Northumbria Healthcare NHS Foundation Trust

Hexham General Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Outstanding ☆
Urgent and emergency services	Good ●
Medical care (including older people's care)	Outstanding ☆
Surgery	Outstanding ☆
Maternity and gynaecology	Good ●
Outpatients and diagnostic imaging	Outstanding ☆

Summary of findings

Letter from the Chief Inspector of Hospitals

Hexham General Hospital is one of the acute hospitals providing care as part of Northumbria Healthcare NHS Foundation Trust. This hospital provides emergency care from an emergency care centre, medical and surgical services, midwifery led maternity services and a range of outpatient and diagnostic imaging services. Hexham General Hospital does not provide critical care, children and young people services and end of life care. Some services had been reconfigured in June 2015 when the Northumbria Specialist Emergency Care Hospital (NSECH) opened. The opening of NSECH had resulted in a new model of care and different patient pathways in emergency, maternity and medical and surgical care.

Northumbria Healthcare NHS Foundation Trust provides services for around 500,000 people across Northumberland and North Tyneside with 999 beds. The trust has operated as a foundation trust since 1 August 2006. Hexham General Hospital has 115 beds.

We inspected Hexham General Hospital as part of the comprehensive inspection of Northumbria Healthcare NHS Foundation Trust, which included this hospital, North Tyneside General Hospital, Wansbeck General Hospital, Northumbria Specialist Emergency Care Hospital, and community services. We inspected Hexham General Hospital on 12 November 2015.

Overall, we rated Hexham General Hospital as outstanding. We rated it outstanding for being caring, responsive and well- led; with safe and effective rated as good.

We rated medical care, outpatient and diagnostic imaging services and surgical services as outstanding; with urgent and emergency services and maternity and gynaecology rated as good.

Our key findings were as follows:

- The opening of NSECH had resulted in a new model of care and different patient pathways in emergency, maternity and medical and surgical care at this hospital. This had resulted in different ways of working for some staff.
- Staff felt fully informed about all the changes which had taken place and were proud of the hospital and the care it provided to the local community and beyond.
- Strong governance structures were in place across the hospital and there was a systematic approach to considering risk and quality management. Senior and site level leadership was visible and accessible to staff. Leadership was encouraged at all levels and staff supported to try new initiatives.
- Managers at all levels understood the challenges of the new model of care and were actively addressing any issues that this had presented, specifically around nursing and medical staffing and patient acuity.
- Staff and patient engagement was seen as a priority with several systems in place to obtain feedback.
- The “Northumbria Way”, which incorporates the trust’s values, behaviours and culture, was evident when we spoke with managers and staff throughout the hospital.
- Staff delivered compassionate care, which was polite and respectful and went out of their way to overcome obstacles to ensure this. All patient feedback was extremely positive.
- There were processes to ensure patients were cared for in the right place at the right time. Patient flow was a priority, and the hospital proactively managed this.
- For all performance measures relating to the flow of patients the hospital was performing the same or better than the England average.
- The transfer of patients between NSECH and the ‘base’ hospitals was still being configured and embedded at the time of inspection and staff were working flexibly to accommodate patient needs.
- The hospital had infection prevention and control policies in place, which were accessible, understood and used by staff.
- Patients received care in a clean, hygienic and suitably maintained environment.

Summary of findings

- There was adequate personal protective equipment (PPE) such as aprons and masks available to staff. We routinely saw staff using this equipment during our inspection. Patients told us that staff washed their hands and used gloves and aprons.
- The hospital routinely monitored staff hand hygiene procedures and compliance at the time of inspection was high.
- Between April and October 2015 there had been no cases of methicillin resistant staphylococcus aureus (MRSA) at this hospital.
- Nurse staffing was maintained at safe levels in most areas. The hospital had implemented a 'Safer Nursing Care Tool' (SNCT) to assess the staffing requirements across wards.
- The ratio of consultants was better than the England average.
- The hospital utilised advance nurse practitioners to support doctors.
- Mortality and morbidity meetings were held at least monthly and were attended by representatives from teams within the clinical business units.
- Patients were assessed regarding their nutritional needs using the Malnutrition Universal Screening Tool (MUST).
- Nutritional assistants were employed to provide patients with eating and drinking assistance if required.
- Most wards followed the 'well organised ward' model to ensure that equipment storage was standardised and consistent across the trust.

We saw several areas of outstanding practice including:

- The hospital had direct access to local authority, community services and care homes to ensure unnecessary admissions were minimised.
- Staff demonstrated an outstanding level of care and compassion towards patients.
- Experienced and cohesive senior management teams across the hospital demonstrated a clear understanding of the challenges of providing high quality and safe care. They had identified and implemented actions and strategies to manage this and this had been done with the involvement of frontline staff.

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

Importantly, the trust must:

- Complete a comprehensive gap analysis against the recommendation made for the University Hospitals of Morecambe Bay NHS Foundation Trust.
- Ensure that the maternity and gynaecology dashboard is fit for purpose, robust and open to scrutiny.

In addition the trust should:

- Ensure that the clinical strategy for maternity and gynaecology services which is embedded within the Emergency Surgery and Elective Care Annual Plan, sets out the priorities for the service with full details about how the service is to achieve its priorities, so that staff understand their role in achieving those priorities.
- Ensure that levels of staff training continue to improve in the hospital so that the hospital meets the trust target by 31st March 2016.
- Ensure waiting time targets in ultrasound in diagnostic imaging services continue to improve as more staff are appointed.

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?
Urgent and emergency services	Good	Overall we rated the emergency care centre as this hospital as good, with caring as outstanding, because: The care given to patients by the department was outstanding. Privacy and dignity were maintained and people were dealt with in a kind and compassionate way. Patients were treated as individuals and care was tailored to their specific physical and mental health needs. All staff went the extra mile to ensure that patients received the care and support they needed. Patients were the focus of staff. Patients and families were seen as partners in decisions about their care and emotional support was given during difficult situations. Results from national and local surveys and questionnaires were consistently excellent. Staff were engaged in the future development of the department. Managers had robust plans in place to ensure the sustainability of the department for the future, including contingency planning and plans to develop the skills and knowledge of staff. The trust has consulted and engaged comprehensively with staff about the recent development of the department and their roles. There were governance, risk management and quality measurement processes in place to enhance patient outcomes. 'Patient voice' was seen as important and there were a number of initiatives within the trust designed to ensure that the opinions of patients influenced the delivery of services. Staff felt that there was good leadership not only in the department but also within the trust. There was an inclusive, learning and supportive culture in the department and staff felt valued and appreciated. The culture in the department supported staff to deliver outstanding patient focussed care. We had no concerns about safety in the department. We observed that policies and procedures were followed. Safeguarding processes to protect vulnerable adults and children were in place and referrals were made in a timely manner when necessary. There were sufficient medical and nursing staff employed by the department and staffing levels were acceptable. There were some areas where the department was not meeting the trust expected compliance rate for mandatory training. Staff were up to date with annual appraisals.

Summary of findings

There were evidence based policies and procedures in place which were easily accessible to staff. These were audited to ensure staff were following relevant clinical pathways. Information about patients such as test results were readily accessible. There was evidence of multi-disciplinary working throughout the department and the department offered a seven-day service. Staff understood their responsibilities in relation to taking consent from patients and the principles of the Mental Capacity Act 2005.
Patients who visited the department had their individual needs met. Interpreters were available and there were facilities available to assist patients with disabilities or specific needs. Pain relief and nutrition and hydration needs of patients were met. The department was meeting the four-hour target and were discharging most patients within three hours of admission. The service was performing better than the England average for a number of other performance measures relating to the flow of patients. Patient complaints were managed in line with the trust's policy and feedback was given to staff. Lessons were learned and where applicable, practice was changed to minimise the likelihood of recurrence.

Medical care (including older people's care) **Outstanding** ☆

We rated medical care services as outstanding because: An experienced and cohesive team who demonstrated a clear understanding of the challenges of providing high quality, safe care, managed medical services. They had identified and implemented actions and strategies to manage this and this had been done with the involvement of frontline staff. This meant staff we spoke with felt valued and were engaged with the process. The directorate had a clear vision and business strategy. Staff felt valued and were encouraged to contribute to service development. Staff and patient engagement was seen as a priority with several systems in place to obtain feedback. Governance processes were embedded which allowed clear identification and monitoring of risk and we saw evidence of related progress and action plans. Diabetes research, in particular the long term self-management of diabetes, was at the forefront of medical research within the medical directorate. The service had a significant national profile and influence as a result, including research papers on person centred care in long term conditions.

Summary of findings

Staff delivered compassionate care, which was polite and respectful and went out of their way to overcome obstacles to ensure this. All patient feedback was extremely positive.
Staff were encouraged to report incidents of harm or risk of harm and learning from incidents was demonstrated. The wards were visibly clean and organised. There were some nurse staffing vacancies but the trust was recruiting to fill posts. On most wards, adequate cover was in place and actual staffing numbers reflected the planned figures. Staff worked additional hours and could be brought across from other wards or the trust if needed. The level of staff completing mandatory training was good. Medicines management was appropriate. Clinical records were well organised and fully completed.
The service participated in national audits and had a robust system of local clinical audits. Information about people's care and treatment and their outcomes were routinely collected and monitored. Outcomes were positive and met expectations.
There were processes to ensure patients were cared for in the right place at the right time. Patient flow was a priority, and the bed management team proactively managed this. The movement of patients during admission was monitored effectively.

Surgery **Outstanding** ☆

We rated surgery as outstanding because:
There was a clear vision for the service and the new model of care being delivered, with a clear focus on improving the quality of care and people's experiences. The change to the provision of emergency and high risk surgical services centred at NSECH ensured patients received the right care and treatment, support services, nursing and clinical staff at the appropriate time and location. The strategy clearly identified the new model of emergency and high-risk surgery provided at NSECH and the relationship between NSECH and the base hospitals. The new model was under constant review to determine the most effective site to undertake different procedures depending upon risk and safety. Local communities had been engaged in the consultation and development of the strategy for the new model of care. This had a positive effect upon the feedback received from patients and relatives received during the inspection at NSECH and also at the base hospitals.

Summary of findings

Innovation was welcomed by senior leaders and there was a culture of innovation embraced and promoted amongst staff. There were high levels of staff satisfaction and staff spoke strongly about the supportive and open culture at the trust. Staff were proud to work for the service. Strong and robust governance structures were in place across the directorate and there was a systematic approach to considering risk and quality management. Senior and site level leadership was visible and accessible to staff. Staff spoke very positively about their immediate line managers and senior leaders and a positive culture was evident during the inspection, supported by initiatives such as the 'shared purpose' wards and value based recruitment.

Surgery services at this hospital were planned and delivered to meet the needs of local people in a timely way. The service was part of the wider hospital network and incorporated the NSECH emergency care model. This allowed patients access to elective care and emergency support across hospital sites when needed. The service reported waiting times better than NHS averages and had been responsive in analysing, assessing and considering patient risk when identifying where best to care for high risk patients.

There was a strong patient centered culture that patients reflected on when making decisions on choosing to attend Hexham General Hospital for their surgery. All staff we spoke with were highly motivated and offered care that promoted people's dignity without exception. The service had consistently high patient feedback scores in the national NHS friends and family test and in the local surveys. Patients explained that all staff 'went the extra mile' to help them and all patients reported to us that their care was excellent or very good. Patients we spoke with had chosen to travel significant distance to access this service.

Staff made use of evidence based guidance to inform their practice and were encouraged to seek out new evidence-based techniques and technologies to support the delivery of high quality care. This helped Hexham to achieve patient outcomes and audit results that were better than Trust and national averages. This included readmission rates for elective surgery, mobilisation rates following joint replacement, revision rates for hip replacement procedures, and audits of surgical consent.

Hexham General Hospital had a good track record in regard to patient safety. The surgical service had

Summary of findings

reported no serious incidents or never events and very low incidences of patient harm were recorded at the hospital. Incidents were discussed in staff meetings and staff felt confident to report incidents, and reported that lessons were shared and senior staff were supportive. Staffing levels were appropriate for the service being delivered and processes were in place to ensure safe staffing levels. Mandatory training compliance targets had not been achieved in all areas at the time of inspection and it was planned that targets would be met. Staff had access to safeguarding, consent and mental capacity training and had good understanding. Handovers were well planned, attended by the multidisciplinary team and managed to ensure that patient information was accurately passed on. A handover process for patient transfers was also in place. There was a comprehensive understanding of patient risk and this was monitored, recorded and assessed appropriately by staff. There was good understanding of the recognition of the deteriorating patient and staff understood the policy for escalation and transfer of patients to the emergency site when required.

Maternity and gynaecology

Good

Overall we rated maternity services as good, with well-led as requires improvement because:
The birthing unit had effective systems in place for reporting, investigating and acting on serious adverse events. Information was collected, reviewed and investigated around standards of safety. This information was shared with the staff and the public. Information about safety issues was displayed on the wards and units and in staff areas. Medicines were stored and managed appropriately. The birthing unit was visibly clean and there was plenty of space for women and babies. Staff followed safety guidance for infection prevention and control. Staff planned and provided care and treatment in a way that ensured women's safety and welfare. There were sufficient staff working on the unit and there were a minimum of three midwives on duty when the birthing pool was in use. Medical staff were available to attend, in an emergency, to gynaecology patients and women in the birthing unit. The criteria for admission to the birthing unit were rigorous and clear. This reduced the risk for women and transfer of women in labour was limited to an average of 18% of all births at Hexham.

Summary of findings

The service used national evidence-based guidelines to determine the care and treatment they provided and participated in national and local clinical audits. Patient outcomes were monitored and action taken to make improvements. Staff had the correct skills, knowledge and experience to do their job. Training ensured medical and midwifery staff could carry out their roles effectively. Competencies and professional development were maintained through supervision. The individual needs of women were taken into account and they were offered compassionate care and emotional support from staff in the birthing unit. The written feedback from women and their families was positive. Staff were positive about the hospital and the services they were able to offer women and their families. They were proud to be part of the team and committed to providing high standards of care. However, although the senior management team were aware of the challenges to the service and had a vision for the future, the formal clinical strategy for maternity or gynaecology services which was contained within the surgical business unit annual plan was very generic in terms of outcomes and references to maternity and gynaecological services were minimal. This did not support identification of how the service was to achieve its priorities or support staff in understanding their role in achieving the services priorities. The risk register did not reflect the current concerns of the senior management team. There were risk and governance processes in place; however, we were concerned with the levels of scrutiny provided by the directorate with regard to the maternity dashboard. Staff were aware of the trust's vision but did not seem to be involved in any plans to develop maternity services at Hexham. There was a recently established Maternity Services Liaison Committee that involved local users of the service.

Outpatients and diagnostic imaging

Outstanding ☆

Overall, we rated Hexham General Hospital outpatients and diagnostic imaging services as outstanding because:
Staff and managers had a clear vision for the future of the service. They knew the risks and challenges the service faced. Staff we spoke with at all levels felt supported by their line managers, who encouraged them to develop and improve their practice. Staff embraced change and there was a real focus on patient experience and leaders and managers drove this. There

Summary of findings

were well embedded systems and processes for gathering and responding to patient experiences and the results were well publicised throughout the departments. There were effective and comprehensive governance processes to identify, understand, monitor, and address current and future risks. These were proactively reviewed. There was an open, honest and supportive culture where staff discussed incidents and complaints, lessons were learned and practice changed. All staff were encouraged to raise concerns. The departments supported staff who wanted to work more efficiently, be innovative, and try new services and treatments and ways of engaging with the public.
Waiting times for all types of appointments consistently met national targets. Some specialties had experienced capacity and performance difficulties but these had been well managed and resolved. All appointments were booked within acceptable timescales. Outpatient clinics and related services were organised so patients only had to make one visit for investigations and consultation or, if possible, did not have to return to hospital for unnecessary appointments. The department teams recorded concerns and complaints and used patient feedback proactively to prevent recurrence that might affect others. They reviewed and acted on problems quickly and demonstrated an open and transparent outlook with the aim to learn from them and improve patient experience.
Staff respected patients' privacy, dignity, and confidentiality at all times. Patients told us, and we saw without exception, that staff treated them kindly, and in a consistently caring and compassionate way. Staff spent time with patients and those close to them to give explanations about their care and encouraged them to ask questions. Staff, from volunteers to senior managers regularly went out of their way to provide help and assist patients in all aspects of care. There were a range of services and opportunities to provide emotional support for patients and their families.
The hospital had good systems and processes in place to protect patients and maintain their safety. The departments were clean and hygiene standards were good. Medical records were stored and transported securely.

Hexham General Hospital

Detailed findings

Services we looked at
Urgent and emergency services; Medical care (including older people's care); Surgery; Maternity and gynaecology; Outpatients and diagnostic imaging.

Detailed findings

Contents

Background to Hexham General Hospital

Hexham General Hospital is one of the acute hospitals providing care as part of Northumbria Healthcare NHS Foundation Trust. This trust provides services for around 500,000 people across Northumberland and North Tyneside with 999 beds. The trust has operated as a foundation trust since 1 August 2006. Hexham General Hospital has 115 beds.

Hexham General Hospital provides a range of services including emergency care from an emergency care centre, medical and surgical services; midwifery led maternity services and a range of outpatient and diagnostic imaging services. Hexham General Hospital does not provide critical care, children and young people services and end of life care. Some services had been reconfigured in June 2015 when the Northumbria Specialist Emergency Care Hospital (NSECH) opened. The opening of NSECH had resulted in a new model of care and different patients pathways in emergency, medical and surgical care.

We inspected Hexham General Hospital as part of the comprehensive inspection of Northumbria Healthcare NHS Foundation Trust, which included this hospital, North Tyneside General Hospital, Wansbeck General Hospital, Northumbria Specialist Emergency Care Hospital, and community services. We inspected Hexham General Hospital on 12 November 2015.

The emergency care centre (ECC) at Hexham General Hospital is situated in the former Accident and Emergency department of the hospital. In June 2015, the department ceased to be an A&E department and became an emergency care centre. Patients who should attend the emergency care centre are those with minor illnesses and injuries, such as broken bones, nosebleeds, sprains, strains, cuts and bites. Children's minor ailments are also managed within the department. Children with more serious illnesses and injuries are treated at Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. The department may accept patients who attend by ambulance but only after prior agreement. More seriously ill or injured patients or those needing to be transported attend NSECH. Facilities at the Hexham Emergency Care Centre mean that patients who attend with conditions that are more serious are stabilised, kept safe and transferred by ambulance to NSECH.

Northumbria Healthcare NHS Foundation Trust provides medical care, including older people's care, across four sites including Hexham General Hospital. The opening of NSECH resulted in changes to Hexham General Hospital. Most medical admissions came from Northumbria Specialist Emergency Care Hospital because patients were transferred out from there to "base" sites which included this hospital. This hospital has two medical wards and an ambulatory care unit. The medical wards at the hospital include stroke / rehabilitation and general medicine. There is also an endoscopy unit which is part of day surgery.

Detailed findings

Hexham General Hospital provides a range of surgical services for the population of Northumberland and the North East of England. It is part of the wider hospital network, incorporating the Northumbria Specialist Emergency Care Hospital (NSECH) care model. This allowed patients to access elective care at Hexham General Hospital while ensuring that emergency support, using NSECH, was also available. All patients requiring specialist emergency care are admitted to NSECH directly or transferred from Hexham General Hospital, one of the 'base' hospitals. Planned surgery considered high-risk is also carried out at NSECH and patients transferred from Hexham General Hospital when required. Patients who no longer required emergency treatment at NSECH may go to Hexham General Hospital for further rehabilitation, care and treatment. The transfer of patients between NSECH and the 'base' hospitals was still being configured at the time of inspection and staff were working flexibly to accommodate patient needs. The hospital provides elective care and treatment for orthopaedic surgery, colorectal surgery, upper gastrointestinal surgery and urology and breast surgery.

The midwife-led birthing unit at Hexham General Hospital offers a range of clinics including early pregnancy assessment (between 6 and 14 weeks of pregnancy), scanning, colposcopy, abnormal uterine bleeding, and minor procedures. Between April 2014 and March 2015, there were 94 midwife-led births at Hexham General Hospital. There were also gynaecology services available on the day surgery unit including laparoscopy, and minor operations. The service offered both medical and surgical termination of pregnancy.

Hexham General Hospital provided a range of clinics covering a wide number of clinical specialities, including urology, orthopaedics, rheumatology and general surgery. The department has approximately 31 rooms including private consulting and treatment rooms. The clinics were allocated into five separate corridors with waiting areas outside each corridor situated at the side of the main atrium of the hospital.

Diagnostic imaging services were open 24 hours a day, seven days a week. The department offered several imaging techniques including plain x-ray, CT scanning, diagnostic ultrasound from 8am to 8pm from Monday to Friday, and fluoroscopy. A private company managed all MRI scanning independently on one day a week. Trust radiologists provided reports for MRI scans.

Our inspection team

Our inspection team was led by:

Chair: Dr Linda Patterson OBE, Consultant Physician.

Team Leader: Amanda Stanford, Head of Hospital Inspection, Care Quality Commission.

The team included a CQC inspection manager, 23 CQC inspectors and a variety of specialists including : a non-executive director, Director of Nursing, consultant anaesthetist, consultant physician and gastroenterologist, consultant in obstetrics and gynaecology, consultant obstetrician and specialist on feto-maternal medicine, accident and emergency nurses, paramedic, nurse consultant in critical care, palliative care modernisation facilitator, head of midwifery, risk midwife, infection control nurse, surgical nurse, matron, head of children's services and junior doctor. We also had experts by experience that had experience of using healthcare 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 always inspects the following core services at each inspection:

- Urgent and emergency services (or A&E)

Detailed findings

- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging.

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew with us. These organisations included the local clinical commissioning groups, NHS England, Monitor, Health Education England and Healthwatch.

We carried out an announced visit on 12 November 2015. We held focus groups with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the hospital, including from the wards, theatres, critical care, outpatients, maternity and A&E departments. We observed how people were being cared for, talked with carers and family members and reviewed patients' personal care or treatment records.

We held listening events on 22 October and 6 November 2015 in Alnwick, Hexham, Cramlington and Whitley Bay to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

Facts and data about Hexham General Hospital

Hexham General Hospital is one of the acute hospitals providing care as part of Northumbria Healthcare NHS Foundation Trust. This trust provides services for around 500,000 people across Northumberland and North Tyneside with 999 beds. During 2014/15 the trust saw 71,000 patients on wards, carried out 36,476 operations and is responsible for 1.4million appointments with patients outside of its hospitals.

The health of people in Northumberland is varied compared with the England average. Deprivation is lower than average, however about 18% (9,300) children live in poverty. Life expectancy for women is lower than the England average.

The health of people in North Tyneside is varied compared with the England average. Deprivation is higher than average and about 19% (6,800) children live in poverty. Life expectancy for both men and women is lower than the England average.

Northumberland was ranked 135th and North Tyneside was ranked 113th most deprived out of the 326 local authorities across England in 2010.

Since the new configuration of the accident and emergency department, as an emergency care centre, the department saw 4578 patients. Of these, there were 3643 adult patients. From July to October 2015 the paediatric urgent care centre was responsible for seeing and treating approximately 935 children.

Between April 2014 and March 2015 the hospital carried out 23 medical and 17 surgical terminations.

From January to December 2014 Hexham General Hospital undertook a total of 46,560 outpatient appointments.

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	☆ Outstanding	Good	Good	Good
Medical care	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Surgery	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding
Maternity and gynaecology	Good	Good	Good	Good	Requires improvement	Good
Outpatients and diagnostic imaging	Good	Not rated	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding
Overall	Good	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding

Notes

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

Urgent and emergency services

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

Information about the service

The emergency care centre (ECC) at Hexham General Hospital in situated in the former Accident and Emergency department of the hospital. In June 2015, the department ceased to be an A&E department and became an emergency care centre. Patients who should attend the emergency care centre are those with minor illnesses and injuries, such as broken bones, nosebleeds, sprains, strains, cuts and bites. Children's minor ailments are also managed within the department. Children with more serious illnesses and injuries are treated at Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. The department may accept patients who attend by ambulance but only after prior agreement. More seriously ill or injured patients or those needing to be transported attend NSECH. Facilities at the Hexham Emergency Care Centre mean that patients who attend with conditions that are more serious are stabilised, kept safe and transferred by ambulance to NSECH.

The department is staffed by a combination of experienced middle grade doctors and GPs, emergency nurse practitioners, nurses and health care assistants seven days a week, 24 hours a day.

Since the new configuration of the department, as an emergency care centre, the department saw 4578 patients. Of these, there were 3643 adult patients. From July to October 2015 the paediatric urgent care centre was responsible for seeing and treating approximately 935 children. At the time of our inspection, the new reconfiguration of services had been in place for four months so the staffing of the department and the number of patients attending had varied as the public became familiar with the new ways of working.

The ECC at Hexham General Hospital was part of the surgery business unit, unlike the other ECCs and NSECH that were part of the medicine business unit.

We spoke with staff including doctors, receptionists, nursing assistants, nurses of all grades, patients and their relatives. We looked at the records of eight patients and reviewed information about the service provided by external stakeholders and the trust.

Urgent and emergency services

Summary of findings

Overall we rated the emergency care centre as this hospital as good, with caring as outstanding, because:

The care given to patients by the department was outstanding. Privacy and dignity were maintained and people were dealt with in a kind and compassionate way. Patients were treated as individuals and care was tailored to their specific physical and mental health needs. All staff went the extra mile to ensure that patients received the care and support they needed. Patients were the focus of staff. Patients and families were seen as partners in decisions about their care and emotional support was given during difficult situations. Results from national and local surveys and questionnaires were consistently excellent.

Staff were engaged in the future development of the department. Managers had robust plans in place to ensure the sustainability of the department for the future, including contingency planning and plans to develop the skills and knowledge of staff. The trust has consulted and engaged comprehensively with staff about the recent development of the department and their roles. There were governance, risk management and quality measurement processes in place to enhance patient outcomes. 'Patient voice' was seen as important and there were a number of initiatives within the trust designed to ensure that the opinions of patients influenced the delivery of services.

Staff felt that there was good leadership not only in the department but also within the trust. There was an inclusive, learning and supportive culture in the department and staff felt valued and appreciated. The culture in the department supported staff to deliver patient focussed care.

We had no concerns about safety in the department. We observed that policies and procedures were followed. Safeguarding processes to protect vulnerable adults and children were in place and referrals were made in a timely manner when necessary. There were sufficient medical and nursing staff employed by the department and staffing levels were acceptable. There were some areas where the department was not meeting the trust expected compliance rate for mandatory training. Staff were up to date with annual appraisals.

There were evidence based policies and procedures in place which were easily accessible to staff. These were audited to ensure staff were following relevant clinical pathways. Information about patients such as test results were readily accessible. There was evidence of multi-disciplinary working throughout the department and the department offered a seven-day service. Staff understood their responsibilities in relation to taking consent from patients and the principles of the Mental Capacity Act 2005.

Patients who visited the department had their individual needs met. Interpreters were available and there were facilities available to assist patients with disabilities or specific needs. Pain relief and nutrition and hydration needs of patients were met. The department was meeting the four-hour target and were discharging most patients within three hours of admission. The trust was performing better than the England average for a number of other performance measures relating to the flow of patients. Patient complaints were managed in line with the trust's policy and feedback was given to staff. Lessons were learned and where applicable, practice was changed to minimise the likelihood of recurrence.

Urgent and emergency services

Are urgent and emergency services safe?

Good

We rated safe as good because:

There were systems to protect patients and maintain their safety. Cleanliness and hygiene were good and the environment was well maintained and had a welcoming décor. There were adequate staffing levels to provide safe care to patients. Medication was stored and dispensed safely and records were stored securely. Information held within records was sufficiently detailed and subject to clinical audit.

Incident reporting was common practice throughout the department and there were examples that staff learnt from incidents, near misses and errors. The department had processes in place for identifying patients at risk of harm and for assessing patients when they first presented to the department, as well as for monitoring and escalating the support of patients when they remained in the department for extended periods, or if they began to deteriorate.

Staff mandatory training figures were below the trust standard for a number of subjects however, an action plan was in place to ensure that by 31 March 2016, all staff would be fully up to date with their mandatory training.

Incidents

- Between June 2015 and October 2015 there were no serious incidents or never events reported by the Unit.
- Between June and October 2015, there were 74 incidents in the Emergency Care Centre.
- Of the 74 incidents, 64 resulted in no harm, nine resulted in minor harm or damage and one resulted in moderate harm.
- The two most commonly reported categories of incidents were: abusive or violent behaviour from a patient (17) and delays to access, transfer or admission (47). Of the 47, 31 related to delays in ambulance transfers due to no ambulance being available.
- There was evidence that the trust took action to learn lessons and informed patients when there had been errors or potential harm. This demonstrated that staff were aware of the duty of candour and actively informing patients or their relatives when required to. Staff demonstrated this through the information they provided when completing incidents on the electronic Datix incident reporting system.
- Mortality and Morbidity meetings took place regularly across the directorate and were attended by a member of staff from the ECC who reported back any findings or lessons learned at departmental meetings.

Cleanliness, infection control and hygiene

- The trust reported that, since June 2015, there had been no incidents of MRSA (methicillin resistant staphylococcus aureus) or clostridium difficile in the ECC.
- When we visited the department, we found it to be visibly clean. Patient rooms were cleaned in between patients and waiting area floors and seating were in good order. Notices were placed on beds to indicate the last time the bedding had been changed. This was because some rooms were not used frequently.
- There were cleaning schedules in place and we saw that these were fully completed in line with cleaning requirements and the trust's policy.
- Patient toilets were clean.
- Staff could call cleaners to the department 'out of hours' if required however, health care assistants were responsible for general cleaning and wiping of patient equipment such as blood pressure machines. We witnessed staff carrying out cleaning of equipment between patients.
- There was ample personal protective equipment (PPE) such as aprons and masks available to staff. We routinely saw staff using this equipment during our inspection. Patients also told us that staff washed their hands and used gloves and aprons.
- The trust routinely monitored staff hand hygiene procedures and compliance, at the time of inspection, was 100%.
- The department had a policy in place to ensure the safe isolation of patients who needed to be isolated. Patients who attended with potentially contagious conditions could be treated safely in cubicles with solid walls and doors.
- We looked at the areas where equipment were cleaned and these were visibly clean and there were cleaning schedules in place for all equipment, along with evidence that cleaning had taken place in line with schedules.

Urgent and emergency services

Environment and equipment

- The waiting area used by patients was well lit and had ample seating.
- Consulting and treatment rooms were an acceptable size and contained the necessary patient equipment. As rooms had doors privacy was maintained.
- We found that equipment in the department had been safety tested.All of the equipment we looked at had up to date tests.
- Equipment was serviced and maintained in line with manufacturer's guidelines, as there were maintenance contracts in place. The medical electronics team co-ordinated equipment servicing and repairs throughout the trust. To ensure accuracy the medical electronics team also ensured that equipment was regularly calibrated.
- We saw that there was at least two of every piece of equipment. This meant that if one suffered a mechanical breakdown, a spare machine was available.
- We checked the resuscitation trolley and found that this was checked daily in line with the trust's policy.

Medicines

- Medicines management was part of mandatory training. Compliance was at 33% across the department compared to a target of 85%. There was a schedule in place to ensure that the service would meet the trust target by 31st March 2016.
- Medication was stored securely and fridge temperatures were regularly checked to ensure that drugs were stored at the correct temperatures. There were plans in place to install a new medicines storage and dispensing facility.
- Patient group directives (PGDs - specific written instructions for the supply and administration of medicines to specific groups of patients) were used in the department. They were up to date. We saw that staff had signed to say that they understood them and were working within their guidance.

Records

- We saw that there was clear information about patients' presenting condition and medical history.
- The records showed that nursing care, such as supporting patients to eat, or take comfort breaks, was recorded.
- Medication and pain scores were completed and the records demonstrated clear treatment and care plans. The support needs of patients were recorded and where applicable, regular, observations had been carried out. All of the records we looked at contained the necessary information about patients and we had no concerns about the standard of record keeping.
- We discussed record keeping audits with the management team of the department. They assured us that record keeping audits took place every month. They informed us that the department performed well in these audits.

Safeguarding

- We looked at the processes and policies the trust had in place for safeguarding vulnerable adults and children. They provided staff with good, detailed information about the action they should take if they had concerns about any patients who attended the department.
- We spoke with a number of staff from all disciplines about the action they would take if they were concerned about the safety and welfare of patients. They demonstrated good working knowledge.
- We saw evidence that referrals for vulnerable adults and children were regularly made and information was routinely sent to health visitors about all children who attended the department.
- Staff knew about specific safeguarding topics such as sexual exploitation, people trafficking and female genital mutilation (FGM).
- The IT system used by the department routinely displayed the number of attendances patients had made during the previous 12 months. Where there were concerns about patients' welfare, the system also displayed an alert to staff that gave specific details about any risks to the patient or to staff.
- Safeguarding training was overall below the trust expected standard of 85%. Training figures showed compliance as follows: Safeguarding adults level one 75%, safeguarding adults level two, 0% (three members of staff), safeguarding children level two, 100% and safeguarding children level three, 88%. There was a schedule in place to ensure that the service would meet the trust target by 31st March 2016.

Mandatory training

- Staff told us they had no problems accessing mandatory training.

