

Leeds Teaching Hospitals NHS Trust Wharfedale Hospital

Quality Report

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Date of inspection visit: 10 – 13 May 2016
Date of publication: 27/09/2016

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



Summary of findings

Letter from the Chief Inspector of Hospitals

Leeds Teaching Hospitals NHS Trust is one of the largest trusts in the United Kingdom and serves a population of around 780,000 in Leeds and up to 5.4 million in surrounding areas, treating around 2 million patients a year. In total the trust employs around 15,000 staff and provides 1785 inpatient beds across Leeds General Infirmary, St James's University Hospital, Leeds Children's Hospital and Chapel Allerton Hospital. Day surgery and outpatient services are provided at Wharfedale Hospital and outpatients services are also provided at Seacroft Hospital. The Leeds Dental Institute, although part of the trust, was not inspected at this inspection.

We carried out a follow up inspection of the trust from 10 to 13 May 2016 in response to the previous inspection as part of our comprehensive inspection programme in March 2014. We also undertook an unannounced inspection on 23 May 2016 to follow up on concerns identified during the announced visit.

Focussed inspections do not look across a whole service; they focus on the areas defined by information that triggers the need for an inspection. Therefore, we did not inspect all the five domains: safe, effective, caring, responsive and well led for each core service at each hospital site. We inspected core services where they were rated requires improvement. We also checked progress against requirement notices set at the previous inspection due to identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of the March 2014 inspection, we issued a number of notices, which required the trust to develop an action plan on how they would become compliant with regulations. We reviewed the trust's progress against the action plan as part of the inspection.

We inspected the following locations:

At Leeds General Infirmary (LGI), we inspected the following domains:

- Urgent and emergency care (A&E) - safe and effective
- Medicine - safe, effective, responsive and well-led
- Surgery - safe, responsive and well-led
- Critical care - safe, responsive and well-led
- Maternity and gynaecology - safe
- End of life care - safe

We inspected the following domains for children's and young people's services at the Children's Hospital, which is reported in the LGI location report – safe, responsive and well-led.

At St James's University Hospital (SJUH), we inspected the following domains:

- Urgent and emergency care (A&E) – effective
- Medicine – safe, responsive and well-led
- Surgery - safe, responsive and well-led
- Critical care - safe, responsive and well-led
- Maternity and gynaecology - safe
- End of life care - safe

At Chapel Allerton and Wharfedale Hospitals, we inspected the safety domain within surgery.

We did not inspect the Leeds Dental Institute and we did not inspect the outpatients' services across the trust as these had previously been rated as good.

We did not inspect the caring domain across the trust as this was rated as good across all trust services at the previous inspection.

Summary of findings

Overall, we rated the trust as good. We rated safe as requires improvement, effective, responsive and well-led as good. We rated Leeds General Infirmary and St James's University Hospital as requires improvement, Chapel Allerton Hospital as good and Wharfedale Hospital as good.

Our key findings were as follows:

