St Helens and Knowsley Teaching Hospitals NHS Trust

St Helens 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 ☆
Medical care	Good ●
Surgery	Good ●
Outpatients and diagnostic imaging	Outstanding ☆

Summary of findings

Letter from the Chief Inspector of Hospitals

St Helens Hospital is part of St Helens and Knowsley Teaching Hospital NHS Trust and provides a range of hospital services, including general and specialist medicine, general and specialist surgery outpatients and diagnostics.

St Helens Hospital is situated in St Helens Merseyside and serves a population of approximately 350,000 people residing in the surrounding area of Knowsley, Halton, St Helens and the area of South Liverpool.

We carried out this inspection as part of our scheduled program of announced inspections.

We visited the hospital on 19, 20 and 21 August 2015. During this inspection, the team inspected the following core services:

- Medical care services (including older people's care)
- Surgery
- Outpatients and Diagnostic Services

Our key findings were as follows:

Leadership and Management.

The hospital was well led and well managed. The Executive Team and senior managers were frequent visitors to the site and were well known by staff. Staff felt managers were visible accessible and supportive.

The trust's vision regarding 5 star patient care was well understood and embedded. Staff were clear about their roles and responsibilities and all disciplines worked well together for the benefit of patients.

There was a positive culture throughout the hospital and staff felt valued and included. They were proud of the hospital and the care and treatment they provided to patients.

Staff and patients were well engaged in service design and development. Staff were supported and encouraged to be innovative to secure improvement and enhance patient experience. In addition there were good opportunities for staff development and a range of staff awards available for both services and individuals that performed well.

Successes were celebrated and shared at a range of staff events including an annual awards celebration that was highly valued by staff.

Access and Flow

- For the period April 2013 to February 2015 the hospital met the 18 week standards for referral to treatment times in all specialties provided at the hospital.
- NHS England data showed the number of elective operations cancelled was better than the England average from July 2014 to September 2014. Trust data between April 2014 and July 2015 showed a low number of operations (87) were cancelled at St Helens Hospital. Reasons for cancellations included the theatre lists overrunning and patients not attending appointments.
- When an operation was cancelled, staff arranged a new date with the patient on the day of the cancellation. NHS England data showed all patients that had their operations cancelled were treated within 28 days since April 2011 which was better than the England average.
- Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff.
- Very occasionally there were surgical outliers admitted to Duffy Suite (medical unit). There were recently two patients from Sanderson Suite who had had an operation that day but they only stayed overnight and came with an appropriately trained nurse to look after them.

Summary of findings

- As part of managing the admission and discharge processes there was a 'patient status at a glance' whiteboard and we observed the daily board round on Duffy Suite. This was a summary discussion of each patient and the status of their admission and any discharge planning and was attended by the multidisciplinary team.
- Patient records showed discharge planning took place at an early stage with multidisciplinary input.
- A policy outlined the selection criteria for inpatient admissions into the Sanderson Suite and a flow diagram procedure was in place for unplanned admissions and for transferring patients to Whiston Hospital if the patient's condition had deteriorated.

Cleanliness and Infection control

- Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.
- The areas we inspected were visibly clean. Cleaning schedules were in place with clearly defined roles and responsibilities for cleaning the environment and decontaminating equipment. Staff were aware of current infection prevention and control guidelines, including the use of 'I am clean' stickers to inform colleagues at a glance that equipment or furniture had been cleaned and was ready for use.
- Staff followed correct hand hygiene and 'bare below the elbow' guidance with appropriate protective personal equipment, such as gloves and aprons, whilst delivering care as per National Institute for Health and Care Excellence (NICE) guidance on infection control
- Patients identified with an infection could be isolated in side rooms, if required, with appropriate signage to protect staff and visitors.
- The trust had employed a number of infection control link nurses and a surgical site infection specialist nurse working across both sites. Their role was to provide training and to liaise with staff so patients that acquired infections following surgery could be identified and treated promptly.
- The numbers of MRSA and MSSA infections were below the England average between April 2013 and March 2015. C.diff infections relating to surgery were within expected limits at the hospital between April 2014 and December 2014.
- Infection control training had been completed by 95% of staff, which was above the trust's target.

Nurse staffing

- Nurse staffing levels were determined using an evidenced based acuity tool.
- Staffing levels were planned to provide an appropriate skill mix to provide care and treatment for patients.
- The expected and actual staffing levels were displayed on a notice board on each unit/ward and these were updated on a daily basis.
- Staffing levels were reviewed every six months using the 'safer nursing care tool' (Shelford group, 2013) endorsed by NICE.
- Seniors managers were proactive in managing staff shortages through both escalation and recruitment processes.

Medical staffing

- The wards and theatres had sufficient numbers of medical staff with an appropriate skills mix to ensure that patients received the right level of care.
- There was sufficient on-call consultant cover over a 24 hour period with appropriate medical cover outside of normal working hours and at weekends. The on-call consultants were free from other clinical duties to ensure they were available if needed.
- The hospital employed a resident medical officer (RMO) who was based at the hospital 24 hours per day covering a weekly or fortnightly rota. The RMO was resident on site and available on call outside of normal working hours.
- Existing vacancies and shortfalls were covered by locum, bank or agency staff when required. All agency and locum staff were provided with a local induction to ensure they understood the hospital's policies and procedures.
- Daily medical handovers took place during shift changes which included discussions about specific patient needs.

Summary of findings

Mortality rates

- Mortality and morbidity reviews were held in accordance with trust policy and procedures. and were underpinned by policies and procedures.
- Deaths were reviewed thoroughly and opportunities for learning were shared and disseminated amongst staff teams.

Nutrition and hydration

- There was a wide range of meals available including options for a healthier choice, higher energy, softer (easier to chew), vegetarian, vegan and gluten free. There was a separate menu for modified texture foods which included thick puree, pre-mashed or fork-mash able options for patients with swallowing difficulties.
- There was a patient list with dietary requirements identified, for example identifying if patients were diabetic, dysphasic, on a low residue diet. For patients requiring assistance at meal times a red tray system was in operation so that they could be easily identified. There were also red jugs available, and this system was consistent with the Whiston site so that when patients were transferred the same processes around meal times were in place.

We saw several areas of outstanding practice including:

- The clinical staff in the breast unit had published extensively in their field and had developed innovative approaches to localisation of breast cancer surgery.
- The additional needs pathway and coordinated approach to a patient with additional needs to reduce the need for repeat procedures was seen as outstanding in terms of enhancing the patient's experience.
- In order to improve the response time and access to timely treatment for a patient, if a critical or abnormal finding on an X-ray was seen designated radiology staff could book another follow up appointment with the appropriate specialist.

However, there were also areas where the trust could make improvements.

Importantly, the trust should

- Consider the review of training of the medicines policy in relation to the administration of regular medication via oral or intravenous routes.
- Consider the review of training around incidents and risks, to include the use of SMART principles when developing and documenting action plans.
- Consider the use of Measles charts or similar tools for mapping the geographical location of falls.
- Ensure all prosthetists receive an appraisal in a timely manner.
- The provider should continue monitoring the ophthalmology services ability to manage the clinic and reduce the waiting time in clinic to improve the patients' experience.

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?
Medical care	Good	The medical services at St Helens Hospital were rated as good because patients received compassionate care and their views were considered as to how services were designed and provided. Staff were aware of how to report incidents and could clearly show how and when incidents had been reported. Lessons were learned from incidents and staff felt confident about reporting them. Feedback was shared and discussed in team meetings and learning applied. A monthly patient safety first newsletter was disseminated to staff and the trust had committed to the national sign up to safety campaign. Staff received their appraisals in a timely way and felt supported to do their job. There was evidence of good multidisciplinary team working and staff were aware of their responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff. As part of managing the admission and discharge processes there was a daily board round on Duffy suite attended by members of the multidisciplinary team. The Allen Day unit would change appointment times at short notice to try to accommodate patients' needs and at times were able to rearrange for the same day. The hospital was visibly clean and staff followed good hygiene practices. Staffing levels were largely sufficient to meet the needs of patients safely. Care was provided in line with national best practice guidelines and medical services participated in the majority of clinical audits. The friends and family test showed that 100% of people would recommend the hospital to friends or a relative for inpatient care. Staff were enthusiastic about their job and looked forward to going to work. There was good staff engagement with staff being involved in making improvements for services.
Surgery	Good	The surgical services at St Helens Hospital were rated as good because patients, carers and families were positive

Summary of findings

about the care and treatment provided. They felt supported, involved and received information in a manner they understood. Staff were respectful whilst delivering care and supported patients and their relatives with their emotional and spiritual needs.
Staff knew the types of incidents to report and could demonstrate how these would be recorded, escalated, reviewed and the learnings shared. The wards and theatres we inspected were clean and safe. Equipment was sufficiently available, clean, safe and well maintained, appropriately checked and decontaminated regularly with checklists in use. Medicines, including controlled drugs, and records were stored securely. Staff attended mandatory training courses with compliance rates above the trust target. Medical and nursing staffing levels were sufficient to meet the needs of patients. The organisation assessed and responded to risks in a safe and planned manner. Staff provided care and monitored compliance in line with national best practice guidelines. The surgical care group participated in a number of local and national clinical audits and performed well. Where any issues were identified, the organisation had appropriate action plans in place that were reviewed regularly.
Patients were assessed individually for pain relief by competent and well supported staff. Patients received nutritional advice and support. Multidisciplinary team working was well established and effective within the surgical wards and theatres. Staff understood the importance of assessing patient capacity.
Trust data was positive and showed theatre utilisation (efficiency) was 77%. NHS England data showed national targets (90 per cent of admitted patients should start consultant-led treatment within 18 weeks of referral) were being met. The number of elective operations cancelled was better than the England average and all patients that had their operations cancelled were treated within 28 days.
The surgical care group was well led with adequate support and visible leadership. The culture was transparent and open. Surgical patient pathway improvement programme work streams were in place to reduce cost without affecting quality via several routes. Risks were documented and escalated by the service appropriately with action plans in place to address the identified risks. Public could provide feedback via several mechanisms. The trust celebrated the

Summary of findings

achievements of staff with an annual event where staff had their accomplishments recognised for their work at the trust. The Assistant Director of Operations had implemented a regular monthly initiative to involve staff from the Sanderson Suite and theatres in improving services.

Outpatients and diagnostic imaging

Outstanding ☆

There was a clear process for reporting and investigating incidents. We saw evidence that incidents were being reported and staff we spoke with were aware of the system and how to use it. We saw evidence of learning from incidents and how this learning was shared across the service and trust wide. We saw evidence of change to practice following learning from incidents.
The trust had electronic medical records that were easily accessible in a timely manner when patients visited the service. A contingency plan was in place to have access to patient information should the information technology system fail.
Staff were aware of their role in safeguarding, a reporting process was in place, and staff knew how to escalate concerns. Staff were aware of the policies and procedures to protect and safeguard children and adults. There was good practice in the outpatient and imaging departments to promote the safety of patients and staff.
The general environment was safe, passageways and waiting rooms were free from clutter and trip hazards. Staff followed good practice guidelines in relation to the control and prevention of infection.
Cleanliness and hygiene was of a high standard throughout the hospital departments and staff followed good practice guidance in relation to the control and prevention of infection
Staff attended mandatory training and were trained and skilled to perform their role The trust had a clear training need analysis which identified mandatory training required and was role specific. Staff were positive about the access and quality of training provided.
Staffing levels were appropriate to meet the needs of patients. Managers were proactive in managing staffing pressures such as reviewing nursing staffing levels and sharing of radiologists across other providers.

St Helens Hospital

Detailed findings

Services we looked at

Medical care (including older people's care); Surgery; Outpatients & Diagnostic imaging

Detailed findings

Contents

Background to St Helens Hospital

St Helens Hospital is part of St Helens and Knowsley Teaching Hospitals NHS Trust. St Helens Hospital is situated in the town of St Helens, Merseyside. The hospital services a population of approximately 350,000 residing in the surrounding area of Knowsley, and St Helens In total, the Trust has 887 beds and employs approximately 4,200 members of staff.

St Helens provides the majority of outpatients services for the trust and elective surgery.

In 2014/15 the total number of admissions for 14/15, including day cases, in-patients and non-elective was 102,964, 433,069 outpatient attendances and 124,682 A&E attendances.

During this inspection, the team inspected the following core services:

- Medical care services (including older people's care)
- Surgery
- Outpatients and diagnostic services

Our inspection team

Our inspection team was led by:

Chair: Chris Harrison, Medical Director

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included a CQC inspection manager, 14 CQC inspectors, a CQC pharmacy inspector two CQC analysts, a CQC inspection planner and a variety of specialists including: A former Medical Director; Consultant in Clinical Oncology; a Consultant Physician; Surgeon & Obstetrician; Surgical, Medical, Emergency Department, Maternity, Critical care and Paediatric Senior Nurses; Experts by Experience (lay members who have experience of care and are able to represent the patients voice) and a Clinical Governance Specialist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before visiting, we reviewed a range of information we held about St Helens Hospital and asked other

Detailed findings

organisations to share what they knew about the hospital. These included the clinical commissioning groups, the Trust Development Authority, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal colleges and the local Healthwatch.

The announced inspection of St Helens Hospital took place on 19, 20 and 21 August 2015. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

Facts and data about St Helens Hospital

The St Helens Hospital opened in 2008 as part of a £338 million redevelopment plan, which included the opening of Whiston Hospital.

St Helens Hospital is providing care to a population of 350,000. The services are provided across the boroughs of St Helens, Knowsley, Halton and South Liverpool. The hospital provides 70% of outpatient and diagnostic services for the trust. The trust employs over 4,000 members of staff.

The IMD (2010) ranked St Helens borough as the 51st most deprived local authority in England. The borough of Knowsley is ranked as the 3rd most deprived in the country. Across both areas some of the severe health problems seen include the incidence of heart disease, lung cancer and chronic lung disease which are much higher than the national average.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Overall	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding

Notes

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

Medical care (including older people's care)

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

Information about the service

We visited St Helens Hospital as part of our announced inspection on 20 August 2015. The medical care services at this site were provided in the Duffy suite and the Allen day unit.

