the service that demonstrated excellent outcomes. Audits were undertaken that showed evidence of improved patient care. Staff were supported to enhance their skills and peer review in radioigraphy teams enhanced staff competency.

Staff used guidelines, procedures and policies to support them when providing care for patients. Radiology staff had access to 'local rules' in line with Ionising Radiation Regulations 1999.

Pain relief was not routinely required in outpatients but paracetamol and topical anaesthetic was kept in case required.

Departments regularly took part in audits and presented them to colleagues which promoted learning and improved services. Nursing staff assisted medical staff and patients when collecting audit data. Hand hygiene and cleanliness audits were completed regularly.

Staff received appraisals, and were given opportunities to enhance their learning. They worked together to share knowledge and provide better care for patients. Services were not routinely provided on a seven day basis but clinics were held in the evening and occasionally on a Saturday morning to prevent waiting lists growing.

Staff were able to access the information required to provide services to patients and reported few occasions when information was unavailable.

Staff understood consent and we saw evidence that consent was obtained in writing when required. Staff also understood mental capacity and explained their actions should a patient lack the capacity required to make decisions about their care.

Evidence-based care and treatment

- Staff used local guidelines (such as peri-operative anti-coagulant guidelines) and national guidelines by the National Institute for Health and Care Excellence

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(NICE), the Royal College of Nurses and the British Association of Urological Surgeons Limited in line with trust procedures. Guidelines, protocols and policies were available on the trust intranet.

- An audit of autism patient satisfaction was presented in June 2015. The aim was to assess improvement in the service provided since 2012 and to assess adherence to NICE guidance. The results showed that some improvements had been made but an action plan was put together to further improve the service, including a standardised pro-forma for assessment and a patient information leaflet to be developed.
- The radiology department had introduced a quality improvement process that monitored if standard operating procedures were adhered to by imaging staff. If an image was seen to be sub optimal at the reporting stage then it was flagged on the electronic system as a patient trigger. An email was sent to the staff member that generated the image and all images that were subject to a patient trigger were printed and reviewed by three peers each monthly. The exercise was trust-wide. Each month the number was decreasing, showing the study was having a positive effect.

Pain relief

- We discussed pain relief with the nursing sister in the clinic. We were told that paracetamol and topical anaesthetic was kept but rarely used. If necessary the clinician would write an outpatient prescription to be dispensed in the pharmacy onsite. Oncology patients could also collect prescriptions for pain relief from the pharmacy.

Patient outcomes

- Between January 2015 and October 2015 the follow-up to new rate at Thomas Linacre Centre was 2.3% which was better than the England average.
- Staff participated in a range of audits to measure performance over time. Areas of performance included patient satisfaction, cleanliness, hand hygiene and completion of patient records.
- Different specialties contributed to internal and external clinical audits. For example, the breast screening unit had an annual rolling programme of audits including holistic assessment audit, breast care patient experience and a post breast surgery tattoo service audit.

- Some local audits used patient data from clinics on multiple sites. For example, anticoagulant staff completed an audit in 2015 of patients with elevated International Normalised Ratio (INR) levels. The audit identified causes and symptoms of raised INR levels, as well as the need for good communication to enable effective monitoring and management of patients.
- Radiology staff completed audits in areas such as the classification of thyroid nodules which showed staff were performing above the required standards.
- Audit days were held monthly or twice monthly, dependent on the speciality and gave staff the opportunity to share and discuss progress or audit results.
- The audiology department at the Thomas Linacre Centre was registered with the United Kingdom Accreditation Service (UKAS) to perform adults in audiology assessment, rehabilitation and tinnitus. The unit performed tests to the accredited standards.