- Since the last inspection, the trust had invested time, effort and finances into developing a culture that was open, transparent and supported the involvement of staff, and reflected the needs of the people who used the services.
- Changes such as the development of clinical service units and governance arrangements that were in their infancy at the last inspection had been further embedded and embraced by staff in the organisation.
- Each clinical service unit had clear direction and goals with steps identified in order to achieve them.
- The leadership team had remained stable. Staff across the organisation were positive about the access and visibility of executives and non-executives, particularly the Chief Executive. There had been improvements to services since the last inspection.
- The leadership team were aware of and addressing challenges faced with providing services within an environment that had increasing demand, issues over patient flow into, through and particularly out of the organisation, including the impact this had on service provision; and the recruitment of appropriately skilled and experienced staff.
- The trust values of, 'The Leeds Way' were embedded amongst staff and each clinical service unit had a clear clinical business strategy, which was designed to align with the trust's 'Leeds Way' vision, values and goals. This framework encouraged ownership from individual CSU's.
- We saw strong leadership of services and wards from clinicians and ward managers. Staff spoke positively about the culture within the organisation.
- Staff reported across the trust that they were proud to work for the organisation and felt that they worked well as a team across the different sites.
- The trust invited all 15,000 staff to participate in the national staff survey, with a response rate of over 8,000 staff across the organisation. The survey showed that there was continuous improvement. The response rate for the NHS Staff Survey 2015 was 50%, this was better than the England average of 41%.
- At service level there were governance processes and systems in place to ensure performance, quality and risk was monitored. Each CSU met weekly and used the ward health check to audit a range of quality indicators including the number of falls, complaints, pressure ulcers, staffing vacancies and staff sickness. This information was then escalated to senior staff and through the trust's governance structure.
- There was a positive culture around safety and learning from incidents with appropriate incident reporting and shared learning processes in place. However, learning from Never Events was not consistent amongst all staff within theatres. All steps of the World Health Organisation (WHO) safety checklist were not consistently taking place: audit data and our observations supported this. The audit data provided by the trust did not assure us that national early warning score (NEWS) and escalation was always done correctly.
- There were occasions when nurse and care support worker staffing levels were below the planned number. Despite having a clear escalation process, non-qualified staffing levels did not always mitigate for the reduction in qualified nursing levels. Nursing, midwifery and medical staffing levels did not meet national guidelines in some areas, particularly surgery, theatres, critical care, maternity and children and young peoples' services. The trust was actively recruiting to posts and supporting a range of role development programmes to diversify the staff group, including supporting advance roles and role specific training for non-qualified staff.
- Arrangements and systems in place were not sufficiently robust to assure staff that the maintenance of equipment complied with national guidance and legislation.
- There were arrangements in place for assessing the suitability of patients who were appropriate to wait on trolleys on the assessment ward. However, these were not consistently applied, or risk assessments undertaken. There was a lack of robust assurance over the oversight of patients waiting on trolleys.

Summary of findings

- Adherence to General Medical Council (GMC) guidance and the trust consent policy was not consistently demonstrated in patient records. In accordance with trust policy, a two stage consent process including two patient signatures was not consistently evidenced in patient records. However, we were assured that patients were well informed about their surgical procedure and had time to reflect on information presented to them at the pre-assessment clinic.
- There was a much improved mandatory training programme. However, there were still low completion levels in some training, particularly resuscitation and role relevant safeguarding.
- The Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) indicated there was no evidence of risk compared to the England average.
- There were suitable arrangements in place for the prevention and control of infections, including policies, procedures and a dedicated infection prevention control team. Areas visited were clean and staff generally adhered to good infection control practices.
- The trust responded to complaints and concerns in a timely manner. Improvements were made to the quality of care as a result of complaints and concerns.
- The trust took into consideration the needs of different people when planning its services and made reasonable adjustments for vulnerable patient groups.
- There was clear guidance for staff to follow within the care of the dying person's individual care plan when prescribing medicines at the end of their life. Patients' individual needs and wishes at the end of their life were represented clearly in the documentation.
- Policies and guidelines were based on the latest national and international guidelines such as from the National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine.
- On the whole, patients received pain relief in a timely manner and were able to access food and drinks as required.
- Arrangements were in place to alert staff when patients were in receipt of treatment or admitted with special needs or were vulnerable, including living with dementia and learning disabilities. Staff had received training on how to support patients and individualise care to meet specific needs.
- Staff understood their responsibilities in relation to the Mental Capacity Act (2005), restraint of patients and the treatment of detained patients, although there was some inconsistent practice over care of patients receiving rapid tranquilisation treatment.