- The trust organised annual mandatory training days as well as using workbooks and e-learning to enable staff to complete mandatory training.
- Medical staff were meeting the trust standard of 85% training compliance for 12 of 22 modules. They were not meeting the trust standard for the following modules: advanced paediatric life support, conflict resolution, blood safety, deprivation of liberty, fire safety, health and social care records management, infection prevention and control, medical devices and safeguarding vulnerable adults level one.
- Nursing staff were meeting the trust standard of 85% training compliance for 12 of 46 modules. They were not meeting the trust standard for the following modules: basic life support, blood safety, calculating drug doses, hazardous materials, conflict resolution, control and restraint, 11 essence of care modules, fire safety, infection prevention and control, learning disabilities, medical devices, medicine management, mentorship moving and handling, paediatric life support, safeguarding adults levels one and two, safeguarding children level three, slips, trips and falls and tissue viability.
- We saw evidence that not all staff were up to date with basic or advanced life support and advanced paediatric life support training. For example, we saw that 67% of medical staff were not up to date with accredited advanced paediatric life support and 50% of nursing staff were overdue an update of paediatric life support training. None of the nursing staff were up to date with basic life support training.
- We discussed levels of training with managers and staff who informed us that there was an action plan in place to ensure that levels of staff training improved and that all staff would be compliant by 31st March 2016.

Assessing and responding to patient risk

- Patients were triaged on attending the department and staff based their decisions about whether the patient could be treated at the Emergency Care Centre or needed to be transferred to another NHS service on a standard operating procedure.
- The seven records we looked at showed that patients were routinely seen within 15 minutes of attending the department.
- Staff reported that patients who were inappropriate to treat at the ECC regularly attended and had to be stabilised before transfer to other services. The matron was monitoring the frequency of this and the trust was carrying out a piece of work to analyse the impact of these occurrences.
- Staff ensured that patients identified as needing to be transferred to another service, remained safe and were stable. Patients were transferred by ambulance to the most suitable service for them, such as NSECH, under a standard operating procedure.
- Patients with allergies wore a red wristband to ensure that they were easily identifiable.
- Staff recorded known patient allergies in patient records.
- Patients had their observations taken regularly and the department used the national early warning score (NEWS) to assist in identifying patients whose condition was deteriorating. Staff were fully aware of the action they should take if patients deteriorated and there was a process in place for staff to follow.
- There was emergency medical equipment in the department and some staff had undergone life support training. This meant that patients could be stabilised while an ambulance was called to transfer them to NSECH.
- Using stickers such as red triangles and hands, patient records clearly identified when patients needed assistance, or were at risk of falls or developing pressure damage.

Nursing staffing

- We found that the staffing levels and skill mix within the department were appropriate to meet the needs of patients who attended. Although the department did not formally use an acuity tool, at the time of the introduction of the new configuration of the service, NICE recommendations for staffing levels had been adopted. Staff and managers told us they frequently monitored staffing levels to ensure that staffing levels matched the demand for services.
- There were qualified members of the nursing team who worked in advanced roles as emergency nurse practitioners, treating patients with minor injuries and illnesses.
- Between April 2014 and March 2015, there was a staff turnover rate of 9% (one staff) and 25% (two staff) for

nursing and health care assistant (HCA) staff, respectively. Percentages were high in terms of nursing and HCAs because of the small numbers of staff involved.
- There were currently no nursing vacancies in the department after a successful recruitment campaign.
- The sickness rate for nursing staff was 5% and for HCAs it was 6%.
- Nurse actual and expected staffing levels were displayed in the department and updated on a daily basis. We looked at the rotas for nursing staffing for the previous six weeks. We found that although there were some gaps in rotas, these were not excessive and nursing cover in the department was at acceptable levels.
- Staff absences and annual leave were managed using overtime and internal bank staff.
- There was no agency use at Hexham Emergency Care Centre.
- We saw that there was a local induction in place for all new staff including temporary staff.
- We observed a board round and saw that staff effectively communicated the presenting symptoms and care needs of patients to colleagues starting the new shift or taking over responsibility for care.

Medical staffing

- Doctors staffed the department 24 hours per day. Medical staff worked closely with local GPs with a background in emergency medicine to ensure cover. Experienced staff grade and associate specialists in emergency medicine staffed the department. There were no junior doctors or consultants on site.
- GPs provided over night and weekend cover supported by consultants based at the main NSECH site if necessary.
- We observed doctors discussing patients and handing over relevant information to colleagues. We had no concerns about this process.
- There was limited locum use in the department and locums who were used, were used regularly and therefore were familiar with the policies, procedures and organisation of the department.

Major incident awareness and training

- Staff in the department were aware of the role they would play if there was a major incident in the region. All staff told us that they would only accept patients with minor injuries. Patients who arrived themselves, with injuries that are more serious would be stabilised and transferred to the most appropriate service to treat their injuries.
- The department had a policy in place to manage patients presenting with suspected Ebola. There was sufficient equipment and a designated area of the department. Staff were aware of their roles and responsibilities in the event of a possible presentation.
- There was limited equipment available in the event of a major incident, such as hard hats, high visibility jackets, disposable body suits and washing equipment. These were stored in an area accessible to staff.
- The department had business continuity plans in place, in the event of system failures.
- The department had plans in place to manage increased demand on the service, such as over the winter period.
- Security staff were based on the site and were easily accessible if required.
- The department could be locked down easily to ensure the safety of patients should the need arise. Staff were aware of their roles and responsibilities.

Are urgent and emergency services effective?

(for example, treatment is effective)

Good

We rated effective as good because:

There were policies and procedures in place and these were evidence based. Audits took place to ensure that staff were following relevant clinical pathways. Staff were able to access information about clinical guidelines. Information about patients such as test results were readily accessible. The trust was taking part in local and national audits and monitoring patient outcomes. The trust was performing within acceptable standards.

Patients were offered pain relief on arrival at the department and regularly during the duration of their attendance at the department. Patient and relative nutrition and hydration needs were managed and we saw patients being offered drinks and food while we were

inspecting the department. Patients also confirmed that they were offered food and drinks. There was evidence of multi-disciplinary working throughout the department and the department offered a seven-day service.

Evidence-based care and treatment

- There was a wide range of departmental policies and guidelines for the treatment of both children and adults.
- Departmental policies were based upon NICE (national institute for health and clinical excellence) and Royal College guidelines. We looked at a reference tool available to staff and found that guidelines reflected recent updates to NICE guidance.
- We saw evidence that the department followed NICE guidance for a number of conditions such as Sepsis, head injury and stroke. Where patients presented to the ECC with these conditions, pathways were commenced and arrangement made to transfer the patients to NSECH.
- Care was provided in line with 'Clinical Standards for Emergency Departments' guidelines and there were audits in place to ensure compliance.
- Local audit activity took place within the department to measure staff compliance with departmental guidelines. For example, the trust had identified an issue with adherence to the sepsis pathway and work was underway trust wide to educate staff and improve adherence to the pathway.

Pain relief

- CQC's national 'A&E survey 2014' showed that the trust performed 'about the same' as other similar trusts for the time patients waited to receive pain medication after requesting it.
- In the same survey, the trust performed 'about the same' as other similar trusts when patients were asked whether staff did everything they could to control people's pain.
- A local patient survey for April to July 2015 showed that 83% of patients thought that staff had done everything they could to control pain.
- We saw that patients were being asked if they required pain relief as part of the triage process and it was recorded if patients refused. Patients were checked regularly to see whether they needed further pain relief.
- We saw nurses giving patients pain relief such as paracetamol and ibuprofen using PGDs.

Nutrition and hydration

- CQC's national A&E survey 2014 showed that the trust performed 'about the same' as other similar trusts for the ability of patients to access food and drinks while in the A&E Department.
- Staff told us, (and we saw) that there were food packs available for patients in the department. Sandwiches and drinks were available to patients and there were vending machines present which relatives and carers could access.
- We overheard staff asking patients if they wanted drinks or snacks.

Patient outcomes

- Departmental staff took part in CEM audits where they were applicable however due to changes in configuration of the department, only some aspects of audit were applicable to the department. This was because patients started on treatment pathways only, before being transferred to NSECH. Managers told us that data was aggregated across the trust and submitted as one trust, rather than as individual locations. The available audit results related to audits carried out prior to reconfiguration of services and therefore were no longer applicable to the service.
- The department had no CQUIN (Commissioning for quality and innovation) targets for 2014/2015 or for 2015/2016.
- Trauma audit research network (TARN) information related to the department prior to its reconfiguration and was no longer applicable to the current configuration of the department as an emergency care centre.

Competent staff

- Between April 2014 and March 2015, 83% of nursing and health care assistant staff underwent annual appraisals. In the same year, none of the (three) medical staff underwent an annual appraisal. However, staff told us they had regular appraisals and supervision sessions. This was the most up to date data provided by the trust.
- We spoke with staff about whether they were able to access clinical supervision. Staff told us that clinical supervision took place. Staff felt well supported and able to discuss clinical issues openly with colleagues and managers.

- Nursing assistants performed advanced roles such as taking blood and carrying out point of care testing. Among other duties, staff were trained to put on plaster casts and take electrocardiograms (ECGs).
- Newly qualified staff were given preceptorship (mentoring and support) and newly employed staff shadowed existing staff prior to being counted as a member of the team for staffing purposes.
- Senior members of staff informally monitored staff competencies throughout the year and managers told us that action was taken to address any concerns about staff competencies. This applied to both medical and nursing staff.
- All staff were part of the revalidation scheme and we identified no concerns about compliance within the department.

Multidisciplinary working

- The ECC team worked effectively with other specialty teams within the trust for example by seeking advice and discussing patients, as well as making joint decisions about where patients should be admitted. There were very close links with the ambulatory care department.
- There was good access to psychiatry clinicians within the department with 24 hour telephone access to psychiatric liaison staff.
- There was a substance and alcohol misuse liaison team available by telephone to support patients and staff treating them.
- Allied health professionals attended the department. This meant that patients who needed therapy input or assessment prior to discharge could be seen quickly and efficiently.
- There were local pathways in place, written in conjunction with local GPs and other community services including social services to ensure that patients were discharged with packages of care in place if this was required.
- The department worked closely with the ambulance trust, local GPs and the out of hours service to ensure that unnecessary attendances and admissions to the department were avoided.
- We saw that medical and nursing staff worked well together and communicated clearly and effectively about patients.

Seven-day services

- The ECC offered a seven-day service, with middle grade or GP medical cover in the department for 24 hours a day. There was also on-call consultant cover, by telephoning NSECH so staff could seek advice if required.
- There was 24 hour seven day access to some diagnostic blood tests and basic radiology tests such as x-rays. Patients who needed more advanced testing were transferred to the most appropriate service.

Access to information

- Staff were able to access patient information using the electronic system and using paper records. This included information such as previous clinic letters, test results and x-rays.
- Patients transferred to other services or sites took copies of their medical records with them. Additionally, the referring clinician gave a verbal handover to ambulance staff and the receiving department to ensure that important details were captured.
- Clinical guidelines and policies were available on the trust intranet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with staff about the Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards. Staff understood the basic principles of the Act and were able to explain how the principles worked in practice in the department.
- Staff understood about Gillick competencies which checked whether children under 16 were able to make decisions about their health and treatment.
- During our inspection, one patient attended who had fluctuating capacity. Staff ensured that the patient and their relative (on agreement by the patient) fully understood their care and treatment options.
- Training figures for MCA level two training were at 100% and for DoLs were 50%.
- Staff we spoke with understood the need to obtain consent from patients to carry out tests and treatments. Staff told us that they implied consent when the patient agreed to a procedure and we saw evidence of staff explaining procedures to patients and patients agreeing to them. Delegated consent training compliance was at 100%.

Urgent and emergency services

Are urgent and emergency services caring?

Outstanding ☆

We rated caring as outstanding because:

Patient feedback for the department was consistently excellent.

We witnessed patients supported and receiving outstanding treatment in the department. Amongst all staff, there was a strong patient-centred culture. All staff delivered individualised care to patients. Patients were fully involved in decisions about their care and treatment and diagnoses were explained in ways that patients could understand.

There was a partnership relationship between patients and staff. Staff recognised people's physical and mental health needs and actively offered support. Staff had a holistic approach to the treatment of patients.

Emotional support was present for patients in an unobtrusive way and wider support mechanisms were in place as required by patients and their relatives. People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

Compassionate care

- During our inspection we spoke with six patients who described the care they received as extremely caring and compassionate. Patients described to us how all staff treated them with dignity and respect. Relatives told us they chose to bring family members to this department because of the way they would be treated on arrival. Relatives also told us that the department had an excellent reputation for the care and treatment it provided within the local community.
- Survey results from the trust showed that 97% of patients thought they had enough privacy when discussing their symptoms and 98% thought they had enough privacy and dignity when being examined and treated.
- Staff gave us a number of examples of ways colleagues delivered compassionate care. For example: for patients in soiled clothing, they had been known to collect clean clothes for patients without relatives, and they had taken the patientsdirty clothes home and washed them.For a baby who, sadly, had passed away, they had bought baby clothes. Staff didn't think that this was anything exceptional and that doing this for patients was just part of what they should do to care for patients properly. Being caring and compassionate was embedded in the culture of the department.
- When we discussed care of patients with staff, there was a consistent message that staff wanted patients to feel comfortable and as relaxed as possible. One member of staff told us: "We all want the patients to feel at home, as though we are welcoming them in to our home." We observed the way staff addressed patients and the atmosphere in the department and believed this to be the case.
- There was an inherent caring culture within the department. Each member of staff understood the importance of delivering compassionate care. This was demonstrated by the way staff spoke about their responsibilities and roles within the department.
- When we looked at the resuscitation trolley we saw that there were hand knitted baby clothes and baby blankets. This demonstrated how conscious staff were to think about the experience of patients and their relatives.
- Parents of children attending the department told us that staff were understanding of their concerns and showed empathy towards them and their children. They took time to spend with parents to reassure them and support them with their ill or injured child.
- In the 'CQC 2014 in-patient survey', for 'compassionate care', the trust scored about the same as other trusts. In the patient led assessment of the care environment survey, over the last three years, the trust scored 93% for privacy, dignity and wellbeing (national average 87%). There were no figures specifically for Hexham General Hospital ECC.
- The trust performed better than other trusts in eight of the 24 compassionate care questions in the '2014 Accident and Emergency survey'. The trust scored 'about the same' as other trusts for the remaining 16 questions.
- The friends and family test showed that 97% of patients would recommend this department compared to a national average of 88%.
- The trust carried out local surveys and sent out questionnaires. They had introduced an initiative called

"We're Listening". This was a relatively new introduction however, preliminary results were positive and provided suggestions from staff and the public about how services could be improved.

- Results of the 2014 A&E survey showed that the department performed better than expected in eight of the 35 questions: time to talk; clear explanations; discussing anxieties and fears; confidence and trust; involving family and friends; explaining test results; and purpose of medication and danger signals. No results were worse than expected.

Understanding and involvement of patients and those close to them

- Patient feedback from April 2015 to July 2015 showed 92% of patients thought that staff had explained their condition or treatment in a way that they understood. 97% of patients thought that nurses and doctors listened to what they had to say and 88% of patients thought that staff addressed any fears or worries they had. 90% of patients thought they were involved as much as they wanted to be in decisions about their care and treatment and 86% of patients had the results of tests explained to them in language and terms they could understand. 91% of patients were happy with the amount of information they received when visiting the department.
- During the inspection, we witnessed patients being given their diagnoses. Where fractures were involved, if patients wished to, they were shown their x-rays and breaks were pointed out and explained.
- We found examples of when staff had gone above and beyond to ensure that patients understood fully their medical conditions. Patients and relatives told us that staff explained patient literature to them and gave them time to ask questions.
- Staff delivered patient diagnoses in a calm and sensitive manner and in language and terms that patients and their relatives understood. One member of staff gave us an example of when a patient had presented with a malfunctioning medical device and who was very worried and frightened about a number of things such as having the device and the health condition which meant they needed the device. Staff in ECC spoke with the department who specialised in the patients condition and a member of staff from that department came to the ECC to explain how the device worked and why it had malfunctioned. The patient was also able to ask questions about their medical condition which had previously been unanswered. This reassured the patient who was very nervous about the cause of the malfunction.
- We saw examples of staff working with patients to plan their follow up care so that it fitted in with the patients lifestyle and work obligations. Staff were flexible and found solutions to assist patients.
- Patients and relatives told us that staff were responsive to their questions and before they left the department, made sure they understood their care or treatment pathways and next steps.
- When patients needed to be transferred to another hospital, staff were seen explaining: why this needed to happen, (such as because the department no longer had the necessary expertise to treat the patient fully), how it would happen and what would take place once the patient arrived at their new destination. Staff sought to make sure that patients weren't unduly stressed about their medical condition or that they needed to be treated elsewhere.

Emotional support

- Staff had a holistic approach to people's health and understood how important it was to ensure that patients had emotional support as well as medical treatment.
- The department had staff that often stayed with patients who were upset or distressed to support them through difficult times.
- Staff told us about how they would support patients who were distressed, by reminiscing with them, or singing songs with them, "just to cheer them up or distract them". This showed that staff considered the wellbeing of individuals and delivered care that was individualised to each patient.
- Staff told us this made sure patients received the support they needed. Patients we spoke with said that they would feel reassured if they needed extra support to know someone was there for them.
- We observed all staff talking with patients and relatives in a calming way and offering reassurance to both concerned patients and their family members.
- According to patients, staff offered support and gave information about support services if this was required.

- Staff could refer patients who presented with alcohol or drug problems (regardless of their age) to support services available under the 'Healthy Hospitals' campaign.
- Staff were observed delivering news in a sensitive and compassionate manner. To make sure patients felt supported they took time to sit with patients.
- For patients of all or no religious belief there was pastoral support available.

Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Good

We rated responsive as good because:

The department and services around the region had been reconfigured to better meet the needs of the public. To ensure that services met people's needs, external stakeholders, other organisations and the local community had been involved in how services were planned.

Patients who visited the department had their individual needs met. Interpreters were available and there were facilities available to assist patients with disabilities or specific needs.

Since July 2015 the department had met the national four hour waiting time target and most patients were discharged within three hours of admission. For all performance measures relating to the flow of patients the trust was performing better than the England average.

Patient complaints were actively managed in line with the trust's policy and feedback was given to staff. Lessons were learned and where applicable, practice was changed to minimise the likelihood of recurrence.

Service planning and delivery to meet the needs of local people

- The management of the department were aware of the changing demands on the department and worked closely with the local out of hours provider to manage demand, for example by identifying patients who had minor ailments and arranging for these patients to see a GP based in a department close by.
- Managers were aware of the type of patients who attended the department and the potential major incidents which could occur locally and had ensured that the department had the necessary equipment and trained staff to manage such situations.
- Recent reconfiguration of services managed by the trust meant that some services had been consolidated on a different site. This meant that some patients had to travel a significant distance to access the department. The trust had tried to manage the situation by offering transport for patients as well as having a service level agreement with the ambulance trust to transfer poorly patients.
- The department had acknowledged the mental health needs of the local population and had good access to mental health services.

Meeting people's individual needs

- The waiting room and triage rooms were large and spacious. This meant that the department was easily accessible to patients who used wheelchairs. Additionally there were dedicated disabled toilets available.
- On average, 20% of patients that attended the department were under the age of 16. There was a dedicated paediatric waiting room and treatment rooms for children were decorated with age appropriate murals and wall art. This was open 24 hours a day. This meant that young people were away from the adult waiting and treatment rooms.
- There were facilities, such as beds and wheelchairs, for bariatric patients.
- The trust had access to interpreting services for people whose first language was not English. Staff told us that in an emergency situation they may use a family member in the very first instance, but would try to access an interpreter as quickly as possible. The trust could also access telephone interpreters if necessary.
- Most patient information was available in different formats such as large print, audio, CD, braille and languages other than English on request.
- There were private areas for relatives to wait while patients were being treated and there was a relatives' room where people who were recently bereaved were given support. They could wait in privacy. The room was comfortable and tastefully decorated. There were advice leaflets available for relatives.

- Because of learning from an incident, the department introduced a personality disorder pack for patients who attended frequently with mental health problems. Some of these patients had a care plan held in the department that identified the patients' support mechanism, key workers and relatives or carers. This meant that such patients received the most appropriate care in a timely way.
- The trust had a dementia strategy and within the department, there were designated dementia leads for nurses and doctors.
- The staff we spoke with about patients living with dementia or a learning disability, all told us that they would treat patients as individuals but would try to find out about them in order to make a decision about whether they needed any extra support, such as to be seated in a private area. Staff told us that whenever possible, people with dementia or a learning disability were seen as quickly as possible in order to minimise distress for the patient.
- Some patients with learning disabilities had patient passports. When the patient or carer presented this at the department, staff used the information to assist them in making decisions about patient needs and wishes.
- The records of patients living with dementia or a learning disability were marked using a sticker. If patients had specific needs, alerts were also put on to the electronic record system to alert staff. The electronic records system had a built in alert system which highlighted any patients attending the department who were at risk of self-harm, or harming others. This made sure that staff were aware of safety risks to patients and to themselves. Security staff were called to the department when necessary, for the safety of patients and staff.
- Information about expected waiting times was clearly visible and updated regularly, with the time of update noted. This meant that patients knew how long they could expect to be in the department.
- For patients and relatives of all faiths or none there was 24 hour access to Chaplaincy services.
- Patients with purely mental health needs often waited in the relatives' room if this was vacant. Risk assessments had been done to make sure that the room was safe and fit for this purpose.

Access and flow

- Due to the recent reconfiguration of the department in June 2015 from an Accident and Emergency department to an Emergency care centre, there was limited information about the length of time patients waited to be triaged, treated, or a decision was made to admit, transfer or discharge them. Additionally, ambulance waiting times were too low to be statistically significant because only a very small number of patients were brought to the department by ambulance.
- Since June 2015, 95% of patients waited less than 60 minutes for treatment.
- Since June 2015, two patients had waited in the department for more than six hours before they were admitted, transferred or discharged. However, 95% of patients were in the department for less than three hours before being admitted, transferred or discharged. Delays were due to patients waiting for ambulance transfer to NSECH.
- The un-planned re-admission rate for July 2015 to September 2015 was 3%. This was better than the threshold of 5% set by the trust.
- Only 1% of patients left the department before a clinician saw them. This was significantly better than the 5% standard set by the trust.
- Between July 2015 and September 2015, 99% of patients who attended Hexham ECC were seen within four hours.
- We looked at the clinical records of seven patients who had attended the ECC within the previous three weeks. Three of the patients were in the department for longer than 60 minutes however none were in the department for longer than 90 minutes. Three patients were in the department for less than 30 minutes.
- From our observations and discussions with patients and staff, patients were triaged and treated quickly. None of the people we spoke with expressed concerns about excessive waiting times.
- During the inspection we saw that waiting times were displayed in the waiting area along with information about the last time the board had been updated.
- Patients who needed to be transferred to NSECH experienced delays and anecdotally we were told, occasionally breached the four hour waiting target. Staff told us that this was because patients needed to be transferred by ambulance. Delays transferring patients were as a result of capacity issues within the local ambulance trust. The hospital trust and the local ambulance trust were working together to address

capacity issues and possible delays. During our inspection, we saw that patients often had to wait more than 60 minutes for an ambulance to transfer them. We found that this did not have an adverse impact on patients as they were safe, stabilised and often receiving preliminary treatment. Where patients were identified as deteriorating, a more urgent ambulance transfer was requested.

- Since the reconfiguration of the service, Hexham ECC had had no black breaches. A black breach is when a patient waits more than 60 minutes to be handed over from the ambulance crew to the hospital staff. This was because the hospital no longer accepted ambulance admissions other than by prior agreement.

Learning from complaints and concerns

- Patients and relatives we spoke with were confident about how to make a complaint to the trust although none of the people we spoke with had complained about the department.
- There was information about how to raise concerns about the department or the trust as a whole on display in the department and there were leaflets available for patients to take away with them.
- Staff were able to describe to us the action they would take if a patient or relative complained to them.
- Between September 2014 and August 2015 there were 11 complaints received about the Accident and Emergency department. Of these complaints, one related to admission, discharge or transfer, one related to communication and nine related to all aspects of clinical treatment. There was evidence that complaints had been acknowledged and responded to in line with the trust's complaints policy. Feedback had been given to the staff involved and where appropriate, additional training had been given.

Are urgent and emergency services well-led?

Good

We rated well-led as good because:

Staff had been consulted with and were fully engaged in the development of the department. Staff felt that there was good leadership not only in the department but also within the trust. Staff were inspired to ensure that they delivered great patient care and were supported to do so. Staff were proud to work for the organisation and the department in particular. There was an inclusive, learning and supportive culture in the department and staff felt valued and appreciated.

There were good governance, risk management and quality measurement processes in place to enhance patient outcomes.

Patient voice was important and there were a number of initiatives within the trust designed to ensure that the opinions of patients were heard and influenced the delivery of services.

Vision and strategy for this service

- The hospital had introduced a vision and five core values as well as three areas of focus for continuous improvement. Staff we spoke with demonstrated these values in the way they spoke about the department and the way they interacted with patients who attended. For example, staff all told us that each person who was part of the team had a role to play and nobody was more important than the other within the team. Staff also demonstrated through their actions that patients were at the centre of everything they did, which was evidence of the practice of another core value. Care was individualised and tailored to meet the specific needs of patients.
- The trust had recently implemented a new way of working across the entire trust and in particular, in the way urgent and emergency care services were delivered. Staff and managers were able to describe in detail what the vision for urgent and emergency care was, and how the delivery model was still evolving, developing and adapting to the new ways of working.
- Managers in the department were aware of the changing demands on the department and the types of patients accessing the department. Work was continually underway to ensure demand was managed appropriately and safely.
- Managers had succession planned. For example, they had looked at the age and skill mix of staff and identified the future staffing levels and training needs of the department. They had developed a training and education programme for staff to ensure that if staff left, the department would remain functioning and safe.

Urgent and emergency services

Governance, risk management and quality measurement

- A robust clinical governance system was in place across the department. Medical staff worked across sites and were able to attend clinical governance, patient safety and clinical audit meetings. We saw that information was shared with all staff by those who attended the meetings, and to ensure that all staff were aware of the outcomes of the meetings minutes were circulated around the department.
- There was a robust process in place to ensure that all relevant NICE guidance and drug alerts were implemented and that staff were aware of any changes.
- The staff we spoke with were clear about the challenges the department faced. They were each committed to enhancing the patient journey and were actively involved in discussions about future developments in the department.
- There was a robust process in place for ensuring that the results of radiology investigations were followed up to ensure that any “missed abnormality” was followed up in a timely manner. Where abnormalities had been missed, staff involved were informed and offered support and training to ensure that the risk of future errors was minimised.
- A departmental risk register was available and was under regular review to ensure that the content of the register was reflective of the real-time risks within the department.
- The trust held regular Mortality and Morbidity (M&M) meetings and staff frequently attended and discussed relevant cases at team meetings.

Leadership of service

- We found that the leadership in the department was strong. During our inspection, we found that senior managers were visible within the department and readily available to support staff. Staff confirmed that this was the case.
- Staff told us that members of the executive team occasionally visited the department. Staff were complimentary about the senior management of the trust and many expressed their disappointment that the chief executive was leaving.
- Staff felt that their hard work was recognised and they felt appreciated.
- Nursing staff told us that they felt well-led at a local level and that they had no concerns with their line managers. They felt that they could raise concerns and be confident that they would be resolved whenever possible in a timely manner. They told us that the management team was open, approachable and provided good leadership.
- We saw evidence from meeting minutes that nursing values (the "six c's) were discussed with staff on a regular basis.

Culture within the service

- The department had a very patient oriented culture. The atmosphere in the department clearly showed that staff focus was on treating patients in a kind, compassionate and professional way. Staff felt supported to be able to deliver good care for patients.
- The structure of the department and the way we saw staff interact with each other demonstrated that there was an open and respectful culture.
- Staff told us that there was a no blame culture and that staff supported each other to learn from incidents. We saw evidence of this through the incident reports we looked at. Staff were encouraged to take responsibility and reflect on incidents in a positive way.
- The department scored better than the national average for fairness and effectiveness of procedures for reporting errors, near misses and incidents at 367 (out of 5) compared to the national average of 3.54.
- According to the 2014 NHS staff survey, 77% of staff felt that they would be secure raising concerns about unsafe clinical practice. This was better than the national average.
- Staff told us that although patients were always at the centre of everything, they also felt important and valued by their colleagues, managers and the trust. The national NHS staff survey showed that 84% of staff believed that care of patients was the trust’s top priority. This was better than the national average of 71%.
- Overall, staff told us they were proud to work for the hospital and in particular the ECC department at Hexham General Hospital. The team appeared to be efficient, and the concept of teamwork was clear from our observations at the inspection. Staff worked naturally well with each other.

Public engagement

- The trust took part in the national Friends and Family initiative (FFT) and also carried out local surveys and questionnaires. Results from the FFT and local questionnaires were very positive about the department.
- Additionally, the trust had introduced an initiative called "We're Listening". This was a relatively new introduction however preliminary results provided suggestions from staff and the public about how services could be improved.

Staff engagement

- The department had a well-established and stable team who had supported each other through the transition to new working arrangements.
- We saw that regular staff meetings took place every month for both medical and nursing staff.The national staff survey of 2014 showed that the trust as a whole scored better than other similar trusts for staff not working extra hours, not witnessing or experiencing bullying or harassment and not witnessing potentially harmful errors or near misses. There were no specific results for the emergency care centre.
- The national staff 2014 survey showed that the trust as a whole was performing better than other similar trusts in a number of areas such as: staff thinking their role made a difference to patients, effective team working, receipt of health and safety training, staff reporting errors, near misses or incidents witnessed, staff feeling pressure to attend work when unwell, staff motivation, staff receiving equality and diversity training in the last year and overall engagement. There were no specific results for the emergency care centre.
- Staff told us that they were kept fully informed about changes to the configuration of the department and were given the option to work solely at Hexham General Hospital, or to work some shifts at NSECH. Staff we spoke with were happy to work across both sites to enable them to maintain their skills in dealing with more serious conditions that were treated at NSECH.

Innovation, improvement and sustainability

- There was clear evidence of working with the ambulatory care department to ensure that patients received the most appropriate care that was safe and led to an improved experience for patients. Elderly patients could stay in the ambulatory care department for a maximum of 24 hours to stabilise them and ensure that care packages were in place before being discharged.
- The department was working with nursing and care homes to ensure that their staff were familiar with the care pathways in place for residents.
- The ECC at Hexham General Hospital worked with the hospital at home team to ensure that patients identified as needing support post-discharge were identified and support put in place prior to the patient being discharged from the ECC.
- Some patients who frequently attended the department with mental health needs had specially designed care plans in place that identified their key workers, carers and how to manage their conditions. This meant that they received the most appropriate care and support in a timely manner.
- The configuration of emergency care services delivered by the trust was in itself innovative. There were three emergency care centres (Hexham General Hospital being one of them) and NSECH which cared for patients with greater emergency health needs.
- There were clear pathways in place for patients to ensure that they attended the most appropriate hospital to meet their needs, with ambulance patients taken to NSECH.
- The staff in ECC were able to speak to consultants using a video phone so the specialist clinician could see the patient. This meant that specialist advice was also based on visual information as well as verbal information.
- As long as patient safety remained paramount, staff told us that the trust encouraged innovation and was supportive of staff who wanted to try new ways of working.

Medical care (including older people's care)

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

Information about the service

Northumbria Healthcare NHS Foundation Trust provides medical care, including older people's care, across four sites including Hexham General Hospital. Northumbria Specialist Emergency Care Hospital opened on 16 June 2015 providing specialist emergency care for seriously ill and injured patients from across Northumberland and North Tyneside. The opening of this new hospital resulted in changes to Hexham General Hospital. Most medical admissions came from Northumbria Specialist Emergency Care Hospital and patients were transferred from there out to "base" sites which included this hospital. This hospital has two medical wards and an ambulatory care unit. The medical wards at the hospital include stroke / rehabilitation and general medicine. There is also an endoscopy unit which is part of day surgery.

We spoke with seven patients and visitors, 19 staff members including the management team, doctors, nurses, social workers, therapy staff, health care assistants, and administration staff. We reviewed four sets of patient records. We visited both wards and the ambulatory care unit, where we observed care and the environment. We observed meals being provided to patients, nursing handover and a multidisciplinary team meeting. Prior to the inspection we reviewed the hospitals performance data.

Summary of findings

Overall, we rated medical care services as outstanding because:

An experienced and cohesive team who demonstrated a clear understanding of the challenges of providing high quality, safe care, managed medical services. They had identified and implemented actions and strategies to manage this and this had been done with the involvement of frontline staff. This meant staff we spoke with felt valued and were engaged with the process. The directorate had a clear vision and business strategy. Staff felt valued and were encouraged to contribute to service development. Staff and patient engagement was seen as a priority with several systems in place to obtain feedback. Governance processes were embedded which allowed clear identification and monitoring of risk and we saw evidence of related progress and action plans. Diabetes research, in particular the long term self-management of diabetes, was at the forefront of medical research within the medical directorate. The service had a significant national profile and influence as a result, including research papers on person centred care in long term conditions.

Staff delivered compassionate care, which was polite and respectful and went out of their way to overcome obstacles to ensure this. All patient feedback was very positive.

Staff were encouraged to report incidents of harm or risk of harm and learning from incidents was demonstrated.