The Duffy Suite provided step up care (from community) and step down care (from acute care) inpatient assessment and rehabilitation services for Halton, St Helens and Knowsley residents.

There were 28 beds comprising 16 side rooms, two four-bedded bays and two two-bedded bays. The unit aimed to support patients, predominantly over 60 years old.

The Allen day unit helped patients, predominately over 65 years, to stay in their own homes by providing day care, where assessment, rehabilitation and investigations were carried out. This was for the treatment of medical conditions including stroke, brain injury, Parkinson's disease and multiple sclerosis. The aim was to prevent hospital admission or to facilitate an early discharge from hospital by continuing treatment and rehabilitation at the unit. St Helens and Knowsley patients could be referred by GPs, consultants, occupational therapists and physiotherapists.

During the inspection we visited the Duffy Suite and the Allen day unit. We considered the environment staffing levels. We spoke with one family member, one patient, and eleven staff of different grades as well as observing a multi-disciplinary board round.

We received comments from people who contacted us to tell us about their experience, and we reviewed performance information about the trust. We observed how care and treatment was provided.

Medical care (including older people's care)

Summary of findings

The medical services at St Helens Hospital were rated as good because patients received compassionate care and their views were considered about how services were provided.

Staff were aware of how to report incidents and could clearly show how and when incidents had been reported. Lessons were learned from incidents and staff felt confident about raising incidents. These were discussed in team meetings. A monthly patient safety first newsletter was disseminated to staff and the trust had committed to the national 'Sign up to Safety' campaign.

Staff were up to date with their appraisals and felt supported to do their job. There was evidence of good multidisciplinary team working and staff were aware of their responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff. As part of managing the admission and discharge processes there was a daily board round on Duffy Suite attended by members of the multidisciplinary team. The Allen day unit would change appointment times at short notice to try to accommodate patients' needs and at times were able to rearrange for the same day.

The hospital was visibly clean and staff followed good hygiene practices. Staffing levels were largely sufficient to meet the needs of patients' safely. Care was provided in line with national best practice guidelines and medical services participated in the majority of clinical audits.

The friends and family test showed that 100% of people would recommend the hospital to friends or a relative for inpatient care.

Staff were enthusiastic about their job and looked forward to going to work. There was good staff engagement with staff being involved in making improvements for services.

Are medical care services safe?

Good

Staff were familiar with and encouraged to use the trust's procedures for reporting incidents. They understood their responsibilities to raise concerns and record safety incidents. Monthly team meetings were held where incidents, concerns and lessons learned were discussed and staff were able to provide examples of these. Senior staff had received training in incident management. A monthly patient safety first newsletter was disseminated to staff and the trust had committed to the national sign up to safety campaign. Safeguarding systems were in place and mandatory training was up to date.

Where appropriate, action plans from incidents were documented and risks identified on the risk register but review dates were not always explicit. Lessons learned were discussed in team meetings but learning from any patterns or trends around the location of falls was not in place on the wards we visited. There were challenges around nursing staff shortages but these were being managed appropriately.

Incidents

- Staff were familiar with and encouraged to use the trust's procedures for reporting incidents. They understood their responsibilities to raise concerns and record safety incidents.
- Between January 2015 to June 2015 there were four low graded pressure ulcer incidents and five no harm medication errors, with evidence of actions taken documented, for example use of pressure relieving equipment and involvement of the pharmacy team.
- Between January 2015 and June 2015 there had been three no harm falls on the Allen day unit and 45 falls on Duffy Suite, one of which resulted in moderate harm. Documentation showed evidence of appropriate actions taken, for example neurological observations commenced.
- A root cause analysis had been completed for the moderate harm fall on Duffy Suite in April 2015 but at the time of the patient safety council meeting in July the action plan remained outstanding.

Medical care (including older people's care)

- The manager told us 98% of patients admitted to Duffy Suite had a history of fractures and the management and prevention of falls was a priority.
- However, no local analysis was undertaken by ward staff of where on the ward the falls occurred so no geographical patterns or hot spots were being identified. Monitoring where falls occur would help to ensure that aspects of the inpatient environment (including flooring, lighting, furniture and fittings such as hand holds) that could affect patients' risk of falling were systematically identified and addressed in line with NICE clinical guideline 161, falls: assessment and prevention of falls in older people (2013).
- We saw evidence of work being done to educate staff around falls management including the patient safety first newsletter. The inpatient falls service identified that falls frequently occurred in bathrooms and toilets and study days were offered on four different dates to educate staff on the relationship between falls and continence. We saw the falls report for July which documented a number of ongoing root cause analysis investigations and related actions but there were not always clear review dates for those actions.
- The team held monthly safety meetings which were minuted. We saw minutes from two meetings which were comprehensive and included discussion around incidents, lessons learned concerns and action plans where appropriate.
- Staff were able to describe what actions they would take if certain incidents were to occur on the ward. For example if a patient from Duffy Suite had to attend the emergency department or have the medical emergency team called the incident would be reported and followed up by the medical team to investigate as to whether the admission had been appropriate.
- On the Allen day unit an example of change to practice following an incident was that the team had an emergency medical pack in place for minor medical emergencies which meant that the entire resuscitation trolley need not be opened up when only one or two items were needed.
- Multidisciplinary mortality and morbidity reviews were held for a 20% random sample of every death in medical services. If the review indicated any issues these were rated as amber and further in-depth investigation took place. There had been six amber reviews in the nine months prior to inspection.
- Senior staff had undertaken a three day training course in incident management training delivered by an external company. Evaluation of the course took place by the company but had not been reviewed by medical services so services were unable to evaluate what impact the training had on practice.
- Since the introduction of duty of candour regulations in November 2014, the trust have implemented their being open – a duty to be candid policy of informing patients and families about incidents that had occurred. Contact with the patient or family was recorded in the report of the incident and was verbal rather than formal written communication. In July 2015 duty of candour contact was made for 13 incidents in the medical division. In one further case it was deemed unnecessary and in one case staff felt that it was appropriate to delay contact with the family until a later date.

Safety thermometer

- The service used the NHS safety thermometer (a tool designed to be used by frontline healthcare professions to measure a snapshot of specific harms once a month). The safety thermometer looked at four harms: pressure ulcers, falls, blood clots (venous thromboembolisms) and urine infections for those patients who have a urinary catheter in place.
- The safety thermometer information was trust wide, and not separated between the St Helens and Whiston hospital sites.
- For the period March 2014 to March 2015 there were 37 pressure ulcers incidents, 43 urinary tract infections and 38 falls with a notable rise from November 2014 to March 2015. For venous thromboembolism (VTE) an audit was undertaken in medical service which demonstrated: 94% completion of risk assessments, 90% completion of appropriate prescribing following risk assessment, but only a 50% compliance with administering the prescribed dose of thromboprophylaxis. A further audit was currently being undertaken to look at what percentage of patients with unprovoked VTE were investigated. This was due to be completed by November 2015. For 2014 the average percentage of patients experiencing no harm at the trust was 95%. In July 2015 95% of patients did not experience any of the four harms. The trust target was 98.6%.
- The organisational ambition to reduce episodes of avoidable harm was supported by the trust's sign up to

safety campaign which includes a target over five years to reduce the number of avoidable grade 3 and grade 4 pressure ulcers to zero. Sign up to safety is a national patient safety campaign led by NHS England, where trusts set out their actions to meet the five sign up to safety pledges.

Cleanliness, infection control and hygiene

- The wards we inspected were visibly clean and tidy. Staff were aware of current infection prevention and control guidelines, including the use of 'I am clean' stickers to inform colleagues at a glance that equipment or furniture had been cleaned, for example on two hoists we saw.
- Personal protective equipment such as aprons and gloves were readily available and in use where appropriate.
- Infection prevention audits were undertaken monthly and standards included bare below the elbow, use of hand gel and hand washing and observed entry to isolation rooms.
- A number of other infection prevention and control standards were audited monthly including whether urinary catheter assessment and monitoring forms were completed and accurate, aseptic non touch technique compliance and the correct use of sharps boxes, i.e. they were labelled, signed and not over full. The current results of these audits were on display on Duffy Suite which was 100% compliant for July 2015.
- On Duffy Suite there were signs where airborne precautions were in place, with infection prevention and control instructions for staff and visitors entering that room.
- The linen room was clearly signed, and visibly clean and tidy with linen individually wrapped in plastic. The bagging policy was on display to support safe disposal and collection.
- There was a room for storing waste with bottle bins, yellow and green bins and a soiled linen container. There were clear notices on the wall with definitions of the different waste types and identifying their associated storage processes.

Environment and equipment

- The physical environment in all the wards we visited was well maintained.
- There were systems in place to maintain and service equipment. Portable appliance testing (PAT) had been carried out regularly on most electrical equipment. Equipment including two hoists had stickers on to indicate they had been serviced and showed the due date for the next service.
- There was an ice machine for use in physiotherapy which should have been PAT tested in April 2015, ensuring it is safe to use, this had not taken place. Staff submitted a request during our visit, for this to be undertaken.
- There was a wheelchair storage area but there was no maintenance contract in place so when a repair of a wheelchair was needed a job was logged on the electronic maximo system which was used for requesting support services from estates, portering, domestics and catering. An external contractor was part of the estates management service and carried out repairs as and when needed.
- There was a store room which was visibly clean and tidy, where equipment including mattresses, pressure relieving accessories and vinyl gloves were stored. This room was also used for storing dietary supplements such as lucozade, enshake and complan nutritional shakes and high energy drinks.
- Resuscitation equipment was available on all the wards we visited and tamper seals were in place. Checks of the equipment had been completed; however the checklist did not include the expiry date. This was raised with the trust and a process was going to be put in place to address this.

Medicines

- Duffy Suite had their own pharmacist and pharmacy technician assistant between 9am and 12.30pm Monday to Friday. At other times staff could contact pharmacy based at the hospital. Duffy suite had suitable cupboards and cabinets in place to store medicines.
- There were safe systems for the handling and disposal of medicines. Staff reported a good service from the pharmacy team.
- Medicines were in date indicating there were good stock management systems in place.
- We looked at the controlled drugs cupboard in the stock room and checked two patients' own medication which was correct.
- We saw evidence of good practice, for example the use of blister packs which may be of value for patients who

have been assessed as having practical problems in managing their medicines (The better use of multi-compartment compliance aids: The Royal Pharmaceutical Society, July 2013).

- Blister packs were provided by pharmacy on discharge for patients who were admitted with a blister pack system. The discharge prescription was faxed over to the community pharmacy, in accordance with the trust's medicine policy to ensure continuity of the blister pack system in the community. For new blister packs best practice guidelines were followed.
- There were no patients on the ward who were self-medicating at the time of our inspection however pharmacy staff were familiar with the self-medicating policy which was included in the appendices of the medicines policy and were able to describe the process undertaken for patients who self administered..
- There was no formal process within pharmacy for NICE updates and alerts to be cascaded to staff on the unit although individuals had signed themselves up for personal email alerts.
- Pharmacy staff completed incidents for significant medication errors on datix but told us they made multiple minor interventions on a day to day basis which did not get recorded due to time constraints, for example highlighting prescribing errors and advising clinical staff. By not recording these interventions any trends were not captured, which meant that opportunities for learning could be lost.
- We looked at three patients' prescription charts on Duffy Suite. All had the patient's allergy status completed.
- On one patient's prescription chart the prescriber had started medication on the chart without signing the front of the chart with their name, bleep number, GMC number and signature which contravenes the trust's medicine policy. There was another chart where paracetamol was prescribed as both oral and intravenous which contravenes the trust policy requiring each route to be prescribed individually unless the doses are the same.
- Safe storage for medication that requires refrigerated storage is essential to ensure that the 'cold chain' is maintained from manufacture, through delivery and storage, to patient administration.
- We looked at the fridge temperatures. Current temperatures were recorded between 1 and 20 August 2015 with the exception of 7, 8 and 9 August. The temperatures were recorded by the housekeeper but arrangements did not appear to be in place for days when she was not on duty.
- There was no minimum or maximum temperature recorded because although the fridge could show these, staff did not know how to access them. The readings on the fridge were minimum 2°C, current 5°C and maximum 19°C.

Records

- The records we looked at on Duffy Suite were correctly completed and included a diagnosis and management plan and the required risk assessments.
- Monthly documentation audits were undertaken on Duffy Suite. Scores for 2015 were consistently above 95% against the standards, with the exception of June which was 93%. The scores were on display on the ward.
- The care indicator audit measured documentation standards and Duffy Suite achieved a score of 98% for July 2015. The lowest individual score was for nutrition documentation (94%). The explanation for this was that the dietician recorded their entries in the medical notes but the audit was carried out on the nursing care plans which were kept at the end of patients' beds. If the dietician's entry was not duplicated or referenced in the nursing notes, it was not included in the audit.

Safeguarding

- There was a system for raising safeguarding concerns which staff on both wards were aware of.
- The safeguarding trainer visited Duffy Suite, staff knew who the safeguarding team were and had their own social worker and community psychiatric nurse who oversaw safeguarding matters on the ward.
- Staff said that band 6 and band 7 nurses had spent a day completing safeguarding training, the lower bands had been sent out information and questionnaires to complete and all nurses were up to date with this training.
- Training statistics provided by the trust showed that in medical services 88% of staff had completed safeguarding training. However, the lowest staff group to have completed the training was medical staff at 77%. The trust target was 85%.
- Safeguarding training was included in induction training for all temporary staff before commencing work on the wards.

Medical care (including older people's care)

Mandatory training

- Mandatory training for staff on Duffy Suite and the Allen day unit was up to date and met the 85% trust target.
- We saw paper records during our visit that showed all staff on Duffy Suite were compliant with mandatory training which took place on one day at Nightingale House, the education centre. Mandatory training was delivered on a rolling annual programme and included fire training, information governance, basic life support, infection prevention and control, moving and handling and some clinical training such as blood transfusion information and reducing pressure ulcers.
- The housekeepers completed half a day's mandatory training.