We saw several areas of outstanding practice including:

- There were outstanding examples of record keeping in the care of the dying person care plan. We saw that staff recorded sensitive issues in a clear comprehensive way to enable safe care to be given.
- The development of Leeds Children's Hospital TV allowed families to explore the wards and meet the teams.
- Organ transplantation which included a live liver donation and transplant programme had been undertaken, which was the largest in the UK. Other aspects of the transplantation programme included Neonatal organ retrieval and transplantation, Life Port Trial, Kidney Transplantation, QUOD Trial, Quality in Organ Donation National Tissue Bank, Revive Trial, Organ Care System and Normothermic perfusion, Support for Hand Transplantation.
- Procedures such as minimally invasive oesophagectomies were being performed. The colorectal team were using sacral nerve stimulation for faecal incontinence.
- There is a consultant led virtual fracture clinic. This allows patients to be assessed without attending the hospital and then have the most appropriate follow up. This reduces unnecessary hospital attendances.
- Revolutionary hand transplant surgery had taken place within plastic surgery.
- Nurse-led wards for patients who were medically fit for discharge had been introduced to allow the service to adapt their staffing model to meet the needs of patients.
- In response to patient carer feedback the acute medicine Clinical Service Unit had introduced John's campaign. This allowed carers to stay in hospital with patients with dementia.

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

Summary of findings

Importantly, the trust must:

- The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must ensure all staff have completed mandatory training and role specific training.
- The trust must ensure staff have undertaken safeguarding training at the appropriate levels for their role.
- The trust must review the admission of critical care patients to theatre recovery areas when critical care beds are not available to ensure staff are suitably skilled, qualified and experienced.
- The trust must review how learning from Never Events is embedded within theatre practice.
- The trust must review the appropriateness of out of hours' operations taking place and take the necessary steps to ensure these are in compliance with national guidance.
- The trust must review the storage arrangements for substances hazardous to health, including cleaning products and sharps disposal bins to ensure safety in line with current procedures.
- The trust must review and address the implementation of the WHO Five Steps to Safer Surgery within theatres.
- The trust must ensure that physiological observations and NEWS are calculated, monitored and that all patients at risk of deterioration are escalated in line with trust guidance.
- The trust must ensure that all equipment used across core services is properly maintained and serviced.
- The trust must ensure that staff maintain patient confidentiality at all times, including making sure that patient identifiable information is not left unattended.
- The trust must ensure that infection prevention and control protocols are adhered to in theatres.

In addition the trust should:

- The trust should review and improve the consent process to ensure trust policies and best practice is consistently followed.
- The trust should review the availability of referral processes for formal patient psychological and emotional support following a critical illness.
- The trust should review the provision of post-discharge rehabilitation support to patients discharged from critical care.
- The trust should ensure that appropriate staff have access to safeguarding supervision in line with best practice guidance.
- The trust should continue to monitor the safe and correct identification of deceased patients before they are taken to the mortuary and take necessary action to ensure this is embedded in practice.
- The trust should continue to work towards improving the assessment to treatment times within the ED department. The trust should also continue to work towards improving ambulance handover times and reduce the number of handovers that take more than 30 minutes.
- The trust should ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Why have we given this rating?

We rated surgical services as good because:

- We found that there was a positive culture around safety and learning from incidents. There were appropriate incident reporting arrangements and there were suitable processes in place to support learning from incidents; this included dissemination of learning across the hospital and more widely across the trust.
- The ward and theatre environments were in a good state of repair and the general environment in these areas was clean and free from clutter. Infection control rates were within expected limits and compliance levels with key infection control standards, such as hand hygiene, were high. Compliance with mandatory training for ward and theatre staff was at 90%; this was 10% higher than the trust target of 80%. The processes for monitoring mandatory training and appraisal worked well. Staffing levels for both theatres and the ward were in-line with the assessed levels of safe staffing. Staffing skill mix was suitable and staffing sickness and retention levels were also good. Medical staffing cover was suitable and there was access to medical support out-of-hours.
- However, the obtaining of consent was not consistent with trust policy as some patients were being consented on the day of surgery. This was found to be an issue across surgical services at the trust.