Medical care (including older people's care)

The wards were visibly clean and organised. There were some nurse staffing vacancies but the trust was recruiting to fill posts. On most wards, adequate cover was in place and actual staffing numbers reflected the planned figures. Staff worked additional hours and could be brought across from other wards or the trust if needed. The level of staff completing mandatory training was good. Medicines management was appropriate. Clinical records were well organised and fully completed.

The service participated in national audits and had a robust system of local clinical audits. Information about peoples care and treatment and their outcomes were routinely collected and monitored. Outcomes were positive and met expectations.

There were processes to ensure patients were cared for in the right place at the right time. Patient flow was a priority, and the bed management team proactively managed this. The movement of patients during admission was monitored effectively.

Are medical care services safe?

Good

Services in medicine were safe because:

Staff were encouraged to report incidents of harm or risk of harm and learning from incidents was demonstrated. In particular, patients at high risk of falls were cared for in high visibility bays. There were examples of the statutory Duty of Candour. All staff clearly understood safeguarding policies and processes.

The wards were visibly clean and organised. Most wards followed the 'well organised ward' model to ensure that equipment storage was standardised and consistent across the trust. There was sufficient equipment in place and records were correct.

The level of staff completing mandatory training was good. Medicines management was appropriate and all necessary checks were complete. Clinical records were well organised and divided according to medical and nursing input. All contained standard risk assessments and escalation plans where appropriate.

There were some nurse staffing vacancies but the trust was recruiting to fill posts. On most wards, adequate cover was in place and actual staffing numbers reflected the planned figures. Staff worked additional hours and could be brought across from other wards or the trust if needed. This was monitored to ensure safe staff allocation by the ward matrons.

The proportion of junior doctors and consultants within this trust were very similar to the national average. Although there was a slight increase in the number of appointed junior doctors.

Incidents

- Staff at all levels said they were actively encouraged to report incidents including grade one-pressure ulcers. They were confident about reporting incidents, near misses and poor practices. Staff were able to describe recent incidents and the actions taken because of investigations to prevent recurrence.
- Service wide a total of 65 serious incidents (SI's) were recorded from August 2014 to July 2015. The highest numbers of SI's were slips, trips and falls at 45 (69%).

- Matrons and ward managers attended weekly incident meetings (IR1). At this meeting, all incidents reported during the previous week were discussed. Matrons and ward managers from all medical wards attended and discussed the incidents for their areas of responsibility including detailing the actions implemented. Incidents were shared for learning with all clinical staff and during handovers of care.
- The endoscopy unit met twice weekly to discuss incidents, staffing and safety issues.
- Safety incidents were discussed at team meetings and at safety huddles. Patients at high risk were identified and risk assessments discussed with ward staff.
- Staff completed root cause analysis reports and these would be discussed at the incident meeting and through monthly clinical governance meetings.In November 2014, the duty of candour statutory requirement was introduced and applied to all NHS Trusts. 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.
- All staff we spoke to were aware of the Duty of Candour and training was included during induction to the trust. We saw Duty of Candour addressed on the electronic incident reporting system.

Safety thermometer

- The NHS Safety Thermometer is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters (CAUTI), falls and venous thromboembolism (VTE) and the proportion of patients who are "harm free". We saw safety thermometer data displayed on every ward we visited during our inspection.
- Between October 2014 and September 2015, data for Hexham General Hospital reported that one ward had reported five falls with harm between October 2014 and September 2015.
- Six incidents of CAUTI were reported between October 2014 and September 2015.
- During the period July 2014 and July 2015 (apart from one in September 2014) there were no new pressure ulcers reported at Hexham General Hospital.
- Staff we spoke with were aware of the safety thermometer.
- The tissue viability nurses visited every ward on the day that the safety thermometer data was collated and they check data for patients with pressure damage and provide support where required.
- Information received from the trust indicated that VTE assessment compliance was high in this hospital. This corresponded with lower percentages of patients receiving prophylactic treatment.

Cleanliness, infection control and hygiene

- All areas we visited were visibly clean and well maintained.
- The checks of sluice areas on most wards and commodes appeared clean and labelled with the date of cleaning
- There had been no Methicillin-resistant Staphylococcus aureus cases (MRSA) bacteraemia reported from April to October 2015.
- In Hexham General Hospital there were no incidents of C Difficile reported.
- Patients with infections were isolated and barrier nursed at the onset of symptoms. If the patient was not already nursed in a single room they would be moved to one.
- Hand hygiene performance data showed 100% compliance across all grades of staff each week between 21st June 2015 and 23rd August 2015.
- Within endoscopy the trust had a statement of purpose in place to ensure water testing compliance Scopes were maintained with the aid of a high pressure washer and dried scopes were shrink wrapped which meant they were safe for up to 100 days.
- Although the endoscopy unit was not Joint Advisory Group (JAG) accredited the filter processes and cleaning was JAG compliant.
- Infection control training for this hospital up to August 2015 showed 59% against a trust target of 85% on ward 4, 75% on ward 2 and ward 3 showed compliance at 86%. There were plans to ensure all staff received training by the end of the year.
- There were suitable arrangements for the safe disposal of waste. Linen that presented an infection risk was segregated and managed appropriately. Colour-coded bags segregated clinical and domestic waste. Sharps such as needles and blades were disposed of in approved receptacles.

Medical care (including older people's care)

Environment and equipment

- Staff on all wards said that equipment including falls sensors was readily available and any faulty equipment either replaced or repaired promptly. Ward 4 held a small amount of equipment stock at all times due to the dependencies of their patients.
- We checked the resuscitation equipment on all of the wards we visited. Records showed these checks were recorded and correct.
- On all wards we visited, we checked medical equipment and found that these contained stickers to evidence when they were last serviced and the due date of the next planned maintenance. In total, we checked six items of equipment and found this consistent in all cases.
- Wards followed the 'well organised ward' model so that equipment storage was standardised and consistent across the trust.
- Staff told us that the medical devices department coordinated the monitoring of equipment and calibration of scales each year. We saw the asset register and safetesting schedule, which was up to date.

Medicines

- There was a pharmacy department on site at the hospital.
- The hospital provided data which indicated that monthly antimicrobial care bundle audits were undertaken. The results of these audits showed that medical wards were mostly 100% compliant with most aspects of the audit. There were some areas of non-compliance, as follows: in daily reviews of intravenous antimicrobial prescribing; patients switching to oral antibiotics once they were deemed to be clinically appropriate to do so; and a review date or duration being documented.However, the lowest documented compliance score was 87% for one month of the six months observed.
- We reviewed the controlled drugs (CD) register on ward 4. This was found to be correct and up to date. A staff nurse told us that weekly audits were carried out and staff signed the front of the CD book to confirm this.
- We checked the fridge temperatures on ward 4. We saw that minimum and maximum temperatures were recorded.

Records

- During our inspection, we reviewed four sets of patient records. The trust used personalised in-patient nursing assessment records which clearly identified which assessments had been completed at NSECH prior to patient transfer.
- We saw that where patients were transferred from NSECH, no actual times of transfer were recorded. This was evident in all records that we checked.
- Records showed that when a patient was identified as at risk of falls this would trigger the falls bundle which included a falls action plan, falls stickers and medication reviews following a fall.
- Records were stored securely to ensure patient confidentiality.
- We saw that all medical wards at Hexham General Hospital met the compliance targets for record keeping training and information governance. Ward 2 achieved 100% compliance for Information governance training and ward 4 100% for essence of care record keeping training.

Safeguarding

- All frontline staff we spoke with had a good understanding of the safeguarding process and were aware of their individual responsibilities regarding the safeguarding of both children and vulnerable adults. All wards we visited had an adult safeguarding pathway displayed in the ward area.
- Training records showed 95% of staff on ward 2 had completed safeguarding adults level 1 against a trust target of 85%, ward 3, 79% and ward 4, 71%. Safeguarding children and young people level 2 training on ward 2 was 80% and ward 4, 29%. Wards had plans in place to ensure that training was completed by April 2016.
- There was a system in place for raising safeguarding concerns. There was an established safeguarding team for both adults and children. Staff were aware of the safeguarding process and could explain clearly definitions of abuse and neglect. There were processes in place to obtain advice and support from the adult safeguarding team. A staff nurse on ward 2 stated 'we have a good safeguarding lead' and spoke about the submission of 'protect forms' to request support.
- We saw safeguarding events arranged for staff to attend to develop their skills and knowledge.

Mandatory training

Medical care (including older people's care)

- Levels of mandatory training within the medical division were above the trust targets. In most cases ward staff achieved results of 100% compliance, which was above the internal target of 80%.
- Staff told us that they were given opportunities to attend mandatory training.
- A ward sister matron told us: 'I have been offered all of the training I have requested.'

Assessing and responding to patient risk

- We saw an audit performed by the trust which concluded that all policies, procedures and protocols along with any associated training was in line with the requirements set out in the National Patient Safety Agency (NPSA) patient safety alerts.
- National alerts were in place within endoscopy regarding bowel preparation medication, and risk management in relation to heart and kidney disease.
- Early Warning Scores (NEWS) facilitate early detection of deterioration by categorising a patients severity of illness and prompting nursing staff to request a medical review at specific trigger points. Staff used NEWS to assess when a patient was deteriorating. We saw NEWS charts in use across all medical wards at the hospital.
- Audit data for completion of NEWS charts and that an appropriate response to a deteriorating patient was achieved, showed the trust achieved a 99% compliance rate.
- All nurses we spoke to were aware of Sepsis 6, a tool designed to identify sepsis in the early stage and to enable prompt treatment. Each ward at the hospital displayed sepsis safety crosses, which monitored the recognition of sepsis.
- A matron told us there were 'site meetings' each morning to discuss all patients attended by junior doctors and weekly sisters meetings to discuss priority patients.
- We saw the use of bed and chair pressure sensors for patients at high risk of falls.
- We saw that patients with diabetes wore a wristband to identify the diagnosis.

Nursing staffing

- The National Institute for Health and Care Excellence (NICE) state that, when making decisions about safe nursing staff requirements for adult inpatient wards in acute hospitals, assessing the nursing needs of individual patients is paramount. The service had implemented a 'Safer Nursing Care Tool' (SNCT) to assess the staffing requirements across wards.
- Planned and actual numbers of staff were displayed in each ward area.
- The safe care nursing model was adhered to on the wards we visited, with planned staffing levels matching the actual staffing levels.
- Ward 2 showed a fill rate of 99% for qualified nursing staff and 100% for care staff. Ward 4 showed a fill rate of 83% for qualified nursing staff and 100% for care staff.
- We were told and observed that any gaps in rosters were filled with bank or agency staff and with overtime shifts for established members of staff.
- There were seven whole time registered nurse vacancies within the medical unit at Hexham General Hospital.
- A number of staff interviews had been successful and positions were in the process of being filled.
- A ward manager told us that staff were moved around the hospital to support wards that required it and consistent agency staff were sourced to ensure safe clinical practice.
- Advanced nurse practitioners were on site during the night to provide support.
- There were no staff vacancies within endoscopy.
- Data showed that there was a 5% sickness rate in the medicine business unit.
- We saw effective handovers and exchange of information between nursing and medical staff.

Medical staffing

- The ratio of consultants was better than the England average. The trust showed 35% consultant cover compared to the 34% England average. Registrars were slightly below at 37% compared to the 39% England average. In the medical division, staff ratios were comparable to the average national data, although there was a slight increase to the percentage of junior doctors employed by the trust. A review of staffing had increased the number of junior medical staff.
- Consultant cover was available Monday to Friday, twelve hours each day, for the medical wards with a geriatrician available at NSECH at the weekend and during the night.

Medical care (including older people's care)

- Junior doctors worked one weekend in four and one long day every four days. They said that consultants were available and completed daily ward rounds.
- Staff told us that there was 'always' a geriatrician available for advice.
- We saw effective handovers and exchange of information between medical staff.

Major incident awareness and training

- There was a major incident plan in place and staff we spoke to displayed an understanding of this.
- The trust was part of the North East Escalation Plan (NEEP). Throughout the winter NHS organisations in the North East report their NEEP levels, both in relation to their level of activity they are having to deal with and the level of resources available (surge and capacity).
- The NEEP is based on six levels of escalation ranging from 1 - normal working (white alert) to 6 - potential service failure (black alert). All of the alerts have agreed triggers and actions whereby staff review individual systems and escalate command and control accordingly within their respective organisation.
- During our inspection, the trust was at a NEEP level 2.
- All wards we visited had escalation beds available and we were told by the medical director that Haltwhistle hospital had beds available for winter pressures.
- All staff we spoke to were aware of winter pressures planning by the trust.

Are medical care services effective?

Good

We rated effective as good because:

Staff followed national guidelines and policies were available to staff and accessible on the trust intranet. The service participated in national audits and had a robust system of local clinical audits. Information about peoples care and treatment and their outcomes were routinely collected and monitored. Outcomes were positive and met expectations.

The nutritional needs of patients were met and we received positive patient feedback regarding meals and nutritional support. There was a robust tool to measure patients' levels of pain and this was incorporated into the plan of care.

Staff appraisals were in place and well managed. We saw effective multi-disciplinary team working and integration with the 'hospital to home team', to ensure safe prompt discharge. There were plans to ensure the hospital offered fully seven day services.

Evidence-based care and treatment

- Staff used both the National Institute for Health and Care Excellence (NICE) and Royal College guidelines to determine the treatment they provided. Local policies were written in line with this.
- We reviewed policies during our inspection and found them to be relevant and validated.
- Specific local audits were undertaken within each of the medical wards. In addition, more general audits were undertaken such as documentation audits by ward matrons. Compliance with these audits was good.
- There were specific care pathways for certain conditions in order to standardise and improve the care for patients. For example, care pathways were used for the care of patients with stroke and the assessment of thrombolysis.

Pain relief

- Pain relief was provided as prescribed and there were systems to make sure additional pain relief could be accessed if required.
- Patient records included the management of pain relief and were incorporated into the elements of care. This included the management of pain and checks were recorded as required.
- Patients told us that they were asked about their pain and whether they required any pain relief. Patients we spoke with had no concerns about how their pain was managed.

Nutrition and hydration

- Patients were assessed regarding their nutritional needs using the Malnutrition Universal Screening Tool (MUST). This was confirmed in the notes that we looked at.
- Nutritional assistants were employed by wards 2 and 4 to provide patients with eating and drinking assistance.
- Mealtimes were protected, however visitors told us that there was flexibility to support relatives with their meals.
- We observed completed fluid balance charts, however there was no daily goal shown on any of the records that we observed.

Medical care (including older people's care)

- We observed dementia friendly crockery in use on the wards**.**
- We spoke with patients regarding the meals in the hospital and they told us that the food was 'very good'.
- We observed all patients had fresh water available and appropriate crockery at hand.
- Training data showed that nursing staff ay Hexham General had a compliance figure of 85% against a target of 85% in the essence of care nutrition training.

Patient outcomes

- In the Sentinel Stroke National Audit Programme (SSNAP) 2014, the hospital had an overall level of D. The audit shown mixed results, with several areas showing improvement. The stroke unit and physiotherapy performing consistently well. However, speech therapy scored consistently poorly with the SNAPP level for both patient centred and team centred indicators performing towards the bottom of the scale.
- There were no active CQC outliers.
- The National Diabetes Inpatient audit (NaDIA) showed that results were mixed for this site. Hexham General Hospital was better in 12 and worse in 6 of the 21 measures compared to the England median in the 2013 audit.
- The Myocardial Ischemia National Audit Project (MINAP) showed that Hexham General Hospital had improved in two and worsened in one of the three measures compared to the previous audit. This hospital was below the England average in two measures and above in one measure.
- The standardised relative risk of re-admission rate for elective general medicine was lower (better) than the England average of 63 compared to a national average of 100. In non-elective general medicine it was also better at 87 compared to a national average of 100.

Competent staff

- Between April 2014 and March 2015, ward 2 showed 100% of staff had appraisals completed and ward 4 had 63% of staff with completed appraisals. There were plans in place to ensure all staff received appraisals within the trust's target date for completion.
- A physiotherapist new to the trust told us: 'I have received excellent support since I started here. We all work as a team and pull together so that we make sure everything is covered.'
- A doctor told us that staff were rotated across the hospitals including the new emergency care hospital to ensure all junior doctors have appropriate skills.
- A matron told us that there was a robust revalidation programme which was reviewed by the matrons.
- Staff competencies within endoscopy were competed and appropriate.

Multidisciplinary working

- Multidisciplinary teams (MDT's) worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multi-disciplinary team, we saw that staff across all departments genuinely respected and valued the work of other members of the team.
- On ward 2 we saw effective handovers and MDT working. Health care assistants were given clear direction and nurses prioritised high risk patients and those ready for discharge as priority.
- There was an acute stroke integrated care pathway and record for patients. We visited ward 4 which provided stroke and rehabilitation care, and we observed patients receiving therapy support.
- We spoke with a physiotherapist who told us that since NSECH opened the needs of the patients had become 'more complex' and the hospital was looking at the increased physiotherapy time and introduction of physiotherapy assistants.
- A matron told us that each morning all ward sisters linked to each other to discuss general pressures.

Seven-day services

- Consultant cover was available Monday to Friday for the medical wards with a geriatrician available at NSECH at the weekend and during the night. Out of hours on call doctor cover was available.
- Ward rounds took place in the morning with the medical team.
- Nursing huddles took place three times a day.
- There was access to on-call physiotherapists, radiologists and chaplaincy. Physiotherapy was available 7 days each week but occupational therapy Monday to Friday.
- The 'Hospital to Home Team' currently only worked Monday to Friday, however there were plans to extend this service to cover the weekend in the future.
- The trust provided seven day services for all emergency attendances and admissions through NSECH. It met all

national standards for seven day working. A comprehensive trust transfer plan was in place for deteriorating patients to access emergency care seven days a week.

Access to information

- Doctors told us that they received test results and information in a prompt time frame.
- Guidelines were stored on the trust intranet and available to staff.
- We were shown daily handover sheets and these were updated each night.
- Ward sisters and matrons received bulletins through the medical division and incident alerts were sent electronically to them.
- The adult safeguarding pathway was displayed in all wards we visited, to ensure consistency across the trust.
- The medical director told us that Hexham General Hospital was the first hospital to pilot the use of electronic devices such as ipads, which aid access of results, reviews and patient care progress.
- We saw the use of 'Apps' to provide doctors with clinical procedure information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

- The trust had a policy in place to cover DoLS. This included details of the appropriate process and contacts for when DoLS applications were required.
- Patients were asked for their consent to procedures appropriately and correctly. We saw staff obtaining verbal consent when helping patients with personal care.
- Staff told us that Information on DoLS and the Mental Capacity Act was contained within an easy access folder.
- All staff we spoke with were confident in identifying any issues in regard to mental capacity and knew how to escalate concerns in accordance with trust guidance.
- We reviewed two patients records containing urgent and standard authorisation forms which had been completed fully. A referral was also made to the mental health team.
- We reviewed two patients' records containing MCA documentation. Both assessments were completed and had been signed by families involved.
- Training figures for both Mental Capacity training and DoLS showed 100% compliance against a target of 85%.

Are medical care services caring?

Outstanding ☆

We rated caring as outstanding because:

All patients told us that staff delivered compassionate care, which was polite and respectful and went out of their way to overcome obstacles to ensure this. All patient feedback was very positive.

Staff told us that they were fully committed to a person centred culture and found ways to reach out to people who used the service. We saw evidence of home visits by the medical director to patients in the community. Staff were highly motivated and felt inspired to offer care that was kind and compassionate.

The hospital performed above recommended rates within the real time inpatient data.

We saw examples where staff went 'above and beyond' to respond to patients' needs. Relationships between patients and staff were strong, caring and supportive.

Patients we spoke with were aware of what treatment they were having and understood the reasons for this and, in many cases, had been involved in the decisions made about their care.

Compassionate care

- The percentage of patients who, according to the National Friends and Family test would recommend the services was consistent with or higher than the national average for 2014-2015. Data showed an overall score at 97%.
- The response rate for National Friends and Family test was lower in the trust than the national average. However, Hexham General Hospital response rate was between 36% and 40%. The national average was 34%.
- Hexham General Hospital performed better than the recommended target of 9 in the real time patient analysis data. Data asking if staff treated patients with kindness and compassion scored 9.94 against a target of 9.77.
- We observed staff discussing patients care during the daily safety huddles and MDT meetings with care, respect and compassion.

Medical care (including older people's care)

- We spoke with seven patients and visitors during our inspection; all were very complimentary of the care they were receiving. Patients said 'nothing was too much trouble. Staff were approachable'. A visitor told us staff were very flexible with visiting times.
- The 2014 National Cancer Patient Experience Survey results showed that 95% of respondents rated their care excellent or very good in 2014, compared to the England average of 89%. Of the 70 questions, 41 of the 70 responses rated the trust as within the top 20% of trusts nationally. 1 out of the 70 scored within the lowest 20% of the trusts nationally. This related to asking patients about their involvement in cancer research.
- We observed nurses on all wards we visited, responding to patient call bells quickly.
- The hospital to home team went out of their way to ensure patients' needs were attended to at the point of discharge.
- We were told that staff arranged in one case for a patients pet to be rehomed during a residential care placement.
- Another example given by a member of this team was to follow patients to their home with much needed equipment that had been delayed.
- We saw staff on one ward had arranged a Christmas party for the patients who would be staying in hospital over this period.
- We spoke with a band 5 nurse who told us that 'time was available to spend with patients'.

Understanding and involvement of patients and those close to them

- Patients and relatives said they felt involved in their care.
- They told us they had sufficient opportunities to speak with the consultant and other members of the multi-disciplinary team looking after them about their treatment goals. This enabled patients to make decisions about and be involved in their care.
- Patients told us that if they did not understand any aspects of their care that the medical, nursing or allied health professional staff would explain to them in a way that they could understand. One patient told us: 'They have kept me updated, all the way'.
- We saw white boards at the patients' bedsides with consultant and nurse names clearly shown.
- Hexham General Hospital performed better than the recommended target of 9.62 in the real time patient data analysis. Data asking if patients felt involved scored 9.69 in October 2015.

Emotional support

- All patients said they felt emotionally supported by staff. The mental health liaison team provided support for patients identified with low mood; we saw evidence of this interaction in patient notes and support plans.
- Patients diagnosed with a dementia had an elderly patient assessment, which included a mental health assessment.
- The psychiatric team linked into these assessments and offered 1:1 support to families.
- We were told by a matron that patients were visited at home to resolve complaints and complete root cause analysis, should issues arise following discharge.
- We spoke with the medical director who provided home visits to his patients in the community. Some of whom would find it difficult to attend the hospital.
- Chaplaincy services were available 24hrs a day, 7 days a week.

Are medical care services responsive?

Good

We rated responsive as good because:

There was service planning and delivery to meet the needs of the local population, research programmes were in place both at local and national levels to ensure continuous improvement of patient care and treatment.

Programmes were in place to provide specialist and supportive care to patients and their families.

There were processes to ensure patients were cared for in the right place at the right time. Patient flow was a priority, and the bed management team proactively managed this. The movement of patients during admission was monitored effectively. Multiple moves were recorded.

There was openness and transparency in the management of complaints. Complaints and concerns were taken seriously and lessons were learnt.

Medical care (including older people's care)

Service planning and delivery to meet the needs of local people

- The development and subsequent opening of 'The Northumbria' in June 2015 followed several years of discussion, planning and widespread public engagement. The Northumbria is the first purpose built hospital of its kind in England dedicated to providing specialist emergency care. Although the impact of this resulted in the transfer of all emergency care services from Hexham Hospital, the opening of 'The Northumbria' replaces these services with a state of the art emergency care department in Cramlington.
- We spoke with the 'hospital to home team' which was a combined team consisting of social workers, occupational therapist, care managers and nurses. The aim of the team was to 'provide safe prompt discharges and provide short and long term care packages in the community as well as signposting patients to other health services'.
- We saw ongoing engagement with external stakeholders such as local authorities, health and wellbeing boards, and clinical commissioning groups. We saw evidence of quarterly forum minutes and bulletins.

Access and flow

- The 18-week referral to treatment performance between April 2013 and May 2015 was consistently better than the England average and above the national standard. For example, in May 2015 the England average rate was 94%; the trust was 98% for the same period.
- Medical patients on non-medical wards were identified clearly and staff were able to explain how the appropriate teams saw patients.
- In 2014 – 2015 there were 301 medical boarders at Hexham General Hospital. The number of patients boarding were reducing month on month during 2015 - 2016. For example, in April 2015, there were 22, July 3 and one patient in August.
- Data showed that the bed occupancy was 62% in September 2015 and 63% in general medicine and 72% trust wide. A staff nurse told us that ward 3 (surgical) had escalation beds available and there were beds at Haltwhistle community hospital if required.
- Patients were usually admitted from NSECH following initial assessment. However, admissions were also accepted through GP and consultant referrals. The bed management team would transfer patients coming from NSECH and ward staff at Hexham General Hospital were contacted with basic patient details in the first instance. We saw completed patient assessment documentation for patients who were admitted in this way.
- Staff told us that the referral process was 'fast' and 'straight forward' and felt they were able to access specialist help whenever they needed it.
- The hospital had a dedicated bed management team. Matrons held the bleep for this and there were daily team telephone calls three times each day to look at pressures across the medical directorate. Bed data was captured at 09.30 and 16.00 each day. The nurse practitioner within urgent care at NSECH held the bed management responsibility out of ours. This arrangement was in place seven days a week.
- Patients identified as safe for discharge and requiring on-going support at home or residential / nursing care were discussed with the hospital to home team. We saw effective patient handovers and responsive discharge planning.
- The hospital to Home team provided integrated discharge planning and support within the hospital discharge model to ensure prompt safe and effective discharge planning.
- Staff felt the greatest challenge to timely discharge was the availability of ambulances. However, staff were clear that patients would not be discharged after 8pm unless there was patient insistence and it was safe to do so.
- There were 326 delayed discharges waiting 4 hours or more, for the period 1 May 2015 to 31 October 2015.

Meeting people's individual needs

- A staff nurse told us that one to one observation or nursing within a high visibility area was available for high-risk patients. We saw this in place for patients who were at high risk of falls.
- Nutritional assistants offered nutritional support to patients who required assistance with feeding and drinking. We saw these staff on many of the wards that we visited. Most worked across two busy meal times, to enhance the support provided by care assistants and nurses.
- Projects were in place across the trust such as older people's health champion's programme, a living with dementia course, which offered practical support to help with daily living, open the door to loneliness within older age events and the supported walks programme for people with dementia in West Northumberland.

Medical care (including older people's care)

- There were some adaptations made to many of the medical wards to ensure they were dementia friendly, such as,clocks, coloured door signs and crockery. Day rooms had visibly been adapted and improved.
- We found general signage around the hospital to be very good and dementia friendly signage was used where appropriate on certain wards.
- There were several dementia friendly adaptations on ward 4 such as clocks, toilet door signs and crockery.
- We saw that ward 2 had four designated dementia friendly side rooms.
- Ward 4 had recently completed a significant amount of work in adapting its environment to a dementia friendly environment. This was in recognition for the dementia friendly changes made to the ward.
- Staff told us that they were supported by a specialist mental health nurse for patients diagnosed with a dementia.
- We saw evidence of the use of the alcohol support team which were based at North Tyneside General Hospital.
- We asked about support for patients with a learning disability. We were shown a file containing relevant guidance and advised that there was a nurse contact that staff could use if they needed advice.
- Access to interpreting service was available for patients whose first language was not English. Staff told us that trying to access Mandarin interpreters was sometimes difficult.
- We saw the use of communication boards to enable patients to make appropriate nutritional choices.
- Access to information for patients and their families was good. We saw examples of comprehensive information for patients regarding the management of their health conditions in several languages.
- To support and promote patients individual religious and cultural needs there were relevant information sheets available within the clinical areas.

Learning from complaints and concerns

- Every ward we visited had information about how to make a complaint prominently displayed, which included PALS posters and support.
- The trust had a positive approach to adhering to the duty of candour regulations.
- A ward matron told us that there was a culture of no blame in the hospital.
- Staff followed the trust's complaints policy and provided examples of when they would resolve concerns locally. A ward sister gave us an example when they went out to a patients home to resolve a complaint. Staff felt that they did not receive many complaints.
- Patient experience information, including concerns, were captured in a variety of different ways. The trust completed real time surveys, '2 minutes of your time surveys', patient perspective surveys and national patient experience surveys. We saw feedback of this data at ward level including at staff meetings, on the intranet and on performance display boards.
- Matrons had an "open door policy" to support patients and discuss any concerns and had developed a culture to discuss all concerns.
- We saw evidence of complaint discussions at all levels from local supervision to board level.

Are medical care services well-led?

Outstanding ☆

We rated well-led as outstanding because:

An experienced and cohesive team who demonstrated a clear understanding of the challenges of providing high quality, safe care, managed medical services. They had identified and implemented actions and strategies to manage this and this had been done with the involvement of frontline staff. This meant staff we spoke with felt valued and were engaged with the process.

The directorate had a clear vision and business strategy. Staff felt valued and were encouraged to contribute to service development. We observed a positive open culture with all staff focused on providing high quality, safe patient care. Staff and patient engagement was seen as a priority with several systems in place to obtain feedback.

Governance processes were embedded which allowed clear identification and monitoring of risk and we saw evidence of related progress and action plans.

Diabetes research, in particular the long term self-management of diabetes, was at the forefront of

medical research within the medical directorate. The service had a significant national profile and influence as a result, including research papers on person centred care in long term conditions.

Vision and strategy for this service

- The opening of the Northumbria Specialist Emergency Care Hospital (NSECH) in June 2015 was a result of several years of planning and consultation. This was the first hospital in England to be built using a new model of care to optimise operational efficiency and improve patient experience and outcomes. The service had implemented its long-term strategy with the opening of the new hospital and reconfiguring services at Hexham General Hospital.
- There were short-term strategies to manage situations, which had arisen because of the changes, for example a safer staffing review and a focus on recruitment. These strategies were being proactively reviewed as they were embedding.
- Frontline staff told us they felt fully informed about all the changes which had taken place and the management team told us they were 'enormously proud of how the staff had coped with the massive changes, particularly in areas where two wards had merged'.

Governance, risk management and quality measurement

- There was a well-defined structure for risk management and governance. We reviewed minutes of the clinical governance meetings, which took place every two months. There were systems in place to cascade and share information from these meetings to staff.
- The senior management team highlighted their top risk as nurse staffing. The wards we visited told the inspection team about the safer staffing tool which had been used to gather data between September and October 2015 and that they felt reassured that this would demonstrate the increased acuity of the patients they were caring for and help inform a review of ward establishments.
- The senior management team saw demand and volume as their other risk.The new way of working with NSECH opening had transformed the way healthcare was being delivered.It was acknowledged that some systems and processes were still developing and being adapted. In particular, the complexities of patients were greater than expected so there was ongoing work with patient pathways and performance dashboards at ward and divisional level measured the quality of care; we observed these on all wards we visited.
- We reviewed the departmental risk register, which was reviewed at the clinical governance meeting. This was separated into sub business units with a designated officer for each. We reviewed the information on the risk register and found it was in alignment with what staff felt was the biggest risk or 'worry' to the service. There were action plans, review dates and completion dates attached to each risk. For example, the difficulty in recruiting qualified nurses in to elderly medicine.
- Most of the staff we spoke with could talk about the duty of candour and provide examples of when this had been used. We observed an open culture in relation to incident reporting and complaints and associated learning.
- We saw that within the datix system there is a prompt to ensure families are informed of any incidents which result in harm to the patient.
- We saw evidence of clinical internal audit activity covering a wide range, including sepsis, hand hygiene and nutrition. Data was displayed in public areas and action plans made where improvement was required.

Leadership of service

- We saw evidence of strong leadership and clinical engagement. Leadership was encouraged at all levels and staff supported to try new initiatives, for example due to flexible working some physiotherapy staff within the hospital were able to provide follow up at home for some patients to give continuity of care.
- The 2014 NHS staff survey results showed 76% of staff reported they feel able to contribute to improvements at work; this was higher than the national average of 68%.
- The management team demonstrated a clear understanding of the challenge of providing high quality, safe medical care with the reconfiguration of services and ongoing review of patient activity and acuity.
- A physiotherapist told us: 'Management are visible and they are always available to stop and talk'.
- Staff told us the executive team were visible and senior managers supportive. This was particularly mentioned by senior nurses we spoke with, as many were relatively new to the post.

- Staff told us there were good relationships with line managers and comments such as: 'I always get the support I need. Someone is always there quickly if I need anything'. This was reflected in the NHS 2014 staff survey results, which showed a score of 3.89 for staff supported by immediate managers; this was higher than the national averages, of 3.65.

Culture within the service

- We were told by the senior management team a lot of energy was placed on the culture of the trust particularly in relation to the new hospital opening. This was evident throughout our inspection and although staff had gone through a significant period of change they were very positive.
- The senior management team told us the good relationships between doctors, nurses and management had helped support meaningful change.
- We were told the change had to be supported and led by consultants so a lot of time was spent building those relationships. In addition to this, the recruitment process for new consultants had helped to recruit the right people by having a mixed interview panel of different grades of staff to gain a wider perspective.
- Staff told us they felt the work environment provided them with the freedom to make decisions and that all staff were on an equal footing. Staff referred to 'The Northumbria way', which brought together all the programmes of work within the trust. Senior management told us there had been occasions where staff had not been recruited if they were not supportive of this way of working.
- We observed strong multidisciplinary team working which was patient focused. Staff of all grades told us they felt valued and respected, with a junior doctor commenting: 'I am well supported. Ward matrons are fantastic. Everyone works together as a team'. As a staff group they told us they are listened to if they raise concerns.
- Results from the 2014 NHS staff survey indicated 77% of staff felt that they would be secure raising concerns about unsafe clinical practice. This was better than the national average.