Competent staff

- Outpatient staff received regular annual appraisals where development and performance was discussed. The trust record for appraisal compliance for outpatients included staff at the Royal Albert Edward Infirmary and the Thomas Linacre Centre together. The compliance figure was 73.8%. A nursing sister at TLC told us her staff were 100% compliant and showed us her schedule. In radiology, only one of the two non-rotational staff had received an appraisal.
- Staff had opportunities to enhance their skills. For example, one member of staff has undertaken an acupuncture course and two members of staff had been trained to provide an allergy service.
- The breast imaging staff checked their own competencies following the national breast screening service self-assessment guide. Twenty images were examined each month to discuss if improvements could be made. This work contributed to staff continued professional development.

Multidisciplinary working

- We saw evidence of staff working together with staff from different specialties to learn and provide a good service for patients. For example the three specialist

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breast nurses work alongside the surgical team to manage the patient journey. They liaise with ward staff, discharge liaison and district nurses to ensure a seamless service for breast patients.

Seven-day services

- We asked the nursing sister about late night and weekend clinic provision. We were told that they were reviewing clinic hours and whether it would be beneficial in having one late night service, until 8.30 p.m. per week. The outpatients department at the Royal Albert Edward Infirmary had trialled Saturday morning clinics to alleviate waiting lists in surgery and medicine. However the trial showed that Saturday clinics were not well attended and were therefore discontinued.

Access to information

- Staff reported having access to all the information required to see patients in clinic such as scan results, blood test results and GP referral letters. Pro formas were used wherever possible. If information was missing, staff accessed the electronic patient record (EPR) system or made contact with GPs.
- Radiography images were uploaded centrally and available on the intranet via the electronic system. The Clinical Director of Radiology spoke of his vision to have x-rays performed, reported and sent to the referrer before the patient left the department.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated knowledge of consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. For example, breast screening staff explained that patients with special needs had the right to refuse treatment. Other treatment options such as ultrasound were offered if this was the case. This option was used rather than implementing Deprivation of Liberty Safeguards.

Are outpatient and diagnostic imaging services caring?

Good



We rated services as 'Good' in the caring domain.

Patients told us staff cared for them in a polite and respectful way and were happy with the care and treatment they received.

Outpatient services used set standards to ensure levels of service were maintained and these were displayed for patients and visitors.

Clinical leads were available to provide specialist advice and support to patients and those close to them. Patients felt supported by staff during appointments.

Compassionate care

- Patients attending the urology clinic described staff as pleasant and helpful.
- Other patients said they were friendly and polite as well as knowledgeable and efficient.
- During the inspection we saw interactions with five patients. All staff approached the patient, introduced themselves and checked patient's details were correct. We saw staff explain what the test involved and checked if the patient was happy to proceed.

Understanding and involvement of patients and those close to them

- The services used a number of standards which were displayed for patients. One of the standards pledged to keep patients informed about their care, in a way that they could understand. The nine always events were on display in waiting room and testing rooms during our visit. Staff were aware of the always events and gave an example of offering drinks to patients and carers. They are ten essentials of patient care that should always happen, for example 'always introduce yourself to patients'.

Emotional support

- One patient described staff as cheering patients up during difficult times and said they offered reassurance.
- Clinical nurse specialists or 'leads' were available in areas such as haematology, oncology and venous thromboembolism. These staff were able to provide extra support and information to patients, enabling them to cope emotionally with their care, treatment or condition.
- In the breast unit the surgeon from the RAEI took the clinic in which the patient received a cancer diagnosis.

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The surgeon was also diagnostically trained. This allowed the patient to discuss all the options, and gave familiarity to patients as the surgeon followed the patient through their experience.

- The specialist breast care nurses were trained to help patients through the psychosocial aspects of having breast surgery. They managed the patient's journey, visited them on the ward pre and post-surgery and phoned them regularly at home. The nurses were trained to offer a post breast surgery tattoo service for patients who may require it post-surgery.

Are outpatient and diagnostic imaging services responsive?

Outstanding



We rated services as 'Outstanding' in the responsive domain.

The breast screening service ensured that peoples individual needs were met when planning the service. The mobile units were available and moved throughout communities of South Lancashire to provide a convenient service. Appointments could be made at a nearby unit at a time that suits the patient.

