Liverpool Women's NHS Foundation Trust

Liverpool Women's at Aintree

Quality Report

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

Ratings

Overall rating for this hospital	Good
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Liverpool Women's at Aintree is one of two locations providing care as part of Liverpool Women's NHS Foundation Trust. This service is an outpatient only service and is provided from Aintree Centre for Women's Health, which is located on the site of Aintree University Hospital NHS Foundation Trust. Diagnostic and imaging services are provided by Aintree University Hospital NHS Foundation Trust and were not inspected as part of this inspection.

Liverpool Women's at Aintree provides a range of outpatient services for women. These include antenatal and booking clinics, foetal medicine clinics and a full range of gynaecology outpatient services including consultation and treatment. Diagnostic services on this site such as hysteroscopy and colposcopy are provided by the trust; however the imaging services on this site are not provided by Liverpool Women's NHS Foundation Trust and did not form part of what we inspected on this occasion.

Liverpool Women's NHS Foundation Trust serves more than 30,000 patients from Liverpool, the surrounding areas and across the UK.

We carried out this inspection as part of our comprehensive inspection programme. We carried out an announced inspection of Liverpool Women's at Aintree on 19 February 2015. We did not carry out an unannounced inspection of this site as part of our inspection.

Overall we rated Liverpool Women's at Aintree as Good

Our key findings were as follows:

The service was well managed and well led. Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.

There was a positive culture in the service, staff were proud of the work they did and worked well together as team for the benefit of patients. Staff were caring and compassionate and treated patients with dignity and respect. Patients privacy and confidentiality were maintained.

Patients were treated in a clean and suitably equipped environment. Practice in relation to the prevention and control of infection was good and supported by staff training.

There were good systems in place to safeguard adults and all staff had received adult safeguarding training.

Patients referred to the service were seen in a timely way and all national referral to treatment targets were consistently met. Care and treatment was provided in accordance with evidence based practice and national guidance. There was strong multidisciplinary working and all disciplines worked well together to secure the best outcomes for patients.

Patients case notes were not always available for their appointment. It was not possible to ascertain how widespread this issue was as incidents that related to the availability of patients notes were not reported consistently and the availability of notes was not audited. Staff and managers were not able to tell us the percentage of notes that were not available for appointments.

This was an area of practice where the service needs to make improvements. The service should consider the regular auditing of case notes so that the extent of this issue can be measured and addressed.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Outpatients and diagnostic imaging	Good	There was good practice in the outpatient department to promote the safety of patients and staff. There was a clear process for reporting and investigating incidents. Learning from incidents was shared and there were examples of changes in practice in response to incidents. Cleanliness and hygiene in the department was of a good standard and there was sufficient personal protective equipment to protect patients and staff from cross-infection and contamination. Regular hand hygiene audits showed a good level of compliance. Patient records were mostly available for clinics although there were occasions patients notes were not available for their appointments. It was not possible to ascertain how widespread this issue was as incidents that related to the availability of patients notes were not reported consistently and the availability of notes was not audited. Staff and managers could not tell us the percentage of notes that were not available for appointments. The issue was recorded on the risk register a week before the inspection started. Staff were aware of the policies and procedures in place to protect and safeguard adults and children. Training statistics showed that all relevant staff had completed safeguarding training. Other mandatory training courses were well attended and staff were positive about the training provided. Staff had also been trained in the management of major incidents. Patients attending the outpatient department received care and treatment that was evidence based and followed national guidance. Staff worked well together in a multidisciplinary environment to meet patients' needs. Medical staff were supported well by specialist nurses. Information relating to a patient's health and treatment was obtained from relevant sources before clinic appointments. Information was shared with patients' GPs and other relevant agencies after the appointment to promote seamless care for the patient. Outpatient services were delivered by caring, committed and compassionate staff who treated people with dignity and respect. Care was planned and delivered in a way that took patients' wishes into account. Their confidentiality and privacy were respected and promoted whenever possible.