Public engagement

- There was evidence of extensive engagement with patients and the public and the trust actively sought their views and opinions.
- The patient experience team visited the medical wards monthly and collected data from patients. Findings were fed back the following day to ward sisters. Comments from patients were also displayed on notice boards within each ward area.
- Data relating to inpatient experience was displayed on each ward and covered several areas such as dignity and respect, and involvement and pain control.Each was given a score out of ten. Data was reviewed from the medical business unit for Hexham General Hospital. For October 2015 scores were between 8.31 and 9.94. All the wards we spoke with said they scored lowest for medicines and that this was largely due to the types of patient they cared for. The questions asked were around understanding of medications patient had to take and some patients found it difficult to retain this type of information and relied on relatives/carers. A staff nurse told us that work was in place to try to address this by involving relatives in discussion on medication and working with the pharmacy team.
- Two minutes of your time feedback was also collected on discharge.This asked six key questions about the care patients received during their in-patient stay. The questions relate to the patients experience of respect and dignity, care and treatment, involvement, cleanliness, and kindness and compassion.
- The service actively promoted projects relating to patient experience. An example of this was the 15 steps challenge. This is a series of toolkits, which are part of the productive ward work stream. It was developed by various staff groups, patients, and volunteers to help capture what good quality care, looks, feels, and sounds like. Hexham General Hospital had not yet introduced the 15 steps challenge.
- A ward manager told us about quarterly engagement forums with voluntary and community groups.

Staff engagement

- We saw evidence of regular monthly staff meetings and the staff we spoke with felt engaged with the service and senior management.
- Results of the 2014 NHS staff survey showed a score of 3.93, which was higher than the national average of 3.74 for staff engagement.

Medical care (including older people's care)

- Hexham General Hospital and its staff had experienced significant change because of NSECH opening in June. Staff told us they had felt involved in discussions and kept informed of any changes.

Innovation, improvement and sustainability

- Diabetes research in particular the long term self-management of diabetes was at the forefront of medical research within the medical directorate.
- The diabetes service was involved in Year of Care Partnerships (YoCP), exploring the role of care planning in diabetes care. The trust hosted the YoCP which supported numerous organisations locally, regionally and nationally to implement care planning in diabetes, other long term conditions and various other settings.
- The service had a significant national profile and influence as a result, including research papers on person centred care in long term conditions.
- The trust, in partnership with West End Family Health and Health WORKS in Newcastle, and Deakin University in Australia were focusing on people with long-term conditions in primary and specialist care, by using a 'Optimising Health Literacy and Access' approach, to identify and address strengths and weaknesses in the healthcare system. (Health literacy describes how people find out about health, and understand and use that information to achieve better health). The project team focussed on parallel settings in primary and specialist care, initially the Czech-Roma population in the West End of Newcastle and also people with chronic lung disease attending specialist clinics in North Tyneside General Hospital. This enabled clinicians and community members to co-produce innovative, locally relevant service redesign and improvements.
- A consultant told us that staff work extremely hard to 'repatriate' patients back to Hexham General Hospital. Patients living in the area could be referred directly to the hospital for care and treatment.
- Comfort care packs have been developed for relatives who are staying for long periods or visiting for prolonged stays.

Surgery

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

Information about the service

Hexham General Hospital is a modern hospital providing a full range of surgical services for the population of Northumberland and the North East of England. The hospital is part of the Northumbria Specialist Emergency Care (NSECH) emergency care model. It provides elective and non-elective treatment for orthopaedic surgery, colorectal surgery, urology and breast surgery.

Following the opening of NSECH on 16 June 2015, all patients requiring specialist emergency care were admitted to NSECH directly or transferred from Hexham General Hospital, one of the three base hospitals. Planned surgery considered high-risk is also carried out at NSECH and patients were transferred from Hexham General Hospital when required.

Patients who no longer required emergency treatment at NSECH were discharged to home or to Hexham General Hospital for further rehabilitation, care and treatment. At the time of inspection the arrangements for transfer of patients between NSECH and the base hospitals was being managed flexibly by staff to accommodate patient need and assessment of risk.

During this inspection we visited surgical ward 3, the day treatment centre and theatres.

Ward 3 is an elective surgical ward for patients who had general, orthopaedic and gynaecology surgery. Patients attended for day surgery procedures in the day treatment centre. We observed care of patients and procedures being undertaken.

We spoke with 10 members of staff, eight patients and two relatives and reviewed nine sets of patient records.

Surgery

Summary of findings

We rated surgery as outstanding because:

There was a clear vision for the service and the new model of care being delivered, with a clear focus on improving the quality of care and people's experiences. Innovation was welcomed by senior leaders and there was a culture of innovation embraced and promoted amongst staff. There were high levels of staff satisfaction and staff spoke strongly about the supportive and open culture at the trust. Staff were proud to work for the service. Strong and robust governance structures were in place across the directorate and there was a systematic approach to considering risk and quality management. Senior and site level leadership was visible and accessible to staff. Staff spoke very positively about their immediate line managers and senior leaders and a positive culture was evident during the inspection, supported by initiatives such as the 'shared purpose' wards and value based recruitment.

Surgery services at this hospital were planned and delivered to meet the needs of local people in a timely way. The service was part of the wider hospital network and incorporated the NSECH emergency care model. This allowed patients access to elective care and emergency support across hospital sites when needed. The service reported waiting times better than NHS averages and had been responsive in analysing, assessing and considering patient risk when identifying where best to care for high risk patients.

There was a strong patient centered culture that patients reflected on when making decisions on choosing to attend Hexham General Hospital for their surgery. The service had consistently high patient feedback scores in the national NHS friends and family test and in the local surveys. Patients explained that all staff 'went the extra mile' to help them and all patients reported to us that their care was excellent or very good. Patients we spoke with had chosen to travel significant distances to access this service. All staff we spoke with were highly motivated and offered care that promoted people's dignity without exception.

Staff made use of evidence based guidance to inform their practice and were encouraged to seek out new evidence-based techniques and technologies to support the delivery of high quality care. This helped Hexham to achieve patient outcomes and audit results that were better than Trust and national averages. This included readmission rates for elective surgery, mobilisation rates following joint replacement, revision rates for hip replacement procedures, and audits of surgical consent.

Hexham General Hospital had a good track record in regard to patient safety. The surgical service had reported no serious incidents or never events and very low incidences of patient harm were recorded at the hospital. Incidents were discussed in staff meetings and staff felt confident to report incidents, and said that lessons were shared and senior staff were supportive.

Staffing levels were appropriate for the service being delivered and processes were in place to ensure safe staffing levels. Mandatory training compliance targets had not been achieved in all areas at the time of inspection and it was planned that targets would be met. Staff had access to safeguarding, consent and mental capacity training and had good understanding. Handovers were well planned, attended by the multidisciplinary team and managed to ensure that patient information was accurately passed on. A handover process for patient transfers was also in place. There was a comprehensive understanding of patient risk and this was monitored, recorded and assessed appropriately by staff. There was good understanding of the recognition of the deteriorating patient and staff understood the policy for escalation and transfer of patients to the emergency site when required.

Surgery

Are surgery services safe?

Good

We rated safe as good because:

Performance over time showed an effective track record in regard to patient safety, with no serious incidents or never events reported at the hospital. Clear information was displayed for staff and patients to show safety thermometer data and very low numbers of incidences of patient harm were recorded. Staff were confident in the reporting of incidents and felt supported in doing so. We saw that governance processes were in place to ensure that incidents were discussed; lessons were learned and communicated to staff.

Staffing levels were appropriate for the service being delivered and recruitment processes were in place to fill vacant posts. Handovers were well planned and managed to ensure that patient information was accurately passed on. There was a comprehensive understanding of patient risk and this was monitored, recorded and assessed appropriately by staff. There was good understanding of the recognition of the deteriorating patient and staff understood the policy for escalation and transfer of patients.

The hospital environment was clean and we saw evidence of regular audits with regard to infection control measures. Medicines were also stored and administered safely.

Records were stored appropriately and completion of patient documentation was good overall.

Staff had a good understanding of safeguarding issues, and although at the time of our visit compliance with formal safeguarding training was variable, compliance with wider mandatory training was good and on target to be completed.

Incidents

- Staff at Hexham General Hospital understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were fully supported, and attended regular meetings where feedback and learning was encouraged. There was a consistent approach across sites.
- Between July 2014 to July 2015, Hexham General Hospital reported 190 surgical incidents.
- The service recorded the majority of the incidents (152) as causing 'no harm' to the patient. The service recorded no serious incidents and no Never Events (which are serious, wholly preventable patient safety incidents).
- The most common incident recorded at Hexham General Hospital was concerning 'Access, Appointment, Admission, Absconder, Transfer, and Discharge' (30). We discussed this with the ward manager for ward 3 who explained that these incidents mainly related to issues with the local ambulance service. This had been escalated to senior trust staff. They now met regularly with the local ambulance service to resolve concerns.
- Staff we spoke with were aware of how to report incidents on the electronic system and received feedback on incidents at team meetings. We saw minutes of team meetings confirming this.
- As part of this, weekly 'board meetings' took place around an information board on the ward. Staff told us that these meetings included incident review and sharing any learning.
- In response to incidence of patient vasovagal attacks following surgery, nursing staff had moved chairs so that patients could receive consistent prescribed oxygen therapy. This led to reduction of risk and incidence and subsequent harm from falls.
- Staff made a number of changes to the process for spinal anaesthetic block drug administration following a near miss drug administration error. Separate trollies for sedation and spinal block equipment, using separate and incompatible syringes and needles to administer drugs had been introduced. A 'stop, block' process had also been put in place, when the anaesthetist and the assistant stop to verbalise the type of drug and location of injection before administering the drug to the patient.
- The trust had monthly mortality and morbidity case review meetings. Staff we spoke with at Hexham General Hospital were involved and attended these meetings, and nurse practitioners and members of the multidisciplinary team also attended. Due to changes in job plans and team locations the meeting had been recently reorganised and rescheduled. In the absence of formal meetings during this period of change across the

trust, interim measures had been in place to review mortality and concerns. We were informed during inspection that the new meeting structure was in place in surgery.
- Staff we spoke with understood the Duty of Candour and explained that they had received training. They understood the focus of the duty was to be 'open and honest' with patients. Staff could not recall any incidents that would have triggered the duty.

afety thermometer

- Ward 3 participated in the NHS safety thermometer. The tool was used to measure, monitor and analyse patient 'harm free' care. The ward had achieved 100% for VTE assessment, no pressure ulcers, one urinary tract infection (June 2015), and had variable compliance with identifying patients who required VTE prophylaxis (from 45% in June, to 100% between August and October 2015). This variable was found to be a trend across the surgery business unit.
- The ward displayed this information at the entrance on an information board. This was visible to patients and visitors and was easy to understand.
- In addition to the safety thermometer, and as part of the 'shared purpose' initiative, Ward 3 had specific ward objectives around prevention of pressure ulcers. The ward had achieved 200 days without an avoidable pressure ulcer occurring at the time of inspection. This work was being used to improve practice and reduce avoidable harm.

Cleanliness, infection control and hygiene

- The trust had an infection surveillance programme and an infection control team. Relevant policies were available as paper copies and on the trust intranet and had current review dates.
- Monthly reports were generated and reported for clostridium difficile (C.difficile) infection and methicillin resistant staphylococcus aureus (MRSA). Since April 2015 at this hospital there have been zero incidences of MRSA and C difficile. The trust was on target to achieve less than 3 cases of MRSA and less than 30 cases of C difficile over the course of the year.
- We saw evidence of infection control audits taking place. Data provided by the trust showed that between April and September 2015, all surgical areas at Hexham General Hospital achieved 100% compliance, against a trust target of 98%.
- The ward, theatres and the day surgery unit were all visibly clean. We saw cleaning records for ward areas were completed. Staff completed equipment cleaning checklists for surgical areas we inspected.
- Ward staff used a simple 'wipe clean' cleaning log which was completed and left on all cleaned bed spaces to show real time compliance. This listed the cleaning tasks in that bed space, tasks completed and date of completion. This assured all staff that the cleaning had taken place prior to admitting a patient.
- Hand soap dispensers were clearly signposted on the entrance to areas and patients and visitors were encouraged to clean their hands. The hand soap and alcohol gel dispensers were stocked appropriately.
- We observed staff using appropriate hand hygiene techniques and staff adhered to uniform policy. We observed staff were 'bare below the elbow' in clinical areas to support infection prevention and control.
- To prevent the spread of infection a notice at the entrance to the ward discouraged visitors if they had been ill.
- Staff discussed patients whose test results for infection were not yet available at a morning safety briefing on Ward 3. We observed notices on patient rooms where there was an infection risk and saw staff use appropriate personal protective equipment (PPE) when entering these rooms.
- We saw sharps bins in use and these were appropriately positioned and safe. Clinical waste bins were also in use and we saw staff disposing of clinical waste appropriately.
- The trust carried out quarterly audits of adherence to its antimicrobial prescribing care bundle. This included individual audits of eight elements identified in the care pack. Data from February 2014 to August 2015 showed average routine compliance was 99% across the trust.

Environment and equipment

- Trust provided data showing surgical areas achieved an average score of 98% (pass) in environmental audits carried out by the trust since April 2015.

Surgery

- Patient led assessment of the care environment (PLACE) assessed patients' privacy and dignity, food, cleanliness and general building maintenance.
- In the most recent audit (2014), Hexham scored 99% for cleanliness, 86% for food, 93% for privacy and dignity, and 97% for condition. This was better than trust wide scores, and the trust performed better than the England average in all categories.
- We checked seven pieces of equipment at the day treatment centre and ward 3. All items of equipment were labelled to show appropriate testing had been carried out. Staff had checked resuscitation equipment on the ward and the day treatment centre on a weekly basis in line with trust policy.
- We saw up to date records recording water flushing on the ward and day treatment centre. Water temperature and flow were checked appropriately.
- The ward had a treatment room, but staff said this was too small to carry out tasks such as wound dressings. Staff used empty single rooms as an alternative to the treatment room. We were told that plans were in place to convert the day room to a larger treatment room, in line with environmental improvements at other hospital sites as part of the strategy to reduce surgical wound infection rates.
- Staff on the day treatment centre explained that they were often very busy and required more space. They reported that the current arrangement affected flow of patients through the department. At the time of our inspection, we observed that the bay areas on ward 3 were being used to accommodate patients from the day treatment centre. Staff did not report any patient safety issues or complaints arising from this arrangement and a programme of work had been agreed to make this a more permanent solution. It was reported to us that this programme involved joint staffing and a dedicated day treatment bay on the ward.
- A timescale was not available for completion of this work at the time of inspection.

Medicines

- Ward 3 stored medicines to comply with hospital policy, in a locked room which could be opened using a key code. The drug fridge was locked and we saw records of fridge temperatures being recorded on a daily basis. All recorded temperatures were within appropriate limits. At the day treatment centre, we saw that medicines were also stored in a locked cupboard.
- Controlled drugs were stored to comply with policy in the ward and on the day treatment centre. The cupboard included a separate identified shelf for holding 'patients own' controlled drugs that they had brought into the hospital. Staff used separate controlled drug books to record these patient drugs. All staff had completed entries as appropriate and the process was clear.
- The day treatment centre used patient group directives (PGDs) to provide certain medications and oxygen. (PGDs are written instructions for the supply or administration of medicines to groups of patients). These were up to date and had been signed by staff in Hexham General Hospital surgical departments.
- Staff in the day treatment centre explained that for the pain relief and oxygen PGD's, in addition to ward manager training and sign off, staff attended a talk by a consultant who then signed the PGD before staff were able to provide these treatments.
- Ward 3 did not use PGDs as it had an advanced nurse practitioner on duty 24 hours a day who prescribed as needed. Staff told us that there was a good relationship between the anaesthetists and the advanced nurse practitioners. Nurse practitioners across the trust had undertaken a course of study to obtain prescribing rights and support patient care with new ways of working.
- The day case centre made some use of FP10 prescription books. A stock of FP10's was held in a locked cupboard and were signed for and logged appropriately.
- Ward 3 did not have an FP10 book. Staff had requested a book for patients returning to the ward post-discharge with pain issues. At present, staff requested FP10's from emergency medicine colleagues in such instances.
- Quick reference guidance was available for staff on the process for providing oral medication. We saw this was used as part of medicine management and administration practice to patients.

Records

- We looked at nine sets of medical records at Hexham General Hospital.
- The records we checked were clear and recorded appropriate information concerning patient management.

- These included appropriate entries from medical, nursing staff and theatre staff. Physiotherapy and Occupational therapy assessment was appropriate. All entries were legible.
- Five of the nine records had a completed yellow alert form present. The forms gave prompts and the opportunity for staff to record information such as allergies, involvement in medical trials, or other associated risks to patients that staff needed to be aware of when delivering care.
- The issue of compliance in completing the yellow alert form was identified on the risk register for surgery, with actions to mitigate risk and timescales for completion. Compliance was inconsistent at the time of the inspection.
- On the ward, the main medical record was stored securely in the bay. Staff then used lockable satellite record trollies, located on the corridor at either side of the ward, to hold a separate red folder with ongoing patient records, which contained daily entry of information recorded by nurses and allied health staff.
- Records stored in satellite stations were not locked away and were accessible to patients or visitors. We raised this with the ward manager who explained that there had been discussions about locking these documents away. At the time of inspection we found that notes could be easily accessed.

Safeguarding

- Surgical services averaged 89% compliance with safeguarding training against a trust target of 85%. However, safeguarding adults level two training had a lower compliance target of 65%. The trust had achieved 45% compliance at the time of inspection with one of four relevant staff groups meeting the 65% target. Surgery had an action plan in place to be on target with trust compliance targets.
- A safeguarding folder was available to staff. This had quick reference guides for advice and relevant contact details for leads in child and adult safeguarding, domestic violence (including reference to female genital sexual mutilation), honour based violence, forced marriage, human trafficking and sexual exploitation.
- Staff we spoke with were aware of the policies and guidance around safeguarding. They were able to explain how they would escalate any safeguarding concerns.
- One safeguarding incident (October 2014) had been reported and related to the condition of a patient on admission. Staff had followed the appropriate steps to raise their concerns.

Mandatory training

- Surgery had an action plan in place to be on target with trust compliance targets. The standard compliance target for completion of most training modules or sessions was 85%.
- The trust had a comprehensive package of mandatory training for staff. This included modules on topics such as infection control, safeguarding, an 'essence of care' package focusing on eleven issues such as self-care and communication, and a module on conflict resolution.
- Staff were compliant with the majority of training. Overall, at the time of our inspection, the division had achieved 45% compliance with safeguarding adults level two training and 98% compliance with information governance training.
- Staff told us that mandatory training was delivered online and they could access the system easily. This also provided prompts as to when training was due.
- Staff spoke of a good induction programme on joining the trust and felt that they were supported in their professional development and training.

Assessing and responding to patient risk

- Data provided by the trust showed between April and July 2015, there was 100% compliance with the World Health Organisation (WHO) safer surgery checklist ('Safe surgery saved lives', 2010 - this is a tool for clinical teams to improve the safety of surgery by reducing deaths and complications).
- We observed the WHO checklist being used appropriately in theatre.
- Staff knew how to highlight and escalate key risks that affected patient safety, such as staffing and patient assessment and screening. Ward Managers, Matrons and Operational Site Managers in surgical services were visible and involved in supporting staff and addressing issues, seven days a week.
- Risk assessments, handover processes and safety briefs were observed to be good and we saw all staff working and communicating well as a team.
- The records we checked included appropriate use of the National Early Warning Score (NEWS) observations. This

included appropriate completion of falls risk assessments and pain assessments. Where risks were noted, we saw that appropriate care plans had been completed by staff.
- The service had an escalation policy in place for recognition of the deteriorating patient. Areas visited displayed escalation information prominently in nursing stations. This set out clear instructions on contacting emergency staff, out of hours critical care and consultant support locally and at NSECH.
- The trust used a 'pick and retrieve' system, whereby an anaesthetist was on-call from NSECH and, in emergencies, was able to attend base site hospitals immediately to stabilise patients and transfer them to critical care facilities at NSECH.
- We observed a morning 'safety brief' on ward 3. This took place in the nurses' bay and included a discussion around all patients and the individual risks that staff had identified. For example, those at risk of falls, patients who had infection alerts or were awaiting results of investigations and those patients who were attending theatre and required anti-slip socks. This discussion included any mitigating factors that had been put in place.
- Patients at risk of falls were identified by stickers on the ward board and we saw that they were accommodated in rooms closest to the nurses' station.
- Trust data showed 45% of patients with suspected cases of sepsis had the sepsis six bundle completed (April 2015 to June 2015). The sepsis six is the name given to a bundle of medical therapies designed to reduce the mortality of patients with sepsis.
- At the time of our inspection, ward 3 had never failed to implement the sepsis 6 bundle.
- A wall calendar visible to patients highlighted where there had been no new cases of sepsis, sepsis was appropriately identified or sepsis was missed. A dedicated sepsis pathway team monitored this information and no cases of missed sepsis were recorded on the boards visible at Hexham.

Nursing staffing

- The Director of Nursing for the trust had implemented a 'Safer Nursing Care Tool' (SNCT) to assess the staffing requirements across wards. Decisions were made around staffing ratio for the whole trust based on the work completed in four wards.
- A roll out of Stage Two of this programme was planned for September 2015; we did not see results of Stage Two. Senior staff were involved in the initial process and it was recommended that staffing ratio should be one Registered Nurse (RN) to eight patients during day shifts and one Registered Nurse to ten patients on night shifts. Nursing Assistant (NA) ratios were not recommended.
- Data provided by the trust showed that it employed 62 whole time equivalent (wte) nursing staff in surgical areas within the Hexham General Hospital. This included 37 theatre staff, 15 ward staff, and 10 staff designated to the surgical service. Staffing overall in surgery was consistent with the SNCT.
- Vacancy rates were low in Ward 3 with no recruitment pressures. Nurse managers explained that a new nurse was due to start in January 2016 and a nurse vacancy for 20 hours each week had also been advertised.
- In theatres, staff reported 3 registered nurse vacancies. Recruitment had started and bank and agency staff used in the interim.
- Theatre had developed Band 3 staff as first surgical assistants and as this had been a successful workforce planning initiative recruitment for three further staff was ongoing.
- Staffing on Ward 3 at the time of our inspection was one actualshort of planned due to short notice sickness. The ward manager explained that this would not impact on the management of patient care or patient safety that day.
- Senior Nursing staff we spoke with told us that they always had sufficient numbers of staff to care for patients.
- The advanced nurse practitioner was supernumerary and was not rostered with the nursing staff.
- At the time of our inspection, staff told us that no specific acuity tool was used to plan staffing at Hexham. Managers told us that this was decided based on experience and an understanding of the throughput of patients within the surgical areas of the hospital.
- Data from NHS Choices showed the percentage of ward staff on shift compared to the planned level of staff on the rota. For August 2015, this showed that 92% of planned nurse staffing was available during the day and 95% during the night. In relation to unregistered care staff, 87% of planned levels were available during the day and 95% at night.

- On ward 3 we observed a nursing handover from morning to afternoon staff. This was comprehensive and time was taken to discuss the medical and social needs of each patient.

Surgical staffing

- Consultants and junior doctors were available for handovers, ward rounds and multi-disciplinary team (MDT) meetings. Staff told us that they had good relationships with senior surgical doctors and consultants.
- Consultant anaesthetist and medical staff had agreed to stay on-site until the last patient of the day had been recovered following surgery and was transferred back to the ward. A foundation level medical officer was on-site at all times.
- Out of hours cover from senior medical staff was provided from NSECH. A deteriorating patient pathway was in place that allowed for transfer to NSECH should a patient require input from a senior clinician. This included 24 hour access to consultant care.
- Consultants operated surgical lists from Hexham, Wansbeck and North Tyneside hospital for elective surgery. They also had some lists at NSECH and operated a one week in seven on-call rota for NSECH. Consultant Job Plans were altered to reduce travel so that most only work on a single site on any given day.
- The ward had access to advanced nurse practitioner cover 24 hours each day. There was also an on-site foundation level doctor at all times. During the day, consultant surgical and anaesthetic staff were present on-site in theatres.
- An agreement had been reached with anaesthetists that they would not leave the hospital until the last patient of the day had left recovery.

Major incident awareness and training

- Staff we spoke with were aware of the appropriate major incident policy and business continuity planning and could explain the basic steps they would take to seek instruction from senior staff in the event of a major incident.
- Staff explained that they would be able to access the policy using the intranet and were also able to explain where they would locate a current paper copy of the policy on the ward.
- No major incidents had been declared at Hexham. However, staff we spoke with demonstrated confidence in how they would use the policy and that it would provide appropriate direction if a major incident was to occur.

Are surgery services effective?

Outstanding ☆

We rated effective as outstanding because:

Staff made use of evidence based guidance to inform their practice and were encouraged to seek out new evidence-based techniques and technologies to support the delivery of high quality care. This helped Hexham to achieve patient outcomes and audit results that were better than Trust and national averages. This included readmission rates for elective surgery, mobilisation rates following joint replacement, revision rates for hip replacement procedures, and audits of surgical consent.

Seven day support from senior clinicians was available under the NSECH emergency care model and surgery was available on site at Hexham six days a week.

Patients' pain and nutritional needs were appropriately monitored and met by staff. Staff also had up to date training and sound knowledge of consent and mental capacity issues. Appraisal rates were above the trust target levels and staff told us that appraisals were helpful and aided their professional development.

Evidence-based care and treatment

- Staff were aware of relevant professional guidance. Policies and procedures were based on guidance from appropriate professional bodies, including NICE, royal college guidance, and guidance from the British Association of Day Surgery.
- Examples of this included, patients at Hexham General Hospital being pre-warmed prior to surgery in accordance with NICE guidance (CG65: The management of inadvertent perioperative hypothermia in adults). Quick reference guides for staff on using surgical stockings (CG92: Venous thromboembolism: reducing the risk for patients in hospital), and guidance on patient group directives being adhered to (MPG2: Patient Group Directions).

- We observed that local policies and procedures were observed when staff were delivering care. This included the 'stop, block' policy and policies on the application of surgical stockings.
- Enhanced recovery pathways had been introduced for patient care. A primary nurse assessed and reviewed the patient throughout the care pathway ensuring continuity of care. This included preoperative assessments, perioperative admission and postoperative discharge and follow up by the primary nurse.
- The surgery division took part in all the national clinical audits for which they were eligible. The division had a formal clinical audit programme where national guidance was audited and local priorities were identified.
- The trust used an enhanced recovery programme to assist in patients recovering from surgery. Hexham General Hospital had a day zero mobilisation rate of up to 90% of patients undergoing hip replacement surgery. These were the highest rates within the trust.

Pain relief

- Patients told us their pain had been controlled and that staff were responsive in dealing with any needs they had. We saw evidence within patient records to show that pre-operative pain was assessed. This assessment was used to control patients with post-operative pain and prescription of appropriate pain relief was observed.
- Patients undergoing 'fast track' hip and knee replacements underwent procedures having had an anaesthetic spinal block and moderate sedation. Patient outcomes had been monitored between November 2013 and November 2014. This showed that 96% of patients questioned preferred the spinal block to a general anaesthetic. This information was being used to inform practice and patient care across surgery.
- There was a pain assessment scale within the NEWS chart used throughout the hospital. NEWS audits were in place and positive audit outcome was supported with patient feedback about pain control from the Friends and Family Test. The audit showed 97% of NEWS charts had been correctly recorded within surgery (August 2015).
- As part of the 'shared purpose' initiative, one objective was to train staff in the identification of pain in patients with dementia. At the time of our inspection, this training had recently been rolled out and had achieved a 20% training rate although we did not speak to any staff who could share this good practice initiative.

Nutrition and hydration

- To help staff identify nutritional needs we saw evidence of risk assessment for nutrition with use of the Malnutrition Universal Screening Tool (MUST). Care planning based on patients assessed risk was carried out. Pain scores and diaries for patients were available but not always complete.
- Where necessary patients at risk of malnutrition were referred to the dietician.
- We observed a patient mealtime on ward 3 and saw staff were courteous and supportive and encouragement was provided to patients. Patients had a good choice of food available to them including snacks and specific dietary requirements were catered for.
- The records we reviewed contained appropriate MUST assessments and contained details of patients' nutrition and fluid balance assessment.
- All patients we spoke with were happy with the food and support they received from staff in regard to their nutrition and hydration.
- Staff explained that dementia friendly plates and cutlery had been ordered to assist the nutritional needs of patients with dementia.

Patient outcomes

- The trust provided us with data on the standardised relative risk of patient readmission following surgery across its three most prevalent surgical specialties.
- At Hexham, the risk of readmission to hospital following elective surgery was lower than the England average ratio in regard to upper gastrointestinal surgery (70 compared to 100), urology (34 compared to 100), and trauma and orthopaedic surgery (76 compared to 100). These figures were better than trust wide data (85 compared to 100). Overall, Hexham General Hospital was achieving better than the average score for elective surgery (61 compared to 100).
- The revision rate for hip replacement surgery at Hexham General Hospital was better than the national average at one year (0.41% compared to 0.75%), three years (1.11% compared to 1.6%) and five years (1.39% compared to 2.62%). These were the lowest rates in the trust.

Surgery

- The revision rate for knee replacement surgery at Hexham General Hospital was better than the national average at one year (0.27% compared to 0.29%), three years (0.95% compared to 1.8%) and five years (1.68% compared to 2.59%).
- The Patient Reported Outcome Measures (PROMs) in the North East and North Cumbria report (September 2015) showed the trust had significantly better performance compared to the national average in the 'Oxford Hip Score' and also the 'Oxford Knee Score'.
- The rate of deep surgical site infections between April and August 2015 was in line with the national target average for both hip replacements (0.8% compared to 0.7%) and knee replacements (0.7% compare to 0.6%).
- The rate of infection for fractured neck of femur surgery was in line with the national average (1.3% compared to 1.4%).

Competent staff

- All staff groups had achieved the trust target of 85% for staff appraisals. The majority of staff groups had achieved 100%.
- Staff told us that the appraisal process was helpful and allowed them to discuss and agree developmental objectives with managers.
- Advanced nurse practitioners had a designated consultant who provided clinical supervision and guidance.
- We were told that nursing staff received clinical supervision through one to one meetings, team meetings and informal discussions with their peers.
- We asked for evidence of formally recorded clinical supervision. Staff told us that this did not yet occur, but plans were in place for formal supervision logs to be introduced in 2016.
- Nursing staff told us that they received support and information from the trust to help them with the revalidation process. We saw a screensaver used across the trust to raise awareness of this and to advise nurses of the support available.
- All measures surveyed in the General Medical Council (GMC) national training scheme survey 2015 were within expected levels and did not identify any risks. Revalidation and clinician outcomes were assessed and monitored by the Deanery.

Multidisciplinary working

- All staff we spoke with told us that they worked well with the wider multidisciplinary team.
- Physiotherapist staff worked across seven days which gave good access and support for patients and ward staff. Occupational therapists were available during week days; staff explained that any weekend discharges requiring support were identified at pre-assessment so that appropriate equipment and support could be arranged in the absence of the occupational therapists.
- Staff on the ward referred to physiotherapy and occupational therapy as being 'part of the team' and they attended ward meetings. MDT notes were also kept within the same records folder for ease of reference for staff.
- Dietician, specialist nursing teams,diabetes, and the speech and language (SALT) team were not available at the Hexham site. Staff explained that electronic or telephone referrals could be made and immediate advice could be provided. If a member of these teams was required to attend in person staff told us that they would routinely attend in 24 hours.
- Protocols had been developed for the effective handover of patients to the newly opened Northumbria hospital when needed. These involved the identification of bed availability, NEWS assessment and both verbal and written transfer of information using the Emergency Care Transfer Checklist.

Seven-day services

- Elective surgery was performed at Hexham General Hospital over a six day theatre programme running Monday to Saturday. Ward 3 was established and open 24hours, seven days a week to care for patients.
- Physiotherapy support was available on site seven days a week; occupational therapy support was available during week days. We were told that occupational therapy staff would identify potential weekend discharges and ensure that equipment was available in advance to avoid delays.
- An onsite commercial and independent pharmacist operated Monday to Friday 0800 until 1900, and Saturday 0900 to 1200.
- A foundation level one or two doctor and advanced nurse practitioners were on site at the hospital at all times. Consultant staff were available during theatre operating hours.
- The trust provided seven day services for all emergency attendances and admissions from NSECH. It met all ten

national standards for seven day working. A comprehensive transfer plan was in place for deteriorating patients at base hospitals to access emergency care 24/7.