Assessing and responding to patient risk

- Modified early warning scores (MEWS) are observations used for the assessment of unwell patients and include heart rate, respiratory rate, blood pressure, level of consciousness and temperature.
- MEWS was in place on Duffy Suite except for patients on an end of life pathway.
- Staff knew the protocol for using MEWS, and how to discuss and escalate unwell patients who were scoring five or more on the tool.

Nursing staffing

- Each ward had a planned nurse staffing rota and reported to the matron on a daily basis if shifts had not been covered.
- The National Institute for Health and Care Excellence (NICE) guideline 'Safe staffing for nursing in adult inpatient ward in acute hospitals' was used.
- Wards at the hospital had recently begun to use the e-rostering system. This was a central system for managing information such as shift patterns, annual leave, sickness and staffing skill mix.
- Duffy Suite had a multi-disciplinary team which always had at least two training nurses on each shift. They aimed to have three trained nurses in the mornings and for the consultant ward rounds on Tuesdays and Wednesdays afternoons and when this was not possible it was escalated to the matron.
- Between May 2015 and July 2015 the percentage of nursing shifts filled on the wards we visited was 99% during the day and 100% of the time on nights. The percentage of shifts filled for health care assistants was 102% during the day and 99% at nights.
- The staffing shortfall was logged on the trust risk register and actions were in place to mitigate the risk including a daily review of staffing rotas, the use of bank and agency staff to fill gaps, a weekly staffing meeting to review gaps and liaison with the intermediate care assessment team regarding acuity of patients transferring to Duffy Suite.
- There was a staffing shortfall (patient areas) standard operating procedure on display in the ward manager's office with a red, amber, green ratings grid which was a guide to when and how to escalate staffing issues.
- Staff said the nurse bank were excellent and always responded promptly to requests. There were two occasions between February 1 2015 and July 31 2015 when a bank nurse was used on Duffy Suite, however there were 567 shifts during this same period, when health care assistants from the bank were used when there were staff shortages due to absence or extra staff required due to an increase in patient acuity on the ward.
- There was one band 5 staff nurse vacancy on Duffy Suite and one band 5 nurse vacancy on the Allen day unit. Recruitment was underway for these posts.

Medical staffing

- Rotas were completed for all medical staff which included out of hours cover for all medical admissions and all medical inpatients across the wards. All medical trainees contributed to this rota. The information we reviewed confirmed that medical staffing was appropriate.
- Duffy suite had a senior house officer on duty between 9am to 5pm Monday to Friday, and a resident medical officer out of hours.
- Consultant ward rounds took place on Tuesdays and Wednesdays.
- The medical registrar on call could be contacted for advice but there was no agreed protocol for making patient referrals to the registrar.
- During our visit we spoke to a doctor on Duffy Suite who felt well supported.
- Patients could be transferred to Whiston if appropriate.

Medical care (including older people's care)

- Medical cover was being reviewed by the clinical director and the directorate manager for the department of medicine for older people via job planning.
- The percentage of consultants working in medical services was 41% which was higher (better) than the England average of 34%. The percentage of registrars was 30% which was below (worse) the England average of 39%. Middle grade and junior doctor levels were about the same as the England average.
- There were no medical staffing vacancies at the hospital. The average turnover of medical staff at the hospital was 10% per year.

Major incident awareness and training

- Staff were aware of major incident planning and gave examples of what they would need to do in those circumstances.
- There were documented major incident plans within medical areas and these listed key risks that could affect the provision of care and treatment. There were clear instructions for staff to follow in the event of a fire or other major incident.
- Staff in medical services had been involved in major incident exercises.
- The trust had circulated information to staff regarding Ebola risks and actions to take if a case was expected.

Are medical care services effective?

Good

The service was using national and best practice guidelines to care for and treat patients. The trust monitored compliance with NICE guidance and were taking steps to improve compliance where further actions had been identified. The trust was participating in local and national audits and results were displayed on the wards. Patients had comprehensive assessments of their needs. Pain relief was managed on an individual basis and was regularly monitored. Patients' dietary requirements were well managed with a wide range of meals available. The trust was investing in seven day working and extra staff had been taken on to facilitate this.

Staff were up to date with their appraisals. There was evidence of good multidisciplinary team working and staff were aware of their responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Evidence-based care and treatment

- The service was using national and best practice guidelines to care for and treat patients. The trust monitored compliance with NICE guidance and were taking steps to improve compliance where further actions had been identified.
- Medical staff on Duffy Suite were aware of how to access guidelines and policies on the trust intranet.
- The Duffy Suite participated in the care indicator audit which audits documentation for falls, fluid balance, general care planning, medication administration, medicines storage and security, moving and handling, nutrition, modified early warning score, privacy and dignity and tissue viability. The scores were high in all domains with the overall score for July being 98% compliance with the standards.
- Safety crosses which monitor avoidable harms such as falls, pressure ulcers, venous thromboembolism (preventing blood clots) and infections (MRSA and CDiff) were completed and displayed on the notice board on Duffy Suite.

Pain relief

- Pain relief was managed on an individual basis and was regularly monitored. Patients told us that they were asked about their pain and supported to manage it.
- Pain scores were recorded in the patients' records.
- Medical staff had access to good, extensive guidelines on the intranet and also used the World Health Organisation pain ladder. The general principle was to start with first step drugs, and then to climb the ladder if pain is still present, increasing the strength of the medication as required.

Nutrition and hydration

- Refrigerated meals were delivered to Duffy Suite and heated up when required in the pantry.
- There was a wide range of meals available including options for a healthier choice, higher energy, softer

(easier to chew), vegetarian, vegan and gluten free. There was a separate menu for modified texture foods which included thick puree, pre-mashed or fork-mashable options.
- There was a patient list with dietary requirements identified, for example identifying if patients were diabetic, dysphasic, on a low residue diet or needed assistance with eating.
- For patients requiring assistance at meal times a red tray system was in operation so that they could be easily identified. There were also red jugs available, and this system was consistent with the Whiston site so that when patients were transferred the same processes around meal times were in place.

Patient outcomes

- The average length of stay at St Helens Hospital for elective and non-elective admissions was longer than the England average.
- The advancing quality programme aims to improve standards of healthcare provided in hospitals across the northwest of England, so that more patients have a better outcome from their treatments. Hospitals who participate in this programme collect data to see whether the required standards of care have been met, for example whether the correct assessment and treatment was provided at the right time.
- The service participated in all of the clinical audits for which it was eligible through the advancing quality programme. In February and March 2015 audits demonstrated the trust were not meeting the appropriate care score threshold for pneumonia, sepsis and for chronic obstructive pulmonary disease. The service was aware of the shortfall and had developed action plans to improve performance including the appointment of a pneumonia specialist nurse.
- SSNAP is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. This highlighted that the service still needed to make improvements to the care and treatment of patients who had suffered a stroke. The latest audit results rated the hospital overall as a grade 'C' which was an improvement from the previous audit results when the hospital was rated as 'D'. The trust had put in place actions to improve the audit results. These included a stroke pathway and the implementation of an acute stroke hub with Warrington hospital.
- The summary hospital-level mortality indicator (SHMI) is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated at the hospital. Risk is the ratio between the actual and expected number of adverse outcomes. A score of 100 would mean that the number of adverse outcomes is as expected compared to England. A score of over 100 means more adverse (worse) outcomes than expected and a score of less than 100 means less adverse better outcomes than expected. The hospital was scoring 100 at the time of inspection.
- The average length of stay for rehabilitation services at the hospital was longer (worse) than the England average at 35.8 days. The England average was 23.5 days.
- There were weekly meetings to discuss length of stay and any issues around discharges. Each ward had a slot at this meeting to discuss any potential delayed discharges.
- The readmission rates for the hospital was better than the England average for rehabilitation services.

Competent staff

- Staff told us they received an annual appraisal. In the 2014 staff survey, 100% of staff in the medical service at St Helen's had an appraisal, annual review, development review, or knowledge and skills framework development review within the last 12 months. The number of staff who took part in the staff survey in medical services at this hospital was 13.
- Staff told us there was no formal system for clinical supervision. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.
- There was a preceptorship programme which supported junior nursing staff. Competency in care procedures were assessed by higher level qualified staff.
- The trust was involved in the apprenticeship nursing scheme with the skills for health academy and cadet

nurses were undertaking a national vocational qualification in care. This helped ensure that any future applications for nursing posts were from competent people who had the skills and experience required.
- There was an induction pack for student nurses which included the ward philosophy for providing high quality individualised care, staff working on the ward, team meetings and a tour of the ward.
- The induction pack for new nurses starting work at the hospital included a competency framework and scoring system on topics such as health and safety, professional values, communication, infection control and nurse led consent.
- Staff in bands 1-4 were offered opportunities to undertake appropriate vocational qualifications; however there was no service overview of which staff had gained qualifications.
- Senior management staff were aware the trust was discussing the implementation of the care certificate but said they were not aware of any specific plans in the medical service for this to take place. However, there was a trust implementation plan. The care certificate is knowledge and competency based and sets out the learning outcomes and standards of behaviours that must be expected of staff giving support to clinical roles such as healthcare assistants. This was to be introduced by trusts from April 2015.

Multidisciplinary working

- Duffy Suite provided a multidisciplinary team (MDT) approach to care.
- We saw good evidence of multi-disciplinary working one ward, including at the daily board round meeting where we saw a discussion around the handover of a patient by the ward based social worker to the community social worker.
- The MDT included the medical team, nursing, physiotherapy, pharmacy, occupational therapy, in-reach dietetics, speech and language therapy, social work, phlebotomy, access to orthotics, radiography and a part time community psychiatric nurse (CPN).
- The CPN worked 15 hours per week and provided close links with mental health services.
- There was a supporting team including two housekeepers, a ward clerk, catering, hairdressing, chiropody, portering, domestics and volunteer staff.
- The volunteers worked with the therapists to deliver reminiscence sessions with the patients.
- The team had a rota between the disciplines for minute taking at the monthly team meetings. This had the advantage of providing a different perspective on matters discussed, for example the most recent meeting had been minuted by the therapists so there had been a focus on issues around equipment such as the need for a maintenance contract for the wheelchairs.
- There was a falls link nurse on Duffy Suite, and a trust falls advisor who delivered training on the ward and advised for high risk patients.
- There were staff at the Allen day unit from different disciplines, including a clinical director who was a stroke and general medicine physician, a stroke nurse specialist, a pain and anaesthetics consultant, a movement disorder practitioner and physio, occupational and generic therapists.
- The nursing staff at the Allen day unit worked alongside the clinic staff to provide a multidisciplinary approach. There were two band five nurses, who worked five days and two days respectively, and three healthcare assistants, one who worked five days and two who worked four days.

Seven-day services

- The trust had invested funding to support seven day working. This included the recruitment of nine additional consultant physicians with supporting staff such as pharmacists, therapist, diagnostics, advanced nurse practitioners and enhancement of the multi-agency discharge team.
- Staff told us diagnostic services were available 24 hours a day, seven days a week.
- Consultant cover was available on site from 8am to 8pm daily and an on-site registrar 24 hours a day.
- The service had invested in five new acute nurse practitioners to support consultants at weekends.
- Physiotherapy services were available seven days a week. Pharmacy services were also available at weekends to ensure patients' medication was available on discharge.
- The Allen day unit was a day unit and therefore open between 8.30am and 4.30pm, Monday to Friday and closed at weekends and on bank holidays.

Access to information

Medical care (including older people's care)

- All staff had access to the information they needed to deliver effective care and treatment to patients in a timely manner including test results, risk assessments and medical and nursing records.
- There were computers available on the wards we visited which gave staff access to patient and trust information.
- Policies and protocols were kept on the trust intranet site which meant all staff had access to them when required.
- There were files on the wards containing minutes of meetings, ward protocols and learning from incidents and audits which were available to staff.
- The Allen day unit recorded activity in the health record supplements which were sent across from medical records for each clinic. They also had access to the electronic document management system which included patient referrals and scanned documentation from patients' hospital records.
- When recording medical notes on the Allen day unit the doctors had access to Winscribe, which allowed them to speak into the computer where the recording can be accessed by an audio typist who typed the notes up. The only records needing to be kept in the Allen day unit were therapy notes for current patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff on both wards were aware of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and there was a community psychiatric nurse in the multi-disciplinary team on Duffy Suite who provided advice for staff on capacity assessments and concerns.
- Staff were aware of best interest meetings and said that one had been held the day prior to our visit. They have a team approach to dealing with patients with complex needs.
- Staff said they did not use bed rails for confused patients as there was a risk they may climb over. They would do an assessment and consider the patient's needs and wishes. If the patient did not have capacity then staff would speak to others involved with that patient's care to make a decision about the best course of action.

Are medical care services caring?

Good

Medical services were delivered by caring and compassionate staff. We observed staff treating patients with dignity and respect. Relatives said the care on the Allen day unit was of a high standard and was described as welcoming and informative.

Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.

Duffy Suite had an open visiting policy to accommodate families and carers of patients. The dining area had been re-arranged in the style requested by patients and there was a multi-purpose room used for therapy, a meeting room and a quiet room where bad news can be imparted.

The hospital provided a citizens advice bureau where patients, staff and members of the public could drop in for advice. Chaplaincy services were available for patients.

Compassionate care

- Medical services were delivered by caring and compassionate staff. We observed staff treating patients with dignity and respect.
- The friends and family test average response rate for the trust was 24% which was lower than the England average of 36%. The friends and family test asks patients how likely they are to recommend a hospital after treatment and 100% of patients said they would recommend inpatient services at the hospital. We saw that people had access to call bells and staff responded promptly.
- Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.
- The trust performed about the same as all other trusts in all areas of the 2014 CQC inpatient survey.

Understanding and involvement of patients and those close to them

- There was a glass covered noticeboard on Duffy Suite which clearly displayed information about the individual role of each discipline within the team.