Services were provided for local patients as well as patients referred from other services. Pagers were available, enabling patients to leave waiting areas while waiting for their appointment. Local community groups were involved in the planning and development of the outpatient clinic environment to ensure that the service best served the population. The groups had developed a child friendly waiting area and work was ongoing to develop a dementia friendly suite.

Access and flow was monitored in a number of ways. The hospital met the Department of Health target in providing appointments for patients within 18 weeks. Waiting times in clinic varied depending on the type of appointment. For ultrasound scans and plain film x-rays patients waited an average of 14 minutes. Patients attending orthopaedic clinics told us that two hour wait times were not uncommon.

The breast screening service were performing above national targets in screening and diagnosing breast cancers and were screening 33,000 patients each year. Patients

diagnosed with breast cancer would then be cared for by the specialist breast nurses who followed the patient through surgery, discharge and follow up appointments. The nurses assessed their patients holistically and cared for their emotional well being and well as their illness.

There was a proactive approach to caring for individuals with learning difficulties. Out of hours visits to clinics were organised every two months for patients to become familiar with the clinic and staff before their appointment for treatment.

Translation services were available and staff knew how to provide this service for patients if required. Dementia care was promoted on notice boards.

The majority of complaints related to waiting times. Verbal complaints were dealt with at the time of complaint if possible and we saw this take place during our visit. Complaints were monitored and reported to senior management on a monthly basis. They were also shared with staff to promote learning.

Service planning and delivery to meet the needs of local people

- The main entrance of the clinic had two volunteers who could direct patients to outpatient suites. Access was on level ground directly from the car park and a bus service was available from outside the centre. A visual display informed patients which clinician was in attendance.
- The breast screening service was provided for the local community and the wider area of South Lancashire. The service invited 86,000 women per year to attend breast screening and annually see approximately 33,000 patients. Mobile scanners were placed in local communities and appointments sent to patients in that area. The staff co-ordinated with a haulage firm up to 12 months in advance where the units were to be placed and could therefore plan appointments accordingly.
- Pagers could be provided for patients attending outpatient clinics at the Thomas Linacre Centre to enable patients to leave the clinic area while they were waiting for their appointment. The pagers were also used by patients who are blind or deaf. Because the pagers lit up and vibrated when the clinic was ready for the patient. The range of the pagers enabled patients to leave the building and go to the bandstand in the park.

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- If delays in clinic occurred, the staff told us that they telephoned the security on the car park so that the patient was not fined.
- Reception areas were situated close enough to patients to enable staff to observe them waiting, but far enough away to offer patients privacy when speaking with receptionists. There were information leaflets available from Macmillan and the trust. There was taxi and local travel information displayed.
- The paediatric clinic area was child friendly and away from the main outpatient area. Here we found colourful walls and books and toys for children to play with. The area also offered free Wifi to patients waiting.
- A patient from out of the area, told us they preferred to attend the Thomas Linacre Centre rather than their nearest clinic because of the convenience for parking, access to the clinic and the service received in the department.
- The clinic currently does not offer an out of hours service but the outpatient sister told us a review was in progress to assess the need for an evening service until 8.30pm one night per week.
- The sister told us there was a plan in place to create a 'Talking Point' area in Suite 1. This would include brightly coloured chairs and a range of old and modern photographs on display. At the time of the inspection the cost of the changes was being estimated by the estates department. The outpatient staff had liaised with St Peters Pavillion, a local church group who provide community services.