Access to information

- Staff explained that they easily accessed information using the trust intranet and were confident in doing so.
- The ward and day treatment centre also had a number of paper files, containing relevant policies, procedures and records (such as team meeting minutes) to allow staff to access a paper copy.
- Both the ward and the day treatment centre had a communication book. This was used to enhance informal communication between staff and could be accessed by any staff member on shift to allow them to keep up to date with any developments. This included messages in relation to the ordering of products and to note any concerns for formal discussion at team meetings.
- As part of the 'shared purpose' initiative, staff on ward 3 could clearly see information in regard to up to date ward performance against objectives logged on the ward board. This was on display at the entrance to the ward.
- Operating lists and staff on duty were clearly displayed in the theatre manager office to ensure that staff knew the planned work for the day.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

- All staff groups had achieved the trust target of 85% compliance with Mental Capacity Act (MCA) training. Nursing staff on ward 3 (67%) had yet to meet the trust target of 85% for Deprivation of Liberty Safeguards (DoLS) training and had planned to do so by the end of the year.
- The trust provided data on an audit on surgical consent that it had carried out in June 2014. A repeat audit was planned for autumn 2015 but the data was not available at the time of our inspection. Of 22 records audited, this showed 100% compliance with the person taking consent being capable of performing the procedure in question, the procedure being explain to the patient, and any relevant risks and side effects being explained.
- We saw the audit was discussed at the trust wide Surgical Integrated Governance Group. Staff were reminded about the importance of good recording and documentation, including practice around gaining and recording consent. The percentage of cases submitted to the National Joint Registry from Hexham, where patient consent was confirmed, was 100%. The benchmark figure is 95%, with the wider trust achieving 99%.
- All nine records we reviewed contained appropriate consent from patients in line with trust policy and Department of Health guidelines. Patients described to us that staff took their consent before providing care.
- The trust had a policy in place to cover DoLS. This included details of the appropriate process and contacts for when DoLS applications were required.
- Information on DoLS and the MCA was contained within a quick reference folder available to staff. This provided guidance on the terminology and reminded staff of the issues surrounding capacity when taking patient consent. The quick reference guide provided details of who to contact should there be a need to escalate any concerns.
- All staff we spoke with were confident in identifying any issues in regard to mental capacity and knew how to escalate concerns in accordance with trust guidance.

Are surgery services caring?

Outstanding ☆

We rated caring as outstanding because:

The service had received consistently high patient feedback scores both in the national NHS friends and family test and in the local 'two minutes of your time' survey. Patients explained that all staff 'went the extra mile' to help them and all patients reported to us that their care was excellent or very good.

There was a strong patient centered culture that patients reflected on when making decisions on choosing to attend Hexham General Hospital for their surgery. Many patients chose to travel from the west coast of Cumbria to access this service.

Staff were highly motivated and offered care that promoted people's dignity. This included accounting for patients personal, cultural, social, and religious needs. People were active partners in the care they received and staff empowered patients to be involved in their care and recovery.

Surgery

We spoke with eight patients in ward 3 and theatres and they reported to us they felt involved in their care and valued as individuals. Person-centered care and strong relationships between staff and patients was evident during the inspection.

Compassionate care

- The trust provided data on the NHS Friends and Family test responses it had received between July 2014 and July 2015. At Hexham, the response rate from patients was 41% (1,575 responses) compared to a trust average of 23% and an England average of 36%. The lowest response rate was from the day treatment centre (16%) while the highest was from ward 3 (63%).
- The hospital regularly achieved 100% satisfaction scores.
- In addition to Friends and Family test data, the trust performed a 'two minutes of your time' survey. This provided 'real time' data on patient experience for the trust and information was captured every two weeks by the patient experience team. Information was displayed prominently on entrances to the ward and the day treatment unit.
- Ward 3 had achieved a score of 9.9 out of 10 for the most recent survey at the time of our inspection. The day treatment centre also achieved a 9.9 score. The ward identified it had received a 'perfect 10' rating (where all domains achieve maximum scores) on six occasions.
- The trust's national inpatient survey results are within the top 20% of trusts for this financial quarter. The average satisfaction score for the trust was 85%. Within the surgical division, the lowest score recorded is from general surgery (81%) with the highest being in orthopaedics and upper gastrointestinal surgery (90%).
- We observed many examples of compassionate and high quality care being provided to patients. Staff spoke to patients as individuals and understood their personal needs. This was reflected in patient feedback we received and included instances such as staff being aware that a patient preferred to be referred to by a middle name. Staff communicated this as part of the nursing handover.
- All patients we spoke with explained that the care they had received had been very good, or excellent. Many patients we spoke with had travelled from the west coast of Cumbria to receive their treatment. They explained that this choice was influenced by the caring and excellent reputation of the hospital.
- All patients we spoke with explained that staff helped them to maintain their privacy and dignity. This included assistance with eating and drinking, caring for washing and hygiene needs and ensuring that curtains were drawn and doors closed for privacy when care was being provided.
- Many patients told us staff 'went the extra mile' to help them with requests and that they had been assured that staff were caring due to the positive feedback they had heard from other patients.
- An example of this included a patient with complex health needs from Cumbria due to be discharged home who had an appointment at a Newcastle hospital later in the week. The hospital had allowed them to stay additional nights to reduce the burden of travel for the patient. Staff had organised laundry to wash their clothing, as they had not brought enough clean clothing for the additional days in hospital.
- We witnessed staff talking with patients in a caring and professional manner. This included addressing patients in the way they preferred and achieving eye contact at the patients level when they were seated or in wheelchairs.

Understanding and involvement of patients and those close to them

- All patients told us that they had been involved in their care. They explained that medical, nursing, and allied health staff discussed their care with them and that they understood the care they were receiving.
- An example of this on ward 3 included supporting the patient to self-administer medication. This was in response to patient feedback on the ward and formed one of the ward objectives under the 'shared purpose' initiative. At the time of our inspection, 100% of patients had undergone an assessment for self-administration of medication. This information was recorded in the medical records.
- Relatives we spoke with explained that staff had kept them involved in care and had provided them with appropriate information to allow them to understand the care their relative was receiving.
- On ward 3, each patient room and bay had a notice board in place. This set out the role and name of each member of staff that may visit them in the bay, from their named nurse to allied health professionals. This allowed patients and their relatives a greater understanding of the team involved in their care.

- The ward manager on ward 3 explained they were in the process of changing to a bedside patient handover. This would ensure that patients and relatives could be further involved in the care being provided. Privacy would be maintained as most patients on the ward were accommodated in private rooms.

Emotional support

- All patients we spoke with felt they were supported by staff and were confident in speaking with staff to discuss any problems or issues they had.
- Information on different sources of emotional support was available for patients and relatives. This included information about Age UK, Alzheimer's and hospital chaplaincy services.
- The chaplaincy service operated from the hospital chapel. This was open for private prayer and also provided Muslim prayer mats, Buddhist, Hindu and Sikh literature.
- During our inspection, we witnessed the chaplain visiting ward 3. Staff and the chaplain took time to discuss the patients on the ward and identify their needs and any issues the chaplain should be aware of before speaking with the patient. We saw the chaplain visited every appropriate patient to see if they needed any support.
- We spoke with a patient who was anxious about a surgical procedure being performed under spinal block. They described that during the procedure a nurse sat with them and sang songs with them to help ease their anxiety.
- Ward 3 displayed a 'ward philosophy' statement in the nurses' bay. This was a bespoke philosophy for the ward that included a reflection that staff performed both a clinical role and a role in emotionally supporting patients.

Are surgery services responsive?

Outstanding ☆

We rated responsive as outstanding because:

The service was part of the wider hospital network, incorporating the NSECH care model. This allowed patients to access elective care at Hexham General Hospital while ensuring that emergency support was also available 24/7.

All staff were aware of the need for flexibility towards surgical services provided at the hospital. Emergency and high-risk surgery was provided at NSECH but was subject to constant review by senior managers within the division. Some high-risk surgery (such as, bariatric surgery) was planned to be returned to base sites following review and assessment of risk and safety issues. Patients told us they understood and accepted the need for the centralisation of emergency services.

The average length of stay for patients was below the national average and enhanced recovery programmes were available. This allowed the service to work closely with allied health professionals and discharge patients quickly back to the community with appropriate support in place. Senior nursing staff proactively made follow up calls to patients to check on patient progress and provide additional advice when needed.

The service received low levels of complaints and responded appropriately to resolve both formal and informal concerns.

Plans were in place to adapt and upgrade clinical services, including the provision of a day surgery waiting area on the ward and dementia friendly patient rooms. Link staff in dementia and learning disabilities had been identified. Staff understood the different needs of patients and were able to take an individual patient approach.

Service planning and delivery to meet the needs of local people

- The hospital was part of a wider network that provided co-ordinated care since the opening of NSECH in June 2015. Care was planned to allow emergency and high risk patients to attend NSECH, while elective surgery for patients at lower risk was carried out at Hexham General Hospital.
- This allowed patients 24 hour access to consultant level emergency care using NSECH while also ensuring that elective work was available at a base hospital of the patients choice for most specialities. The change to the provision of emergency and high risk surgical services centred at NSECH ensured patients received the right care and treatment, support services, nursing and clinical staff at the appropriate time and location.

Surgery

- This model of care was five months old at the time of our inspection. However, the model had begun to embed within the service and there was a clear understanding amongst staff and patients of how the new system of care operated within the trust.
- The number of operations cancelled by the trust was consistently below the England average over the past nine quarters. Between April 2015 and June 2015 the trust had cancelled 44 operations.
- Of those cancelled between April 2014 and June 2015 (296), six people were not treated within 28 days. This is better than the England average.
- Plans were in place to create a new dedicated day surgery area on ward 3 and a new treatment room. This was in response to the demands of patients using the service.
- Fast track joint replacement relied on an anaesthetic spinal block before surgery. Patient feedback was collected on their experience with the spinal block procedure to determine if this was what patients would prefer. This had shown that 97% of patients surveyed preferred the spinal block to general anaesthetic for surgery and longer hospital stay.
- Rooms on the ward included cabinets that were able to hide away oxygen and suctioning equipment. Patients and staff explained that this helped the rooms look less 'clinical' and put the patient at ease.

Access and flow

- The trust had 33,909 surgical spells between January 2014 and December 2014. This was around the average for NHS trusts. Of these, Hexham General Hospital had around 6,500 surgical spells during this period. The main specialty seen at Hexham (over 50%) was trauma and orthopaedic surgery, with the other 50% consisting of colorectal, urology and other surgery procedures.77% of surgical procedures at Hexham General Hospital were day case procedures in 2014/15.
- At the end of November 2015, the trust was meeting (93%) the NHS operational referral to treatment target (RTT) of 92% of patients waiting less than 18 weeks for treatment.
- RTTs had steadily improved since the opening of NSECH and were met within general surgery (94%), urology (96%), plastic surgery (93%) and oral surgery (96%).
- Trauma and orthopaedics was the only area where this target was not met although there had also been improvement from 86% (September 2015) to 87% (November 2015) and 92% of patients were waiting less than 21 weeks.
- The trust's performance against the NHS 18 week referral to treatment target had above the England average since January 2014.
- The trust provided details of theatre utilisation rates between May and July 2015. At Hexham, this showed that theatre utilisation rates had declined during this period, from an average of 80% in May to 78% in June 2015. This was in line with increased activity at NSECH.
- There were four theatres operational at Hexham. At the time of our visit theatre utilisation was at around 87%. We were told that theatres had a maximum capacity of 45 sessions each week.The hospital had been budgeted to provide 35 sessions butstaff shortages had meant this had reduced to 33 sessions until recruitment took place.
- Trust data showed that length of stay was shorter than the England average for elective patients (2 days compared to 3days).
- Trauma and orthopaedics was below the England average (2 days compared to 3 days), plastic surgery was shorter England average (1 days compared to 2 days), and upper gastrointestinal surgery was shorter than the England average (1 days compared to 4days).
- Trust averages for the reasons given for delayed transfers of care showed the primary reason for delayed transfer of care was patient or family choice. This was the reason for delay given in 32% of cases, against an England average of 13%.
- Data gathered by NHS England showed that bed occupancy rates were consistently lower than the England average, although they have been trending upwards since quarter four of 2013/14.
- Day zero mobilisation rate of up to 90% following hip replacement surgery allowed the service to work closely with allied health staff to aid recovery and patients were routinely discharged within one to two days.
- Experienced nursing staff contacted patients by telephone at various timescales following discharge depending on patient individual needs. This allowed staff to gather information about any immediate concerns the patient had and provide advice and guidance. Staff invited the patient to return to the hospital for assistance if they identified any concerns.

- Staff reported that surgical patients were rarely moved to other wards in order to manage beds across the hospital. Surgical patients had minimal bed movement and stayed in surgical speciality wards until discharge.
- Surgical lists in theatres had been amended to run for the whole day. This was to avoid surgical staff travelling between hospital sites and losing operating time. Theatre management told us that this had allowed an extra one to two patients to be seen on each list.
- Staff described close working relationships with local community and ambulance services. This included services in Cumbria, where many patients were resident. Staff were able to contact and speak with support services in Cumbria and did not identify to us any difficulty in discharging patients to these services.
- The hospital had an escalation and surge policy and procedure to deal with busy times and capacity bed meetings were held to monitor bed availability, review planned discharges and assess bed availability throughout the trust on a daily basis.

Meeting people's individual needs

- An interpreter service was available, both in person and on the telephone. Staff told us that individual needs were routinely picked up at pre-assessment and services booked for patients attendance or admission. Staff had access to foreign language patient information through the trust intranet.
- Patients with dementia were supported on the ward. Four rooms had been identified and were in the process of being updated to be 'dementia friendly' through appropriate signage to bedrooms and toilets, and differently coloured toilet seats had been adapted.
- The ward had received a charitable donation and had ordered dementia friendly clocks, crockery and cutlery.
- On ward 3, a link nurse was identified for patients with dementia. We were told that a local dementia working group had recently been established at Hexham General Hospital to share learning. We were told that the community psychiatric nurse also attended these meetings to share wider learning.
- An example of this shared learning was an initiative to increase awareness of pain in patients with dementia. As part of the 'shared purpose' initiative, staff received training in the identification of pain in patients with dementia. At the time of our inspection, this training had only recently been rolled out and the ward had achieved a 20% training rate. The ward manager explained that all staff would be trained by the end of 2016.
- Staff described how patients with learning disabilities were supported by their carer during a visit. Staff arranged for patients with learning disabilities to visit the hospital prior to their procedure, so that they could see the surroundings and become comfortable with the environment.
- There was a nominated link nurse within the trust for learning disability patients. Staff we spoke with were aware of how to contact the nurse and access for support and advice was good.
- There were specialist facilities and equipment available to support bariatric (weight loss) patients in surgical services at Hexham. Staff explained that individual patient needs were identified at pre-assessment and that a range of equipment could be ordered to ensure patients were supported. This included specialist beds, chairs, hoists, scales, and gowns.
- There was access to an independent mental capacity advocate (IMCA) for when best interest decision meetings were required.

Learning from complaints and concerns

- The number of written complaints received by the trust peaked at 528 complaints (2012/13) before reducing in 2013/14 (510) and 2014/15 (457).
- Surgical services in Hexham General Hospital had received six complaints since November 2014. There were no identified trends or themes within these complaints. We saw evidence that learning from complaints was shared with staff.
- The trust had an up to date complaints policy in place. This provided guidance on the complaint process, including the nominated investigative lead and timescales for responses.
- Conflict resolution training was part of mandatory training for some staff groups. Training had been identified as a means to deal with complaints at a local level.
- Staff explained they would routinely deal with informal concerns from patients. Staff aimed to resolve these matters as soon as possible and provided descriptions of when they had acted on such feedback. This had included erecting shelves in the patient bathroom on ward 3 when patients had asked for more storage.

- The relative of a patient who had attended from Cumbria explained issues they had in receiving an appointment to attend the hospital, usingits joint working relationship with North Cumbria University Hospital NHS Trust. When they had contacted PALS they explained that an appointment was arranged within a couple of hours, at an appropriate time. They felt that the support from PALS was excellent.

Are surgery services well-led?

Outstanding ☆

We rated well led as outstanding because:

Senior managers had a clear vision and strategy for the division and identified actions for addressing issues within the division. The strategy clearly identified the new model of emergency and high-risk surgery provided at NSECH and the relationship between NSECH and the base hospitals. The new model was under constant review to determine the most effective site to undertake different procedures depending upon risk and safety. The trust had engaged on a major change to services in the months before inspection and local communities had been engaged in the consultation and development of the strategy for the new model of care.

There were high levels of staff satisfaction and staff spoke strongly about the supportive and open culture at the trust. Staff were proud to work for the trust.

Strong governance structures were in place across the directorate and there was a systematic approach to considering risk and quality management. Senior and site level leadership was visible and accessible to staff. Staff at Hexham General Hospital spoke very positively about their immediate line managers and senior leaders. Comprehensive leadership strategies were in place to promote and ensure delivery of the desired culture. This included pilot initiatives such as the 'shared purpose' wards and value based recruitment.

Vision and strategy for this service

- We met with senior managers who had a clear vision and strategy for the division and identified actions for addressing issues within the division. The strategy for surgical services clearly identified the new model of emergency and high-risk surgery provided at NSECH and the relationship between NSECH and the base hospitals.
- The new model was under constant review to determine the most effective site to undertake different procedures depending upon risk and safety. We saw examples of the flexibility and ongoing adjustment within the strategy through the provision of high-risk bariatric surgery planned for return to the base hospitals following assurance that it was safe to do so.
- The vision and strategy had been communicated throughout the trust and staff were encouraged to contribute to its development. Staff were able to repeat this vision and discuss its meaning with us during individual interviews.
- The trust vision and strategy was clearly displayed in ward areas and staff were able to articulate these to us. We noted that the trust's values and objectives were embedded across the surgical division.
- We were told by staff we spoke with that the trust had a commitment to a people centred approach delivering high quality care with robust assurance and safeguarding and we saw this in practice during the inspection.
- Staff told us they were encouraged to challenge existing practices, look for improvements and suggest ways to develop and introduce innovative practice. Staff said that at all times the division looked for patient improvements.
- Ward 3 displayed a 'ward philosophy' statement in the nurses' bay. This was a bespoke philosophy for the ward that included reference to evidenced based practice, respect for patients, teamwork and a reflection that staff performed both a clinical role and a role in emotionally supporting patients.

Governance, risk management and quality measurement

- Joint clinical governance and directorate meetings were held each month. Agendas and minutes showed audits, learning from complaints and PALS issues, learning from clinical risk management, peer review data, patient and public information involvement, infection control issues, alert notices, good practice, national service frameworks, clinical audits and research projects were discussed and action taken where required.

Surgery

- The trust had monthly mortality and morbidity case review meetings that were well attended. Due to changes in job plans and team locations the meeting had been recently reorganised and rescheduled. Interim measures had been in place to review mortality and concerns in the absence of formal meetings during this period of change across the trust. We were told that the new meeting structure was now in place in surgery.
- The division's risk register was updated following governance meetings and when needed. The register included risk ratings, action plans, and information on timescales in which issues were to be resolved. Staff were identified as having responsibility for progress against each risk.
- Surgical Business Unit Reports identified risks throughout the directorate, actions taken to address risks and changes in performance. These monitored (amongst other indicators) MRSA and C.difficile rates, RTTs, pressure ulcer prevalence, complaints, never events, incidents and mortality ratios.
- We saw that action plans were monitored across the division and sub groups were tasked with implementing elements of action plans where appropriate. The risk register reflected newly identified and ongoing organisational risks and progress made in addressing them.

Leadership of service

- The trust had engaged on a major change to services in the months before inspection. Staff at all levels told us they had been fully engaged in this process and felt their views had been taken in to account. While the change to the delivery of surgical services was managed flexibly at the time of inspection, staff told us they were fully engaged in this process.
- All staff we spoke with felt that they received appropriate support from management to allow them to complete their jobs effectively.
- All staff explained that they would be happy to approach senior staff to raise concerns and that they would expect issues to be dealt with in a timely manner.
- All junior staff spoke positively about their line managers and felt that they provided excellent support and guidance. We heard examples of this during inspection, and line managers were reported as going the extra mile to help support staff and ensure the effective running of the unit.
- Management staff told us that they had appropriate access to senior staff members. This included being able to access support and leadership courses to help them in delivering services.
- Staff reflected on the strong leadership and visibility of senior members of the trust board. This motivated staff and staff felt that senior leadership had the same vision and values that they shared with the organisation.
- Ward managers had dedicated management time when they were not expected to provide clinical care to patients. This allowed them to focus on management and administrative issues.
- Monthly speciality meetings were held to discuss financial and clinical performance, patient safety and operational issues.

Culture within the service

- All staff we spoke with described a friendly and supportive culture within the service. Many staff described excellent day to day relationships with colleagues and good teamwork. Staff were motivated by this positive culture in surgery.
- Staff also spoke of a caring culture and that this now reflected in recruitment to the trust. Recruitment was now 'value based' to align with the trust values and senior staff were confident that this would further enhance the culture at the trust.
- Staff spoke of the 'Northumbria Way' in regard to innovation in care and ensuring that they provided a high quality experience to patients. An example of this included reference to the 'two minutes of your time' survey. A senior member of staff told us that they would have concern if the average domain score dropped below 9.5 out of 10.
- Staff felt supported to develop their skills and progress their careers. Many staff we spoke with had been with the trust for many years, and had achieved career progression in clinical, nursing or management roles through education and support available from the trust.
- We saw examples of positive challenge being included in team meeting minutes. This included nursing staff being able to highlight issues in relation to hand hygiene concerns they had about medical staff. This was addressed in the meeting and the issue was appropriately escalated.

Public engagement

- Local communities had been engaged in the consultation and development of the strategy for the new model of care. This had a positive effect upon the feedback received from patients and relatives received during the inspection at NSECH and also at the base hospitals.
- The trust used '15 step challenges' to engage the public in assessing the hospital environment. This helped the trust to gain an understanding of how patients and service users felt about the care provided.
- Fifteen step challenge data provided from theatres in March 2015 demonstrated that detailed assessments were carried out against the Care Quality Commission (CQC's) key lines of enquiry. Where issues were identified a detailed action plan was developed to resolve any issues. We saw that issues identified had been resolved at the time of our visit.
- Ward 3 had received two visits from Age Concern to look at the ward environment and make suggestions for improvements. No significant changes were identified as being required.
- The trust holds quarterly stakeholder engagement forums with voluntary and community groups and issues regular bulletins to stakeholders including GPs. Programmes have been developed across the county to focus on issues such as older people's health, gardening for people with dementia, supported walks, loneliness, warmer health promotion, living with dementia training and 'get in to golf'.

Staff engagement

- All 13 measures surveyed in the General Medical Council (GMC) national training scheme survey 2015 were within expected levels. The survey asks question around the quality of education, supervision and support for doctors in training.
- Data collected by the Health and Social Care Information Centre (HSCIC) showed that the sickness absence rates for the trust have been very similar to the England average during the period from January 2011 to January 2015.
- Results from the 2014 NHS Staff Survey showed that the trust performed well, with 26 positive findings, six findings within expected levels, and no negative findings. The trust staff survey results were within the top 20% in England.
- Senior staff told us they were involved in developing an e-prescribing system that was due to launch after our inspection. This involvement had included being shadowed by the team building the system to ensure they understood the needs of staff around prescribing medications for patients.
- Staff reported they were in a period of adjustment with the introduction of the new model of working but did not report any negative impact on performance or patient safety.
- We saw senior managers communicated to staff through the weekly e-bulletin, team briefs, the staff magazine and internal campaigns. Staff had been engaged in deciding annual priorities, staff governors, health and wellbeing advocates, the appointment of sustainability champions and staff road shows.

Innovation, improvement and sustainability

- The trust used a 'fast track' hip and knee replacement pathway. It had introduced this from Scandinavia around 6 years ago. This pathway was still in place and allowed patients to undergo procedures under anaesthetic spinal block and sedation. This allowed patients to mobilise on day zero following surgery and to be discharged home within one to two days. At the time of our inspection Hexham General Hospital was achieving mobilisation rates as high at 90% in day zero patients.
- Theatre had developed Band 3 staff as first surgical assistants and as this had been a successful workforce planning initiative. Recruitment for three additional staff was planned.
- The day treatment centre had dedicated cubicles for recovery and an anaesthetic 'block room'; this was a dedicated cubicle where patients could receive spinal block injections prior to their surgery.
- Ward 3 formed part of the 'shared purpose' initiative. Clear ward objectives were displayed for staff, patient and visitors to see. These were updated with ongoing scores and action points. This allowed staff, patients and visitors to be aware of the priorities and challenges facing the ward.

Maternity and gynaecology

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

Information about the service

The midwife-led birthing unit at Hexham General Hospital offered a range of clinics including early pregnancy assessment (between 6 and 14 weeks of pregnancy), scanning, colposcopy, abnormal uterine bleeding, and minor procedures. Between April 2014 and March 2015, there were 94 midwife-led births at Hexham General Hospital. There were also gynaecology services available on the day surgery unit including laparoscopy, and minor operations.

The service offered both medical and surgical termination of pregnancy and between April 2014 and March 2015 carried out 23 medical and 17 surgical terminations. There were processes in place to ensure the sensitive disposal of pregnancy remains. All planned and routine gynaecology was undertaken on other sites within the Trust. Gynaecological oncology services were provided by neighbouring trusts.

There was no neonatal care service based at this location. We visited the postnatal facilities, which consisted of nine individual rooms with en-suite facilities and the four delivery rooms, one of which had a birthing pool. Community midwives had an office space in the birthing unit.

We spoke with 12 members of staff in the birthing centre, wards and units, including midwives. On the day of our inspection it was not possible to speak to any women because all postnatal rooms were empty and the one woman receiving treatment at the unit was in the delivery room. We also reviewed the trust's performance data.

Summary of findings

Overall we rated maternity services as good, with well-led as requires improvement because:

The birthing unit had effective systems in place for reporting, investigating and acting on serious adverse events. Information was collected, reviewed and investigated around standards of safety. This information was shared with the staff and the public. Information about safety issues was displayed on the wards and units and in staff areas. Medicines were stored and managed appropriately. The birthing unit was visibly clean and there was plenty of space for women and babies. Staff followed safety guidance for infection prevention and control. Staff planned and provided care and treatment in a way that ensured women's safety and welfare. There were sufficient staff working on the unit and there were a minimum of three midwives on duty when the birthing pool was in use. Medical staff were available to attend, in an emergency, to gynaecology patients and women in the birthing unit. The criteria for admission to the birthing unit were rigorous and clear. This reduced the risk for women and transfer of women in labour was limited to an average of 18% of all births at Hexham.

The service used national evidence-based guidelines to determine the care and treatment they provided and participated in national and local clinical audits. Patient outcomes were monitored and action taken to make improvements. Staff had the correct skills, knowledge

and experience to do their job. Training ensured medical and midwifery staff could carry out their roles effectively. Competencies and professional development were maintained through supervision.

The individual needs of women were taken into account and they were offered compassionate care and emotional support from staff in the birthing unit. The written feedback from women and their families was positive. Staff were positive about the hospital and the services they were able to offer women and their families. They were proud to be part of the team and committed to providing high standards of care. Staff had been involved in the development of additional high risk consultant clinics at Hexham.

However, although the senior management team were aware of the challenges to the service and had a vision for the future, the formal clinical strategy for maternity or gynaecology services which was contained within the surgical business unit annual plan was very generic in terms of outcomes and references to maternity and gynaecological services were minimal. This did not support identification of how the service was to achieve its priorities or support staff in understanding their role in achieving the services priorities. The risk register did not reflect the current concerns of the senior management team. There were risk and governance processes in place; however, we were concerned with the levels of scrutiny provided by the directorate with regard to the maternity dashboard. Staff were aware of the trust's vision but did not seem to be involved in any plans to develop maternity services at Hexham. There was a recently established Maternity Services Liaison Committee that involved local users of the service.

Are maternity and gynaecology services safe?

Good

We rated the safe domain as good because:

The birthing unit had effective systems in place for reporting, investigating and acting on serious adverse events. Information was collected, reviewed and investigated around standards of safety. This information was shared with the staff and the public. We saw that data about safety issues was displayed on the wards and units and in staff areas.

Medicines were stored and managed appropriately. The birthing unit was visibly clean and there was plenty of space for women and babies. The equipment used was clean and ready for use.

Staff planned and provided care and treatment in a way that ensured women's safety and welfare. Staff followed safety guidance for infection prevention and control. Staff had completed their mandatory training, or were on target to complete it, in areas relevant to the safety of women and their babies such as safeguarding, infection control and prevention and emergency procedures.

There were sufficient staff working on the unit and there were a minimum of three staff on duty when a water birth is ongoing. Medical staff were available to attend, in an emergency, to gynaecology patients and women in the birthing unit.

Incidents

- The trust had policies for reporting incidents, near misses and adverse events. We spoke with staff and they demonstrated their awareness and use of the incident reporting system. They also told us about incident review meetings where a full review of incidents took place and any learning from the process was gathered, circulated and shared with staff.
- Between August 2014 and July 2015 there were 46 incidents reported for the midwifery-led unit at Hexham General Hospital. One was classed as major harm. We spoke with staff about this incident and they told us that there had been a detailed debriefing with colleagues and a neonatal practitioner. Although this case was

subject to an on-going investigation, lessons were learnt and shared within the service about emergency response and transfer. The case would be revisited when the investigation had been completed. The midwife we spoke with said that there was support for the parents and they were being fully informed of the progress of the investigation. Another was classed as moderate harm involving a delayed ambulance transfer. We were informed that these cases were discussed in detail at the incident review meetings and we saw evidence, from the minutes of the Obstetrics and Governance Group, of the escalation of these issues to the Obstetrics and Governance Board by the consultant. The issues were also added to the risk register. Nine were classed as minor harm and 35 as no harm.

- There have been no reported never events at the maternity unit. Never events are serious, wholly preventable incidents that should not occur if the available preventative measures have been implemented.
- Perinatal mortality and morbidity were monitored through monthly perinatal meetings, which were attended by staff and reported quarterly to the trust mortality and morbidity steering group chaired by the medical director. Minutes of meetings from March 2015 to May 2015 included examples of the steering group reviewing cases and recommending changes to clinical guidelines and practice as a result.
- Staff were aware of the principles of duty of candour, and were able to provide us with verbal examples of where it had been applied.

Safety thermometer

- The unit used the NHS Safety Thermometer. This is a tool used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE (venous thromboembolism). In the period October 2014 to September 2015 the percentage of patients with harm free care defined as the absence of pressure ulcers, harm from a fall, urine infection (in patients with a catheter) and new VTE was 100% except between January to March 2015 and May 2015 when there was no data. This data was displayed in the Unit.
- There was no maternity thermometer data specific to this location. The maternity safety thermometer measures harm from perineal and abdominal trauma, post-partum haemorrhage, infection, separation from baby and psychological safety. In addition, it identified those babies with an Apgar score (a method to quickly summarise the health of the new-born) of less than seven at five minutes and those babies who were admitted to a neonatal unit.

Cleanliness, infection control and hygiene

- The service undertook patient-led assessments of the care environment (PLACE) across obstetrics and gynaecology services. We found all areas passed the assessments when they were conducted in September 2015.
- There were no cases of hospital-acquired Methicillin-Resistant Staphylococcus Aureus (MRSA) or Clostridium difficile (C. difficile) in 2014/15.
- Areas we visited had disinfectant gel available for staff and members of the public. Information about hand hygiene was displayed on the wards. We made observations in all areas of the hospital providing maternity and gynaecology services, including the delivery and postnatal rooms. We found the standard of cleanliness to be good in all areas. There was evidence that domestic staff followed guidance regarding cleaning standards, practice and frequency of cleaning. Cleaning schedules were displayed demonstrating that the rooms had been cleaned on a daily basis. The schedules were signed by the domestic on duty. The domestic staff had access to the recommended national colour coded cleaning equipment and we saw they were being used on the wards. Fabric curtains, rather than disposable ones, were used around the beds in delivery rooms. We spoke to a domestic about this and they confirmed that they were changed when they were dirty and at least every six months.
- We saw that staff were required to attend prevention and infection control training (including hand hygiene) as a mandatory subject. Compliance with this training was 95%, against a trust target of 85%, for maternity.

Environment and equipment

- There was adequate equipment on the wards to ensure safe care such as, cardiotocography equipment and belts, resuscitation equipment and resuscitation trolleys, infant incubator, a fridge for storing breast milk,

a (Medela) breast pump and a sonicaid (fetal monitor) and SpO2 monitor (for measuring the level of arterial oxygen saturation in new born babies). All had been checked and were ready to use.
- The birthing unit was light and airy and there was plenty of space for women and babies.
- There was an emergency neonatal resuscitation kit in one of the delivery rooms. It had no checklist to indicate that everything that should be present, was present.

Medicines

- There were effective arrangements in place for storing medicines, including controlled drugs and items that needed to be refrigerated. Fridge temperatures had been checked daily in the last month prior to our inspection.
- We saw that obstetric medicines were stored in a secure cupboard in a room with a coded lock. Medicines were stored for pain relief and there was piped oxygen.
- There was an emergency drug box in the cupboard with a checklist. All the drugs were in date. The medicines book was in the cupboard and each entry had two signatures to record when medicines had been taken.
- Women were able to self-medicate after the delivery of their baby, subject to assessment and consent.