Wharfedale Hospital

Detailed findings

Services we looked at

Surgery

Detailed findings

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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.

Our inspection team

Our inspection team was led by:

Chair: Diane Wake, Chief Executive of Barnsley Hospital NHS Foundation Trust

Head of Hospital Inspections: Julie Walton, Care Quality Commission

The team included CQC inspectors and a variety of specialists including medical, surgical and obstetric consultants, a junior doctor, senior managers, nurses, a midwife, a palliative care specialist and children's nurses.

How we carried out this inspection

To get to the heart of patients' experiences of care, we routinely ask the following five questions of services and the provider:

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

Detailed findings

• Is it well-led?

As this was a focused inspection we did not look across the whole service provision; we focussed on the areas defined by the information that triggered the need for the focused inspection. Therefore not all of the five domains: safe, effective, caring, responsive and well led were reviewed for each of the core services we inspected.

Prior to the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the trust. These included the clinical commissioning

groups (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), and the local Healthwatch organisation.

We carried out the announced inspection visit between 10 – 13 May 2016. During the inspection we held focus groups with a range of staff including nurses, consultants, allied health professionals (including physiotherapists and occupational therapists) and administration and support staff. We also spoke with staff individually as requested. We talked with patients and staff from 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 also held focus groups with community groups who had experience of the trust services.

Facts and data about Wharfedale Hospital

Budget: £1 billion

Staff: employs over 15,000 staff

Specialist services: The trust is one of the largest providers of specialist hospital services in the country, with almost 50% of the overall income from specialist

commissioners, NHS England. Specialist services generally fall into five groups – specialist children's services, cancer, blood and genetics, neurosciences and major trauma, cardiac services and specialised transplantation and other specialised surgery.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	N/A	N/A	N/A	N/A	Good
Overall	Good	N/A	N/A	N/A	N/A	Good

Surgery

Safe

Good



Overall

Good



Information about the service

Wharfedale Hospital is a peripheral site and is one of seven hospitals that form part of Leeds Teaching Hospitals NHS Trust. 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 operating 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.

In March 2014 the CQC carried out an announced comprehensive inspection and overall we rated surgical care across the trust as requires improvement. For Wharfedale Hospital, we rated the domains effective, caring, responsive and well led as good; safety was rated as requires improvement.

This inspection took place on the 10, 11, 12 and 13 May 2016 and was part of an announced focused inspection to follow up the outstanding requirements from the previous inspection. During our inspection we visited the day ward (ward 1) and operating theatres.

We spoke with staff of various grades including the head of nursing, senior ward charge nurse and operating theatre sister. We also reviewed patient care records, reviewed ward documentation and assessed the environment. Prior to the inspection we reviewed the hospital's performance data.

Summary of findings

We rated surgical services as good overall because:

- We found that there was a positive culture around safety and learning from incidents. There were appropriate incident reporting arrangements and there were suitable processes in place to support learning from incidents; this included dissemination of learning across the hospital and more widely across the trust.
- The ward and theatre environments were in a good state of repair and the general environment in these areas was clean and free from clutter. Infection control rates were within expected limits and compliance levels with key infection control standards, such as hand hygiene, were high. Compliance with mandatory training for ward and theatre staff was at 90%; this was 10% higher than the trust target of 80%. The processes for monitoring mandatory training and appraisal worked well. Staffing levels for both theatres and the ward were in-line with the assessed levels of safe staffing. Staffing skill mix was suitable and staffing sickness and retention levels were also good. Medical staffing cover was suitable and there was access to medical support out-of-hours.

Surgery

Are surgery services safe?

Good



We rated safe as good because:

- There was a positive culture around safety and learning from incidents.
- The ward performed well against certain performance measures and these were appropriately monitored.
- The ward and operating theatre environments were clean and there were suitable arrangements in place for maintaining a clean and safe environment.
- Compliance with mandatory training for ward and theatre staff was over 90%. The processes for monitoring mandatory training and appraisal worked well.
- The ward had implemented an early warning score process to support the management of the deteriorating patient; this had become relatively well embedded and staff understood the process.
- Staffing levels for both theatres and the ward were in-line with the assessed levels of safe staffing. Staffing skill mix was suitable and staffing sickness and retention levels were good.