Summary of findings

Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients were positive about the way staff had looked after them. Patients were positive about the range of services that were provided by the trust and told us they were able to access the services easily, and that the 'Choose and book' service was good. The service provided a number of very specialised and innovative clinics that were bespoke to women's health and cultural needs. Performance against national referral to treatment and cancer targets were good across all indicators. However, there were large numbers of patients who failed to attend for their appointments. Managers were exploring the use of telephone calls and mobile technology for follow-up appointments in an effort to encourage patients to attend their appointment. Staff felt supported by their local clinical managers and were positive about seeing the chief executive regularly; however, they said they rarely saw other managers. The outpatients manager and deputy manager were on site 1 day a week each, on different days. Staff said they would like to see senior nurse leaders more visible within the service. 'Walkabout Wednesdays' were being introduced as a result. Staff were proud of the work they did; they worked well together and supported each other when the service was under pressure from increased demand. Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.

Liverpool Women's at Aintree

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Background to Liverpool Women's at Aintree

Liverpool Women's at Aintree is one of two locations providing care as part of Liverpool Women's NHS Foundation Trust. This service is an outpatient only service and is provided from Aintree Centre for Women's Health, which is located on the site of Aintree University Hospital NHS Foundation Trust. Diagnostic services such as hysteroscopy and colposcopy are provided by the trust; however the imaging services on this site are provided by Aintree University Hospital NHS Foundation Trust and were not inspected as part of this inspection.

Liverpool Women's at Aintree provides a range of outpatient services for women. These include antenatal and booking clinics, foetal medicine clinics and a full range of gynaecology outpatient services including consultation and treatment.

Liverpool Women's NHS Foundation Trust serves more than 30,000 patients from Liverpool, the surrounding areas and across the UK.

Our inspection team

Our inspection team was led by:

Chair: Bronagh Scott, Deputy Chief Nurse, NHS England

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an inspection manager, two CQC inspectors and an independent nursing and healthcare consultant as a specialist advisor.

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?

Before visiting, we reviewed a range of information we held about Liverpool Women's NHS Foundation Trust and asked other organisations to share what they knew about the trust. These included the clinical commissioning groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

Detailed findings

We held a listening event in Liverpool on 12 February 2015 when people shared their views and experiences of Liverpool Women's at Aintree. Some people also shared their experiences by email or telephone.

The announced inspection of Liverpool Women's at Aintree took place on 19 February 2015.

We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested and held a focus group with the governors.

We talked with patients and staff from the outpatient and diagnostic 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 did not carry out an unannounced inspection on this site.

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 within Liverpool Women's at Aintree.

Facts and data about Liverpool Women's at Aintree

Liverpool Women's at Aintree is one of two locations providing care as part of Liverpool Women's NHS Foundation Trust. This service is an outpatient only service and is provided from Aintree Centre for Women's Health, which is located on the site of Aintree University Hospital NHS Foundation Trust. The service provided for women at this location includes antenatal and booking clinics, foetal medicine clinics and a full range of gynaecology outpatient services including consultation and treatment. Diagnostic services such as hysteroscopy and colposcopy are provided by the trust; however the imaging services on this site are provided by Aintree University Hospital NHS Foundation Trust and were not inspected as part of this inspection.

There are no inpatient services operated by Liverpool Women's NHS Foundation Trust on this site and there are no services for children and young people; however, some of the staff rotate from this site to the outpatient and diagnostic imaging service provided on the Liverpool Women's Hospital site. In 2013/14, there were 8,757 outpatient appointments.

The trust as a whole employs over 1,300 staff and serves more than 30,000 patients from Liverpool, the surrounding areas and across the UK.

Liverpool District is ranked 1 out of 326 local authorities, indicating that it is the most deprived area in the country. Most of the health indicators are worse than the England and regional averages, including breastfeeding initiation, female life expectancy, smoking-related deaths and under-75 cancer rates.

The trust has an annual income of around £94 million.

Our ratings for this hospital

Our ratings for this hospital are:

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

Detailed findings

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients and diagnostic imaging.