Records

- At the time of inspection antenatal records were completed electronically, and women who used the maternity services were given their own set of care notes which contained details of their antenatal checks, scans and screening tests. These notes were kept by the women and brought into the birthing unit where they were updated by the nurses and midwives. The trust also retained a separate set of records which could be delivered to Hexham General Hospital if needed.
- We reviewed a set of postnatal notes. We found that the notes contained a detailed record of the social and environment risk factors including child protection, mental health and parent capacity issues. The notes had a named professional lead recorded although the grade of the professional was not noted. All entries were signed and dated but details of allergies and alerts were not completed. The notes contained a clear plan for birth including place of birth. There was a summary of labour and examination of the new born. The postnatal checks were completed and signed and there was a discharge record into community care.
- We reviewed an annual supervisor of midwives (SOM) audit of record keeping dated October 2014. A review of 25 patient records identified improvements were required in four areas, these were:
  - Basic record keeping.
  - Antenatal records.
  - Labour records.
  - Postnatal care.
- We reviewed the November 2015 SOM record-keeping audit which reviewed 27 health records and found improvements had been made; however, some areas had reduced in performance for example clients details on all pages had reduced from 100% compliance in 2014 to 85% compliance in 2015. Evidence of birth plan discussion had reduced from 100% to 73%. If CTG was used in labour hourly fresh eyes documentation had reduced from 70% to 50%. The postnatal checklist completed by midwife and evidence of health visitor handover had both reduced from 100% to 67%. The audit showed actions taken immediately by the SOM during review, however there was no detailed action plan, although there were recommendations around discussion documentation compliance in the annual SOM review and also the SOM mandatory training sessions.
- We found that HSA4 forms were completed electronically and in a comprehensive and timely manner.

Safeguarding

- There were effective processes for safeguarding mothers and babies. The service had a dedicated midwife responsible for safeguarding children, following a serious case review in June 2014.
- The safeguarding plan sits in the back up medical notes and the care plan was based in the electronic notes.
- Staff had a good understanding of the need to ensure vulnerable people were safeguarded and to report any concerns.
- We saw that training for safeguarding adults and children was being monitored.Staff in obstetrics and gynaecology had achieved 100% compliance in all aspects of the mandatory safeguarding training.
- We asked staff how they assessed and reported concerns around female genital mutilation (FGM). The World Health Organisation (WHO) defines FGM as procedures that include the partial or total removal of the external female genital organs for cultural or other

non-therapeutic reasons. Senior clinical staff told us there had been training about FGM the previous year, which raised awareness. A guideline was in place to support staff in the identification of those at risk of FGM and management. Since September 2014, it has been mandatory for all acute trusts to provide a monthly report to the Department of Health on the number of patients who have had FGM or who have a family history of FGM. In addition, where FGM was identified in NHS patients, it was mandatory to record this in the patients health record; there was a clear process in place to facilitate this reporting requirement.

- Results from the documentation audit showed compliance with documentation in relation to domestic violence required improvement and plans were in place to improve this.

Mandatory training

- The governance co-ordinator told us about the regular 'skills and drills' training on procedures like evacuating the birthing pool and setting up a medicine infusion pump.
- We reviewed data, which showed mixed mandatory training rates between the maternity unit, obstetrics and gynaecology and Ward 3. Across all training the trust target was 85%. For mentorship training the maternity unit was showing, 74%; obstetrics and gynaecology, 100%; and Ward 3, 57%. For basic life support the maternity unit was showing, 79%; obstetrics and gynaecology, 100%; and Ward 3, 85%. For all modules of aspects of care training the trust target had been met or was nearly met by all three areas. For tissue viability pressure ulcer awareness training the rate of completion was showing as 84%.
- We saw that the mandatory training database was on display in the staff room with the dates when each member of staff last attended a training course and when they were next scheduled to attend.

Assessing and responding to patient risk

- There were clear processes in the event of maternal transfer by ambulance, transfer from homebirth to hospital and transfers postnatally to another unit.
- There was a robust midwifery led care policy, which identified the criteria for a woman being able to deliver within the unit and at home. Staff informed us as soon as they were concerned they called for an emergency response ambulance.
- Staff told us, if a woman was using the birthing pool, there always had to be three members of staff available, for safety and evacuation purposes. The midwife said that, if the unit was busy, they would call in an additional midwife before using the birthing pool. We asked about evacuation of the pool in an emergency. Staff informed us they had training and regular 'skills and drills' to remind them of the procedures in an emergency. They would call the internal emergency number in an emergency and the emergency team would attend along with the nurse in charge of the hospital.
- Staff completed risk and COSSH assessments.
- The governance midwife showed us the notes taken at a recent emergency skills drill to set up a drug regime through an infusion pump. We saw that the checklist provided an outline of the steps along with objectives and recommendations. We saw that midwives had attended from different sites.
- We saw that the service used the Modified Early Obstetric Warning Scoring system (MEOWS) to monitor any deteriorating patients. We saw that, according to an audit, the system had been used 100% correctly from January to July 2015.
- The service used the 'fresh eyes' approach for monitoring the fetal heart rate.
- We were informed that, in an emergency, the service used an internal emergency telephone number and ambulance to transfer women in labour to a consultant led unit.

Midwifery staffing

- The service met the national benchmark for midwifery staffing set out in the Royal College of Obstetricians and Gynaecologists (ROCG) guidance (Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour) with a ratio of 1:5 across both community and hospital staff which was better than the national recommended 1:28.
- We were advised that community midwifery caseloads were between 1:98 and 1:70/80. However, they told us that the trust was in the process of recruiting more community midwives.

Medical staffing

Maternity and gynaecology

- There was consultant clinics held throughout the week in the Women's Health outpatient area for early pregnancy assessment (between 6 and 14 weeks) but not for gynaecology. There was no resident consultant or gynaecologist at any level.
- If a woman required a medical review, medical support was available through the telephone service for obstetric emergencies. The midwife we spoke with said that they had used this service when an incident had occurred when they were using the birthing pool.

Major incident awareness and training

- We saw a copy of the incident and emergency response guides for incidents in the Hexham birthing unit. The guide included key contacts and standard operating procedures in the event of loss of power, outbreaks of norovirus, fire and the need to evacuate a clinical area. The guide was in-date with clear version control and review dates.

Are maternity and gynaecology services effective?

Good

We rated the effective domain as good because:

The service used national evidence-based guidelines to determine the care and treatment they provided and participated in national and local clinical audits. Patient outcomes were monitored and action taken to make improvements.

Staff had the correct skills, knowledge and experience to do their job. Training ensured medical and midwifery staff could carry out their roles effectively. Competencies and professional development were maintained through supervision.

Pain relief was available and women could make use of the birthing pool and other equipment designed to enable them to alter their position in labour. Support was available with feeding and nutrition and women were assisted by knowledgeable specialist staff able to work together to provide effective care.

Information was freely available in the form of leaflets, for instance, about pain relief. However, many were out of date. There was advice and support for women about nutrition and hydration during pregnancy.

Patient outcomes were monitored using the maternity dashboard: not all patient outcomes were within expectations; however, we saw that investigations were underway in areas of concern.

Evidence-based care and treatment

- There was evidence available to demonstrate that women using the services of the hospital were receiving care in line with the National Institute for Health and Care Excellence (NICE). We saw copies of local policies and guidance on treatment including information about maternal antenatal screening tests.
- We saw clinical guidance for the management of induced abortion up to 17 weeks and 6 days of pregnancy. This was based on the Abortion Act 1967 and the Human Tissue Authority's 'Code of Practice 5 on the disposal of human tissue' and Royal College of Obstetricians and Gynaecologists 'national evidence based clinical guideline number 7'. We found staff in the fertility control service adhered with The Abortion Act 1967 and Abortion Regulations 1991. This included the completion of the necessary forms (HSA1 and HSA4).
- The obstetrics and gynaecology clinical governance co-ordinator informed us that the trust had decided to stop the continuous audits that they ran under the former CNST standards in favour of a new focus on themes and trends arising from claims and serious incidents.
- The clinical governance co-ordinator told us about the active audit plan and a number of 'snapshot audits' in areas of concern such as reasons for caesarean rates and induction of labour. Other 'hot topics' that had been the subject of audit recently were sepsis and vaginal birth after a caesarean with a view to reducing the rate of elective caesarean sections.
- The governance co-ordinator said that any learning from this work was shared with staff in meetings and in the quarterly newsletter. The service also offered education half days in which all staff were invited to attend and join the discussions.
- We were informed that there was an audit lead consultant.

Maternity and gynaecology

Pain relief

- Pain relief was available for women including entonox and pethidine.
- There was a birthing pool, couch, birthing ball and Febromed Multitrac System to enable women to find their preferred position during labour.
- The service reported that it promoted hypnobirthing as an alternative method of pain relief and we were told two midwives within the service were trained in this technique. Women were signposted to support in the local community.

Nutrition and hydration

- The trust was implementing United Nations Children's Fund (UNICEF) Baby Friendly Initiative standards. The unit had achieved stage two of the accreditation process, however, were unsuccessful when the service was assessed for stage three of the accreditation process.
- A food service was available from the trust wide in-patient catering service. A menu was available in the postnatal rooms and at the reception desk and included choice and options for specific diets. Toast and tea was also available on the unit.
- Breastfeeding initiation rates for deliveries that took place in the trust for April 2015 to June 2015 were reported as 61%, which was above the trust target of 60%. Data showed that 51% of babies were still breastfeed at discharge from the hospital and 37% of babies were still breastfeed at discharge from maternity care. Women were supported to feed their babies in their preferred method. Staff were able to provide additional support to those choosing to breast feed including midwifes who had been trained in this area. Equipment was available for women who wanted to express and store breast milk and milk was available for bottle fed babies.
- Formula milk was stored in the same room but it was not displayed which is in accordance to the baby friendly standards.

Patient outcomes

- There was no specific data relating to Hexham MLU.
- The midwifery led unit at Hexham General Hospital achieved a 100% normal vaginal delivery rate, which was better than the national average of 60%.
- Trust data showed the antepartum stillbirth rate over 24 weeks between April 2014 and March 2015 as nine. This is equal to the number in the previous financial year.
- Trust data for April 2014 to March 2015, showed there were two neonatal deaths and between June and September 2015 there were three reported neonatal deaths.
- There were no third or fourth degree tears.
- The service reported 3155 woman were screened for HIV coverage for 2014 to 2015, this met the service key performance indicator; during the same time, there was a 100% referral rate for women identified to have Hepatitis B.
- During 2014 to 2015, the services reported an average of 2% of avoidable repeated newborn blood spot tests which was in line with national targets.
- The service had implemented the baby clear initiative to reduce maternal smoking in pregnancy, between April 2015 and August 2015 the non-smoking rate was reported as 83% which was better than the trust target of 78%.

Competent staff

- The midwives at Hexham informed us that they received regular supervision and they were supported to maintain their competencies and professional development.
- We spoke with the senior midwife at Hexham and they said that responsibility for appraisals was shared out and organised by hierarchy. As at 30 September 2015, 51% of staff had received an appraisal against a trust target of 85% by 31 March 2016. Senior staff informed us they were on target for completing appraisals.
- All midwives had a named supervisor of midwives (SOM). Staff we spoke with told us they had access to and support from an on call SOM 24 hours a day. The ratio of SOM to midwives was one to 15 which was in line with recommendations. The 2014/15 local supervisory authority (LSA) report identified that SOMs needed to negotiate enough protected time to undertake statutory work, and also consider new models for supervision.
- The nurse we spoke with in gynaecology outpatient's clinic told us that the training at the trust was very good. The nurse said that, when she returned to her role, she

was sent a record of what training she needed and what additional training she could access. This nurse was going through re-training and said it helped with integration back into the role.

Multidisciplinary working

- We witnessed and saw evidence of joint working between doctors and nurses and midwives in gynaecology out-patient clinics. In both cases there was respect for the different roles the professionals carried out and an understanding of the need for clear communication during clinic and between clinics.
- The nurse in the outpatient gynaecology clinic said that the role of the nurse was to act as a chaperone, to correctly label blood samples, keep a track of instruments and swabs that were used, make a note of the procedure that was performed and send samples off to the laboratory.
- We were also made aware of effective partnership working between the Northumbria hospitals and those of Gateshead and Newcastle. Transfers took place of women in labour and unwell babies were taken to the special care baby unit at the Royal Victoria Infirmary in Newcastle.
- Community midwives had a base at Hexham General Hospital and we were informed of the close working relationship between the hospital and community based midwives. There was some rotation and community midwives participated in the on-call rota and occasionally covered a shift in one of the hospitals.

Seven-day services

- The midwife-led birthing unit was open 24 hours a day seven days a week.
- Clinics were available on week days.

Access to information

- Leaflets were freely available throughout the units.
- There were detailed procedures for ambulance transfers, transfers of infants from midwifery led units and the transfer of postnatal women and babies from consultant led units to the midwifery led units. All these protocols included details of updating maternal and baby health records, passing information to the ambulance service and to the unit receiving the woman and/or baby. In all cases it is made clear who should travel with the women and/or baby, who should be informed and who should document the care in the health records.
- There was a welcome pack in each of the postnatal rooms.
- Midwives and nurses were available to provide information and answer queries.
- The trust website had information about the maternity services offered at Hexham General Hospital and invited women to phone the unit to organise a tour.
- Women who used the maternity services had access to informative literature. We saw examples on display, such as whooping cough in pregnancy, smoking cessation, pathway through labour and optimal infant nutrition.
- Copies of the delivery summary were sent to the GP and health visitor to inform them of the outcome of the birth episode.
- The maternity unit had its own version of the trust corporate branding. The service also had its own dedicated area on the trust website. Pregnant women and their families could access this site to help inform their choice of birth location.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with a nurse in the gynaecology outpatient clinic. The nurse said that when a woman was receiving invasive treatment the curtain was pulled round and, in addition, with the woman's permission, the door was locked.
- Women confirmed they had enough information to help in making decisions and choices about their care and the delivery of their babies.
- Staff had a good understanding of mental capacity and described the process of caring for women who may lack capacity. 96 % of staff had completed MCA level 1 training.

Are maternity and gynaecology services caring?

Good

We rated the caring domain as good because:

Maternity and gynaecology

We observed the caring and compassionate approach of staff throughout the service. We saw evidence that staff took into account the individual needs of women and their partners and provided emotional support.

We saw a welcome pack for women and their babies in the postnatal rooms and this contained helpful information about visiting times and the chaplaincy service. We did not speak with any women in the birthing unit but we saw from their written feedback that they felt well cared for during their stay.

Compassionate care

- Results of the NHS Friends and Family Test showed that for October 2015 an average 98% of women would recommend their antenatal care; this was better than the England average at 95%.
- Results from the Maternity Service Survey 2015, showed the service scored the same as other trusts for antenatal care.
- We observed staff were warm, welcoming and friendly.
- We saw some feedback displayed in the staff room from women who had used the birthing unit at Hexham. One woman had written: 'The care I have received has been excellent. I cannot fault any aspect of my stay at Hexham.' Another said: 'We feel lucky to have been able to come here for our 3rd baby's birth. The hospital and staff are a real credit to the NHS.'
- There were no women we could talk to in the Hexham birthing unit during our visit. We spoke with three members of staff and we were able to observe how they respected the privacy and dignity of a woman in the unit who was in the early stages of labour. When showing us around they were careful to knock on doors so as not to disturb the woman in labour.
- The written feedback we saw in the staff room was very positive. One woman wrote: 'The service was fantastic' and another wrote: 'The midwives in the birthing centre were excellent.'

Understanding and involvement of patients and those close to them

- There was a welcome pack in all of the postnatal rooms. This contained useful contact telephone numbers, meal times and visiting times. There was also information on breast feeding and on safe sleeping for babies and protecting babies while in hospital.
- There were reclining chairs in the delivery rooms for partners who were able to stay.
- Women were involved in their choice of birth, at booking and throughout the antenatal period.
- We noted the rate of home births was low (below 1%), Records showed staff discussed birth options at booking and during the antenatal period. Supervisors of midwives, and the consultant team were also involved in agreeing plans of care for women making choices outside of trust guidance, focusing on supporting women's choices of birth while ensuring they were making fully informed decisions.
- Women were involved in their choice of birth, at booking and throughout the antenatal period. Women felt involved in their care; they understood the choices open to them and were given options of where to have their baby.

Emotional support

- Women using the maternity services could access clinical nurse and midwife specialists in areas such as infant feeding and bereavement.
- The welcome pack in the postnatal rooms contained details of the philosophy of care and the listening ear chaplaincy service.
- There were local breastfeeding support and drop in groups listed in the welcome pack.
- We were informed that a psychologist was available to support the team.
- Women who had experienced a previous traumatic birth or struggled to adjust following termination of pregnancy or early pregnancy loss were supported by the Health Psychology Service; the outcomes of this service were reported as good. This was a well-established service and patients self-referred or were assessed and referred by staff. Patients were contacted promptly, appropriately assessed and redirected offering early engagement and reassurance to this patient group.

Are maternity and gynaecology services responsive?

Good

We rated the responsive domain as good because:

Maternity and gynaecology

The services were organised in order to respond to the needs of women and families. Bed capacity was more than sufficient to meet the current demand. Access and flow was smooth and efficient and staff were able to respond positively to complaints and learn from the experience.

Fertility services were available and so were a range of routine and specialist clinics, for example, for women with diabetes.

The birthing unit could accommodate more women than it served but there were no initiatives to increase the number of women using the service.

Service planning and delivery to meet the needs of local people

- We were informed that the midwife-led unit was for women with a low risk pregnancy who were anticipating a low risk delivery.
- We asked for any plans to increase activity at Hexham but were informed that there were no written plans in place. The staff said that, women who had given birth at NSECH could transfer with their baby to the mid-wife led unit at Hexham for a period of recovery. This was seen as a way of utilising the resources at Hexham, and women receiving postnatal care closer to home.
- Plans to increase activity had been implemented by introducing high risk consultant clinics to accommodate local women's needs so they do not have to travel long distances to receive consultant led antenatal care.

Access and flow

- The criteria for admission onto the unit were clear and precise. Women anticipating a higher risk delivery who needed to go to the consultant-led unit were transferred to Northumbria or Newcastle.
- There were plenty of beds in the birthing unit for delivery and for postnatal care. We were informed that the unit could cope with an increased number of deliveries and could care for a greater number of postnatal women and their babies. When we visited none of the nine postnatal rooms was occupied. There was one to one care from midwives for all women in labour.
- We asked the governance co-ordinator about the transfer rate for women in labour from the midwife-led unit at Hexham to a consultant led unit. The average transfer rate was 18%. We saw that one woman was transferred in May 2015, four in June, three in July, two in August and two in September.
- Staff we spoke with in the gynaecology outpatient clinic told us that the consultants 'never cancelled clinics'. They said that she could not remember a time when a clinic she was involved with was cancelled.
- Staff said that they usually kept to the timetable but if a clinic was running late she would put the waiting times on the notice board in the waiting area. In addition, the nurse said that the staff would go out and explain and apologise to patients who were being kept waiting by the late running of a clinic.
- If at that time there was a medical problem the staff on the unit contacted the anaesthetist and or nurse practitioner. There was no duty gynaecologist; however, if there was an emergency the Nurse practitioner could contact the on-call team at NSECH. Staff could not recall an occasion when this was required.
- We were informed that women who had given birth in Northumbria might request a transfer back to Hexham for postnatal care. This happened regularly, mostly planned in the daytime or early evening. Transfers at night were infrequent. The ward manager we spoke with could not remember any occurring at night. The trust told us postnatal transfers do not happen at night unless specifically requested by the woman but this would not occur after 20.00 hrs.

Meeting people's individual needs

- Interpreters were available on a face-to-face basis or over the telephone. We asked community midwives about these services and they said that they were also available in outreach clinics.
- We saw local meetings displayed in the staff room including an open invitation for staff to attend an Independent mental capacity advocacy session and a meeting of the Northumberland domestic abuse service.
- Leaflets on maternity care were freely available throughout the units. There was a welcome pack in each of the post-natal rooms. Midwives and nurses were available to provide information and answer queries.
- Women had a choice of a birthing pool, bed or couch and there were a range of other aids to facilitate normal birth such as birthing balls and equipment that assisted

women inlabour by enabling them to adopt a variety of more comfortable upright, supported positions and also had space for partners to sit with women and get involved in the birth.
- Community midwives supported women in local antenatal clinics and visited them at home immediately after the birth of their baby. They supported women who chose to give birth at home.
- There were processes in place to ensure the process of disposal of pregnancy remains was handled sensitively. Women were provided with a choice of how they would like to dispose of pregnancy remains. This included cremation or they were enabled to take them home.

Learning from complaints and concerns

- The governance co-ordinator, who monitored complaints and concerns, told us that the main reasons for complaints were issues about communication and care and treatment. Details of all complaints were given in the quarterly report along with the outcome of the complaint and lesson learning for colleagues.
- Between April and September 2015, there was one complaint recorded for Hexham General Hospital regarding the midwifery led unit. This related to the attitude and comments of a consultant. The consultant was informed and apologies were given.
- We found evidence demonstrating that all the complaints received were investigated. We were informed that all complaints were discussed at the monthly meeting of the obstetrics and gynaecology governance group and lessons learnt discussed with staff individually and at departmental meetings.
- Most of the issues raised in the complaints related to the attitude of individual members of staff, and the manner in which they communicated. The complaints were documented in the integrated governance quarterly report and learning shared with staff in meetings and through bulletins.
- There was one formal complaint received within the Gynaecology service between April and September 2015 and the quarterly governance documented the outcomes from complaints including the learning for staff.

Are maternity and gynaecology services well-led?

Requires improvement

We rated the well-led domain as requires improvement because:

Although the senior management team were aware of the challenges to the service and had a vision for the future, the formal clinical strategy for maternity or gynaecology services which was contained within the surgical business unit annual plan was very generic in terms of outcomes and references to maternity and gynaecological services were minimal. This did not support identification of how the service was to achieve its priorities or support staff in understanding their role in achieving the services priorities. The risk register did not reflect the current concerns of the senior management team.

There were risk and governance processes in place; however, we were concerned with the levels of scrutiny provided by the directorate with regard to the maternity dashboard. Risks were reported and monitored and action taken to improve quality.

The service had not benchmarked themselves effectively against the recommendations of the Kirkup Report (2015).

Staff were positive about the hospital and the services they were able to offer women and their families. They were proud to be part of the team and committed to providing high standards of care. Staff were involved in identifying the need for and developing, consultant high risk clinics. Staff stated this was a local need and it was actioned with their involvement.

Staff were aware of the trust's vision but did not seem to be involved in any plans to develop maternity services at Hexham. There was a recently established Maternity Services Liaison Committee that involved local users of the service.

Vision and strategy for this service

- Midwives we spoke with in Hexham were aware of the trust's vision. They felt that they had been largely unaffected by the new hospital in Northumbria and that they were retaining the same number of low risk women in the birthing unit.
- Staff recognised that there were spare beds and capacity in the birthing unit while maternity services at

Northumbria were very busy. However, staff were not aware of, or involved in, any initiatives to develop or promote the service and suggested that the main focus had been at Northumbria for some time.

- Although the senior management team were aware of the challenges to the service and had a vision for the future, the formal clinical strategy for maternity or gynaecology services which was contained within the surgical business unit annual plan was very generic in terms of outcomes and references to maternity and gynaecological services were minimal. This did not support identification of how the service was to achieve its priorities or support staff in understanding their role in achieving the services priorities.
- Most staff were aware of the trust's vision and were committed to embedding the improvements both in maternity and gynaecology services and as part of the trust as a whole.

Governance, risk management and quality measurement

- The maternity risk management strategy set out guidance for the reporting and monitoring of risk. It detailed the roles and responsibilities of staff at all levels to ensure poor quality care was reported and improved. The risk management strategy had not been reviewed to reflect the current service provision.
- The maternity incident review group was chaired by the consultant on call or by the obstetric delivery suite lead and reviewed clinical incidents. This group collated a summary of incidents which then escalated concerns to the obstetrics and gynaecology governance group (OandGGG) chaired by the head of midwifery (HOM). The aim of the group was to look at any areas for concern in practice and to identify trends and determine what actions should be taken to avoid a similar incident in the future.
- A clinical governance coordinator reviewed and responded to risks on a daily basis. A quarterly report was produced from incidents, data from the birth register and key performance measures that were monitored on the maternity services dashboard each month.
- Learning was encouraged through further discussion at local meetings and memorandums and also one-to-one meetings where required.
- The service used the maternity and also the gynaecology dashboards recommended by the Royal College of Obstetrics and Gynaecology (RCOG). The dashboards showed clinical performance and governance scorecard and helped to identify patient safety issues in advance. We found the maternity dashboard contained inaccuracies, for example the number of instrumental, operative and vaginal births did not equate to 100%.This meant we were concerned with the accuracy and monitoring of the dashboard at all levels within the service. There were no issues RAG rated red in the Gynaecology dashboard since June 2015.
- A maternity and gynaecology risk register contained 27 risks in total. It was updated on a monthly basis at the obstetrics and gynaecology operational management board meeting (OandGOMB). Risks included cost pressure, maternity IT systems, and latex sensitivity. We saw that the top three risks were shared with staff weekly in the safety bulletin. All staff we spoke with were able to inform us of these risks.
- Governance documents identified the roles of the SoMs and the Local Supervising Authority. SoMs told us they attended in this capacity and not in a dual role. This was in line with recommendations by the Nursing and Midwifery Council.
- Most staff we spoke with had an awareness of the new regulations relating to 'duty of candour' and were able to inform us of information was posted on wards and departments.
- There was some local monitoring of transfers out from the birthing unit in Hexham and breast feeding rates. However, most of the governance arrangements for the measurement of quality were conducted trust wide rather than at individual base units.
- We were informed that there were tight criteria for giving birth at any of the midwife-led birthing units. The criteria kept the deliveries safe and ensured that women were not placed at risk. Higher risk deliveries were referred to the consultant-led service at the Northumbria.
- We received two Kirkup (2015) gap analyses from the service.The first was data prior to the publication of the report and the second was data following. However, the service only assessed itself against the recommendation applicable to the wider NHS and not against the recommendations made for the individual service named in the report.

- Completion of HSA1 (grounds for carrying out an abortion) and HSA4 (abortion notification) forms were completed by two doctors who followed guidance and submitted the forms to the Department of Health as required.

Leadership of service

- Maternity and gynaecology services were part of the surgical business unit.
- Staff we spoke with were positive about the local leadership of the service. They said that they felt involved in decision making and supported in their work.
- The senior midwife we spoke with who had responsibility for health and safety said that they did not have 'protected time' for management duties. The role, the midwife said, was 50/50 clinical and management time.
- The midwives we spoke with said that the position of maternity in the emergency surgery and elective care directorate sometimes made it more difficult to 'get their voice heard'. They said that other services tended to dominate and attract the attention. The trust told us staff are invited to attend forums such as the monthly Governance group which provides an opportunity to meet with colleagues, voice their concerns and to raise any issues for the risk register and share good practice. There are monthly trust wide team leader meetings with the HOM and clinical lead midwife /matrons and local unit meetings are run by the team leaders.

Culture within the service

- We observed good working relationships at Hexham. Staff we spoke with provided positive comments about the hospital and the maternity and gynaecology services.
- Staff said that they could raise concerns and they would be listened to and acted upon.
- One member of staff said, the recent serious incident in the birthing unit, had demonstrated that the culture was open, honest and supportive. All the staff were keen to learn from the incident and there was no attempt to apportion blame.
- Staff sickness levels in maternity between June 2015 and August 2015 was 1.5%, this equated to 1.7% for community midwifery, 1.1% for obstetrics and gynaecology and 1.4% for ward 1. The overall sickness absence rate for Obstetrics and Gynaecology was 2.2 %, against a trust target of 3.5%. Some of these related to long -term sickness.

Public engagement

- There was a recently established Maternity Services Liaison Committee that involved local users of the services. We saw the minutes of the inaugural meeting and that the service was going to consider a reflective service for women to discuss their birth experience and peer support volunteers on the wards.
- We observed that staff were fully engaged in issues affecting the services at Hexham General Hospital. There were no directorate specific results in the 2014 NHS staff survey results for staff engagement. The national survey showed on a scale of 1-5, with five being highly engaged and one being poorly engaged, the trust scored 3.93. This score placed the trust in the highest 20% of trusts compared to similar trusts.

Innovation, improvement and sustainability

- The service had the support of a small health psychology team. This team supported women who had experienced a previous traumatic birth or struggled to adjust following termination of pregnancy or early pregnancy loss. The outcomes of the service were reported as good.
- The service implemented a series of workshops to equip staff with the necessary skills to enable them to deliver compassionate care by utilising appropriate communication skills and strategies with patients and families. The health psychology team delivered this.Following a review of the 2015 CQC patient experience survey, the trust was ranked within the top 10% for patient experience. This meant that the compassion training was improving patients' experience of care and interactions with staff.

Outpatients and diagnostic imaging

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

Information about the service

Outpatient services were part of the trust's Emergency Surgery and Elective Care Business Unit. The unit was led by the business unit director with support from a deputy director and a number of general and operational service managers, specialist clinical leads, and support services such as human resources, finance, information and administration support.

Hexham General Hospital provided a range of clinics covering a wide number of clinical specialities, including urology, orthopaedics, rheumatology and general surgery. The department has approximately 31 rooms including private consulting and treatment rooms. The clinics were allocated into five separate corridors with waiting areas outside each corridor situated at the side of the main atrium of the hospital.

From January to December 2014 Hexham General Hospital undertook a total of 46,560 outpatient appointments. Opening times were from 08.30 to 18.00 hours Monday to Friday but the opening hours could be extended to 21.00 hours depending on clinics. The occasional Saturday opening is from 08.30 to 12.30. The staff were permanent to the hospital but covered other outreach clinics within the communities of Ponteland, Corbridge and Prudhoe.

The main reception was at the entrance to the main department staffed by three medical records clerks/ receptionists where patients were booked in on arrival for their appointment and directed to the appropriate sub waiting areas within the main department.

Radiology services were part of the Clinical Support Business Unit. The business unit director led the department with support from a deputy director, an Operational Services Manager, trust lead radiographer, Lead Consultant Radiologist with a site lead radiographer at Hexham General Hospital.

Diagnostic imaging services were open 24 hours a day, seven days a week. The department offered several imaging techniques including plain x-ray, CT scanning, diagnostic ultrasound from 8am to 8pm from Monday to Friday, and fluoroscopy.

A private company managed all MRI scanning department independently on one day a week. Trust radiologists provided reports for MRI scans. Magnetic resonance imaging (MRI) is a technique that uses a magnetic field and radio waves to create detailed images of the organs and tissues within the body. Diagnostic ultrasound, also called sonography, is an imaging method that uses high-frequency sound waves to produce images of structures within the body.

The X-ray department provided two plain x-ray rooms, a CT scanner, two ultrasound rooms, a mobile x-ray machine and two image intensifiers in theatres. There were fluoroscopy facilities at Hexham General Hospital.

During our inspection we observed the services provided within outpatients, x-ray, pathology and therapy services departments. We spoke with 14 patients, two relatives and 16 members of staff including, consultants, qualified and

unqualified nursing staff, radiographers, physiotherapists and occupational therapists, medical laboratory staff, porters, clinical specialists, medical records clerks and receptionists.

Summary of findings

Overall, we rated Hexham General Hospital outpatients and diagnostic imaging services as outstanding because:

Staff and managers had a clear vision for the future of the service. They knew the risks and challenges the service faced. Staff we spoke with at all levels felt supported by their line managers, who encouraged them to develop and improve their practice. Staff embraced change and there was a real focus on patient experience and leaders and managers drove this. There were well embedded systems and processes for gathering and responding to patient experiences and the results were well publicised throughout the departments. There were effective and comprehensive governance processes to identify, understand, monitor, and address current and future risks. These were proactively reviewed. There was an open, honest and supportive culture where staff discussed incidents and complaints, lessons learned and practice changed. All staff were encouraged to raise concerns. The departments supported staff who wanted to work more efficiently, be innovative, and try new services and treatments and ways of engaging with the public.

Waiting times for all types of appointments consistently met national targets. Some specialties had experienced capacity and performance difficulties but these had been well managed and resolved. All appointments were booked within acceptable timescales. Outpatient clinics and related services were organised so patients only had to make one visit for investigations and consultation or, if possible did not have to return to hospital for unnecessary appointments. The department teams recorded concerns and complaints and used patient feedback proactively to prevent recurrence that might affect others. They reviewed and acted on problems quickly and demonstrated an open and transparent outlook with the aim to learn from them and improve patient experience.

Staff respected patients' privacy, dignity, and confidentiality at all times. Patients told us, and we saw without exception that staff treated them kindly, and in a consistently caring and compassionate way. Staff at all levels, from volunteers to senior managers and

Outpatients and diagnostic imaging

consultants went out of their way to help and support patients in all aspects of care. Staff spent time with patients and those close to them to give explanations about their care and encouraged them to ask questions. There were a range of services and opportunities to provide emotional support for patients and their families.

The hospital had good systems and processes in place to protect patients and maintain their safety. The departments were clean and hygiene standards were good. Medical records were stored and transported securely.

Are outpatient and diagnostic imaging services safe?

Good

We rated safe as good because:

The department had good systems and processes in place to protect patients and maintain their safety. Staff were knowledgeable about the process for reporting and investigating incidents and shared lessons learned with staff. There was a good reporting and feedback culture. Departments displayed safety data, performance, patient experience, and cleanliness audit data and information summarised that there was a good track record of safety in all areas of reporting.

The departments were visibly clean and hygiene standards were good. They had enough personal protective equipment in all the areas we inspected and staff knew how to dispose of all items safely and within guidelines. Staff ensured equipment was clean and well maintained, so patients received the treatment they needed safely.

A review of nurse staffing had recently been undertaken that involved a review on the number of clinics, tasks, and chaperone requirements. The outcomes from this review were not completed at the time of our inspection.