However:

- Adherence to General Medical Council (GMC) guidance and the trust consent policy was not consistently demonstrated in patient records. However, we were assured that patients were well informed about their surgical procedure and had time to reflect on information presented to them at the pre-assessment clinic.

Incidents

- Never events are serious, largely preventable patient safety incidents which should not occur if proper preventative measures are taken. Although each never event type has the potential to cause serious potential harm or death, harm is not required to have occurred for an incident to be categorised as a Never Event.
- Between October 2014 and September 2015 there had been three Never Events within surgery at the trust. None were attributable to the LGI site. Two occurred at the St. James's University Hospital (SJUH) site, one related to a retained swab following surgery and one

related to a wrong site anaesthetic block. A second incident of wrong site anaesthetic block occurred within six months at Chapel Allerton Hospital. We reviewed the investigation reports and related action plans for the three Never Events.

- There were no incidents classed as serious incidents at Wharfedale Hospital for the previous 18 months.
- As a response to the wrong site block never events the trust launched a specific safety campaign called 'stop before you block.' The concept was that clinicians, just before injecting an anaesthetic block, conducted a set of checks about the patient and intended operation site and required block site.
- The trust conducted a two week 'stealth audit' audit around compliance with the 'stop before you block' and presented results in March 2016. The audit ran across three sites between February and March 2016; this did not include Wharfedale Hospital. The compliance across all three sites taken together was 80%. Conclusions drawn from this were that compliance should be 100% and staff needed to be much more conscientious when confirming correct site. A formal policy change regarding the procedure leading up to an anaesthetic block was being considered.
- From speaking with the senior charge nurse, in the previous 12 months, there had been one incident classified as an SI but this was attributable to community-based care. Wharfedale Hospital had some involvement in the care of the patient involved with the incident but the root cause did not relate to the hospital and the investigation was completed by Leeds commissioners.
- Between April 2015 and March 2016 there were 13 reported incidents; these were incidents recorded by staff via the trust's electronic incident reporting system. The 13 incidents all related to the operating theatres. Incidents which had occurred more than once included cancelled procedures and failure of equipment. One incident resulted in patient harm and this was a broken tooth.
- No incidents were recorded from the Wharfedale Hospital day surgery unit.
- The senior charge nurse was fully aware of the never events that had occurred within the trust. It was evident that processes were in place for the trust to implement learning from incidents, including never events, which included information in weekly bulletins, information on the trust's intranet and monthly team briefs.

Surgery

- From the never events, and other incidents, specific processes had been implemented in order to improve patient safety as a result of learning lessons from investigations. These included running a 'stop before you block campaign' and World Health Organisation (WHO) operating theatre safety checklist.
- We spoke with the senior charge nurse for the day ward and it was evident processes were in place for monitoring incidents and cascading information to staff within the department and more widely across the trust.
- All reported incidents were fed back and discussed at clinical governance meetings.
- In terms of never events, these were discussed in detail at departmental clinical governance meetings including what steps that can be taken to reduce the chance of the same, or similar, never event occurring again.
- The senior charge nurse stated that incidents, including serious incidents, never events and recorded incidents, were openly reported by staff and discussed governance meetings, team briefs and a 'senior' team meeting which was held every two months.
- The senior charge nurse stated that reviews were not undertaken for patient mortality and morbidity because such reviews were not relevant for day surgery.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- We reviewed examples where patients had been spoken with about an incident and it was evident how the trust were being open and honest and providing/offering any necessary support to the patient.