Outpatients and diagnostic imaging

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

Information about the service

A range of outpatient services are provided by Liverpool Women's NHS Foundation Trust at Liverpool Women's at Aintree. These include antenatal and booking clinics, foetal medicine clinics and specialist gynaecology, urogynaecology and colposcopy outpatient services, which include consultation and treatment. We visited the outpatient department on 19 February 2015 and spoke with four patients, one consultant, three healthcare assistants, one nurse and one manager.

Diagnostic services such as hysteroscopy and colposcopy are provided by the trust; however the imaging services on this site are provided by Aintree University Hospital NHS Foundation Trust and were not inspected as part of this inspection.

There are no inpatient services operated by Liverpool Women's NHS Foundation Trust on this site and there are no services for children and young people; however, some of the staff rotate from this site to the outpatient and diagnostic imaging service provided on the Liverpool Women's Hospital site. In 2013/14, there were 8,757 outpatient appointments on this site.

Summary of findings

Patients attending the outpatient departments were treated in a dignified and respectful way by caring and committed staff. There was good practice in the outpatient department to promote the safety of patients and staff.

There was a clear process for reporting and investigating incidents. Learning from incidents was shared and there were examples of changes in practice in response to incident investigations. Staff were aware of the policies and procedures in place to protect and safeguard adults, and training statistics showed that all relevant staff had completed the adult safeguarding training. Other mandatory training courses were well attended and staff were positive about the training provided. Staff had also been trained in the management of major incidents.

The outpatient departments were clean and well-maintained. Cleanliness and hygiene in the department was of a good standard and there was sufficient personal protective equipment to protect patients and staff from cross-infection and contamination. Regular hand hygiene audits showed high levels of compliance.

Patient records were mostly available for clinics although there were occasions patients notes were not available for their appointments. It was not possible to ascertain how widespread this issue was as incidents that related to the availability of patients notes were not

Outpatients and diagnostic imaging

reported consistently and the availability of notes was not audited. Staff and managers could not tell us the percentage of notes that were not available for appointments. The issue was recorded on the risk register a week before the inspection started.

There was good local leadership and a positive culture within the service. Staff worked well as a team for the benefit of patients.

Are outpatient and diagnostic imaging services safe?

Good

There was good practice in the outpatient department to promote the safety of patients and staff. There was a clear process for reporting and investigating incidents. Learning from incidents was shared and there were examples of changes in practice in response to incidents.

Cleanliness and hygiene in the department was of a good standard and there was sufficient personal protective equipment to protect patients and staff from cross-infection and contamination. Regular hand hygiene audits showed a good level of compliance.

Patient records were mostly available for clinics although there were occasions patients notes were not available for their appointments. It was not possible to ascertain how widespread this issue was as incidents that related to the availability of patients notes were not reported consistently and the availability of notes was not audited. Staff and managers could not tell us the percentage of notes that were not available for appointments. The issue was recorded on the risk register a week before the inspection started.

Staff were aware of the policies and procedures in place to protect and safeguard adults and children, and training statistics showed that all relevant staff had completed safeguarding training. Other mandatory training courses were well attended and staff were positive about the training provided. Staff had also been trained in the management of major incidents.

Incidents

- Staff were familiar with and encouraged to use the electronic reporting system to report incidents within the department. There was evidence of shared learning from incidents, supported by staff training to reduce the risk of recurrence. Staff were aware that the governance team analysed incidents and reported findings on the intranet.
- There was an environmental incident that was reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The incident

was escalated, investigated and reported appropriately. Lessons were learned as a result of the investigation, and actions undertaken to prevent recurrence. The outcome and lessons learned were reported to maintenance departments at both Aintree Hospital and Liverpool Women's Hospital.
- Managers used incidents positively to underpin service improvement and risk management within the service.

Cleanliness, infection control and hygiene

- The outpatient department was clean throughout. Staff followed good practice guidance in relation to the control and prevention of infection. These included the use of 'I am clean' stickers to inform staff at a glance that equipment and furniture had been cleaned.
- Monthly infection control audits were carried out regularly and covered topics such as the World Health Organization (WHO)'s '5 Moments for Hand Hygiene' and cleanliness generally. The results of the audits were fed back to staff and dates for improvements were set and monitored.
- All staff had completed infection control training, which was above the trust's target of 95%.