Access and flow

- Access and flow was measured in a number of ways. These included; the percentage of patients referred for treatment within the Department of Health target of 18 weeks, waiting times following arrival at hospital, and time taken to report diagnostic imaging results. Clinic cancellation rates and patients who did not attend appointments were also monitored.
- Between July 2013 and August 2015 the trust performed better than the England average for referral times, with between 97.5% and 98.5% of patients seen within 18 weeks. The trust also performed better than the England average for the percentage of suspected cancer patients seen within two weeks. Between April 2013 and March 2015, a minimum of 97% of patients were seen within two weeks.
- Referral times for radiology patients varied according to the type of scan required. Patients waiting for non-obstetric ultrasound scans waited an average of 18 days and obstetric ultrasound waited 20 days between March and August 2015. Patients waiting for plain film x-rays waited an average of half a day and those referred with breast symptoms waited an average of 12 days.
- Patients attending the diagnostic services suite with an appointment waited an average of 11 minutes for an x-ray and 10 minutes for an obstetric ultrasound. The average wait in clinic for a breast scan was just over an hour between March and August 2015.
- The trust told us that the average time taken to report scan results varied from three days for plain film x-ray to within seven days for a breast scan. However a radiology report dated 20 August 2015 highlighted a significant back log of 1,867 reports waiting to be reported in July 2015. There are however in excess of 400 plain film x-rays undertaken every day which may explain the backlog. This figure was across all five sites in the trust and equated to 16% of the total number of x-rays performed. The trust took action to reduce this by producing a quality audit using reporting radiographer to report on plain film chest x-rays, who achieved 967 reports in August 2015, thus alleviating the work of the radiologist.
- Any delays in the clinic appointments were verbally announced to patients in the waiting room. A whiteboard was situated in each area and the delay time in 15 minute intervals was added to the board. Patients were also offered tea and biscuits if clinics had long delays.
- The waiting times for outpatient prescriptions at the Thomas Linacre Centre were between four and eight minutes per prescription on average from April 2015 to July 2015. The target set by the department was 15 minutes. This was breached, however, in August with an average dispensing time of 15.5 minutes.
- The breast screening service was monitored by the Quality Assurance Reference Centre (QARC) which ensured rigorous quality assurance standards were maintained. Information was recorded onto a live system that reported data in line with the Department of Health national breast screening standards (NBSS). From 1st April 2014 to 31st March 2015 the unit achieved, and in twelve out of fourteen objectives, out-performed the minimum or target levels. For example, the minimum standard for percentage of

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women who had a non-operative diagnosis of invasive cancer by needle histology after a maximum of two attempts was 90%, the target was 95% and the actual figure for the Wigan breast unit was 99.4%.

- The objectives to maximise the number of cancers detected, the QARC targets were a minimum of 3.6 per 1000 and a target of 5.1 per 1000, the breast unit achieved 7.41 per 1000. This means that the breast unit had detected more cancers than the national expectation between 1st April 2014 and 31st March 2015.
- Small cell cancers were detected more frequently than the national expectation at the Breast Screening unit. The target is 2.8 per 1000 and the unit achieved 3.71 per 1000.
- In breast screening, the national target for the interval between screening appointments was 90% of women should be seen within 36 months. For October 2015 97.2% of women were returning in less than 36 months, 98.8% of trust patients were seen within 38 months.
- In October 2015 1,938 women were screened and all reports had been completed within two weeks. Of the 104 women that then required assessment, 92% were seen within three weeks of the screening appointment.
- Between January 2015 and October 2015 the proportion of clinics where the patient did not attend for this trust was 5.8% which was lower than England average of 7%.
- Between January 2015 and October 2015 the trusts performance against the 6 week diagnostic standard showed an average 1% which was better than the England average, which meant across the trust patients waited less than average for diagnostic studies.
- A systematic approach was used where patients were sent for diagnostic tests such as x-rays and blood test before being called for consultation. This improved access and flow and was ensured the results were available for the consultant at the time of the appointment.

Meeting people's individual needs

- The specialist breast care nurses used a tool known as the 'Somerset system' for holistically assessing patients diagnosed with breast cancer. A care plan was produced and agreed with the patient and any issues identified from the holistic assessment were addressed in the plan.