Staff knew the policies to protect patients and people with individual support needs. Staff asked patients for their consent before treating them. Staff were clear about who could decide on behalf of patients when they lacked mental capacity.

Medical records were stored and transported securely. Records showed patient notes were ready for patients attending clinics 99% of the time.

Staff in all departments knew the actions they should take in case of a major incident or emergency with business continuity plans in place.

Incidents

- There had been no never events and no serious untoward incidents reported over the past 12 months.
- The trust used an electronic programme to record incidents and near misses. Staff knew how to use the programme and how to report incidents. We saw from

the business unit Datix (an electronic system used to record incidents) incident report that incidents were recorded by type, site, exact location, business unit, and date. Outpatients had recorded 42 incidents in the last year. Each incident was categorised by theme and the trust had assessed the majority of the outpatient department reports as causing no harm.3 incidents had been assessed as causing minor harm. The manager told us that they discussed incidents and brought them to the attention of the team at morning staff "huddle" meetings.

- Staff could give examples of incidents that had occurred and investigations that had resulted in positive changes in practice. The operational service manager monitored incidents on a daily basis and actioned them immediately. Staff told us that they were encouraged to report any incidents using the electronic incident reporting system and were fully aware of the procedure to do so. Staff discussed incident follow up at the daily huddles. We saw from meeting minutes that staff also reviewed incidents at weekly ward and department governance meetings within the emergency surgery and elective care business unit, at monthly trust wide outpatient department meetings and at the individual departmental meetings.
- Staff could discuss specific incidents on an individual basis to support greater understanding and support reflective learning.
- The majority of incident reports were related to delays in clinic waiting times. Managers had introduced waiting time escalation plans with actions attached for staff to follow in the event of clinic delays, as follows:From 0 to 15 minutes nurse in charge visible presence and monitor; 15 to 30 minutes staff review, discuss with medical staff, and inform patients;30 minutes and above, review medical staffing, escalate to senior managers, offer patients refreshments, and record as an incident.
- Staff discussed recent learning from an incident that had resulted in effective actions taken to address the issues identified. This incident related to requesting blood for transfusion. A member of staff had not completed the request for blood form correctly and therefore the request was not processed. The manager had prepared a correct example of a completed request form and was due to take this to the following day morning huddle and then to the subsequent morning huddles until all the staff members had signed to confirm they had received instructions on how to complete the request form correctly. The manager had also arranged meeting for the following week for staff to attend further training from the specialist nurse for transfusions.
- Staff understood their responsibilities of the recently introduced Duty of Candour regulations and all staff described an open and honest culture. We saw evidence of telephone call logs and letters to patients offering an apology and information about incidents and complaints. Staff were aware of the need to be open and honest when dealing with patients concerns and the manager told us that the duty of candour principles were discussed at staff meetings.

Diagnostic Imaging:

- There had been no radiological incidents reported by the trust under Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000 in the previous year. Trusts must report to the Care Quality Commission (CQC) any unnecessary exposure of radiation to patients. The radiation protection advisor had reported that the frequency and severity of incidents elsewhere in the trust were within national standards for a trust of this size.
- The x-ray department displayed details of general incidents and feedback. There were a low number of general incidents within radiology and staff had reported 42 in the last year, only three of which had resulted in minor harm. There were no never events or serious untoward incidents.
- Consultants, reporting radiographers, and sonographers discussed radiology discrepancy incidents by case review at monthly education and learning meetings. Staff took the opportunity to learn, work as a wider team and liaised with the specialty medical teams across the trust. Images reported by an agency underwent discrepancy checks carried out by the agency and there was a reciprocal agreement in place for both parties to carry out quality assurance checks on randomly selected images.

Cleanliness, infection control and hygiene

- Staff undertook hand hygiene and 'Saving Lives' (reducing infection, delivering clean and safe care in the NHS) audits which demonstrated that staff working

within the departments were compliant with best practice guidelines. Staff documented results for each area in the Infection Control Accreditation Audit reports (April to August 2015).

- Staff provided sufficient supplies of personal protective equipment (PPE) including disposable gloves and aprons. Staff disposed of used PPE safely and correctly. We saw PPE being worn when treating patients and during cleaning or decontamination of equipment or areas.
- We saw, and patients reported, that staff washed their hands regularly before attending to each patient. Departments provided hand gel stations for use by patients, relatives, and staff and we saw all these groups using the hand gel.
- Staff had undertaken patient-led assessments of the care environment (PLACE) audit . The results from this audit were 99% in March 2015 and 98% in July 2015 and demonstrated that the staff were achieving high standards in compliance with national guidance. There was a policy and procedure to ensure that staff reported any results of 92% or below to the modern matron, senior manager and chief matron.
- Domestic services staff carried out daily and weekly cleaning regimes and followed an equipment cleaning schedule. Staff adhered to a standard operating procedure for setting up and clearing each clinic.
- During the inspection, we observed a very thorough clean of an x-ray room following patient use. General observation of the whole department found it to be clean and uncluttered.
- All patient waiting areas, consultation and treatment rooms, and private changing rooms were clean and tidy. The trust provided single sex and disabled toilets and these areas were clean. Patients told us in their view they found the hospital to be clean and well maintained.
- We saw that staff ensured treatment rooms and equipment in all departments were cleaned regularly. Staff cleaned and checked diagnostic imaging equipment regularly. Staff cleaned and decontaminated rooms and equipment used for diagnostic imaging after use.
- The majority of the areas we looked at appeared clean, tidy and uncluttered. Cleaning schedules for example for the treatment rooms, dirty and clean utility areas were signed and up to date
- A monthly audit of hand hygiene was undertaken. The results improved each month showing 100% compliance in September 2015.

Environment and equipment

- All areas we inspected were clean, well kept and patient areas were spacious and bright. Staff ensured that consulting, treatment and testing rooms, store rooms and the plaster room were well stocked. All staff followed the standard operating procedure for cleanliness and infection control. We observed no obvious environmental hazards during our inspection.
- Staff had completed risk assessments completed in March 2015 for the control of substances hazardous to health (COSHH), manual handling, caring for patients in beds, on trolleys and chairs and safe systems of work. Staff had submitted the assessments to the health and safety risk officer for patient services for review and they had recommended no further actions.
- Treatment and store rooms and the plaster room were clear of clutter and appeared clean, tidy and consumables were all in date.
- The trust provided dedicated safe areas for children to play and the cleaning schedules for the play equipment and toys were up to date.
- We found that resuscitation trolleys and equipment including suction and oxygen lines were clean. Staff checked them weekly and checklists were signed and up to date. Staff locked and tagged trolleys and made regular checks of contents and their expiry dates. No drugs or equipment had exceeded expiry dates.
- Manager's ensured equipment throughout the departments was calibrated and maintained with appropriate maintenance contracts and service level agreements for specialist equipment.
- The medical engineering department carried out testing of electrical equipment (safety testing) and on a rolling programme basis serviced all equipment. Confirmation of completion of servicing was on stickers on the equipment. We also saw a range of clinical equipment had been serviced such as blood pressure monitors.
- We saw, and staff confirmed that, there was enough equipment to meet the needs of patients within all departments. Staff told us they were encouraged by senior management to raise any immediate concerns to ensure they rectified them quickly or escalated them to the department manager.

Outpatients and diagnostic imaging

- Reception areas were open plan and appeared spacious and there was sufficient space around reception desks to ensure patient privacy. There was sufficient seating in the clinical areas and waiting rooms and chairs were in very good condition.

Diagnostic imaging:

- The design of the environment within diagnostic imaging kept people safe. Waiting and clinical areas were clean. There were radiation warning signs outside any diagnostic imaging areas. Imaging treatment room no entry signs were clearly visible and in use throughout the departments at the time of our inspection.
- Staff wore dosimeters (small badges to measure radiation) and lead aprons in diagnostic imaging areas to ensure that they identified and accurately recorded any exposure to higher levels of radiation than was considered safe. Radiology staff collected dosimeters and sent them for testing every month. Results were all within the safe range.
- The trust had a radiation safety policy, which met with national guidance and legislation. The purpose of the policy was to set down the responsibilities and duties of designated committees and individuals. This was to ensure the work with Ionising Radiation undertaken in the Trust was safe as reasonably practicable. We saw reviews against IR(ME)R and learning shared with staff through team meetings and training.
- Staff carried out, quality assurance (QA) checks in diagnostic imaging for all x-ray equipment. These were mandatory (must do) checks based on the Ionising Radiation Regulations 1999 and (IR (ME) R) 2000. These protected patients against unnecessary exposure to harmful radiation. All x-ray equipment had been measured by the regional medical physics advisor and had been found to be safe.
- Radiation protection supervisors for each modality led on the development, implementation, monitoring, and review of the policy and procedures to comply with IR (ME) R. They carried out risk assessments with ongoing safety indicators for all radiological equipment and its use by staff. These were easily accessible to all diagnostic imaging staff.
- Staff demonstrated safe working methods to record patient doses for radiation.

Medicines

- We checked the storage of medicines and found staff managed them well. No controlled drugs were stored in the main outpatients departments. Small supplies of regularly prescribed medicines were stored in locked cupboards and where needed in locked fridges. We saw the record charts for the fridges that showed that staff carried out temperature checks daily and that temperatures stayed within the safe range. All medicines we checked were in date.
- Pharmacists managed stock control on a monthly basis and staff told us that the pharmacists provided good support to the departments when requested.
- Medicines management training figures were 91% for registered nurses across the outpatients departments.
- Internal prescriptions were provided to medical staff. The register of FP10s was seen, and these prescriptions were monitored.
- Patient group directions (written instructions for the supply or administration of medicines) for use in the outpatients clinics, radiological contrasts and drugs used in CT had been completed and reviewed.
- A medicines management risk assessment audit had been completed 27 October 2015 and we saw from the audit that all of the standards were met and no actions or recommendations were required. Staff followed systems that demonstrated compliance with the Medicine Act 1968 and the Misuse of Drugs Act 1971.
- All intravenous infusions and contrasts were stored in their original boxes or in appropriately labelled containers. Medical gases were stored safely in separate rooms.

Records

- The trust had a centralised medical records library open 24 hours a day, seven days a week to support urgent retrievals, requests and returns of patients medical notes. There were standard operating procedures in place for electronically tracking the movement of patient notes throughout all of the trusts locations.
- The clinic reception/administration staff were part of the medical records team. Staff assured us that it was rare for notes not to be available and the majority of notes were available at the time of the patients appointments. The annual audit report on the notes availability for the department at year ending March 2015 showed that 99% of the notes were available for the outpatient clinics.

- If patient notes were unavailable, we were assured that sufficient clinical information was available to the clinician to see the patient, as records were accessible electronically including doctors' letters, x-rays, MRI, CT and pathology results.
- Records contained patient specific information about the patients previous medical history, presenting condition, personal information such as name, address and date of birth, medical, nursing, and allied healthcare professional interventions. We observed staff checking patient identification against their medical notes when booking in for their appointments in clinics.
- We reviewed six patient records which were completed with no obvious omissions. All contained patient demographics and contact telephone numbers.
- We reviewed six electronic record referrals in the x-ray department. Five of the six sets contained full and complete patient demographics, relevant clinical information, appropriate test results and detailed the investigation requested. The remaining record had an incorrect user code which meant that the x-ray staff were unable to ascertain which clinician had requested the test. The CRIS system generated an on-screen error which would not allow the referral to be progressed until this had been corrected. Staff immediately identified and rectified this by contacting the department where the referral came from and obtaining the correct user code. This allowed the completed test report to be sent back to the right clinician first time and in a timely manner therefore not delaying reporting and proposed treatments for the benefit of the patient.
- We reviewed five patient records which were completed with no obvious omissions. Some contained faxed referral letters from within the trust. The information contained within the faxes was legible, relevant and detailed the reason for referral. All contained patient demographics and contact telephone numbers.
- Staff completed risk assessments including National Early Warning Score (NEWS), pre-assessment for procedures and pain assessments. Nurses and radiographers recorded these in patient records and escalated any concerns to medical staff in clinics. Nurses carried out assessments of blood pressure, weight, height, and pulse for patients according to clinical needs. We saw staff undertaking these checks during our inspection.

Diagnostic Imaging:

- Patient information, diagnostic images and reports were stored electronically and available to doctors using Picture Archiving and Communications System (PACS), or Clinical Radiology Information System (CRIS). Pathology reports are available using Integrated Clinical Environment (ICE) systems. The requests populated the 'outstanding list' or current worklist and staff used these systems to automatically record procedure requests and rejections, examinations marked as complete and a record of the radiology activity undertaken.
- We reviewed six electronic patient records in diagnostic imaging. Staff referred patients into diagnostic imaging electronically and radiology staff viewed details on the CRIS system.
- All notes had full and complete patient demographics, the investigation requested, relevant clinical information and where contrast checklists and pre-investigation blood tests were required, these appeared and were completed correctly.

Safeguarding

- We found that 95% of staff who were on duty at the time of our inspection were up to date with both adult and children safeguarding training level 1 and 2. They knew how to escalate concerns and we saw from the department's monthly training report September 2015 showed that these staff had completed safeguarding training.
- The trust provided a designated waiting area for patients attending the x-ray department from the wards who may be vulnerable.

Mandatory training

- Mandatory training was delivered in e-learning modules and some study days. Staff regularly used e-learning as an accepted method of learning. Subjects included fire safety, basic life support, essence of care, learning disabilities, mental capacity level 1and 2, risk management, moving and handling, slips trips and falls. The overall departmental compliance score for outpatients was at 94% and radiology at 92% against a trust target of 85%.
- New staff completed a corporate induction programme that included mandatory training modules. The monthly training report for September 2015 showed that 100% of staff had received induction.

Outpatients and diagnostic imaging

- Managers made sure staff attended training and allocated time in staffing rotas. The training and development department produced and distributed monthly reports on mandatory training and departmental managers checked compliance regularly.

Assessing and responding to patient risk

- The trust had clear policies and guidance in place for managing medical emergencies. Staff received basic life support training as a minimum.
- If a patient were to deteriorate on site, subject to the circumstances, the emergency crash team would be called using '2222' or the CCOT (Critical Care Outreach Team) would be called on '7777'. There was an anaesthetist on site. Should the patient require further care, staff would arrange an ambulance to convey them to the Northumbria Specialist Emergency Care Hospital (NSECH).
- Staff knew what actions to take if a patients condition deteriorated while in each department and explained how they could call for help; call the paediatric and adult cardiac arrest teams and how to transfer a patient to the emergency department. There were enough resuscitation trolleys and defibrillators across all departments.
- Staff received basic life support training as a minimum. We saw from the department training report basic life support training was above the trust target at 92% to date.
- Staff completed risk assessments including National Early Warning Score (NEWS), pre-assessment for procedures and pain assessments. Nurses and radiographers recorded these in patient records and escalated any concerns to medical staff.

Diagnostic imaging:

- There were emergency assistance call bells in patient areas in radiology. Staff confirmed that, when patients activated emergency call bells, they answered them immediately.
- Staff followed the radiation protection policy and procedures in the diagnostic imaging department. Managers ensured that roles and responsibilities of all staff including clinical leads were clear and therefore managed and minimised risks to patients from exposure to harmful substances.
- Diagnostic imaging policies and procedures were written in line with the Ionising Radiation (Medical Exposure) 2000 regulations..
- Named and certified radiation protection supervisors (RPS) provided advice when needed to ensure patient safety. The trust had radiation protection supervisors and liaised with the radiation protection advisor (RPA).
- Arrangements had been agreed for radiation risks and incidents defined within the comprehensive local rules. Local rules are the way diagnostics and diagnostic imaging work to national guidance and vary depending on the setting. Staff had written and agreed policies and processes to identify and deal with risks. This met with (IR (ME) R 2000).
- All radiology equipment had been risk-assessed and portable equipment tested to ensure the safety of staff and patients. Specific testing and reporting on equipment included radiographic tubes and generators, ultrasound, CT and image intensifiers.
- Staff asked patients if they were or may be pregnant in the privacy of the x-ray room therefore preserving the privacy and dignity of the patient. This met with the radiation protection requirements and identified risks to an unborn foetus. Staff followed different procedures for patients who were pregnant and those who were not. For example, patients who were pregnant underwent extra checks and staff completed checklists to record them.
- Diagnostic imaging and screening departments used adaptations of the WHO safer surgical checklist for all interventional procedures. Staff audited checklists for compliance and quality.

Nursing staffing

- Senior nursing staff told us that managers had undertaken a comprehensive review of staffing that involved a review on the number of clinics, tasks, and chaperone requirements. The outcomes from this review were not completed at the time of our visit. However, early indications provided to the manager was that the establishment just to cover the department required an increase of 4 whole time equivalent (WTE) nursing assistants and 0.08 WTE qualified nurses. Staff worked flexibly to cover the daily staffing rotas.
- The trust had recently allocated a Matron specifically attached to outpatient's services across the trust. They had also recently recruited two new outpatient sisters to share the four main outpatient hospital sites.

Outpatients and diagnostic imaging

- Staff completed trust and local induction which was specific to their roles. We saw completed documentation in staff files showing successful completion of local induction.
- All department managers told us that staff were flexible to ensure they provided cover for each clinic and department. There were no departments with significant vacancies to affect the way they could function. However, rotation of radiology staff to the new hospital and departmental changes had caused some attrition.
- Reception was covered by two medical records/ receptionists as a minimum every day. There were three on duty at the time of our visit.

Diagnostic Imaging:

- Recruitment in radiology was now well underway and staff told us that once new starters were in post there would be enough staff. Existing staff were working overtime and bank shifts to meet service and patient needs and to have enough time to give to patients.
- Radiology provided a workflow coordinator on each shift to assess activity and schedule procedures.
- Within the diagnostic imaging department, there was a lead radiographer based permanently at Hexham General Hospital. Radiographers worked on a rotational basis with staff at the Northumbria Specialist Emergency Care Hospital and retain their range of skills.
- Managers told us they monitored staff sickness and rates were consistently low.

Medical staffing

- Senior managers told us that changes to the consultant job plans and on call arrangements were still ongoing following the opening of the new hospital. The trust had identified a number work streams to look at efficiencies around population of clinics and clinic reconfiguration. This work was ongoing at the time of our visit.
- A new consultant had recently been appointed to oral surgery and the managers were confident this would serve to assist the trust to meet the RTT 18 week target in this speciality.

Diagnostic imaging:

- There was a national shortage of radiologists. The trust had four vacancies and the trust radiology lead had recorded this on the risk register. The department used the services of a locum breast radiology consultant on alternate weeks and a new locum general radiology consultant had started in post on the week of our inspection. At the time of our inspection, there were enough staff to provide a safe service for patients, and managers used NHS Waiting List Initiative (WLI) work to manage staffing shortfall.
- All medical staff completed a full trust induction and we saw the programme for the newly appointed locum was underway.
- The sickness rate for radiologists in the previous year was 1.95%.
- Two radiology specialist registrars were supernumerary in order to facilitate their training on Mondays to Fridays. Registrars told us that the trust provided them with good working experience and radiologists and the department as a whole supported them. The trust had secured funding for additional specialist registrar posts.
- Diagnostic imaging reporting was routinely outsourced to meet reporting time targets. There was a service level agreement, quality assurance agreement, and contract written for this and radiologists undertook quality checks in line with the departmental discrepancy policy.

Major incident awareness and training

- We saw the major incident policies along with the business contingency plans were available and staff told us they had recently updated and reissued them. The manager told us that they would discuss the plans at the next staff meeting.
- There were business continuity plans to make sure that specific departments could continue to provide the best and safest service in case of a major incident. There were cross-trust agreements for support services such as pathology and radiology with service level agreements with local trusts. Staff understood these and could explain how they put them into practice.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

We are unable to provide a rating for effective in outpatient and diagnostic imaging services. However:

The service used creative and innovative approaches and ideas for care and treatment of its patients. They used

modern technology appropriately to review patients, provide testing at the point of care, and ensure safety and quality assurance and to communicate with patients and staff. Staff followed professional best practice guidelines to plan and deliver good quality care and took part in a wide range of national and clinical audits.

The service was committed to develop its staff through their skills, knowledge, and competence. Staff were able to make use of opportunities to learn, develop, and share good practice. Multidisciplinary teams met daily and included both medical and non-medical staff. Discharge and transfer of patients to other trust sites and GPs was assessed and planned well to meet their care needs in the best way possible,

Diagnostic imaging provided services for all patients seven days a week and service availability was increasing and continuously improving. Staff undertook regular departmental and clinical audits to check practice against national standards. They also developed and checked action plans regularly to improve working practices when necessary.

Evidence-based care and treatment

- The trust provided some specialities such as cardiology with rapid access chest pain clinics. They provided one stop multi-disciplinary breast service clinics including bone health assessments and screening.
- Senior staff shared National Institute for Health and Care Excellence (formerly National Institute for Clinical Excellence, NICE) guidance to departments. Staff we spoke with understood National Institute for Health and Care Excellence and other specialist guidance that affected their practice. Specialties were responsible for compliance with National Institute for Health and Care Excellence guidelines, Public Health England directives, and specialty specific guidance such as Royal Colleges at national, regional, and local levels. All policies and guidelines were stored on the trust intranet. As staff received new guidance and directives, the department managers ensured updates to clinical practice.
- The departments were adhering to local policies and procedures.
- We spoke with two clinical nurse specialists for haematology and breast care. Both specialists described how they worked to NICE guidelines and best practice guidelines in their specialist fields.
- Staff followed standard operating procedures in line with best practice guidelines to determine each patients referral and ongoing treatment pathways based upon the diagnosis. Staff understood the impact they had on patient care.

Diagnostic Imaging:

- Staff were following procedures regarding National Institute for Health and Care Excellence guidance to prevent contrast induced acute kidney injury and completed evidence based documentation before, during and after interventional procedures which included NEWS (national early warning system) assessments.
- The diagnostic imaging department carried out quality control checks on images to ensure the service met expected standards.
- We saw reviews against IR(ME)R and learning shared to staff through team meetings and training.
- The trust had a radiation safety policy, which met with national guidance and legislation. The purpose of the policy was to set down the responsibilities and duties of designated committees and individuals. This was to ensure the work with Ionising Radiation undertaken in the Trust was safe as reasonably practicable.
- Radiation protection supervisors for each modality led on the development, implementation, monitoring, and review of the policy and procedures to comply with IR (ME) R.

Pain relief

- Pain relief advice was included as part of the patients outpatient consultation and ongoing treatment plans.
- The trust provided specific clinics for pain management.

Nutrition and hydration

- The trust provided water fountains for patients' use and there was a shop and a hospital café where people could purchase drinks, snacks, and meals.

Patient outcomes

- The trust report from February to July 2015 showed that for all clinical specialties over 86% of patients were seen within 15 minutes of their appointment times. This figure excluded patients who arrived late for their appointment or where time seen was not recorded. The trust reported overall that the percentage of patients waiting over 30 minutes to see a clinician was 5.85%.

Outpatients and diagnostic imaging

- Waiting times within the clinic were monitored and there was a clear escalation plan in place with actions assigned for staff to follow if waiting times reached 15 to 30 minutes and from 30 minutes and above. Staff informed patients of waiting times.
- We saw the waiting times at one of the clinics had risen and the staff followed the escalation plan and patients were kept informed of the waiting times. The waiting times for this clinic did improve and the clinic managed to finish on time.
- The out-patient department was actively involved in local audit. A consultant, with assistance from their final year medical student, was compiling an audit of patients who had attended for ultrasound guided injections covering the previous 5 years and to ascertain any readmission rates due to complications or symptoms related to the procedure. This information would be used to inform the trust and improve practice.

Diagnostic imaging:

- The x-ray department were actively involved in local and national audit; they displayed the results of some of these initiatives in the patients' waiting area. We observed a published '15 steps' report (a NHS Innovation and Improvement initiative that captures data from the perspective of the patient to see what good quality care looks, sounds and feels like) in the patient waiting area.
- Staff carried out audits throughout the radiology department. Audits included themes on correct completion of consent forms and health records including patient assessments in line with National Institute for Health and Care Excellence guidance. Where audits produced results different from what was expected or needed, managers reported results and made changes to procedures accordingly.
- Radiologists undertook a quality assurance audit on quality of reporting. They double reported 50 CT and MRI scans. Reporting radiologists and the clinical lead reviewed these.
- All diagnostic images were quality checked by radiographers before patients left the department. Staff followed national audit requirements and quality standards for radiology activity and compliance levels were consistently high.
- The Radiology department was part of all major pathways in the hospital. Examples included the stroke pathway and head injuries pathway, which staff developed through involvement of specialist staff.
- The diagnostic imaging department key performance indicators included waiting times in all modalities for both in and out patients as well as emergency and general practitioner (GP or family doctor) patients and all except ultrasound met national standards. Ultrasound results had affected the overall trust operational standard target for two months only and had improved significantly as additional staff were recruited.
- Managers in x-ray had compiled an audit and governance display board which was situated in the staff only area of the department. This showed trust and departmental data surrounding quality assurance, IR (ME) R, hand hygiene, radiology meeting minutes, complaints and compliments, IR1 minutes, clinical governance, risk assessments, action plans and duty of candour information.

Competent staff

- Staff told us that they had received appraisals. The 2015/16 trust wide appraisal report showed that the majority of the outpatient's staff were up to date with their appraisals. Managers discussed staff training needs at annual appraisals and staff told us opportunities to develop and receive trust support was available. Staff were encouraged to attend courses to update their skills and knowledge.
- The trust had agreed all local protocols and competencies. Staff were encouraged to question practice if they had any concerns. Senior staff checked and documented staff competencies and medical devices training in all departments.
- Staff were actively encouraged to develop. One consultant stated that the trust supported their teaching and non-clinical duties, allowing them to continue with national and international research opportunities.
- Students were welcomed in all departments and students told us they felt supported and encouraged to develop when working within the departments. Several staff had chosen to work at the trust following student placements.
- The trust carried out medical revalidation for all consultants.

Outpatients and diagnostic imaging

Diagnostic Imaging:

- Managers had created eight reporting radiographer posts and four trainee sonographer positions to train existing staff and improve skills pathways. These posts were introduced to improve ultrasound capacity, plain x-ray reporting levels and in response to the national shortage of radiologists.
- Nominated key staff led on specialist information and guidance in radiology on areas such as radiation protection and education for referrers. Radiation protection supervisors undertook annual training updates.
- All radiographers had completed appraisals to date for the year 2015 to 2016.
- Radiographers followed the trust competency framework where staff must perform a number of observed procedures to gain competency in that particular area. Designated supervisors approved and signed off the competency framework.
- The trust offered newly qualified radiographers the opportunity for career progression to Band 6 using Annex T: a competency framework to be achieved within a set timescale of 23 months from recruitment. Radiographers told us the department supported them to complete competencies. They believed this programme helped with recruitment of new radiographers to this trust when in competition with other local trusts.
- One radiography student told us the department had offered them good opportunities to achieve the required learning for their placement. A designated educational lead for radiology supported all radiography students.
- Consultant radiologists had annual appraisals with a named appraiser and used a clarity toolkit. They had dedicated SPA (supporting professional activities) time, study leave allowance and funding.
- Medical students spent a half day of training with a consultant radiologist.

Multidisciplinary working

- The trust provided one stop multi-disciplinary breast service clinics including bone health assessments and screening.
- There was evidence of multidisciplinary (MDT) working in all departments we visited. In the outpatient clinics the onward management of the patients treatment could involve intervention from physiotherapy, radiography, plaster room technicians, and occupational therapy. The two clinical nurse specialists and one of the podiatrists running clinics at the hospital explained how they worked with their respective MDT's.
- Staff maintained links with other departments and organisations involved in patient treatment such as GPs, support services, community services, and therapies.
- Staff worked together towards common goals, asked questions, and supported each other to provide the best care and experience for the patient.

Diagnostic Imaging:

- Radiography staff rotated to other trust sites therefore gaining exposure to wider work experiences and MDT working. One staff member stated that they found this very stimulating, motivating and a way to keep upskilled.
- Medical staff could contact a duty Radiologist any time to discuss issues and to provide support to other doctors and staff throughout the trust. We saw doctors visiting the department to speak directly to the duty radiologist and specialist radiographers regarding complex and urgent cases.
- Doctors liaised with staff at other trusts and could refer patients with complex or specialist needs to regional centres such as oncology services.
- Radiologists regularly liaised and worked with staff at another trust and shared good practice.

Seven-day services

- The trust had a centralised medical records library open 24 hours a day, seven days a week to support urgent retrievals, requests and returns of medical notes.
- Outpatient's managers had not fully developed seven day working within the outpatients setting as they had judged there was currently no demand for this service. The majority of staff were employed with seven-day working terms and conditions. The department supported the delivery of outpatient's clinics over a six-day service including Saturdays and evenings when demand occurred. Such demand was mostly for extra capacity to support Waiting List Initiatives requested by specialties to help address shortfalls in capacity.

Diagnostic Imaging:

- Diagnostic imaging provided services seven days a week. The trust provided a 24 hours a day, seven days a

week service for emergency plain x-ray imaging, emergency CT, and out of hours portable images. Staff also provided radiology services to GP patients from Monday to Friday. Hexham General Hospital is covered on a part time basis by Consultants 3 days a week. After 8pm all work is outsourced and at other times during the week remote cover is provided from NSECH.

- The diagnostic imaging department provided general radiography, CT and ultrasound scanning, fluoroscopy and mammography for all patients every day. There was a rota to cover evenings and weekends so inpatients and emergency care patients could use diagnostic imaging services when they needed to.
- An external company provided MRI but the trust had secured a managed one-day service at Hexham General Hospital. They held a service level agreement incorporating trust policies and protocols with the private company that ran the MRI service. MRI staff attended the trust's training programmes. Trust radiologists reported the MRI scans but an outsourced reporting company provided reports out of hours if necessary, between 8pm and 8am.

Access to information

- The clinicians had access to a range of clinical information accessed electronically which was securely protected such as x-ray, MRI, CT, and pathology results.
- The department had a dedicated appointment service for patients to arrange their radiological scans.
- All staff had access to the trust intranet to gain information on policies, procedures, National Institute for Health and Care Excellence guidance, and e-learning.
- Staff could find all patient information such as diagnostic imaging records and reports, medical records and referral letters through electronic records. Staff followed procedures if patient records were not available at the time of appointment.
- Staff used notice boards, emails, communications files, and diaries to pass messages and information between teams on different shifts. This made sure that information was documented and available for staff at any time.

Diagnostic imaging:

- Diagnostic imaging departments used picture archive communication system (PACS) to store and share images, radiation dose information and patient reports. Clinicians undertook training to use these systems and could find patient information quickly and easily. Staff used systems to check outstanding reports and staff could prioritise reporting and meet internal and regulator standards. There were no breaches of standards for reporting times.
- The diagnostic imaging department kept an electronic list of approved referrers and practitioners. Senior staff vetted internal and external staff against the protocol for the type of requests they were authorised to make.
- There were systems to flag up urgent unexpected findings to GPs and medical staff. This met the Royal College of Radiologist guidelines.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff identified patients with learning difficulties, memory impairment, or safeguarding concerns during their attendance at the emergency department and urgent care centres. Staff documented and escalated concerns at this point to the medical and safeguarding teams in compliance with trust policy.
- Nursing, diagnostic imaging, therapy, and medical staff understood their roles and responsibilities and knew how to obtain consent from patients. They could describe to us the various ways they would do so. Staff told us they usually obtained verbal consent from patients for simple procedures such as plain x-rays and phlebotomy (taking blood samples for testing). In some general cases this was inferred consent.
- Staff obtained consent for any interventional procedures in writing according to the pre-assessment policy before attending departments for biopsy procedures. Staff checked and confirmed consent at the time of the procedure. Staff adhered to the Trust Consent Policy.
- There was a trust policy is to ensure that staff were meeting their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw from the departments' training reports that learning disabilities, mental capacity level 1 training was included. The overall outpatients and radiology department compliance score was 100% for level 1 training. The trust standard was 85%.
- Patients told us that staff were good at explaining what was happening to them before asking for consent to carry out procedures or examinations.

Outpatients and diagnostic imaging

- Staff told us if they had concerns about a patients capacity they would refer to the trust independent mental capacity advocate (IMCA). Staff confirmed that they held informal confidential discussions; particularly at pre-assessment stage should capacity or consent be raised as a concern.

Are outpatient and diagnostic imaging services caring?

Outstanding ☆

We rated caring as outstanding because:

Staff respected patients' privacy, dignity, and confidentiality at all times. Diagnostic imaging staff took patients to private changing facilities and managers had invested in additional privacy screens for use during some procedures.

Patients told us, and we saw without exception that staff treated them kindly, and in a consistently caring and compassionate way. Staff spent time with patients and those close to them to give explanations about their care and encouraged them to ask questions. We saw and patients and staff confirmed that staff at all levels, from volunteers to senior managers and consultants, regularly went out of their way to help and support patients in all aspects of care.

There were a range of services and opportunities to provide emotional support for patients and their families. Staff at all levels undertook training to identify when people needed emotional support with their care.

Staff reacted compassionately to, or pre-empted, patient discomfort or distress by using appropriate communication methods to suit individual needs. Staff involved patients, their carers, and families by discussing and planning their treatment and patients could make informed decisions about the treatment they received.

Staff behaved positively and autonomously to provide the best possible care for their patients. Individuals and staff groups applied a caring approach to all aspects of their service and consistently considered the patient experience in every pathway of care.