Environment and equipment

- Maintenance contracts were in place to ensure that specialist equipment in the outpatient department was serviced regularly and faults repaired quickly.
- Resuscitation trolleys were clean and in good order, with all the required equipment available for use.
- Staff told us they had never been asked to use equipment they had not been trained to use.
- Portable appliance testing (PAT) was required and requested in October 2014; this had not been completed at the time of our inspection. The outpatients' manager told us it would be put on the risk register. Equipment that was used regularly had been PAT tested, although two items of equipment had been withdrawn as they had not been PAT tested.
- Monthly audits of the patient environment and equipment were undertaken. The results of these audits were fed back to staff and dates for improvements were set and monitored.

Medicines

- There were robust systems in place for prescribing medication to patients who attended the outpatient department.
- Patients were usually issued with a prescription that could be dispensed at the pharmacy when attending appointments in outpatients on this site.

Records

- Patient records were stored securely with due regard to privacy and confidentiality.
- There were occasions when patient records were not available for an appointment. In such cases, staff prepared a temporary file for a patient that included correspondence and diagnostic and test results so that their appointment could go ahead. Staff acknowledged that this was not ideal; however, it meant that the patient did not have to reschedule their appointment.
- The availability of records was not routinely monitored and no audits had been carried out to identify if this was a widespread concern.
- Information provided by the trust showed that 32 incidents had been raised relating to non-availability of records across both the trust sites in the period January 2013 to November 2014.
- The lack of availability of records was recorded on the risk register a week before the inspection started.

Safeguarding

- Training statistics provided by the trust showed that 100% of staff had completed the required safeguarding training.
- A new safeguarding lead had been appointed to the trust. Safeguarding and training about the Mental Capacity Act 2005 had been identified as priorities for the outpatient department, and future training and information was planned in these areas.
- Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- Relevant policies and procedures were available electronically for staff reference.
- Managers supported staff in escalating concerns in a timely and appropriate way.

Mandatory training

- Staff were provided with mandatory training on a rolling annual programme. They were able to access online courses as well as face-to-face training.
- Staff received mandatory training in areas such as infection prevention and control, moving and handling, and domestic violence.

Outpatients and diagnostic imaging

- All staff in the colposcopy service had fully completed their mandatory training, which was above the 95% trust target. However, only 89% of staff in the gynaecology outpatients had completed their mandatory training.
- Staff were positive about the content and quality of the training they had received.

Assessing and responding to patient risk

- Staff had clear guidance to follow should a patient's condition deteriorate while they were in the outpatient department.
- Resuscitation equipment was available in the department and ready for use.
- There was a clear process in place to check the identity of patients in the outpatient department. This included clear processes for patients who were unable to confirm their own identity.
- Health and safety audits were conducted monthly and an annual tool completed. Risks identified included the lack of access to a hoist in the colposcopy unit; patients who needed hoisting were directed to the Liverpool Women's Hospital Crown Street site. There were plans to improve access for patients with mobility difficulties to provide better and safe access.
- Risk assessments were completed for patients who needed extra care during a procedure.

Nursing staffing

- Nurse staffing levels had been determined using a recognised management tool.
- British Society for Colposcopy and Cervical Pathology (BSCCP) requirements for staffing were always met. This meant that there was always one staff nurse to support colposcopists and one healthcare assistant available as a chaperone.
- Departmental staffing risk indicators highlighted several risk factors, including levels of staff sickness, the orientation and induction of new staff. Extra training was being arranged for staff and a more robust induction planned to address the risks identified.
- Staff worked closely with the outpatient team on the Liverpool Women's Hospital site. They were used flexibly across both sites to maintain staff numbers and the availability of chaperones.