- For patients with hearing difficulties, a hearing loop was available in all outpatient suites. The pagers both light up and vibrated and were also available to patients in the waiting room.
- Staff told us of a patient with learning difficulties who required audiology treatment. With advice from the learning disability team the staff invited the patient for desensitisation visits and over several weeks they became familiar with the staff and location until they were comfortable enough to be treated.
- For the last 12 months regular appointments were arranged, on alternate months for learning disability tours. Up to five patients attended an empty clinic and were shown around the rooms and audiology booths. The visitors had the opportunity to have height and weight checks done and sit with the staff and have tea and biscuits, this gave the patients confidence and familiarity when attending their appointment.
- The clinic has two staff who were dementia champions. Dementia patient records were marked with a forget me not sticker on the inside and patients are seen as quickly as possible. The outpatients department had 'twiddlemuffs' that were given to attending dementia patients to occupy them in the waiting room and take home after their appointment. Twiddlemuffs have been designed and developed to provide simple stimulation for active hands, while promoting increased flexibility and brain stimulation. Many patients with dementia have found the Twiddlemuff reassuring and comforting. The trust produced a leaflet for volunteers, explaining the purpose of the muffs and knitting instructions.
- The manager of the breast screening unit explained that ladies with learning difficulties can become anxious during the screening process. The unit will offer those patients an ultrasound screen as an alternative that is less restrictive and a more pleasant experience. The service leads for radiology were working towards all diagnoses being performed and results available prior to consultation to improve the patients' experience.
- The breast screening service had a web page on the trust website. It answered many questions that patients may have. It provided information leaflets instantly in 19 different languages. There was a virtual tour of the mobile screening unit in order to alleviate patient's fears before arrival for appointment.

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- The waiting area was light and spacious with plenty of seating. There was also a cafe and vending machines selling drinks and snacks. There was a television screen displaying which clinics were taking place in each suite.
- The breast unit was situated at the end of a corridor and was not a thoroughfare offering patient's privacy; it had a dedicated reception desk within the waiting room.

Learning from complaints and concerns

- Between January 2015 and November 2015 the centre had received no complaints. A 'how to make a complaint' poster and information relating to the patient advisory liaison service (PALS) service was seen displayed in clinic. Staff explained that, if any patients were unhappy, they would deal with the issues at the time.

Are outpatient and diagnostic imaging services well-led?

Good



We rated services as 'Good' in providing well led services for patients and those close to them.

Senior staff were passionate about the department's strategy and the trust values were evident in the places we visited. Governance meetings were held monthly. Risk was managed through a local risk register which contained information about mitigation, risk scores and review dates.

Staff felt supported by managers and safe to raise issues. The outpatient department engaged with the public, holding group meetings and obtaining their thoughts about services through the use of questionnaires. They also liaised with a local school to promote cleanliness, and local art work produced by the children was displayed in the waiting area.

The trust had a department dedicated to staff engagement and produced reports which demonstrated improvements annually.

Vision and strategy for this service

- Staff were aware of the trust's vision and values which were promoted through the trust intranet system. The vision is to be in the top 10% of everything they do.

- Senior radiology staff were enthusiastic about their strategy for improvement. A strategic plan was in place to help the department achieve goals such as reducing reporting times, improving service delivery at weekends and succession planning. The radiology department was part of a regional initiative called 'Healthier Together'. This project, managed by commissioning bodies, aimed to link regional hospitals together to improve the standard of care for patients.
- The clinical director for radiology told us that the service currently had a 96% same day reporting service at the time of inspection and the vision of the service was to report diagnostic images within 2 hours.