Safety thermometer

- The NHS Safety Thermometer is an improvement tool used for measuring, monitoring and analysing patient harms and 'harm-free' care.
- The senior charge nurse stated that the unit did not use the safety thermometer tool as it wasn't easily applied to day surgery. However, a ward health check was conducted on a monthly basis which brought together a range of measures which provided a strategic overview and focus on the fundamentals of care including key performance indicators, harm free care, staff sickness and healthcare associated infections.

- Wards that 'triggered' in three or more of these areas of focus went in to a staged escalation process; the day ward or theatres were not triggering in any of the health check areas during the inspection

Cleanliness, infection control and hygiene

- The general environment of the day ward and surrounding patient areas appeared visibly clean and tidy; the operating theatre environment was also visibly clean.
- On the previous inspection bay four, within the ward area, was found to be dusty. On this inspection, all bay areas were visible clean and free from dust.
- We noted that staff followed the trust policy regards dress code and being bare below the elbow; being bare below is a best practice standard for hand hygiene.
- The ward areas and operating theatres had designated cleaning staff and cleaning schedules were in place and followed. Staff also had a responsibility to clean and disinfect the environment.
- The ward also had band 1 staff members who supported domestic staff in ensuring the ward environment was clean. Band 1 staff also had specific cleaning schedules for equipment.
- The hospital participated in the annual Patient Led Assessments of the Care Environment (PLACE). The ward was due a PLACE assessment in July 2016; it was compliant with the PLACE assessment conducted in 2015.
- The ward was involved in high impact interventions (HIIIs) around infection prevention and control. HIIIs are an evidence-based approach that relate to key clinical procedures that can reduce the risk of infection.
- Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile rates were regularly reported on for the ward health check process. There had been no recorded MRSA blood stream infections or Clostridium difficile infections in the previous 12 months.
- All patients having surgery at the Wharfedale Hospital site were required to have three clear MRSA screening swabs.
- We noted there was good access to a range of cleaning products including easy to use service wipes, sporicidal solution and chlorine-based products.
- The ward (ward 1) had 23 beds including three ensuite side rooms; these were available if patients required a separate room for infection control purposes; this was not a common need to for surgery patients.

Surgery

- The ward monitored compliance with certain key trust policies including hand hygiene. Hand hygiene compliance for the previous three months was 100%.
- The 'observer' during hand hygiene audits was not visible to staff and audits were conducted at varying times; this helped ensure that staff were not changing behaviours because they knew they were being overserved.
- We spoke with the head of nursing about national data and surgical site infection rates at the hospital; infection rates were all within expected limits.

Environment and equipment

- The general layout of the ward and corridor areas were relatively spacious and a suitable environment for patients, visitors and staff.
- There were suitable processes in place for ensuring equipment was clean and ready to use; this was true for the ward areas and the operating theatres.
- The operating theatre environment was clean, tidy and in a good state of repair.
- The beds on the ward were new when the unit opened in 2004; beds were serviced and maintained by the manufacturer.
- Other equipment such as trolleys, blood pressure machines, syringe driver pumps, ECG machines and bladder scanners were in good working order and well maintained by the trust's medical physics department based at SJUH.
- Monthly mattress checks were conducted to ensure mattresses were fit for use and the outer cover was not damaged.
- Other key equipment included the resuscitation trolleys. We checked two resuscitation trolleys, one on the ward and one in the operating theatres. All necessary equipment was present and in working order. Daily checks were completed on resuscitation trolleys and we saw evidence such checks were taking place.
- In relation to operating theatre equipment, the hospital had a specific theatre policy stating that equipment in theatre should be checked daily.
- We saw evidence of daily checks on vital equipment, this included anaesthetic machines.
- We observed a sample of equipment on the ward and in the theatre department for portable appliance testing (PAT). Of the appliances we observed, PAT testing was up-to-date.

- For new equipment, in the majority of cases, training was provided by the equipment supplier. For other items of equipment, specific staff with the necessary experience trained and supported others on how to use equipment safely.