Medical staffing

- Medical consultants and other specialists arranged outpatient clinics directly with the outpatient department to meet the needs of their specialty.
- Senior managers had identified that succession planning needed further development because some specialised services were run by only one or two people.
- Two consultants, one consultant nurse and a senior registrar were on duty at the time of our visit. There was always clinical cover available.

Major incident awareness and training

- Staff were trained and able to describe their role and responsibilities should a major incident occur.
- Staff were used flexibly across both sites when there were staffing issues or incidents that required more staff on one site.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Patients attending the outpatient department received care and treatment that was evidence based and followed national guidance. Staff worked well together in a multidisciplinary environment to meet patients' needs. Medical staff were supported well by specialist nurses.

Information relating to a patient's health and treatment was obtained from relevant sources before clinic appointments. Information was shared with patients' GPs and other relevant agencies after the appointment to promote seamless care for the patient.

Evidence-based care and treatment

- Care and treatment followed appropriate national guidance. Guidance from National Institute for Health and Care Excellence (NICE), Royal Colleges' and other best practice guidelines were available to staff via the intranet.
- Staff were given regular updates if and when guidance was reviewed or practice changed. They were given regular updates during preparation for outpatient clinics.

Pain relief

Outpatients and diagnostic imaging

- Staff could access appropriate pain relief for patients within clinics setting.
- Patients pain was monitored and appropriate analgesia prescribed.
- Patients were given information about the treatment in the colposcopy clinics. Those undergoing treatment were offered a choice of local or general anaesthetic.

Patient outcomes

- Treatment in the colposcopy service was given in line with the Liverpool and Sefton Cervical Screening working group, and outcomes for patients were monitored against the agreed criteria.
- A local system looking for monitoring patient outcomes had been used to look at the effectiveness of the service. Currently, around 60% of patient questionnaires were returned; Staff were working to increase the response rate at the time of our inspection.
- An electronic patient questionnaire (EPAQ) was used that asked questions about a patients' lifestyle before treatment and then after physiotherapy or surgery, so that patients were able to see the results of the treatment and the improvements in their quality of life.

Competent staff

- Staff were trained in core subjects such as infection control, safeguarding, and health and safety.
- Competency frameworks were in place. These meant that staff undertook training and were assessed in practice; managers would then verify that the member of staff was competent in an area of practice.
- All staff held the required professional registration and received notice as to when their registration was due to expire.
- All outpatient staff had been received a Performance Development Review (PDR)

Multidisciplinary working

- There was evidence of good multidisciplinary working in the outpatient departments. Doctors, nurses and allied health professionals worked well together for the benefit of patients.
- Letters were sent out by the outpatient department to patients' GPs to provide a summary of the consultation and any recommendations for treatment. Patients were given a copy of the letter sent to their GP.
- Weekly multidisciplinary meetings were held to discuss patient treatment options.

Seven-day services

- The outpatient clinics ran Monday to Friday. An emergency service was available so that patients with concerns or problems outside normal clinic hours could access support. A phone number was available for patients who were experiencing difficulties. Nurses contacted the patients within 24 hours and patients were invited to attend a clinic the next day.

Access to information

- The imaging department used a system that allowed staff to view images and reports from other hospitals; this aided prompt diagnosis and reduced the need for repeat imaging.
- Imaging and test results were stored in a patient's records and available to staff during a consultation or when giving treatment.
- After treatment, leaflets and contact details were given to patients to allay fears and anxieties and support their understanding.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were confident and competent in seeking consent from patients; however, they did not always understand how mental capacity should be assessed.
- To ensure that patients were dealt with correctly, staff would seek advice and guidance from their line manager if a patient lacked capacity to advise them regarding the processes for making decisions about their care or treatment.
- Staff were given a small booklet with information about mental capacity as a quick reference guide.

Are outpatient and diagnostic imaging services caring?

Good

Outpatient services were delivered by caring, committed and compassionate staff who treated people with dignity and respect. Care was planned and delivered in a way that took patients' wishes into account. Their confidentiality and privacy were respected and promoted whenever possible.

Outpatients and diagnostic imaging

Staff actively involved patients and those close to them in all aspects of their care and treatment.