- A dining area on the ward with seating for eight people had recently been re-arranged from individual tables to one big table at the request of patients.
- Duffy Suite had an open visiting policy and the families and carers of patients can visit at any time.
- A family member on the Allen day unit described it as welcoming and said that the information she had been provided with and the care given to her father was of a very high standard.

Emotional support

- Duffy Suite provided a multi-purpose room used for therapy, a meeting room and a quiet room where difficult messages could be given in a calm and supportive environment.
- The Allen day unit provided access to a citizens advice bureau on Wednesdays when drop in sessions were available for patients, staff and members of the public.
- Chaplaincy services were available for patients who required spiritual support.
- There was access to spiritual leaders for patients who were not of Christian beliefs.

Are medical care services responsive?

Good

Services took into account the needs of the local people. Duffy Suite provided step up care (from community) and step down care (from acute care) inpatient assessment and rehabilitation services for Halton, St Helens and Knowsley residents. The unit aimed to support patients, predominantly over 60 years old.

The Allen day unit helped patients, predominately over 65 years, to stay in their own homes by providing day care. Allen day unit provided assessment, rehabilitation and investigation services while patients were there. This was for the treatment of medical conditions including stroke, brain injury, Parkinson's disease and multiple sclerosis. The aim was to prevent hospital admission or to facilitate an early discharge from hospital by continuing treatment and rehabilitation at the unit.

Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff. As part of managing the admission and discharge processes there was a whiteboard and a daily board round on Duffy Suite attended by the multidisciplinary team. The Allen day unit would change appointment times at short notice to try to accommodate patients' needs and at times were able to rearrange for the same day.

There were therapy areas on both wards where rehabilitation sessions were undertaken. The Allen day unit offered a range of clinics and services for different patient groups, including enabling patients to meet others in similar situations for support and sharing experiences. There was evidence of a proactive approach to involving patients in the delivery of services and learning from complaints.

Service planning and delivery to meet the needs of local people

- Duffy Suite provided an inpatient assessment and rehabilitation service for the local community.
- Patients could be referred from the acute hospital or local community health professionals such as GPs or physiotherapists.
- Allen day unit provided a day care service for local people mostly over 65 and provided assessment rehabilitation and investigation services to help prevent hospital admission.
- The facilities and premises were appropriate for the services that were planned and delivered.

Access and flow

- For the period April 2013 to February 2015 the hospital met the 18 week standards for referral to treatment times in all specialties in medical services.
- Meetings on bed availability were held four times a day to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff.
- As part of managing the admission and discharge processes there was a 'patient status at a glance' whiteboard and we observed the daily board round on Duffy Suite. This was a summary discussion of each patient and the status of their admission and any discharge planning and was attended by the multidisciplinary team.
- The whiteboard was updated throughout the day by all staff, to ensure the patient information was up to date.

Medical care (including older people's care)

- Information provided by the trust showed that there was a shortage of medical beds and a number of patients placed on wards that were not best suited to meet their needs (also known as outliers). Very occasionally there were surgical outliers admitted to Duffy Suite. There were recently two patients from Sanderson Suite who had had an operation that day but they only stayed overnight and came with an appropriately trained nurse to look after them.
- Patients attended the Allen day unit for assessment and a multi-disciplinary team plan of care was devised. Patients usually attended for approximately six weeks, after which they were reviewed and a decision regarding discharge was made.
- The Allen day unit would change appointment times at short notice to try to accommodate patients' needs and at times were able to rearrange for the same day.

Meeting people's individual needs

- The trust used a falling leaf symbol to indicate that a patient was at risk of falls. This alerted staff to look at the risk assessment and care plan to ensure that any reasonable adjustments were made. There was a nurse consultant for older people who was the clinical lead for dementia and provided support for staff as well as a central point for queries.
- The hospital had implemented the forget-me-not sticker scheme which was a flower symbol used as a visual reminder to staff that patients had dementia or were disorientated in time and place. This was to ensure that patients received appropriate care, reducing the stress for the patient and increasing safety.
- There was a relaxation area on Duffy Suite with three comfy chairs, a book shelf, daily newspapers, magazines and a radio for patients to use if they chose.
- Two hoists to accommodate patients of different sizes were available for use in the assisted bathroom which had an adjustable bath.
- There was a therapy area with stairs, assessment equipment and both wards had parallel bars for use with amputees and other patients needing mobility rehabilitation.
- In June 2015 the national audit of dementia second round action planning review identified an action to encourage more wards to sit patients around a table at meal times to improve social interaction for patients. Duffy suite had implemented this action.
- The Allen day unit hosts a Parkinson's disease group which patients were given the option of joining once they have completed an initial one to one appointment. The group offers general discussion with, guest speakers who deliver sessions such as podiatry and medicines management, and visits from members of the Parkinson's society.
- There is a similar group for patients who have suffered a stroke.
- A falls group at the Allen day unit takes referrals from the falls clinic and offers activities to improve patients balance to help prevent further falls, and invites guest speakers who provide information, for example on assistance alarm systems in peoples' homes.

Learning from complaints and concerns

- There was information displayed on the wards we visited explaining the complaints procedure and how to contact the patient advice and liaison service.
- Learning from complaints was discussed at team meetings.
- Wards displayed the compliments they received.
- Staff told us that the last complaint received on Duffy Suite was in April 2015 and findings had been communicated within the MDT. As a result of that investigation there is now a heightened awareness of the importance of communication both within the team, and between the team patients and carers.

Are medical care services well-led?

Good

The trust's vision was summarised as the five star approach of care, safety, pathways, communication and systems delivered through the trusts aims and values. Staff at all levels referred to this vision.

Senior staff told us how their ward's performance was monitored, and how performance boards were used to display current information about the staffing levels and risk factors for the ward. Staff on Duffy Suite said the matron was supportive regarding staffing issues on the ward, and the director of nursing had spent time on the ward listening to issues and supporting staff.

Medical care (including older people's care)

In the 2014 staff survey 100% of staff who took part in the survey in medical services at St Helens said they were enthusiastic about their job and 100% looked forward to going to work.

Vision and strategy for this service

- The trust's vision was summarised by their 'five star approach' of care, safety, pathways, communication and systems delivered through the trust's strategic aims and values. Staff at all levels referred to this vision.
- Trust strategic objectives were based on this vision and these objectives cascaded down to individual objectives for staff.
- 93% of staff who took part in the 2014 staff survey said they had clear planned goals and objectives.

Governance, risk management and quality measurement

- The risk register highlighted risks across medical services and actions were in place to address concerns, for example staff shortages on Duffy Suite.
- Staff at all levels knew that there was a risk register and ward managers were able to tell us what the key risks were for their area of responsibility
- There was a clear governance reporting structure in medical services. The integrated governance and quality improvement committee was held on a monthly basis. During the meeting a review of the risk register, incidents, infection prevention and control audits, complaints and feedback from other meetings were undertaken. Actions plans were developed after each meeting which identified the lead for the action and the date the action was to have been completed.
- Senior staff were able to tell us how their ward's performance was monitored, and how performance boards were used to display current information about the staffing levels and risk factors for the ward. We saw these displayed on Duffy Suite.
- Multidisciplinary team meetings were held regularly on each medical ward. These were minuted and minutes cascaded to staff via email and hard copies were available in a file on Duffy suite.
- Senior medical services staff also undertook regular care quality assessments across all wards. These included environment, care and leadership assessments. Each ward was assessed and then awarded either a gold, silver or bronze standards. Action plans were put in place following each assessment.

Leadership of service

- Staff reported the trust's board was clearly visible throughout the service. Staff could explain the leadership structure within the trust and the executive team were accessible to staff.
- Staff on Duffy Suite said the matron was supportive regarding staffing issues on the ward, and the director of nursing had spent time on the ward listening to issues and supporting staff.
- We observed good working relationships within all teams.
- Doctors told us that senior medical staff were accessible and responsive and they received good leadership and support.

Culture within the service

- In 2014 the trust was ranked in the top 100 places in the NHS to work, top in the northwest and seventh nationally for staff recommending the trust as a place to work.
- Staff said they felt supported and able to speak up if they had concerns. They said there had been an improvement in staff morale in the last 12 months.
- In the 2014 staff survey 100% of staff in medical services at St Helens said they were enthusiastic about their job and 100% looked forward to going to work.
- Staff said there was a positive culture around challenging decisions by other staff.

Public engagement

- Board meeting minutes and papers were available to the public online which helped them understand more about the hospital and how it was performing.
- The trust monthly board meetings included a patient story to highlight patients' experiences of using the hospital's services.

Staff engagement

- The trust recognised the achievements of staff at an annual celebration event. At the last event medical services had a number of staff recognised for their work at the trust.
- Staff participated in the 2014 staff survey which included how staff felt about the organisation and their personal development. 92% of staff in medical services at the hospital felt the training and development they had undertaken had helped them to deliver a better patient

experience and 83% felt it had helped them to do their job more effectively. 85% felt their work was valued by the organisation which was considerably higher than the national average of 62%.

- At each board meeting the top agenda item was the employee of the month.
- The matron for intermediate care and endoscopy across both the Knowsley and St Helens sites spends each Thursday on the Duffy Suite. This promotes consistency across the two sites.

Innovation, improvement and sustainability

- An analysis of the 2014 staff survey results showed 100% of staff in the medical services at the hospital, who responded, felt they were able to make suggestions to improve the work of their team/department and that they had frequent opportunities to show initiation in their role. 73% of staff said they were involved in deciding on changes to improve services for patients.
- Wards were moving to electronic hand held devices to record nursing notes in February 2016. This would ensure that entries were inputted in a timely effective way.
- The trust has a presence on various social media platforms including a personal blog by the Chief Executive on the trust website, and is also accessible on social media platforms.

Surgery

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

Information about the service

Surgical services are provided across two sites that form part of St Helens & Knowsley Teaching Hospitals NHS Trust, Whiston Hospital and St Helens Hospital.

St Helens Hospital carries out a range of day case and elective surgical services such as urology, ear, nose and throat (ENT) and general surgery. Hospital episode statistics data (January 2014 to December 2014) showed 12,882 patients were admitted for surgery at St Helens Hospital of which 96% had day case procedures and 4% had elective surgery. Emergency surgical patients are treated at Whiston Hospital.

As part of the inspection, we inspected the theatres and the Sanderson Suite (day-case unit/elective general surgery ward) including the pre-operative and post-operative areas.

We spoke with five patients, observed care and treatment and looked at care records. We also spoke with a range of staff at different grades including nurses, doctors, ward managers, theatre managers, the divisional director, the assistant director of operations, the head of quality and designated consultant and matron leads for each surgical speciality.

We received comments from our listening events and from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

Summary of findings

The surgical services at St Helens Hospital were rated as good because patients, carers and families were positive about the care and treatment provided. They felt supported, involved and received information in a manner they understood. Staff were respectful whilst delivering care and supported patients and their relatives with their emotional and spiritual needs.

Staff knew the types of incidents to report and could demonstrate how these would be recorded, escalated, reviewed and the learnings shared. The wards and theatres we inspected were clean and safe. Equipment was sufficiently available, clean, safe and well maintained, appropriately checked and decontaminated regularly with checklists in use.

Medicines, including controlled drugs, and records were stored securely. Staff attended mandatory training courses with compliance rates above the trust target. Medical and nursing staffing levels were sufficient to meet the needs of patients. The organisation assessed and responded to risks in a safe and planned manner.

Staff provided care and monitored compliance in line with national best practice guidelines. The surgical care group participated in a number of local and national clinical audits and performed well. Where any issues were identified, the organisation had appropriate action plans in place that were reviewed regularly.

Patients were assessed individually for pain relief by competent and well supported staff. Patients received

nutritional advice and support. Multidisciplinary team working was well established and effective within the surgical wards and theatres. Staff understood the importance of assessing patient capacity.

Trust data was positive and showed theatre utilisation (efficiency) was 77%. NHS England data showed national targets (90 per cent of admitted patients should start consultant-led treatment within 18 weeks of referral) were being met. The number of elective operations cancelled was better than the England average and all patients that had their operations cancelled were treated within 28 days.

The surgical care group was well led with adequate support and visible leadership. The culture was transparent and open. Surgical patient pathway improvement programme work streams were in place to reduce cost without affecting quality via several routes. Risks were documented and escalated by the service appropriately with action plans in place to address the identified risks. Public could provide feedback via several mechanisms. The trust celebrated the achievements of staff with an annual event where staff had their accomplishments recognised for their work at the trust. The Assistant Director of Operations had implemented a regular monthly initiative to involve staff from the Sanderson suite and theatres in improving.

Are surgery services safe?

Good

Staff knew the types of incidents to report and could demonstrate how these would be recorded, escalated, reviewed and the learnings shared. The wards and theatres we inspected were visibly clean. Equipment was sufficiently available, clean and well maintained, appropriately checked and decontaminated regularly with checklists in use.

Medicines, including controlled drugs, and records were stored securely. Staff attended mandatory training courses with compliance rates above the trust target. Medical and nursing staffing levels were sufficient to meet the needs of patients. The organisation assessed and responded to risks in a robust and planned manner.

Incidents

- Incidents were reported via the electronic trust wide reporting system. Staff knew the types of incidents to report and could demonstrate how these would be recorded and escalated.
- Incidents were reviewed and investigated by staff with the appropriate level of seniority to support improvements to the service.
- A total of 945 incidents were reported involving the surgical care group between January 2015 and April 2015. The majority (908) resulted in no or low harm such as the detection of incorrect patient details on theatre lists, six severe harms were recorded which included falls resulting in fractures and one death was reported.
- We reviewed a number of incident reports and found investigations were appropriately conducted using a root cause analysis process to identify any contributing factors and actions were assigned as necessary.
- Learning from incidents had been shared at meetings and changes in practice had been made where required.
- Staff were familiar with the term ‘duty of candour’ (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided) and told us they would also inform the patients or carers when incidents occurred and of the outcomes for example in relation to patient falls.