Governance, risk management and quality measurement

- Monthly staff meetings were held in different specialities such as urology.
- Team meetings were held daily, weekly or monthly depending upon the department. Senior staff told us that minutes were taken at these meetings and emailed to staff or were available to view on the trust intranet. Copies were also displayed in staff rooms and on notice boards.
- The quality of radiology scans was measured with findings recorded centrally. This involved identifying poor quality scans and, following review, feeding back to the staff member responsible. Following initial concerns about this method, staff told us they now saw the benefit and engaged with the process. Results showed less than 0.07% of scans were reviewed as poor between June and August 2015.
- There was a divisional risk register in place which recorded risks for each specialism. The register included a description of the risk, a risk score, current and additional mitigation action, a named person responsible for dealing with the risk and a review date. Risks corresponded with the issues senior staff highlighted to us and their action plan for addressing those risks.
- The radiology department had introduced a quality improvement process that monitored if standard operating procedures were adhered to by imaging staff. If an image was seen to be sub optimal at the reporting stage then it was flagged on the electronic system as a patient trigger. An email was sent to the staff member that generated the image and all images with patient

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trigger were printed and reviewed by three peers each monthly. The exercise was trust-wide. Each month the number was decreasing, showing the study was having a positive effect.

Leadership of service

- The newly appointed outpatient manager had her office at the Thomas Linaker Centre. This was welcomed by staff as the manager was visible and more approachable on the same site.
- The leaders of the services were passionate and driven to achieve the best they could for the trust. All managers were proud of their trust and their achievements within their specialities.
- They were familiar with the challenges to the service and, although the future was uncertain regarding trusts merging services, the senior staff had a passion that demonstrated their commitment to the service.
- An outpatient productivity group was newly formed within the management team and was to focus on specific key performance indicators within the business support group. The outpatient manager told us that issues such as cancellation rates, addition of text reminders to breast screening patients and first appointment average wait times were on the agenda.

Culture within the service

- Clinic staff felt engaged with and were happy to make service improvement suggestions, lessons were learnt from errors and seen as a way to tackle issues. Staff told us they “loved the team work” and “one of the nicest trusts with a no blame culture”.
- There was a culture of team work and peer support within the centre. Staff were aware of the trust ‘wheel’. A section manager told us she felt supported in her role and not afraid to ask ‘silly’ questions.
- The trust ‘10 Always events’ were on display in outpatient areas in the Thomas Linacre Centre. Staff discussed them with us and we saw evidence of the events being followed. The 10 Always Events are aspects of care that should always happen. For example, Patients will always be addressed by their preferred name and staff will always challenge colleagues if they are not doing the right thing.

Public and staff engagement

- The staff we spoke with were proud to be part of the WWL trust. They felt appreciated and supported by managers. There was an enthusiasm in the outpatients and the breast screening unit to provide good quality care and strive to be the best. Radiology managers were passionate and determined that their goals could be met and the journey for excellence was under way.
- The outpatient department held patient forums and took part in the NHS Friends and Family test to capture the views of those using services.
- A monthly patient experience group met to look at areas where the service and environment could be improved. Action plans had been implemented as a result of these meetings.
- In August and September 2015 an evidence based design workshop was held. Patients were invited to feedback experiences and this led to the redesign of suite three.
- A ‘staff engagement’ department employed practitioners to support teams in engaging with staff. The department also produced staff engagement reports. We reviewed the anticoagulation team staff engagement survey report dated August 2015 which showed improvements in aspects of staff engagement such as work relationships and staff mind set, since February 2015.
- The WWL staff engagement tool has been adopted by other trusts in the North West to examine and improve their staff engagement.

Innovation, improvement and sustainability

- There was a focus throughout the outpatients and diagnostics departments to continually improve care and quality for patients.
- Patient passports were utilised in some outpatient clinics. These passports included treatment details, useful information and contact details and medication that the patient was on. This allowed for better continuity of care and the sharing of information.
- There was a trust-wide initiative to train volunteer counsellors from current trust staff. Externally accredited courses up to level seven were offered. This enabled staff to support their own staff groups and have an empathy with patients.

Outstanding practice and areas for improvement

Outstanding practice

The achievements of the breast team deserve particular recognition. The staff achieved screening targets above national average and managed a large catchment area of patients. The specialist nurses ensured a holistic patient

approach and considered psychosocial aspects of women having breast surgery by offering a complete service. There is evidence of continuous learning and participation in audits.