Patients were positive about the way staff had looked after them.

Compassionate care

- Throughout our inspection, we witnessed patients being treated with dignity and respect.
- Staff listened to patients and responded positively to questions and requests for information.
- Patients gave positive feedback about the doctors and nurses they saw in the clinics. They also gave positive feedback about the other staff they saw (for example the receptionists). Patients told us staff put them at ease.
- They also told us that staff were very professional and informative. One patient said, "I've been impressed with staff expertise at every point of contact." Another commented, "Staff are lovely."
- Chaperones were available to support patients during procedures if needed. Policies regarding chaperones were available on the intranet to support good practice. Staff had received training for this role and had contributed their suggestions for future training.

Understanding and involvement of patients and those close to them

- We spoke with four patients about the information they had received in relation to their care and treatment.
- Patients said that staff had explained their treatment options to them clearly and they had been involved in decisions regarding their care. They told us they were pleased with the information that they had received.
- Patients said that staff were good at communicating with them, and that the range of information leaflets available was good.
- After treatment, leaflets and contact details were given to patients. They were able to contact reception at Liverpool Women's Hospital 24 hours a day, 7 days a week, if they had any concerns.

Emotional support

- Staff were sensitive to the needs of patients who were anxious or distressed about their appointment and gave them good emotional support to allay their fears and anxieties.
- Patients told us that staff were very reassuring. One said they "provided information which helped me overcome my concerns."

Are outpatient and diagnostic imaging services responsive?

Good

The outpatient's service was responsive to patient's needs.

Patients were positive about the range of services that were provided by the trust and told us they were able to access the services easily, and that the 'Choose and book' service was good.

The service provided a number of very specialised and innovative clinics that were bespoke to women's health and cultural needs.

Performance against national referral to treatment and cancer targets were good across all indicators. However, there were large numbers of patients who failed to attend for their appointments. Managers were exploring the use of telephone calls and mobile technology for follow-up appointments in an effort to encourage patients to attend their appointment.

Service planning and delivery to meet the needs of local people

- The services provided at Liverpool Women's at Aintree were developed in response to local need.
- The type and numbers of clinics offered in the outpatient department had increased to meet the demands of women living in the area.
- Additional services were being developed and an ambulatory clinic and early pregnancy clinic were planned for the site.
- A link clinic had been developed for women whose first language was not English, for asylum seekers and refugees, and for women with a history of female genital mutilation (FGM).

Access and flow

- Clinic appointments were planned and arranged to meet the needs of patients and national referral to treatment targets.

Outpatients and diagnostic imaging

- At the end of January 2015, 95.5% of patients had started non-admitted treatment (i.e. outpatient appointments) within 18 weeks of referral; this was better than the NHS operational standard of 95%, and similar to the England average.
- In the period July 2013 to July 2014, there were no patients waiting longer than 6 weeks for diagnosis, which was significantly better than the England average.
- The trust was better than the England average in 2013/14 for the percentage of people seen by a specialist within 2 weeks following an urgent GP referral for concerns about cancer.
- The percentage of people waiting fewer than 31 days from diagnosis to first definitive treatment was better than the England average for most of 2013/14 and in the first two quarters of 2014/15.
- Patients told us they were able to access the outpatient service easily.
- There was a rapid access clinic for patients who had been referred for immediate assessment by their GP. Appointments were available within 2 weeks of referral.
- At the time of our inspection, 'Did not attend' (DNA) rates were worse than the England average for most of the reporting period. Senior managers were engaged in a study of DNA rates to analyse which clinics had the worst rates so that a plan could be developed to improve the situation.
- When patients did not attend their appointments, consultants reviewed their notes in their absence and, when appropriate, rearranged the appointment. Decisions were made on an individual basis according to patient need.
- Managers were exploring the use of telephone reminders and mobile technology for follow-up appointments. They felt these would engage patients better and would contribute to a reduction in the DNA rates.
- In most cases, the department were trying to move towards patients having as few appointments as possible; 'one stop' clinics had been introduced as a result, in addition there were plans to introduce some ambulatory procedures on the Aintree site.
- Eight percent of appointments were cancelled by the hospital. Some were cancelled because patients had not been booked into the most appropriate clinic and alternative appointments needed to be made for them. Others were occasionally cancelled because of annual leave arrangements.