Compassionate care

- We observed staff speaking to patients in a polite manner. Reception staff respected the patients privacy when they were checking personal details on arrival for their appointments.
- Staff interactions with patients in all areas we inspected were polite, courteous, and respectful. We heard staff introducing themselves when dealing with patients and relatives. Staff greeted patients in a kind and friendly manner.
- We spoke with 14 patients and two relatives and all said that staff were friendly with a caring attitude. There were no negative aspects highlighted to us.
- One patient who stated that they had travelled from "the other side of Carlisle" on recommendation to attend this service stated that they had found the staff to be "fantastic". They added that as a nurse, they could see "a real difference here". They added that it was "very person centred and caring".
- Reception staff respected patient privacy when they were checking personal details on arrival for their appointments.
- The patients and their relatives told us staff had treated them with dignity and respect and overall they were happy with the service provided. They also told us that the staff were friendly, and professional.
- Staff confirmed that the patient would have a chaperone made available when intimate examinations were performed or at any time on their request.
- Staff in all departments we inspected were caring and compassionate to patients. We watched positive interactions with patients. Staff approached patients and introduced themselves, smiling and putting patients at ease. A member of the 'meet and greet' team told us that they aimed to give their patients "a smile when they come in and a smile when they go out".
- The trust used the Friends and Family Test (FFT) to obtain information from outpatients on their experience. Results demonstrated that staff were caring and 87% of people would recommend the outpatients service to others between April and October 2015 (slightly worse than the England average of 92%) and 3% of patients or those close to them would not recommend it (the same as or slightly better than the England average of 3%).
- An extensive multi-faceted patient experience programme assisted the trust to obtain and gain a broad and deeper understanding of patient experiences. The 2014/15 outpatient experience results

showed the department achieved an overall average score of 88% with the score for the top 20% in England standing at 84%. Results from quarter one; April to June 2015, showed the department had further improved its average score to 89%. Results from quarter one April to June 2015 showed the department had maintained its average score of 91%.

- Scores also showed that 90% of patients would recommend the trust and 98% of patients rated the trust as excellent, very good or good. There were variations between the specialties with scores ranging from the lowest at 83% to the highest at 96%.

Diagnostic imaging:

- Staff respected patients' privacy and dignity. Staff took patients to private changing facilities with a lockable door to ensure privacy and dignity. Staff knocked on doors before entering and closed doors when patients were in treatment areas. Patients and relatives told us staff had treated them with dignity and respect.
- Management had invested in additional portable screens to be pulled across the corridor when a patient required additional privacy during some procedures and while moving from a changing room to a scanning room and to return again.
- Staff in x-ray informed us that they spent the time necessary with patients to ensure they informed, supported, and reassured them about the procedure to be undertaken.

Understanding and involvement of patients and those close to them

- Patients told us they were involved in their treatment and care. Those close to patients said nursing and medical staff kept them informed and involved. All those we spoke with told us they knew why they were attending the departments and agreed with their care and plans for future treatment. We saw staff explaining treatment.
- Staff told us they would invite families into consulting rooms as long as the patient was agreeable.
- Patients and their families were given time to ask questions. One patient stated that they felt well informed, had been given sufficient time to ask questions and was spoken to in a courteous manner.
- Staff in x-ray informed us that they spent whatever time necessary to ensure that the patient understood and consented to the procedure. Staff also confirmed that should they have any concerns about a patient who did not fully understand what their care entailed then they could delay or cancel the procedure to suit the patient.
- One patient was especially concerned about the possible causes for her breast lump and wanted her husband to remain with her throughout. She told us that this was respected at all times and he was allowed to be present for her support.
- One patient stated that the doctor had asked them if they wanted to receive a copy of the letter he would be sending to their GP. They found this very considerate and stated that they "hadn't had this from other hospitals".

Emotional support

- Patients told us they felt supported by the staff in the departments. They reported that, if they had any concerns, they were give the time to ask questions.
- Staff made sure that people understood any information given to them before they left the departments. Medical, nursing, and allied health professionals provided support for individuals and their carers to cope emotionally with their conditions, treatments, and outcomes.
- Staff understood that a very anxious relative of a patient undergoing CT scanning had hearing difficulties. Staff spoke to both the patient and the relative in a clear and concise manner, checking understanding and allowing time for questions. Staff offered the relative the option, with patient permission, to be present during the procedure.
- One patient told me after their appointment that they had been given "bad news". They wanted us to know that "the nurse was lovely and very sympathetic". They had been told what the findings of their tests had been in a way they understood and they had been informed of treatment options. They added that they were pleased to have been given literature to take away to read.
- A patient was given the telephone number of the nurse specialist should they have any further questions. They were also given contact numbers for support groups who could be contacted for advice, guidance and support.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services responsive?

Outstanding ☆

We rated responsive as outstanding because:

The trust had worked with the local population, primary care, and commissioners to plan a new model of emergency care and had successfully reconfigured outpatients and diagnostic imaging services at Hexham General Hospital to ensure that the service met people's needs.

Waiting times for all types of appointments consistently met national targets. Some specialties had experienced capacity and performance difficulties these had been well managed and resolved. All appointments were booked within acceptable timescales.

Outpatient clinics and related services were organised so patients only had to make one visit for investigations and consultation or, if possible did not have to return to hospital for unnecessary appointments.

Staff made sure services could meet every patients individual needs, but in particular, those with conditions such as dementia, people with learning or physical disabilities, or those whose first language was not English. Staff knew how to support people living with dementia and had completed the trust training programme. The learning disability specialist nurse worked with departments in advance of patients with special needs attending for procedures.

The department teams recorded concerns and complaints and used patient feedback proactively to prevent recurrence that might affect others. They reviewed and acted on problems quickly and demonstrated an open and transparent outlook with the aim to learn from them and improve patient experience.

Service planning and delivery to meet the needs of local people

- A specialist haematology clinic was held by a clinical pharmacist for patients with chronic myeloid leukaemia and myeloproliferative disorders (CML/MPD). She provided face-to-face reviews,however some patients were reviewed remotely with reference to blood results and medications altered accordingly. This option was particularly beneficial to those patients that lived a distance away from the hospital or found attending hospital distressing due to underlying needs such as dementia.
- The departmental staff provided cover at the outreach clinics within the communities of Ponteland, Corbridge and Prudhoe.
- The trust provided a drop off area for patients directly at the main entrance, disabled parking near to the main entrance and large parking areas. Some of the patients we spoke with were not happy about car parking arrangements and not all of them were aware of the signs that parking charges could be waived if their appointment times were delayed.
- The departments were accessible for people with limited mobility and people who used a wheelchair. The reception area had a designated hearing loop.
- The outpatients department was well signposted. The reception area was bright and modern and designed to promote private conversation at the desk area.
- Three receptionists received patients and they managed the flow through the department efficiently as they directed patients to the relevant sub waiting areas once checked in for their appointments.
- Bookings staff sent out letters to all patients to confirm their appointment. The letters included a comprehensive welcoming leaflet which included information on what to expect before and following arrival at their outpatient appointment. This included for example; transport, doctors in training, specific information for people with communication difficulties or special needs, appointment reminders and requesting feedback on their experiences.
- A consultant informed us that the 'choose and book' facility has seen her service in greater demand. She advised that she was seeing out-patients from adjacent counties, Cumbria, Tyne and Wear and Durham. To support the wider geography she confirmed that her team had become more flexible with clinic times to meet patient needs by allowing clinics to start earlier and run later.
- Senior managers told us that changes to the consultant job plans and on call arrangements were still ongoing following the opening of the new NSECH hospital. The

trust had identified a number work streams to look at efficiencies around population of clinics and clinic reconfiguration. This work was ongoing at the time of our inspection.
- A new consultant had recently been appointed to oral surgery and the managers were confident this would serve to assist the trust to meet the RTT 18 week target in this speciality.
- Patients told us that they received appointment letters in a timely manner and provided the necessary information following referral; and the trust offered choice and times for follow up appointments.
- Pathology staff provided a specimen reception facility and a Point of Care Testing facility (POCT) which was clinical pathology accredited for each blood test carried out.

Diagnostic imaging:

- Diagnostic investigations and procedures were organised to meet patients' needs. Teams worked together and specialist procedures were organised so all investigations and consultations happened on the same day. Doctors, nurses and therapists worked together to carry out joint assessment and treatment.
- The radiology department provided a workflow coordinator on each shift to assess activity and schedule procedures according to patient needs.
- Diagnostic imaging reporting and record keeping was electronic and the department used paperless methods to reduce time and administration.
- Turnaround times for urgent radiology reports were 24 hours, two weeks for general scans and 30 minutes for urgent images such as those for suspected stroke patients. Management of routine radiology reports ensured completion within national target times.

Access and flow

- The trust had a low level of patients who failed to attend with a 'Did Not Attend' (DNA) rate (6%) which was lower than the 7% national average. Managers monitored this continually to enable adaptions and staff told us that the rate had improved since the onset of the automated voice system to remind patients seven days and again one day before attendance of their appointments. Clinicians made all decisions and actions for patients who DNA based upon the care they felt the patient needed.
- The trust reported from July 2014 to August 2015 short notice clinic cancellations within six weeks was low (1.2%) and the percentage cancelled over six weeks was 11%. Some of the main reasons clinics were cancelled was due to annual leave, on call commitments, sickness, clinical and business meetings, training and study leave.
- The trust's new to follow up ratios were similar to the rates of the majority of trusts at 1:2.2.
- The percentage of appointments cancelled by the trust within 6 weeks of an appointment date was consistently low with an average over the previous 12 months of 1% which was much better than the England average of 6%. The main reasons given for cancellations were medical staff annual leave, on-call commitments, attendance at clinical and business meetings, study leave, research, training, and sickness.
- The percentage of patients waiting for over 30 minutes to see a clinician in outpatients across the trust was 5%. There were no delays during our inspection at this site but staff told us they followed the trust protocol for delays and would tell patients about delays and the reasons for them. Outpatient's staff audited patient waits from the time patients booked in at reception.
- Staff followed waiting time escalation plans with actions attached in the event of clinic delays. These actions included monitoring, staff reviews, discussion with medical staff and informing patients, escalation to senior managers, offering patients refreshments and recording extended delays as an incident. There were no extended delays during our inspection.
- The monthly National Statistics on NHS Consultant led Referral to Treatment (RTT) waiting times April 2013 to May 2015 showed that the trust consistently performed at or above the national average of 95% of (non-admitted patients) starting treatment within 18 weeks and above the national average of 92% for patients waiting to start treatment (incomplete pathways) (apart from September 2015 when it was 93.7%).
- The trust performed continually better than the England average in all three measures for cancer targets. Where individual speciality targets dipped below the national standard operational service managers were proactive in working with specialist teams to meet capacity and demand for patient referrals.
- The trust had missed the national 62 day target for upper gastrointestinal (GI) forJune, August, September,

November and December. Senior managers told us this was due to capacity problems caused by a sudden increase of patients through choose and book from another local area. Managers monitored all targets and reported to the trust board through their overall performance reports. These were escalated to the surgical risk register and actions assigned to improve the target. They did achieve100% in July 2015 and had continued to achieve this to date.

- The percentage of non-admitted patients seen within 18 weeks of referral over the previous 12 months ranged between 95% and 97% and was continually higher (better) than the operational standard of 95% and the England average. However, for the period between April and August 2015, percentages for two specialties were below the national standard. Trauma and orthopaedics ranged between 88 and 92% and oral surgery ranged between 75 and 90%.
- The percentage of patients with incomplete care pathways who had started their consultant-led treatment ranged between 92% and 93%. The operational standard in England is 92%. In oral surgery, an increasing pattern showed percentages slowly rising from 66% to 89%. A newly appointed oral surgeon was in post and patient waiting times were reducing. However, results for trauma and orthopaedics had declined from 91 to 85%. Managers had recorded these as a governance risk. Outpatient's staff had checked the results and found there were no delays in the appointment systems and this target was failing further along the patient pathways for treatment.

Diagnostic imaging:

- Diagnostic waiting times for this trust had performed consistently better than the England average and for most months less than 0.5% of patients had to wait longer than the 6 week target time.
- Reporting times for urgent and non-urgent procedures consistently met or were better than national and trust targets for all scans and x-rays for emergency patients, inpatients, and outpatients. Staff reported images for patients with head injuries or trauma within one hour, inpatient images on the same day, and urgent outpatients on the 62 day pathway within two weeks, and CT scans reported within 48 hours. Staff reported 97% of emergency and head injury images within an hour. Reporting was routinely outsourced and at night emergency images were reported within one and a half hours.
- There was a very low DNA rate in x-ray. The average rates for the previous 6 months were CT: 3%, plain x-rays: 1% and ultrasound: 7%. The ultrasound DNA rate had peaked in July to September 2015 which staff believed were due to longer waiting times. However the rate had reduced to 5% as waiting times improved in October 2015.

Meeting people's individual needs

- A member of the 'meet and greet' team informed us that if they observed any patient or relative who looked as though they needed any particular or extra assistance then this was given. They told us that morning they had escorted a blind lady to the out-patient reception and stayed with her until she was seen. They added that if they observed a patient becoming distressed, referring to a recent example with a patient who appeared confused, that they immediately brought this to the attention of the staff.
- One nursing assistant explained how they went over and above their usual duty by helping a patient who did not speak English. They spoke their language fluently and they were able to establish that the person was vulnerable and spoke to the consultant. The overall end result of their intervention was that the patient now receives full time support at home and when the patient returns to the hospital they always seek them out to speak to.
- There were two waiting areas with plentiful comfortable seating. In the main reception area, televisions were on display and showed information about the trust and health related topics. There was an abundance of patient information leaflets. A sub-waiting area was also available which was situated beyond the main reception. Sub waiting areas provided adequate seating arrangements and a quiet room was available for use by patients and relatives. All areas were clean and tidy. The reception area had a designated hearing loop.
- Patients attending outpatients had access to coffee and snack facilities, a café and a shop.
- All departments were well signposted and provided plentiful comfortable seating and areas for children. A younger children's waiting area was provided and stocked with books and educational toys.

Outpatients and diagnostic imaging

- Patient toilets (including disabled facilities and baby changing) were all easily accessible. Disabled toilets were available in all departments.
- Patients attending appointments with memory impairment and learning difficulties were identified through the appointment bookings system and staff would ensure these patients were not kept waiting unduly. The learning disability specialist nurse worked with departments in advance of patients with special needs attending for procedures. The reception staff informed the nursing teams when patients had any additional needs.
- Staff offered a choice of appointment times for those with children or if a patient had a particular need, such as dementia, where waiting in a busy waiting area could be distressing. Staff used a private room should a particular patient need this type of waiting area. Staff confirmed that priority was generally given to people with additional needs should it assist in their time at the out-patients department. Staff confirmed that if a patient had more complex individual needs such as those living with dementia or learning difficulties then their time in out-patients could be planned accordingly to ensure these needs were met. Staff advised that this often entailed earlier appointment times, the use of private waiting areas and carer involvement throughout.
- Two patients informed us that they had been given the choice of date and time of their appointment and that they really appreciated this as they had a distance to travel.
- The reception staff organised interpreter services for patients who did not speak or understand English. Staff told us they did not have trouble in booking interpreters. The trust used two providers to ensure they maintained effective communication at the appointment. The translator could be arranged in advance or immediately should the need arise.
- Staff used private areas to hold confidential conversations with patients and receptionists told staff quickly if patients had difficulties with speaking, listening, understanding, or needed extra assistance.
- Staff knew how to support people living with dementia and had completed the trust training programme. They understood the condition and how to be able to help patients experiencing dementia.
- The trust provided good quality patient information leaflets, condition specific information, health promotion information and trust information in all patient areas. The information was easily accessible to all visitors and patients to the respective departments and staff could provide it in several different languages when needed.
- Bookings staff sent out letters to all patients to confirm their appointment. They attached comprehensive welcoming leaflet which included information on what to expect before and following arrival at their outpatient appointment. This included for example; transport, doctors in training, specific information for people with communication difficulties or special needs, appointment reminders and requesting feedback on their experiences. The bookings team arranged translation and interpreter services if requested.
- Departments helped patients in wheelchairs or who needed specialist equipment. 'Meet and greet' staff were in attendance to assist people arriving at the main entrance. There was enough space to manoeuvre and position a person using a wheelchair in a safe and sociable manner. There were hoists for patients who needed help with mobility.
- There was bariatric furniture and equipment available in all departments (for people who were larger or heavier and could not use standard furniture). Staff selected x-ray equipment as it was replaced to enable access for larger and heavier patients.
- Staff confirmed that relatives or carers would be encouraged to remain with a patient throughout their clinic appointment or procedure to minimise any distress the process may cause.
- X-ray provided a formal reception. There was a small children's play area with clean equipment. The waiting area was clean and well maintained, provided comfortable seating, a water cooler, patient information leaflets and was within clear sight of reception staff. Radiographers greeted patients in the waiting room and escorted them to the procedure rooms and changing areas.
- Porters transported patients from wards to the department and returned them after their procedures.
- Posters and information in the waiting areas reinforced common patient, relative and carer concerns such as chaperones. Changing facilities displayed posters about staff considerations around privacy and dignity with the use of gowns.

Learning from complaints and concerns

Outpatients and diagnostic imaging

- The manager told us that they rarely received formal complaints. The trust complaints report from September 2014 to August 2015 showed patients made three formal complaints about outpatient's services and none about radiology. All complaints attributed directly to outpatient services were about appointment delays.
- The service had systems and processes in place to learn from complaints and concerns and we saw evidence from weekly business unit governance meetings, departmental meetings, and safety and quality meetings that complaints were discussed with staff during these meetings.
- We saw information on public display informing patients on how to provide feedback on their experiences through the 'We're listening' feedback for staff, patients and public to let the trust know how to make services even better.
- The trust provided its complaints policy on the trust web site.
- Staff understood the local complaints procedure and took a proactive approach to dealing with any patient concerns or complaints. Their aim was to resolve concerns or informal complaints immediately and they were confident in dealing with concerns and complaints as they arose. Staff in all departments told us they received very few verbal or informal complaints. They could identify patterns and themes from patient concerns and would help patients to use the patient advice and liaison service (PALS). Department managers kept logs of actions taken and shared lessons learned from complaints and concerns with their teams.

Are outpatient and diagnostic imaging services well-led?

Outstanding ☆

We rated well-led in outpatients and diagnostic imaging departments as outstanding because:

All staff within the outpatients and diagnostic imaging departments were clearly engaged with the new model of specialist emergency care at Northumbria and its associated support services. Teams were motivated and had been involved in planning and preparation for new departments and services. They evaluated their performance continually against the plans and were preparing for the year ahead.

Staff and managers had a clear vision for the future of the service. They knew the risks and challenges the service faced. Staff we spoke with at all levels felt supported by their line managers, who encouraged them to develop and improve their practice. Staff embraced change and there was a real focus on patient experience and leaders and managers drove this.

There were effective and comprehensive governance processes to identify, understand, monitor, and address current and future risks. These were proactively reviewed.

There were well embedded systems and processes for gathering and responding to patient experiences and the results were well publicised throughout the departments.

There was an open, honest and supportive culture where staff discussed incidents and complaints, lessons learned and practice changed. All staff were encouraged to raise concerns.

The departments supported staff who wanted to work more efficiently, be innovative, and try new services and treatments and ways of engaging with the public. Staff had received nominations and awards for innovation and changes in practice. Staff were proud to work in the new hospital and its departments. Staff worked well together as a newly formed, productive team and had a positive and motivated attitude.

Vision and strategy for this service

- The trust in October 2015 launched 'The Northumbria Way' which linked together a number of existing key programmes of work that contribute to improving quality and delivery of high quality care. This information was publicly displayed throughout the hospital and available through the trust intra and internet websites.
- Staff were aware of the trusts values and knew how to access this information from the intranet. Staff showed us the quality strategy 2014 to 2016 outlining the aims and key objectives of the strategy which included 'The Northumbria Way' and how it linked to departmental objectives.

Outpatients and diagnostic imaging

- The Emergency Surgery and Elective Care Business Unit Annual Plan (2015-2016) set out clear and realistic aims for quality, safety, patient centred care, efficiency, and growth. The strategy was able to show that from the patient experience data the trust had consistently performed higher than the top 20% of trusts.
- Teams were motivated and had been involved in planning and preparation for new departments and services and the opening of the new hospital; NSECH. They evaluated their performance continually against the plans and were preparing for the year ahead.
- All departments we inspected had good leadership and management and staff told us managers involved them in strategic working and planning.
- Staff were proud to work in the hospital and departments and they enjoyed the opportunity to propose and make changes for new ways of working in line with changing needs and demands of the local population. Teams worked together to agree local ideas about providing the best possible seven-day service for patients. They focused on patient experience and care, driven by the hospital, directorates, department leadership, and staff.
- A new member of staff was informed at induction of the vision and strategy for the service. They had the opportunity to meet the chief executive and ask questions regarding the trust vision and strategy.
- We saw business plans for all services and departments within outpatients and radiology which included strategies for dealing with winter pressures. Staff had contributed as teams towards these documents.

Diagnostic imaging:

- Radiology had presented a business case to provide a new service for small bowel radiology.
- The radiology department were looking at staff roles and responsibilities with an aim to improve and streamline their services across the trust for outpatients and GP patients. They had employed eight assistant practitioners across the trust. Operating department practitioners have taken on extended roles and Radiographers are providing the relevant training.

Governance, risk management and quality measurement

- In governance terms the outpatient services were part of the Emergency Surgery and Elective Care Business Unit. The unit had a number of groups all reporting to the governance group then to the assurance committee and onwards to the board.
- Staff reported on risk, incidents, and complaints which enabled identification of those which would be included on the risk registers. Serious incidents were discussed at departmental meetings, led by the operational service manager and senior staff attended. A governance system was in place with the production of incident summaries and themes, complaints, compliments, workforce statistics and data.
- A monthly strategy meeting took place that discussed finance, performance data including quality and timeliness of procedures and reporting, changes to clinical practice and audit activity. Staff were clear about challenges for the departments and were committed to improving the patient care journey and experience.
- The department risk registers were available and regularly reviewed to record and show actions taken regarding current risks. A lead officer managed each risk and they gave descriptions of key controls to mitigate risks.
- Managers shared learning from incidents across the organisation using regular directorate and operational service manager meetings, and staff emails.
- The business unit took part in the trust wide auditing programme and monthly performance against trust targets.
- The 15 Steps Challenge is a toolkit with a series of questions and prompts in order to obtain first impressions of a ward or department. The challenge assists trusts to gain an understanding of how patients feel about the care provided and helps the trust to identify the key components of high quality care that are important to patients and carers from their first contact with the department. We looked at the results from the 29 April 2014 and the more recent 30 March 2015 outcomes. The outcome assessment report in March demonstrated that the outpatients department had significantly improved following completion of action plans in all of the five domains. Staff rated safe, effective, and caring as good. Responsive and well-led required improvement. We saw from the April 2015 action plan that all of the required actions from the last assessment were completed. A number of staff told us that since the 15 steps assessment the service had improved for the

patient with the introduction of white boards which were used to keep patients informed of waiting times. Overall the staff had learned from the assessment and had pulled together as a team to improve the quality of service offered to the patient.

Diagnostic imaging:

- Diagnostic imaging staff carried out risk management as a team with modality (specialist diagnostic imaging services for example CT and ultrasound) leads and radiology protection specialists. The radiation protection advisor provided support and guidance in all aspects of risk assessment.
- The organisation checked up to date National Institute for Health and Care Excellence guidance to make sure they put any relevant guidance into practice; in diagnostic imaging, this included radiology related stroke thrombolysis and non-thrombolysis imaging times. CT radiographers were following National Institute for Health and Care Excellence guidance on reducing the risk of acute kidney injury and carried out an ongoing compliance audit on checklists for the use of CT contrast. The teams had developed guidelines to help prepare patients for the safe use of contrast and how to care for them following the procedure.

Leadership of service

- Staff told us that the Chief Executive Officer was known to staff and had visited the department. Staff knew the executive team, who invited and listened to new ideas for change and sent out regular messages to staff.
- There were clear lines of management support and accountability for the business unit as a whole.
- The trust had strengthened nursing leadership of the outpatient's service with the recent allocation of a Matron and the appointment of two band 7 nurses to share the four main hospital sites.
- The departments had clear management structures at both directorate and departmental level. There were clear lines of management support and accountability for the business unit as a whole. Leadership was strong, supportive and staff felt managers listened to their views. Local departmental leadership was reported to be positive and supportive. Staff told us they knew what managers expected of them and of the departments. Staff felt line managers communicated well with them and kept them up to date about the day-to-day running of the departments, their expectations of staff and the departments. Managers had planned some positive changes and some had already taken place.
- There was confidence and respect in the management. We saw good, positive, and friendly interactions between staff and local managers. Staff told us they were proud to work in the hospital and integrated teamwork was evident in all departments.
- Managers followed recruitment and selection procedures to ensure staff were skilled and had relevant knowledge. One manager explained the protocol for recruitment regarding Disclosure and Barring Service (DBS) checks for all staff.
- Staff told us they completed annual appraisals and were encouraged to manage their personal development. Staff could access training and development provided by the trust and the trust would fund justifiable external training courses.

Diagnostic imaging:

- Managers supported staff to carry out continuous professional development activities, complete mandatory training, and appraisal, and complete specific modality training, medical devices training, and competencies.

Culture within the service

- Staff said the culture was "open, approachable, and receptive, all the way to the top". Two members of staff stated that "it is a pleasure to work for the trust" with one adding that they had worked in other trusts and found the culture and leadership in this trust to be "far more superior".
- Staff stated that they felt supported by the trust and wanted to stay to progress. One staff member had worked at the trust for 6 years, initially as a volunteer, progressing onto the bank then into a full time position. They stated that their commitment to becoming a member of the trust was supported by their employers, "they care". "Working for this trust has developed me as a person and in my job".
- A consultant stated that they felt that the trust was "a great place to work" and that they were "very lucky to work in the trust". When comparing themselvesto other colleagues with whom they had trained, they told us they felt better off.

Outpatients and diagnostic imaging

- Managers asked staff for their ideas on how to improve their services practice and overall the majority of the staff felt supported by their local managers.
- Staff told us of an "open door" philosophy where staff are encouraged to speak with managers "on first name terms". Staff commented that they felt listened to. Staff described the culture as open and transparent. Some staff felt they were working under pressure with changing systems and different working conditions but all were positive and motivated to do their best for patients and the organisation. Staff felt there was a strong culture to develop and support each other. Staff were open to ideas, willing to change and would question practice within their teams and suggest changes.
- Staff commented on the strength of teamwork and everyone pulling together during the transition and opening of the 'new hospital'. Staff told us there was a good working relationship between all levels of staff. We saw there was a positive, friendly, but professional working relationship between consultants, nurses, allied health professionals, and support staff.
- Staff told us they were openly encouraged to report incidents and complaints and felt their managers would look into them consistently and fairly. Staff were all aware how to report. Managers asked staff for their ideas on how to improve their service and practice.
- There was good involvement of doctors with the radiology service across all the departments. Doctors approached radiology staff directly and we could see that staff worked well together as an extended team.

Public engagement

- The outpatient patient perspective survey results for the quarter April to June 2015 continued to show the service as being extremely good. On average the Trust is in the top 20% of all Trusts in England. It was in the top 20% for 19 of the 20 most important questions to patients and in the middle 20% for the other one.
- The trust website enabled patients and the public to comment on the care they had received. Departments displayed compliments and complaints received.
- Outpatient's staff told us of a recent survey undertaken in consultation with the patients with regards to the use of televisions within the waiting areas. The survey was completed but they had not collated the results at the time of our inspection.
- The trust had well embedded systems and processes for gathering and responding to patient experiences and the results were well publicised throughout the hospital. Staff collated the data collected from the 'real-time' feedback and provided results to each department as a means to inform practice and the development of service provision.
- The trust used a combination of methods as an approach to understanding the experience of patients including national patient experience surveys and a questionnaire found throughout the hospital called "Two minutes of your time". Staff encouraged patients to use the comments boxes situated in out-patients and the results were well publicised throughout the hospital. "Your voice" patient satisfaction survey results were published and displayed in the out-patient department. The data provided showed 90% of patients were likely or extremely likely to recommend out-patients and 98% rated their care in out-patients as 'excellent/very good or good' (September 2015).

Diagnostic Imaging:

- The radiology department had designed and introduced a survey to capture the thoughts of young people. It had not been as successful as they hoped but the team were undaunted and were working on another version to try to engage this population group.

Staff engagement

- The trust had a number of internal communication and engagements with staff. They included for example; weekly staff updates through e-bulletins to all employees. Monthly team briefs cascaded to staff from executive management and a quarterly staff magazine. Staff were aware of how to access all of this information from the intranet and extranet.
- Staff told us the executive team undertook road shows across the trust to update staff working at all units on major developments and to encourage them to ask questions. The trust posted outcome notes from road shows on the intranet.
- The trust held business unit governance meetings weekly and local departmental meetings monthly. The agendas were standardised across the service to include a range of issues for example; incidents and complaints, staffing, clinical risks, patient involvement and patient

experiences, education and training. This ensured staff were kept up to date with operational and performance delivery as well as the patient experience across the services.

- Staff told us they took part in team meetings and were confident to talk about ideas and sharing of good news as well as issues occurring in the previous days or planning for anticipated problems. Staff felt managers listened to their views and they had opportunities to contribute towards the development of their departments, the configuration of services and resource planning.
- A member of the 'meet and greet' team commented that they felt their views were listened to. They referred to the trust 'We are listening' comment box which was situated in main outpatients. They saw this being used by patients and staff and the same being emptied regularly. They believed that their comments made about the need for more comfortable seating in out-patients was listened to as, albeit not immediately, the trust provided new chairs for the main waiting area.
- A HVS member of the trust informed us that they had been involved in the trust charity events where they were able to hear clinicians and staff pitch for funds to be used to improve patient care and services. They said "It's great to see how this helps the patients".

Diagnostic Imaging:

- Radiology staff contributed in the writing of standard operating procedures (SOPs) across the department and invited theatre staff to provide input into procedures involving their practice.
- Staff had designed, modelled for, and produced posters for patient changing cubicles to demonstrate in step by step photographs how to put on a hospital gown.
- Staff had written information leaflets for patients on topics such as having a CT scan and a day in the life of a radiographer.

Innovation, improvement and sustainability

- The trust displayed the top five achievements the outpatient service had accomplished across all of the main outpatient locations, which included: privacy and dignity, with the installation of new nurse stations at two locations used for secure confidential areas for patient information, the virtual trauma clinic, charitable monies obtained to buy new toys and the refurbishment of audiology, a staff ideas forum, and displayed waiting times.
- The service also had a top five list to inform patients and relatives of what they had prioritised to achieve, which included, provision of chaperones for procedures including phlebotomy, sharing feedback from audits with service users, escalation plans for delay times, learning from incidents to improve patient pathways, and working towards a Dementia Alliance approved environment and a staff photograph board.
- Staff told us that management consistently asked for their input into new ideas and service improvement initiatives.
- The DNA rate had improved since the onset of an automated telephone system to remind patients seven days, and again one day, before their appointments. Clinicians undertook a review of referrals and medical records for patients who DNA. They completed an outcome form to determine further follow up actions.

Diagnostic Imaging:

- Staff in x-ray had developed their own departmental patient satisfaction survey. This project was supported by local and trust management, the patient safety team and the trust communications group. They shared data collated from the surveys with wider trust projects to assist in the development and improvement of service provision.
- The radiology team had received the Health Education North East Allied Health Professional Service Improvement Award for their radiographer reporting service project.
- In 2014, the service was awarded the HENE Certificate (Health Education North East) for the 'Reporting Radiographers of the Year'.
- X-ray staff were completing an audit of WHO Safer Surgery Checklist usage across all sites with an aim to standardise the checklist used for the benefit of all staff and patient safety. Initial feedback suggested the trust should develop a new WHO compliant checklist/ consent form and the team would complete this.

Outstanding practice and areas for improvement

Outstanding practice

- The hospital had direct access to local authority, community services and care homes to ensure unnecessary admissions were minimised.
- Staff demonstrated an outstanding level of care and compassion towards patients.
- Experienced and cohesive senior management teams across the hospital demonstrated a clear understanding of the challenges of providing high quality and safe care. They had identified and implemented actions and strategies to manage this and this had been done with the involvement of frontline staff.

Areas for improvement

Action the hospital MUST take to improve

Action the hospital MUST take to improve

- The service must complete a comprehensive gap analysis against the recommendation made for the University Hospitals of Morecambe Bay NHS Foundation Trust.
- The service should ensure that the maternity and gynaecology dashboard is fit for purpose, robust and open to scrutiny.

Action the hospital SHOULD take to improve

Action the hospital SHOULD take to improve

- Ensure that the clinical strategy for maternity and gynaecology services which is embedded within the Emergency Surgery and Elective Care Annual Plan, sets out the priorities for the service with full details about how the service is to achieve its priorities, so that staff understand their role in achieving those priorities.
- Ensure that levels of staff training continue to improve in the hospital so that the hospital meets the trust target by 31st March 2016.
- Ensure waiting time targets in ultrasound continue to improve as more staff are appointed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).** **Regulation 17 (1) (a) (b): Good governance.** **The provider must:** • Complete a comprehensive gap analysis against the recommendation made for the University Hospitals of Morecambe Bay NHS Foundation Trust. • Ensure that the maternity and gynaecology dashboard is fit for purpose, robust and open to scrutiny.