- Mortality and morbidity reviews were held in accordance with trust policies and were underpinned by policies and procedures. Deaths were reviewed thoroughly and appropriate changes made to help to ensure the safety of patients if identified.

Safety thermometer

- The NHS safety thermometer assessment tool measures a snapshot of harms once a month (risks such as falls, pressure ulcers, bloods clots, catheter and urinary infections).
- Safety thermometer information between March 2014 and March 2015 showed the trust performed within the expected range for falls with harm, catheter urinary tract infections and new pressure ulcers.
- Information relating to this was clearly displayed in the ward and theatre areas we inspected.

Cleanliness, infection control and hygiene

- The areas we inspected were clean and safe. Cleaning schedules were in place with clearly defined roles and responsibilities for cleaning the environment and decontaminating the equipment.
- Staff were aware of current infection prevention and control guidelines. Arrangements were in place for the handling, storage and disposal of clinical waste, including sharps.
- We observed staff following correct hand hygiene and 'bare below the elbow' guidance with appropriate protective personal equipment, such as gloves and aprons, whilst delivering care.
- Appropriate infection control protocols and gowning procedures were adhered to in the theatre areas.
- Patients identified with an infection could be isolated in side rooms, if required, with appropriate signage to protect staff and visitors.
- The trust had employed a number of infection control link nurses and a surgical site infection specialist nurse working across both sites. Their role was to provide training and to liaise with staff so patients that acquired infections following surgery could be identified and treated promptly.
- The number of MRSA and MSSA infections were below the England average between April 2013 and March 2015. C. diff infections relating to surgery were within expected limits at the hospital between April 2014 and December 2014.

Environment and equipment

- The ward and theatre areas we inspected were well maintained, free from clutter and provided a suitable environment for treating patients.
- Equipment was clean, safe and well maintained in the wards and theatre areas. Equipment was appropriately checked and decontaminated regularly with checklists in use for daily, weekly and monthly monitoring.
- Staff in the theatres told us they always had access to the equipment and instruments they needed to meet patients' needs and confirmed any faulty equipment was either repaired or replaced promptly.
- The trust used single-use, sterile instruments where possible. The single use instruments we saw were within their expiry dates. The service had arrangements for the sterilisation of reusable surgical instruments.
- There was sufficient storage space in the theatres and items such as surgical procedure packs were appropriately stored in a tidy and well organised manner.
- Emergency resuscitation equipment was available in all the areas we inspected and was checked on a daily basis by staff.

Medicines

- Medicines, including controlled drugs, were stored securely and access was limited to qualified staff employed by the trust. Medicines requiring storage at temperatures below 8ºC were appropriately stored in fridges with daily temperature checks.
- Medicines were ordered, stored and discarded safely and appropriately. Staff from the pharmacy department carried out daily reviews on each ward area to maintain minimum stock levels and to ensure medication was within its expiry dates.
- Staff carried out daily checks on controlled drugs and medication stocks to ensure medicines were reconciled correctly. We checked the balance of controlled drugs in the cupboards and found the stock balances correlated with the registers. Two members of staff had signed each entry upon dispensation.

Records

- There was a system in place whereby the patient lists were printed out a week in advance. This allowed the

clerks to prepare and set up the files with the required information, such as consent forms, and to allow for any eventualities that may cause the lists to be lost, for example electronic failures.
- Patient records were kept securely, easy to locate and we could easily obtain any notes we required when conducting our patient record reviews.
- We looked at the records for five patients. Nursing and medical assessment information was readily available, and clinical assessments were carried out before, during and after surgery and were documented correctly.
- Records were structured, legible and up to date and observations were well recorded; the timing of such was dependent on the acuity of the patient.

Safeguarding

- There were policies and processes for safeguarding vulnerable adults and children.
- Staff confirmed they could contact the designated safeguarding lead, safeguarding link nurses or a social worker if a patient was suspected of being at increased risk of neglect or abuse.
- Data showed safeguarding training rates were high with 81% of medical staff and 88% of nursing staff in the surgical care group having received level one adult and child safeguarding training.

Mandatory training

- Medical and nursing staff confirmed they had received an induction specific to their role when they had begun work in their departments. Agency and locum staff also followed the same process.
- We viewed local induction checklists which included departmental safety instructions, orientation and an introduction to policies and procedures.
- Staff received mandatory training in areas such as fire safety, health and safety, equality and diversity, information governance, infection control, resuscitation and the safeguarding of adults and children.
- The trust target was to ensure at least 85% of staff were trained in each area. Records showed the majority of administrative and clinical (nursing and medical) staff had completed the majority of their mandatory training and achieved the target set by the trust.

Assessing and responding to patient risk

- Staff were aware of how to escalate key risks that could affect patient safety, such as staffing and bed capacity issues. Daily involvement by the matrons and ward managers ensured these issues were addressed promptly.
- Upon admission staff carried out patient pre-operative health checks for fitness for surgery. The risk assessments identified patients at risk of harm and if there were any concerns the staff suggested the patient stayed in hospital overnight following their surgery.
- Bed planning took place to assign beds to people who were undergoing a general anaesthetic before an operation. People with general anaesthetic may take longer to recover after surgery.
- The matron worked out the bed plan the night before and reviewed the patient needs on admission and acuity before assigning them a position and time on the list for example if diabetic then seen first and high risk patients treated first.
- The week had been arranged so the patients with low risk and those that were fairly fit and well were treated on Fridays or towards the end of the week.
- The lists were rearranged to allow younger adults and people with learning disabilities to be seen on the same day to allow a paediatric nurse to be brought in.
- Patients at high risk were placed on care pathways to ensure they received the right level of care.
- We observed four theatre teams undertaking the 'five steps to safer surgery' procedures, including the use of the World Health Organization checklist. Theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the 'five steps to safer surgery' procedures.
- The WHO surgical safety checklist data was reviewed on a monthly basis by the clinical leads who also monitored staff compliance by observing a number of surgical teams per week. Any compliance issues were escalated to the theatre manager.

Nursing staffing

- The wards and theatres had sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients were safe and received the right level of care.
- The expected and actual staffing levels were displayed and updated on a daily basis on notice boards in each area we inspected.

Surgery

- The trust was in the process of implementing an electronic roster system which included rules about the numbers of staff required for minimum and safe staffing which alerted management if there were shortages.
- Staffing levels were reviewed every six months using the 'safer nursing care tool' (Shelford Group, 2013) endorsed by the National Institute for Health and Care Excellence (NICE). This is an evidence based tool which allows nurses to assess patient acuity and dependency and to determine the recommended number of staff.
- The staffing report was presented to the board in July 2015 and took into account the potential issues around safe staffing levels found at the former Mid-Staffordshire NHS Foundation Trust via the Francis report in 2013. The report concluded the data indicated the trust had safe staffing levels in place as compared with the national benchmark and six monthly reviews would be maintained.
- The Sanderson Suite overnight facility was only open from Monday to Thursday and didn't always have patients overnight. Staff were always planned to be in (minimum two trained nurses and one healthcare assistant) but if there were no overnight patients they would be transferred to other wards across the trust where the need was greatest. A free shuttle service was provided by the trust between sites.
- The ward and theatre managers also carried out daily staff monitoring based on the dependency of patients and escalated staffing shortfalls due to unplanned sickness or leave. Staffing levels on the wards were increased when necessary so patients needing direct care could be appropriately supported.
- Staffing levels were maintained by staff working overtime and with the use of bank and agency staff. Ward managers tried to use regular bank or agency staff and ensured temporary staff were accompanied by permanent trained staff where possible, so patients received an appropriate level of care. Agency staff underwent an induction and checks were carried out to ensure they had completed mandatory training prior to commencing employment.
- The number of staff vacancies in the surgical care group was very low at the time of inspection. There were three vacancies including a band 7 nurse to act as ward manager, a band 5 nurse and a housekeeper. The band 7 post had been shortlisted and interviews were scheduled.
- Nursing staff handovers occurred twice a day and included discussions about patient needs and any staffing or capacity issues.

Surgical staffing

- The wards and theatres had sufficient numbers of medical staff with an appropriate skills mix to ensure that patients were safe and received the right level of care.
- There was sufficient on-call consultant cover over a 24-hour period with appropriate medical cover outside of normal working hours and at weekends. The on-call consultants were free from other clinical duties to ensure they were available if needed.
- The hospital employed a resident medical officer (RMO) who was based at the hospital 24 hours per day covering a weekly or fortnightly rota. The RMO was resident on site and available on call outside of normal working hours.
- Existing vacancies and shortfalls were covered by locum, bank or agency staff when required. All agency and locum staff were provided with a local induction to ensure they understood the hospital's policies and procedures.
- Daily medical handovers took place during shift changes which included discussions about specific patient needs.

Major incident awareness and training

- There was a documented strategic business continuity and internal major incident plan within surgical services with the possible key risks that could affect the provision of care and treatment detailed.
- There were clear instructions for staff to follow in the event of a major incident e.g. fire which included the scaling back of non-urgent routine elective surgery.

Are surgery services effective?

Good

Staff provided care and treatment in line with national best practice guidelines. The surgical care group participated in a number of local and national clinical audits and

performed in line with national standards. Where any issues were identified, the organisation had appropriate action plans in place to improve performance that were reviewed regularly.

Patients were assessed individually for pain relief by competent and well supported staff. Patients received nutritional advice and support. Multidisciplinary team working was well established and effective within the surgical wards and theatres. Staff understood the importance of assessing patient capacity in accordance with the requirements of the Mental Capacity Act 2005.

Evidence-based care and treatment

- The surgical care group used national and best practice guidelines to care for and treat patients. The trust monitored compliance with National Institute for Health and Care Excellence (NICE) standards. Emergency surgery was managed in accordance with the national confidential enquiries into patient outcome and death recommendations and the Royal College of Surgeons standards for emergency surgery.
- Staff provided care in line with 'Recognition of and response to acute illness in adults in hospital' (NICE clinical guideline 50) and 'Rehabilitation after critical illness' (NICE clinical guideline G83).
- Enhanced recovery pathways were used in a number of surgical specialities. Enhanced recovery is a modern, evidence-based approach that helps people recover more quickly after having major surgery.
- The surgical care group completed a number of local clinical audits and participated in many national audits. The audit plan for 2015/16 identified audits would be carried out to assess emergency theatre delays, pre-op fasting, review of mortality cases with 30 days of surgery and various record keeping audits.
- Previous audit findings and progress against the clinical audits and compliance with NICE guidelines was also reported to the monthly governance board meetings.
- Staff told us policies and procedures reflected current guidelines and were easily accessible via the trust's intranet. We looked at a number of policies and procedures on the hospital's intranet which were up to date and reflected national guidelines.
- An audit to monitor compliance with trust policy and best practice in relation to consent for investigation or treatment 2014/15 was carried out in March 2015. This looked at 260 consent forms completed prior to treatment (for both inpatients and day cases) occurring during the period April 2014 to March 2015. The audit concluded that overall compliance with the trust policy for receiving of consent was very good with a few areas for minor improvements. Appropriate actions were assigned to rectify the minor issues.

Pain relief

- Patients were assessed pre-operatively for their preferred post-operative pain relief. The anaesthetist gave the patient adequate painkillers and anti-sickness medication during surgery to ensure they were comfortable post operation.
- Additional pain relief was offered to ensure patients remained comfortable. However, staff advised patients some pain on discharge may be expected depending on the nature of their operation.
- Staff were supported by a team of acute pain specialist nurses and used pain scores to monitor pain symptoms at regular intervals. Patient records showed patients received the required pain relief and were treated in a way that met their needs and reduced discomfort.
- Patients told us staff gave them appropriate pain relief medication when needed.
- Patients were advised to take any regular medication, unless specified otherwise, and patients taking diabetic or anti-coagulants (blood thinning medication) received additional information regarding these.
- If patients required any medication to go home with the nurses tried to ensure this was ready.

Nutrition and hydration

- Patients were provided with information by the admissions department to ensure they fasted for the correct time prior to attending their appointment. The policy was not to eat at least six hours before attending and to only have clear fluids for example water up to two hours before. Failure to do so could result in the operation being cancelled.
- Staff ensured patients were not kept without food or water for longer than required and asked the anaesthetist if the patient could eat or drink if their operation was delayed.
- The department had facilities to offer patients water, tea and coffee or toast if required. Snacks could be ordered from the kitchen if required.

- Patients staying overnight were offered food in line with the ward policies and practices.
- Patients were offered food, such as toast, and drink soon after their return to the ward, providing they weren't too sleepy or sick.
- Staff made toast in the shapes of body parts for patients with learning disabilities to make their stay more pleasant.

Patient outcomes

- There was participation in national audits. Where practice shortfalls were identified action plans were developed to secure improvement. Plans were monitored and evaluated regularly.
- Performance reported outcomes measures (PROMs) data between April 2013 and March 2014 showed the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.
- The trauma and orthopedics PROM's action plan meeting minutes from July 2015 showed a review of the action plans which included an increase capacity of patients receiving surgery in the joint school from 10 patients per week to 15. Other actions were also appropriately discussed and updated such as ensuring patients mental health and wellbeing was explained.
- Hospital episode statistics data (January 2014 to December 2014) showed the average length of stay for elective surgery was better than the England average.

Competent staff

- Newly appointed staff had competency assessments before working unsupervised.
- Departmental records showed appraisal rates varied between staff types (an appraisal gives staff an opportunity to discuss their work progress and future aspirations with their manager).
- Between April 2014 and April 2015 90% of nursing staff and 97% of medical staff had received appraisals. However, only 33% of the surgical care group's prosthetists had received an appraisal, though it was noted that this related to only 9 staff in total.
- Staff told us they had received an appraisal or were due to have one. Information provided by the trust identified the appraisal process for 2015 to 2016 had started and was still ongoing.
- Medical and nursing staff were positive about on-the-job learning and development opportunities and told us clinical supervision was in place with adequate support for revalidation.