Meeting people's individual needs

- A link clinic was available for women whose first language was not English.
- A language line was available in the outpatient clinical rooms when interpreters were needed; they could also be booked in advance.
- Staff told us that they were able to take extra time and familiarise patients who were vulnerable or nervous. We were given examples of other adjustments that had been made to meet a patient's need and ensure that they were comfortable with the care and treatment provided.
- A specialist nurse ran a support group for women experiencing bladder pain.
- Patient-led assessments of the care environment (PLACE) showed that the diagnostic imaging department scored above the national average for patient's wellbeing.

Learning from complaints and concerns

- Complaints were handled in line with trust policy. Initial complaints were dealt with by the outpatient manager, who resolved them locally when possible. When they were not resolved, patients were directed to the Patient Advice and Liaison Service (PALS). If they then still had concerns, they would be advised to make a formal complaint. This process was outlined in leaflets available throughout the department.
- There were few complaints about the service. However, staff described how they responded positively when patients raised matters of concern and then used the complaints to make improvements in the department.
- All the patients we spoke with said they had nothing to complain about.

Are outpatient and diagnostic imaging services well-led?

Good

Staff felt supported by their local clinical managers and were positive about seeing the chief executive regularly; however, they said they rarely saw other managers. The outpatients manager and deputy manager were on site 1

day a week each, on different days. Staff said they would like to see senior nurse leaders more visible within the service. 'Walkabout Wednesdays' were being introduced as a result.

Staff were proud of the work they did; they worked well together and supported each other when the service was under pressure from increased demand.

Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.

Vision and strategy for this service

- All staff were given an induction that covered the trust's vision and values. However, when asked, some new staff did not know what the vision was.
- Managers were aware of the hospital's vision and values.
- Staff were aware of the plans and challenges to the service and understood the actions to address them.

Governance, risk management and quality measurement

- Since our last inspection, the trust had undertaken a great deal of work to address their risk management and governance processes. Divisional and monthly meetings were held to discuss risks to the outpatient service.
- Complaints, incidents, audits and quality improvement projects were discussed at monthly departmental meetings.
- Risks that affected the delivery of the service were not always recorded on the risk register. For example, we found some clinics where records were not always available. Staff told us this was a medical records issue and therefore not logged on their own risk register.

Leadership of service

- Clinic managers had a strong focus on the needs of patients and the roles staff needed to play in delivering a good service. They were visible and respected by their colleagues.
- Line managers encouraged staff to achieve performance development objectives and this was having a positive impact on overall performance.
- Staff told us they did not see senior managers as much as they would like. In response, 'Walkabout Wednesdays' were being introduced when senior managers would visit staff in the department. This was expected to be implemented in the next couple of months.
- The outpatients manager and deputy manager were on site 1 day a week each, on different days. However, the outpatients manager was available by phone. This meant there were times when the staff needed to manage an incident without a manager in the department. One member of staff said, "We rarely see the manager but they're always available on the phone."

Culture within the service

- There was a positive culture in the department; staff were committed and proud of their work.
- Staff supported each other and there was good team working within the department. Staff said, "We swap staff to cover sickness" and "It's a friendly team in the clinic."

Public and staff engagement

- Staff were keen to engage their patients and the public to improve the patient experience. Staff consider "how can we improve the service" as part of their performance development review.
- Reviews of care and treatment included patient experience surveys. Staff were given feedback from the NHS Friends and Family test during weekly staff meetings, and the information was displayed on the noticeboard.

Innovation, improvement and sustainability

- The antenatal clinics set up specialist clinics that contributed to the introduction of national guidance. Examples of these were clinics for patients with diabetes, multiple pregnancies and teenage pregnancies in the 1990s.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- Consider auditing the availability of patient records.