Medicines

- Due to the nature of the surgery and the procedures being day-case, there was no pharmacy support on-site.
- Staff could access pharmacy staff on the telephone for advice and, out-of-hours, there was a pharmacy on-call service. This was not required because the unit closed at around 9pm.
- Patients were not prescribed a wide range of medications due to the nature of the surgery; common medicines prescribed included pain relief and antibiotics.
- Medicines charts were periodically audited and results fed back via clinical governance meetings.
- The ward medicines trolley was stored securely and controlled drugs were also stored securely.
- Appropriate processes were in place for checking controlled drugs that ensured stock was managed safely.

Records

- Patient records were predominately paper-based; patients' VTE scores were recorded electronically.
- For surgical notes, some surgeons typed their notes in to a system called patient pathway manager (PPM). The notes were then printed and put in to the patient's records.
- At the start of a patient's surgical pathway, a surgical 'pack' was compiled which had all the necessary documentation for their full surgical process; this was done at the pre-admission clinic.
- This included all the necessary risk assessment documentation and related pre-operative assessments including venous thromboembolism (VTE), pressure ulcers, nutrition, falls and dementia screening.
- The unit was in the process of designing an electronic pre-assessment form and working towards being more 'paper-light'; this was work in progress.
- Of the patient records we reviewed all necessary risk assessments were complete and up-to-date.

Surgery

- We spoke with the senior charge nurse about consent to surgery. It was recognised that not all surgical specialties gained an initial patient signature prior to their day of surgery.
- Those patients having ENT surgery did have a two-stage consent process and the patient signed consent for the second time on the day of surgery. Most other surgical specialities asked patients to sign for the first time on the day of surgery.
- According to trust policy, and national guidance, consent to surgery should ideally be a two-stage process whereby the patient signs consent several weeks before their elective procedure and again on the day of surgery.
- The time in-between signing the first and second stage consent allows the patient time to reflect and consider the information provided at their initial assessments with the medical and nursing team; signing consent on the day of surgery does not provide time for reflection.
- We were informed that patients were provided with adequate amounts of information about their procedure at pre-assessment and all patients received a follow-up letter explaining what was discussed at the pre-assessment meeting. This information could then be considered carefully by the patient before their procedure; the patient would then sign on the day of surgery.
- Trust policy in relation to consent was not being accurately followed but patients were well informed about their surgery, did have time to reflect and did sign a consent form in agreement prior to surgery.
- Through the trust's ward health checks, metrics programme and other quality measures, suitability and accuracy of records was regularly monitored.
- A ward assurance audit was completed monthly and this included audit data around nursing care records.
- On an annual basis, there was a trust-wide medical records audit. If areas for improvement were identified this was communicated to the clinical service units to action and monitor.

Safeguarding

- We spoke with the senior charge nurse about the processes in place around safeguarding people. There was a specific safeguarding policy for staff to refer to and this was on the trust's intranet.

- There was a specific process to follow in order to raise concerns and/or get advice if there were safeguarding concerns.
- The trust had a designated safeguarding team who were available to support and advise staff in relation to safeguarding.
- On the ward, there had been one safeguarding concern raised in the previous 12 months. Staff followed the trust's safeguarding processes accurately. In this example, the trust's safeguarding team was involved, social services and the patient's GP.
- Staff received specific safeguarding training in relation to adults and children, compliance with such training, from the records we reviewed, were up-to-date.
- All staff were up-to-date with their safeguarding mandatory training.

Mandatory training

- At the previous inspection we noted mixed compliance with mandatory training and there were particular challenges with intermediate life support training. Ensuring staff were up-to-date with mandatory training was a particular challenge for the operating theatre department.
- We noted that steps had been taken to improve the way in which mandatory training was organised and monitored; it was all done via a relatively new electronic training records database accessed via a training interface.
- There was a list of mandatory training (16 courses, excluding appraisal) and a list of priority training (16 courses).
- We reviewed mandatory training figures for ward-based staff and operating theatre staff. For ward-based staff and theatre staff compliance percentages with mandatory training were over 90%.
- Staff we spoke with said the new system was user friendly and effective in monitoring attendance and updates with mandatory training.