Multidisciplinary working

- Multidisciplinary team working was well established and effective with daily communication between all teams within the surgical wards and theatres. These involved staff from the different specialties such as pharmacists, dieticians, physiotherapists, occupational therapists and social workers. A psychiatric liaison service was also available within the trust.
- Staff handover meetings took place during shift changes and safety huddles were carried out on a daily basis to ensure all staff had up-to-date information about risks and concerns.
- Meetings on bed availability were held a number of times daily to determine capacity and demand and were attended by senior staff.
- Ward staff had a good relationship with consultants and ward-based doctors.
- Patient records showed there was routine input from nursing and medical staff and allied health professionals.
- The ward and theatre staff told us they received good support from diagnostic support for example when X-rays and scans were needed.

Seven-day services

- The elective day case surgery was a six day service running from Monday to Saturday with any planned overnight stays being Monday to Thursday only.
- Staff rotas showed nursing staff levels were sufficiently maintained outside normal working hours and at weekends. Ward and theatre staff told us they received good support outside normal working hours and at weekends by the resident medical officer.
- Microbiology, imaging (for example X-rays), physiotherapy and pharmacy support was available outside normal working hours and at weekends.
- The trust had 'super Saturday' clinics at the weekend and evening clinics but there were no clinics or routine surgery on Sunday. The assistant director of operations told us they were reasonably selective about which patients were operated on at weekends and weekend operating lists were for elective surgery to meet the referral to treatment targets if needed.

Surgery

Access to information

- Patient records were complete, up to date and easy to follow. They contained detailed patient information from admission and surgery through to discharge. This meant staff could access all the information needed about the patient at any time.
- Information such as audit results, performance information and internal correspondence was displayed in all the areas we inspected. Staff could access information such as policies and procedures from the trust's intranet.
- The theatre department used an electronic system to capture information about patient scheduling and theatre performance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients or their representatives. Staff were clear about how they sought informed verbal and written consent before providing care or treatment.
- Patient records showed verbal or written consent had been obtained from patients or an appropriate person and planned care was delivered with their agreement.
- Consultants discussed details of the surgery and recovery at the outpatients appointment and again on the day of surgery.
- Staff understood the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards.
- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- Patient records showed staff carried out mental capacity assessments for patients who lacked capacity and where deprivation of liberties safeguards applications had been made, the records for these were in place and completed correctly.
- There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.

Are surgery services caring?

Good

Patients, carers and families were positive about the care and treatment provided by the surgical care group. They felt supported, involved and received information in a manner they understood. We observed staff actively engaging with patients whilst providing kind compassionate care. Staff were respectful whilst delivering care. We observed positive interactions between staff, patients and their relatives when seeking verbal consent. Staff supported patients and their relatives with their emotional and spiritual needs.

Compassionate care

- Patients, carers, their families and representatives were positive about the care and treatment provided. We observed many examples of compassionate care given to patients based on individual needs. All patients were treated by named nurses for continuity of patient care.
- Patients, their families and carers were being treated with compassion, dignity and respect by staff of all grades. Staff provided reassurance and comfort to patients who were anxious or worried.
- The areas we inspected were compliant with same-sex accommodation guidelines. Cubicle curtains and doors were closed during consultations and patients could be transferred to side rooms with single occupancy to maintain further privacy if required. Staff knocked on doors and asked before seeing patients who were behind the cubicle curtains.
- Throughout our observations, we saw very positive interactions between staff and patients and noted staff were kind, compassionate and caring.
- The NHS friends and family test (FFT) (a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) showed a high response rate of between 30% at the Sanderson Suite
- The FFT results showed from March 2014 to February 2015 the Sanderson Suite received a score of 100% frequently.
- Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.

Surgery

- The trust performed similar to other trusts in all areas of the 2014 CQC inpatient survey.

Understanding and involvement of patients and those close to them

- Patients, carers, their families and representatives received information about the care and treatment in a manner they understood and felt involved in the planning of their care and contributed to developing their care plan.
- Patient records included assessments that took into account individual preferences. Staff were caring and compassionate in their manner and acted on the wishes of patients whilst ensuring the impact of those wishes was communicated clearly.
- Upon admission, patients were allocated a designated member of staff to oversee the provision of care they received to ensure continuity and they were involved in their planning for discharge or transfer from the department.
- We observed positive interactions between staff, patients or representatives when seeking verbal consent.

Emotional support

- Patients and staff could be referred to the counselling services if necessary, where specialist support was available. Staff made people aware of the support groups that they could access.
- We observed staff emotionally supporting patients. For example, we saw staff assist a patient with learning disabilities and their carer to feel comfortable whilst waiting for a procedure.
- Clinical nurse specialists were available for specific support such as a cancer nurse specialist and nurses with leads in stoma, colorectal surgery, urology and each area had a falls champion part of the falls team. Clinical nurse educators also assisted to ensure nurses could learn specific skills to assist patients with specific medical conditions and treatments.

Are surgery services responsive?

Good

Service planning and delivery took into account the needs of local people. Admission, discharge and transfer was discussed and received multidisciplinary input.

Trust data was positive and showed theatre utilisation (efficiency) was 77%. NHS England data showed national targets (90 per cent of admitted patients should start consultant-led treatment within 18 weeks of referral) were being met. The number of elective operations cancelled was better than the England average and there were no patients who were not treated within 28 days of having an operation cancelled since April 2011.

The hospital had implemented a number of schemes to help meet people's individual needs. People were supported to raise a concern or a complaint and lessons learnt from investigations and improvements made.

Service planning and delivery to meet the needs of local people

- Arrangements were in place with neighbouring trusts to allow the transfer of patients for surgical specialties not provided by the hospital. The trust was part of the Cheshire and Merseyside major trauma network collaborative. This was between trauma units at other hospitals within the area.
- Routine engagement and collaboration took place with staff from the neighbouring trust about services such as on-site outpatient clinics and regular multidisciplinary team meetings were held.
- The hospital did not carry out any emergency surgical procedures and any patients requiring emergency surgery were transferred to Whiston Hospital.
- Patient privacy was maintained by ensuring curtains were drawn. There was sufficient bed space in the theatres to ensure patients could be appropriately cared for pre and post-operation.
- Patients were referred via consultants for planned day surgery (meaning the patient could be discharged the same day as their operation).
- Patients attended a pre-operation health check appointment prior to their operation where staff

assessed their fitness for surgery and checked the discharge arrangements such as having an appropriate adult to pick them up from the hospital and stay with the patient for 24 hours after the operation.
- Patients were seen by the surgeon and anaesthetist on the day of surgery, and taken to theatre by a member of staff. Following the procedure, patients were taken from theatre into the recovery area, where a nurse cared for them until discharge.

Access and flow

- During the inspection, we did not highlight any concerns relating to the admission, transfer or discharge of patients from the surgical wards and theatres. Patient records showed discharge planning took place at an early stage with multidisciplinary input.
- Patients undergoing day surgery were given morning and afternoon appointment times. The lists were staggered and patients were told to attend the Sanderson Suite at either 8am or Midday.
- Only one consultant didn't follow this staggered methodology and all the patients came at 8am. However, the patients were seen relatively quickly in order of acuity. This meant that a patient arriving early in the morning could potentially wait for an extended period of time.
- Staff told us they prioritised patients based on risk to patients with greater dependency or additional medical needs, such as diabetes, were operated on earlier in the day.
- Patients at lower risk or low acuity were typically seen at the end of the week and patients who may be assessed as high risk were treated earlier in the week to allow them to stay overnight if required.
- Staff completed a discharge checklist, which covered areas such as medication and communication with the patient and other healthcare professionals to ensure patients were discharged in a planned and organised manner. Discharge letters written by the doctors included all the relevant clinical information relating to the patient's stay at the hospital.
- The trust target was to achieve 85% theatre utilisation (efficiency). Overall theatre utilisation at St Helens Hospital was 77% from February 2015 to April 2015. The Assistant Director of Operations (ADO) told us this didn't take into account the specific surgical specialities. Data showed some day case operations, were meeting the target such as the trauma and orthopaedics (86%) as the operations were longer and had fewer patients meaning the theatre was always in use. Specialities such as ear nose and throat (ENT) surgery had an utilisation of 72% as the throughput of patients was higher with a greater lag time in between patients when the theatre was empty. The ADO confirmed they were working towards increasing the overall utilisation by the end of 2015.
- NHS England data showed national targets (90 per cent of admitted patients should start consultant-led treatment within 18 weeks of referral) were being met between April 2013 and February 2015 for all the specialities apart from trauma and orthopaedics which was only slightly below target at 89.3% and this was due to a national mandate..
- NHS England data showed the number of elective operations cancelled was better than the England average from July 2014 to September 2014. Trust data between April 2014 and July 2015 showed a low number of operations (87) were cancelled at St Helens Hospital. Reasons for cancellations included the theatre lists overrunning and patients not attending appointments.
- When an operation was cancelled, staff arranged a new date with the patient on the day of the cancellation. NHS England data showed all patients that had their operations cancelled were treated within 28 days since April 2011 which was better than the England average.
- The percentage of patients who didn't attend appointments in the surgical care group was on average around 8% (November 2013 to April 2014). The trust had looked at systems such as messages to mobile phones to improve this.
- A policy outlined the selection criteria for inpatient admissions into the Sanderson Suite and a flow diagram procedure was in place for unplanned admissions into the Sanderson Suite and for transferring patients to Whiston Hospital if the patient had deteriorated. The decision to transfer or admit involved input from the nurse, clinician, consultant and resident medical officer (RMO) as appropriate before the transfer was agreed. Trust data showed 77 patients were transferred via ambulance from St Helens hospital to Whiston hospital (September 2014 to August 2015). Of these 55 were 'blue light' ambulances which meant they were higher priority. There were also 63 safely managed unplanned admissions into the Sanderson Suite between 4 May 2015 and 27 July 2015.

Surgery

Meeting people's individual needs

- A variety of information leaflets were available but were mostly in English. Staff told us they could provide leaflets in different languages or other formats, such as braille, if requested.
- Staff confirmed they would ask relatives or family members if interpretation was needed but would only use official interpreter services for consenting procedures during treatment. Interpreter services were available by the use of a telephone service or face-to-face where English was not the patient's first language.
- Staff asked patients with learning disabilities if they had a completed "passport document" with them. The passport is a document completed by the patient or their representative, which includes key information such as the patient's medical history and their likes or dislikes.
- The trust had a "forget me not" passport for patients admitted to the hospital who were living with dementia completed by the patient or their representatives. This passport was designed to accompany the patients throughout their hospital stay.
- A number of staff had attend a training session as part of the "alzheimer's society's dementia friends programme" which is an initiative to change people's perceptions of dementia.
- The safeguarding teams worked with link nurses with an interest in learning disability and dementia to ensure the patients' needs were met such as ensuring consent was appropriately taken before a procedure.
- Staff could access appropriate equipment such as specialist commodes, beds or chairs to support the moving and handling of bariatric patients (patients with obesity) admitted to the surgical wards and theatres.

Learning from complaints and concerns

- Information on how to raise complaints was displayed in the ward and theatre areas and included contact details for the patient advice and liaison service.
- The hospital's aim was to respond to complaints within 25 working days or a timescale negotiated with the complainant.
- Complaints were recorded on the trust-wide incident reporting system. The ward and theatre managers were responsible for investigating complaints in their areas. The timeliness of complaint responses was monitored by the trust-wide complaints team, who notified individual managers when complaints were overdue.
- Staff told us information about complaints was routinely discussed during team meetings to raise staff awareness and aid future learning.
- A total of 121 complaints had been received in the surgical care group between April 2015 and August 2015. 67% had been resolved in the agreed timescales to date with 43 open complaints of which 41 were within the agreed timescales.

Are surgery services well-led?

Good

The surgical care group was well led with adequate support and visible leadership. The culture was transparent and open. Surgical patient pathway improvement programme work streams were in place to reduce cost without affecting quality via several routes. A "board to ward" governance process allowed risks to be escalated appropriately. Risks were documented and escalated by the service appropriately with action plans in place to address the identified risks. The public could provide feedback via several mechanisms for example the patient power group. The trust celebrated the achievements of staff with an annual event where staff had their accomplishments recognised for their work at the trust. The Assistant Director of Operations had implemented a regular monthly initiative to involve staff from the Sanderson Suite and theatres in improving services.

Vision and strategy for this service

- The trust vision was "to provide five star care patient care" across the trust with the five areas of focus being care, pathways, safety, communications and systems.
- The clinical & quality strategy and action plan for 2014 to 2018 outlined how the surgical care group would achieve the vision. Actions included providing timely treatment by reducing cancelled operations, improving discharge times and providing timely cancer care.
- Staff had a clear understanding of the vision and strategy and could articulate what the vision and values meant for their practice.

Surgery

Governance, risk management and quality measurement

- The head of quality for surgical care spoke about a "board to ward" governance process which was embedded at the trust. This meant governance was everyone's responsibility.
- A clinical governance system was in place that allowed risks to be escalated to divisional and trust board level through various committees and steering groups.
- The head of quality for surgical care was the lead for risk and told us staff recognised, reviewed and actioned the moderate and high risks via monthly risk management council meetings. They confirmed the process was not fully embedded but progress had been made over the last year.
- One of the main risks discussed with the Assistant Director of Operations (ADO) was the increased activity at St Helens Hospital which required additional medical and emergency support. The ADO had mitigated the risk sufficiently by ensuring staff, including the resident medical officer, had advanced life support training and were available during core hours. There was provision for a nurse with paediatric life support to be available when paediatric clinics were running and there was a site bleep holder to be called in emergencies. The ADO had collated all the risks in one place and had encouraged staff to add to this risk document to allow the true extent to be known.
- Senior staff were aware of the departmental risks, performance activity, recent serious untoward incidents and other quality indicators. Information relating to performance against key quality, safety and performance objectives was monitored and cascaded to staff through performance dashboards.
- We reviewed the risk register for the surgical care group. Risks were documented and escalated by the service appropriately with action plans in place to address the identified risks. The risk register was reviewed at routine clinical governance meetings.
- Key performance indicators were discussed at the governance meeting and specialist nurses would be invited to discuss their specific areas for example tissue viability nurse would discuss pressure ulcers and falls.
- There were regular staff meetings and daily safety huddles to discuss day-to-day issues and to share information around complaints, incidents and audit results. Information about audit results were also shared on notice boards around the wards and theatre areas and daily matron meetings were held.

Leadership of service

- The surgical care group at St Helens Hospital was overseen by an assistant director of operations based on site. The surgical team was supported by the divisional director, the assistant director of operations and the head of quality as well as by designated consultant and matron leads for each surgical speciality.
- There were clearly defined and visible leadership roles within the ward and theatre areas such as the matrons and theatre managers to oversee the day to day running of services.
- The ward manager post was vacant. However, two band 6 nurses had taken over the role and were fully supported. The vacancy had been advertised and the organisation was short listing candidates for interviews at the time of inspection.
- Staff told us they understood the reporting structures clearly and received good management support.

Culture within the service

- The surgical care group ethos was to ensure there were no patient safety issues and staff focused on providing quality care rather than quantity.
- There was a positive attitude and culture within the surgical care group where staff valued each other. Staff from all specialities worked well together and had mutual respect for each other's contribution to the holistic care of their patients. Staff were dedicated, compassionate and felt proud to work at the hospital.
- Ward staff told us they felt the culture was transparent and they were comfortable sharing incidents and experiences to improve their learnings.
- Staff were encouraged to speak freely and to raise concerns that could be acted upon. The introduction of the HALT (a hierarchical challenge tool) had supported staff to challenge practices or areas of concern.
- Trust data showed that between April 2014 and March 2015 the staff sickness levels ranged between 4.5% and 6.8% in the surgical care group which was better than the England Average.

Public engagement

- Information on how the public could provide feedback was displayed in the departmental areas and feedback mechanisms for the public to engage with the trust were also on the internet site.
- Board meeting minutes and papers were available to the public online which helped them understand more about the hospital and how it was performing.
- Staff told us they routinely engaged with patients and their relatives to gain feedback from them.
- The department included 'you said we did' information on notice boards which listed improvements made as a result of public engagement such as responses to complaints.
- A patient safety quarterly bulletin had been introduced to share learning across the trust.

Staff engagement

- The ADO had implemented a regular monthly initiative to involve staff from the Sanderson Suite and theatres. Staff were asked to prepare a presentation for the governance meeting to discuss areas relating to risks, complaints, how to improve services for patients and the trust vision and what it meant for them in their area. This was popular and enabled staff to engage with the management.
- Staff received regular communications from the trust and the department. Communication was disseminated from their line managers, from team meetings and during huddles.
- The trust also engaged with staff via emails, newsletters and through information displayed on notice boards in staff areas.
- Staff accessed information electronically such as policies and procedures, daily safety alerts and messages such as updates to practices.
- The trust celebrated the achievements of staff with an annual event where staff had their accomplishments recognised for their work at the trust.
- The trust had reviewed the findings from the 2014 survey of NHS staff. The majority of areas were positive including staff feeling there were sufficient opportunities for them to develop their career in this organisation and staff felt very positive about their colleagues and strongly agreed with the statement "I would consider some of my work colleagues to be good friends".

Innovation, improvement and sustainability

- We reviewed the surgical patient pathway improvement programme: work stream status report (July 2015) which set out a plan to provide a robust savings forecast. Work streams included looking at the pre-theatre pathway, theatres productivity, a service reconfiguration, recruitment and the analysis dashboard. The streams had been risk rated with estimated savings assigned to each stream.
- The ADO was working alongside various teams to increase revenue and decrease expenditure. There were many examples of localised cost improvement plans at St Helens Hospital. One example was around reviewing the service level contract for ophthalmic activity with a private provider to ensure the income was fully claimed from the commissioning groups.

Outpatients and diagnostic imaging

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

Information about the service

A range of outpatient and diagnostic services are provided at St Helens and Knowsley Hospitals NHS Trust at Whiston and St Helens hospital sites The trust holds on average 4163 clinics each month across both sites. St Helens Hospital is a purpose built hospital designed for outpatient and non-acute services. In the twelve months prior to our inspection the trust offered 659,491 appointments, 413,288 of which were at St Helens Hospital which was a 7% increase in demand compared to previous years.

The Trust offers a combination of consultant and nurse-led clinics for a full range of specialities. The range of clinics included: cardiology, dermatology, gastroenterology, urology, haematology, ophthalmology, pain management, diabetes, endocrinology, rheumatology, and therapy services. The trust provided a comprehensive range of diagnostic and interventional services to patients, including: a phlebotomy service (blood taking), diagnostic imaging, general X-ray, CT scanning and ultrasound.

We visited several outpatient clinics at St Helens Hospital including orthopaedics, dermatology, the Burney breast clinic, cardiorespiratory and therapy services. We also visited radiology and diagnostic imaging services.

During the visit we met with 37 staff including volunteers, nurses, technical and clerical staff, doctors and radiographers and other allied health professionals. We also spoke with 11 patients and three relatives. We reviewed five records and observed direct care in clinics and the patient contact centre.

Summary of findings

Overall we found the services to be outstanding.

The outpatient and diagnostic service was very much operated as a joint service across both Trust sites

Cleanliness and hygiene was of a high standard throughout the hospital departments and staff followed good practice guidance in relation to the control and prevention of infection.

Staff were confident and competent regarding incident reporting and learning was used to improve practice.

The trust had electronic medical records that were easily accessible and readily available when patients visited the service. Information about a patient's treatment and care needs was obtained from relevant sources before clinic appointments to enable the service to meet the patient's individual needs. The electronic patient record enabled timely access to information and diagnostic test results during consultation that contributed to patients making fully informed decisions about their care and treatment.

Staff were aware of their role in safeguarding, a reporting process was in place, and staff knew how to escalate concerns regarding issues of abuse and neglect.

Outpatients and diagnostic imaging

Patients attending the outpatient and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance. Staff worked together in a multidisciplinary environment for the benefit of patients.

Staff were competent and supported by robust management systems to provide a good quality service to patients.

The service had been proactive in working towards providing seven days services within radiology and pathology services. The radiology department worked with external partners to provide twenty-four hour cover via a central hub with access to electronic imaging.

We observed many very good examples of compassionate care with patients being treated in a highly respectful and considerate manner. The patients said the staff had a good attitude, this was also reflected in a patient satisfaction survey.

We observed how staff interacted with patients in the outpatients and imaging departments. Reception staff were polite, friendly and helpful. We observed one staff member going out of her way to support a patient that had come from another department.

The radiology staff told us how they had supported a patient requiring several investigations and treatment by arranging all the treatment to be delivered at the same appointment in an attempt to reduce stress and discomfort.

There were examples of a clear pathway and assessment planning for patients with additional needs this to ensure they received appropriate support in a timely manner. This included the use of identifying the need for pre appointment visits to relevant departments to be arranged if required.

Leadership within the outpatient and diagnostic imaging service was very positive, visible and proactive. Managers had a strong focus on the needs of patients and the roles staff needed to play in delivering good care.

Managers had access to the trust electronic visual management information which allowed them view a range of information on how their own service was performing and to benchmark the service against others. This gave us assurance that the trust was proactive in monitoring the quality and governance of its services.

The outpatient and imaging services service had a clear vision regarding how they wanted to deliver services and develop the different sites to meet clinical need and demand.

The NHS friends and family test ranked the service as one of the highest in the country for extremely positive feedback received from patients.

The hospital had a range of forums to seek patients' feedback such as the "patient power" group.

Many of the departments we visited had awards on display and staff and patients were proud to show us what they had achieved. We saw many examples of national targets being shortened by internal targets to drive improvements throughout the service.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good

There was a clear process for reporting and investigating incidents. We saw evidence that incidents were being reported and staff we spoke with were aware of the system and how to use it. We saw evidence of learning from incidents and how this learning was shared across the service and trust wide. We saw evidence of change to practice following learning from incidents.

The trust had electronic medical records that were easily accessible in a timely manner when patients visited the service. A contingency plan was in place to have access to patient information should the information technology system fail.

Staff were aware of their role in safeguarding, a reporting process was in place, and staff knew how to escalate concerns.

There was good practice in the outpatient and imaging departments to promote the safety of patients and staff.

The general environment was safe, passageways and waiting rooms were free from clutter and trip hazards.

Staff followed good practice guidelines in relation to the control and prevention of infection.

Cleanliness and hygiene was of a high standard throughout the hospital departments and staff followed good practice guidance in relation to the control and prevention of infection.

Staff attended mandatory training and were trained and skilled to perform their role.

The trust had a clear training need analysis which identified mandatory training required and was role specific. Staff were positive about the access and quality of training provided.

Staffing levels were appropriate to meet the needs of patients. However there were specific examples of staffing pressures such as the ophthalmology clinic and general out patients departments. These areas were struggling to meet the increased demands of the service. Managers were proactive in managing staffing pressures and had completed a staffing review to address the shortfall.

Incidents

- There were no never events (very serious, wholly preventable patient safety incident that should not occur if the relevant preventative measures have been put into place) or serious incidents requiring investigation reported in outpatients and diagnostics for the period May 2014- April 2015. The trust had a lower rate of incident reporting than the national average however, all the staff we spoke with were confident and competent in incident reporting.
- We observed how one department used the incident reporting data. We observed the report for quarter two (April-June 2015) which had a total of 12 incidents.
- We saw evidence of shared learning from incidents with a clear structure for sharing across the organisation including a “patient safety first” newsletter with specific safety alerts which was widely available for staff to read. We observed the trust wide generic trigger list of what and why staff should report on the system.
- The diagnostic imaging service had a record of all incidents reported and actions taken. We tracked an incident reported earlier this year which resulted in a patient receiving a higher dose of radiation. This had been reported and fully investigated and an issue with the machinery software was identified. We were able to review ongoing evidence which demonstrated that the trust had worked with national agencies and the manufacturer to learn from the incident and work to resolve the issues.
- There was an open and honest culture and staff felt able to report incidents due to the lack of blame culture in the organisation.
- We found that eight incidents concerning the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) had been reported since December 2014 prior to our inspection.
- Staff were aware of their responsibilities to be open with patients under the duty of candour regulations.

Cleanliness, infection control and hygiene

- The outpatient department was visibly clean throughout. Staff followed good practice guidance in relation to the control and prevention of infection.

Outpatients and diagnostic imaging

- We saw that staff were bare below the elbow in clinical areas as per National Institute for Health and Care Excellence (NICE) guidance on infection control.
- We looked at cleaning schedules throughout the outpatients and diagnostic imaging rooms. Clinic areas and departments were cleaned every morning and evening.
- Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.
- Infection control training had been completed by 95% staff, which was above the trust's target

Environment and equipment

- The hospital was newly opened in 2008 with purpose designed diagnostic and outpatient facilities.

The building had been specifically designed with one centralised building consisting of colour coded floors. The majority of outpatient and diagnostic services were easily accessible on the ground floor.

- Maintenance contracts were in place to ensure that specialist equipment in the outpatient and imaging departments was serviced regularly and faults repaired quickly for example the cardiorespiratory department equipment is serviced annually by the provider. Staff were trained to do routine maintenance and had a service contract if they are unable to fix an issue.
- There were processes in place for scheduled calibrations and quality checks of relevant equipment including blood gas machines.
- We examined the resuscitation trolleys located throughout the departments and found they were visibly clean and in good order, with all the required equipment available. We found that in all areas except one out patient area the trolleys were checked daily with a more comprehensive weekly check.
- Staff confirmed they had never been asked to use equipment they had not been trained to use. We saw a number of staff completed competency checklists demonstrating staff competence to use equipment.
- Regulations state that instructions must be visible to keep patients and staff safe in radiology departments. These are known as 'local rules'. We found these were visible throughout the imaging services.

Medicines

- There were clear systems in place for managing and dispensing medication to patients who attended the outpatient and diagnostic departments. Staff were aware of the processes and were able to show us evidence of in house training to administer medications such as eye drops.
- Medication was appropriately stored within the department. Medicines were stored in locked cupboards and there were no controlled drugs or intravenous fluids held in the majority of outpatient departments. In the cardiology department controlled drugs were stored, administered and managed appropriately in line with trust policy.
- Lockable fridges were available for those drugs needing refrigeration; temperatures were recorded daily when the departments were open.
- Prescription pads were stored securely and appropriate use was monitored.
- Staff we spoke with in ophthalmology were aware of the processes in place for the administration of eye drops and when we checked they were carrying out safe practice.

Records

- The department had adopted a 'paper-lite' approach and utilised an electronic patient record system. As a result the trust did not report any issues with availability of records or results being available for patients. We noted that measures were in place to protect the access to the system to ensure privacy and confidentiality of information.
- As Patients health records were electronic there were very little issues with clinical notes not being available for clinics and outpatient appointments. If for any reason notes were not available the service would ensure all relevant information was available to the clinician prior to the consultation. This would be done by contacting other members of the multi-disciplinary team including the patient's GP, consultant secretary, or hospital ward
- A contingency plan was in place if the information technology system failed. We were informed by f staff and a senior manager that the system had not failed since being put in place.

Safeguarding

- Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately. A staff member was able to describe how they had reported a safeguarding concern.
- Staff were trained in safeguarding as part of the mandatory training program.
- Training statistics provided by the trust showed that 86% of diagnostic imaging staff and 96% outpatient staff had completed the required safeguarding training. This was above the trust target of 85%.
- Relevant policies and procedures were available electronically on the trust intranet for staff to refer to. Managers supported staff in escalating concerns in a timely and appropriate way.

Mandatory training

- The trust had clear training needs analysis which identified mandatory training required which was role specific.
- Staff received mandatory training in areas such as infection prevention and control, fire safety, moving and handling and safeguarding. Training was delivered either face to face or via e-learning. Staff were expected to keep themselves up to date with training and training was also monitored by nominated staff throughout the service.
- We observed the electronic service record dashboard for general outpatients which identified 96% compliance. For diagnostic imaging staff the compliance figure was 97%.
- Staff we spoke to said they were up to date with their mandatory training. Staff told us they were supported to attend training.