Assessing and responding to patient risk

- On the previous inspection it was noted that the trust's early warning score system for supporting recognition of the deteriorating patient had not been fully integrated at the Wharfedale site.

Surgery

- During this inspection, the senior charge nurse explained that the trust's early warning score process had now been fully adapted and was relevant to the site and the type of surgery performed.
- A policy was available for staff on the intranet around early warning scores and the processes for escalation.
- The senior charge nurse described how staff were clear about the early warning score process and how to escalate concerns appropriately.
- There were specific patient transfer guidelines for the transfer of the deteriorating patient to another hospital site. Out-of-hours transfers from Wharfedale Hospital were unlikely because all surgery performed was for elective day case procedures.
- We spoke with the operating theatre's sister; they stated that safety briefings and 'time outs' were well embedded in to the culture of the department.
- The operating teams used the '5 steps to safer surgery' process. We were unable to observe a surgical procedure and related safety processes. However, we saw documentary evidence that the 5 steps process was being applied to all patients.
- Stage 5 of the 5 steps to safer surgery process was the most challenging to be completed after each case and there were some inconsistencies. However, during a theatre list, if problems occurred, these were fully discussed and analysed by the multidisciplinary team.

Nursing staffing

- There was a full complement of nursing staff for the operating theatres, this included, but was not limited to, one whole time equivalent (wte) band 7, one wte band 6 and seven wte band 5s.
- For the ward area, nurse staffing levels were slightly under full complement but only by one wte band 4; the job post was in the process of being advertised.
- Ward nurse staffing included, but was not limited to, one whole time equivalent (wte) band 7, two 3.5 wte band 6s and five wte band 5s.
- For any short term short falls in staffing particular shifts, permanent nursing staff usually covered these by working extra hours.
- The ward did not use external nurse agency staff and if necessary would use bank staff to fill any available shifts. Using bank staff was a more suitable approach because such staff were employed by the trust and they knew trust policies and procedures.

- The trust conducted periodic assessments around patient acuity and staffing levels, the ward last had such an assessment in February 2016 and staffing levels were seen as suitable.
- Staff retention and sickness rates were good.
- Staff we spoke with did not raise concerns about staffing levels, or skill mix.
- Nurse staffing numbers were assessed annually using a specific staffing assessment tool; this included analysing the number of patients treated and the acuity of their needs.
- Where necessary, staff did work across the other hospital sites which provided opportunity for staff to learn new skills and build on existing knowledge.
- Nursing staff were involved in patients handovers both pre operatively and post operatively; all necessary information was recorded in the patient's records.

Surgical staffing

- We reviewed the medical cover for the ward and operating theatres. Due to the surgery being elective day case procedures, medical staff were always in the department whilst operating lists were running.
- We were informed that medical staff did not leave the ward/theatres until the last patient had been discharged.
- There was out-of-hours access to medical support including consultant led advice; this was managed by a medical on-call rota.
- Medical staff were involved in patients handovers both pre operatively and post operatively; all necessary information was recorded in the patient's records.
- The unit also received medical support from the walk-in-centre. In particular, medical staff from the walk-in-centre supported ward staff in the event of a cardiac arrest.

Major incident awareness and training

- There was a trust wide major incident policy; the policy was formed by amalgamating the preparing for emergencies policy with the previously separate major incident policy; it was accessible to all staff via the trust's intranet site.
- The policy covered major incidents, MAJAX, emergency planning and business continuity.
- Processes were in place for promptly contacting key staff in the event of a major incident; the plan included using a pager system.

Surgery

- There were processes in place for deferring elective activity to prioritise unscheduled emergency procedures.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The trust should review and improve the consent process to ensure trust policies and best practice is consistently followed.