Assessing and responding to patient risk

- Reception staff were observed checking patients personal details when they entered the clinic providing a double check that they had the correct patient record.
- There was a clear process to check the identity of patients in the outpatient and diagnostic imaging departments. This included patients who were unable to confirm their own identity.
- Staff were trained in basic life support and had access to resuscitation equipment which was regularly checked and maintained
- The World Health organisation safety checklist for radiological interventions was in place in the imaging department. This is an accredited process by the National Patient Safety Agency and Royal College of Radiologists. The department have modified the checklist further and adopted a pause and check chart which provides an additional safety check prior to administering radiation.
- Staff had clear guidance to follow should a patient's condition deteriorate while they were in the outpatient department.
- Risk assessments were completed for patients who needed extra care during a procedure. Multidisciplinary team meetings were held where appropriate.

Nursing staffing

- Staff in the department worked across both hospital sites to meet the capacity and demands of the service. Flexibility of staff had resulted in low use of bank staff in general outpatients.
- Managers with responsibility for determining the correct staffing levels confirmed staffing levels and skill mix were determined by the number of clinics running at any particular time, and the nature of the clinics. Managers were aware of the increase in activity and had carried out a recent workforce review with an action plan to be taken to the trust executive team in the autumn to be approved.
- Staffing levels were appropriate to meet the needs of patients. However, there were specific examples of staffing pressures such as the specialist prosthetic service which was part of a nationwide shortage. Managers were proactive in managing staff shortages such as reviewing ophthalmology staffing levels.

Medical staffing

- Medical consultants and other specialists arranged outpatient clinics directly with the outpatient department to meet the needs of their speciality.
- There was a robust arrangement for out of hours cover which the imaging service had implemented with other providers to manage the staffing levels and workload. This had reduced the need for locum cover.

Major incident awareness and training

- Staff were trained and able to describe their role and responsibilities should a major incident occur.

Outpatients and diagnostic imaging

- The outpatient /imaging service had been involved in an external organisation review of departmental major incident/business continuity plans and found to be compliant.
- A contingency plan was in place to have access to patient information should the information technology system fail.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Patients attending the outpatient and diagnostic imaging departments received care that was evidence based and followed national guidance. Staff worked together in a multidisciplinary environment to meet patients' needs.

Staff were competent and supported by training to provide a good quality service to patients. Competency assessments were in place. Staff attended training to enable them to have the skills and knowledge to provide treatment and care.

The majority of staff we spoke with confirmed they received one-to-one meetings with their managers to discuss any issues and reflect on practise on a monthly basis, which they found beneficial.

Information about patient's treatment and care needs were obtained from relevant sources before clinic appointments to enable the service to meet the patient's individual needs. Information was shared with general practitioners and other community services to promote continuity of care for the patient. The electronic patient record enabled timely access to information and diagnostic test results during consultation which contributed to patients making informed decisions about their care and treatment.

The service had been proactive in working towards seven days services. Outpatient clinics were available at the weekend and evenings.

Evidence-based care and treatment

- Care and treatment was evidence-based and was provided in line with best practice guidance. All the services we visited were able to show clear evidence of benchmarking themselves against national standards.
- We observed care being delivered that adhered to best practice including infection control, administration of radiation and the rapid access ear nose and throat (ENT) clinic.
- Policies and procedures, assessment tools and pathways followed recognised and approved guidelines such as National Institute for Health and Care Excellence (NICE). Staff were aware of how to access relevant policies and procedures via the Intranet.

Staff were given regular updates if and when guidance was reviewed or practice changed. The majority of staff worked across clinics on a rota basis, so they received all updates.

Pain relief

- Staff could access appropriate pain relief for patients within clinics and diagnostic settings.
- Patients confirmed that pain relief was monitored for efficacy and changed to meet their needs where appropriate.
- Patients were given information about ambulatory procedures (minor procedures that can be performed in a clinic setting without the need for admission to a ward). They were offered a choice of pain relief for the procedure and appropriately supported with any symptoms afterwards.

Patient outcomes

- The service had key performance indicators for every service in line with national standards and targets. In every department we visited staff were aware of the target and the majority had set their own internal target such as the target to see patients within two weeks the trust aimed for ten days.
- We were told that IRMER audits were conducted which showed that the service was complaint. Records of local audit demonstrated a high rate of compliance with good practice across the service including IRMER audits in the imaging dept.
- The pathology service was compliant with the national clinical pathology accreditation scheme.
- The trust was consistently seeing patients within the national target of eighteen weeks. This meant that patients were not waiting overly long for an appointment and on average were the trust was performing better than other trust's on this standard. There was a clinical governance system in place and findings from clinical audits were reviewed at all levels

of the trust. A range of local audits were carried out by different departments. This included general audits such as infection control. Patient outcome measures for the service had been published nationally including the regional burns team whose outcomes were above the national average and recognised as a regional centre of excellence.

Competent staff

- Staff were supported in their development through the appraisal process. We viewed the appraisal rates within outpatients and diagnostic imaging and found that the majority of staff had received a formal appraisal.
- We saw evidence in a range of clinics and diagnostics imaging services that staff had met the competency requirements to operate equipment safely.
- Competency frameworks were in place these meant that staff undertook training and were assessed in practice. Staff told us they were supported to access courses outside of the trust to increase their knowledge to perform their role effectively. We saw evidence of role specific training being completed and then cascaded to other team members. The teams were skilled and knowledgeable about their specialist areas.
- We saw staff completed and in date competency check lists which showed staff competency had been assessed to ensure they were able to operate specific devices such as X-ray machines and other medical devices.
- All staff held the required professional registration and received notice when it was due to expire.
- Revalidation of doctors was routinely monitored through the specialist teams and at board level. The hospital had a good rate of validation, with all doctors being revalidated within the required time frame.
- The majority of staff we spoke with confirmed that they received one to one meetings, to discuss any issues and reflect on practice with their managers on a monthly basis which they found beneficial.

Multidisciplinary working

- There were robust systems in place for working with external stakeholders. The services had developed close links with other provider organisations to share staffing and service delivery such as the use of the “hub” to provide radiology cover.
- We saw examples of regular multidisciplinary team meetings held across a range of specialities and services such as imaging, rheumatology and ENT.
- Doctors, nurses, and allied health professionals worked well together.
- One manager in outpatients told us that calls from community staff were received advising outpatient staff of special requirements for the patients so that plans to support them could be in place when they attended.
- Letters were sent from outpatients to general practitioners with a summary of the patients care. This enabled a timely transfer of care to support continuity.

Seven-day services

- The trust had been very proactive in working towards seven day services within the diagnostic imaging and pathology departments.
- The trust operated 24 hour access for emergency care and diagnostics services.
- The radiology department worked with external partners to provide 24 hour cover via a central staffing hub. The hub had access to electronic imaging results via the IT system which resulted in timely reviews of images.
- There was 24 hour access for ECG tests and readings.
- The outpatient clinics at Whiston Hospital ran Monday to Friday, however patients had access to outpatient appointments at weekends on the St Helens hospital site.
- There was access to therapy services out of hours these were being further developed as part of the overall therapy review.

Access to information

- All staff had access to the information they needed to deliver effective care and treatment to patients in a timely manner including test results, risk assessments and medical and nursing records.
- Policies and protocols were kept on the trust intranet site which meant all staff had access to them when required.
- There were records of meetings, departmental protocols and audits that were available to staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with staff about the requirements of the Mental Capacity Act 2005 and found they were aware of the requirements and were knowledgeable about how to ensure people were treated appropriately.

Outpatients and diagnostic imaging

- Before having a procedure undertaken in outpatients or diagnostic services patients consent was obtained verbally and recorded in their records. For biopsies or more invasive tests, consent for procedures was formally taken and discussed with the patient before starting the procedure. We saw evidence on the patient's records that consent had been gained.

Are outpatient and diagnostic imaging services caring?

Outstanding ☆

We rated the Outpatient and Diagnostic services outstanding for caring. Throughout outpatient and diagnostic services a caring culture was felt to be fully embedded wherever we visited.

Throughout our inspection we witnessed exemplary patient centred care being given. Services were delivered by caring, committed, and compassionate staff who treated people with dignity and respect. We observed many examples of compassionate care with patients being treated in a respectful and considerate manner. Patients said the staff had a very good attitude, and that they felt informed and involved in their care. These positive comments were reflected in a patient satisfaction survey.

We observed how staff interacted with patients in the general outpatients and diagnostic imaging departments. Reception staff were polite, friendly and helpful.

We found many examples of staff and management working in partnership to constantly improve the patient experience.

Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients were positive about the way staff looked after them.

There were a range of support groups facilitated by the hospital that were available to patients and their families such as the breast support groups to meet the specific needs of different age groups of women. People were also encouraged to access the national support groups for a range of health conditions.

The trust had a number of clinical nurse specialists and lead nurses available for patients to talk with about their condition.

Compassionate care

- We observed that the privacy and dignity of patients was maintained throughout the outpatient/imaging services. Consultations were conducted in closed rooms which ensured that privacy and dignity was maintained.
- We observed many examples of compassionate care with patients being treated in a respectful and considerate manner. 11 patients we spoke to told us the staff had a good attitude, all but one had found staff helpful, pleasant and approachable. This is reflected in a recent patient survey of 394 patients of which 100% responded by stating they were treated with respect and courtesy.
- We observed staff being polite, friendly and helpful to patients and carers visiting the clinics. One patient told us staff had "gone the extra mile" as they had gone to St Helens Hospital for their appointment instead of Whiston by mistake. The staff rang Whiston Hospital outpatient department to explain the situation and the patient was reassured and asked to make their way to Whiston where the staff waited for them to arrive.
- Staff could describe examples of how difficult messages were given to patients and those close to them both sensitively and privately.
- Chaperones were available to support patients during procedures if needed. Policies regarding chaperones were available on the intranet and in the office. Staff had received training for the role.

Understanding and involvement of patients and those close to them

- We found several examples of patients being involved in support groups.
- Patients received information about their care and treatment in a manner they understood and contributed to the development of a personalised care plan. Patients told us they were aware of their condition and that the doctors and nurses had explained this clearly to them. Patients told us they felt well informed about their care and treatment and could make informed choices.
- We noted there were a number of posters available within the outpatient and imaging department areas with relevant information such as chaperoning and how to seek support.

Outpatients and diagnostic imaging

- Each patient we spoke with was clear about what appointment they were attending, what they were to expect, and who they were going to see.
- There was evidence in the clinical notes that patients and their relatives were involved in making decisions about care and treatment.

Emotional support

- Staff could describe examples of how difficult messages were given to patients and those close to them both sensitively and privately.
- Staff told us about an occasion when a patient was anxious waiting for transport and how they had stayed with the patient and ensured that food and drink was provided and the patient was not left unattended and supported until their transport arrived. We observed some instances where patients that attended clinic regularly had built relationships with the staff that worked there. One patient told us that they had specific complex clinical needs and felt safe and supported by the staff in clinic.
- The trust had a number of clinical nurse specialists and lead nurses available for patients to talk with about their condition. For example diabetes nurses for advice and support following the diagnosis of diabetes.
- We saw examples of access to local support and advisory groups to offer both practical advice and emotional support to both patients and carers. These included diabetes, rheumatology and breast support groups.

Are outpatient and diagnostic imaging services responsive?

Good

The outpatient and diagnostic imaging services were responsive to patients' needs. Outpatient and diagnostic services were offered at both Whiston and St Helens Hospitals to enable easier access for the population it serves. There was a free shuttle bus service for patients between both sites.

Performance against national referral to treatment and cancer targets was very good. The trust was exceeding the national targets for referral to treatment. Clinics and diagnostic appointments were planned and arranged to meet both the needs of the patient and internal and national referral to treatment targets.

Referral to treatment percentage within 18 weeks were better than the England average throughout the reporting period March 2014 to February 2015.

Patients were receiving a diagnostic appointment in less than six weeks which was quicker than the England average by 2%.

In order to improve the response time and ensure access to timely treatment for a patient, if a critical or abnormal finding on an X-ray was diagnosed a designated member of radiology staff could book another follow up appointment with the appropriate specialist. This was seen as outstanding practice by our specialist advisor.

The radiology staff told us how on the Whiston site they had supported a patient requiring several investigations and treatment by arranging all the treatment to be delivered at the same appointment in an attempt to reduce patients stress and discomfort. The same processes would be available on the St Helens site. Our specialist advisors found this to be outstanding practice.

There were systems in place to identify patients with a diagnosis of dementia to ensure they were appropriately supported when attending appointments. We saw examples of a clear pathway and assessment process to follow for patient with additional needs to ensure they received the appropriate support in a timely manner. This included the use of identifying the need for pre appointment visits to relevant departments if required.

There was access to the loop system if any patients had hearing difficulties to improve the communication process.

There was evidence of learning from complaints and examples of how changes had been implemented following complaints.

The breast clinic had identified that different aged groups of women had specific needs and in response to this clinics were held at different times for women of different age groups such as 30 or 40 year olds. These clinics were held at the end of the day to accommodate the lifestyle of the patients.

Outpatients and diagnostic imaging

Service planning and delivery to meet the needs of local people

- Outpatient and diagnostic imaging services were offered at both Whiston and St Helens Hospitals to enable easier access for the population it serves. There was a free shuttle bus service for patients to access between both sites.
- The types and numbers of clinics offered in the outpatient department had increased to meet the demand in the area, and other services were being developed in response to patient feedback and consultation.
- Outpatient clinics were being offered several evenings a week for people to access outside their working hours
- Once a month there were outpatients clinics held at St Helens Hospital on a Saturday.
- There had been a 7% increase in demand for the service and there were regular workforce reviews in place to plan to meet the demand.

Access and flow

- The outpatient department undertook 234,725 outpatient appointments during 2014/15.
- Clinics and diagnostic imaging appointments were planned and arranged to meet both the needs of the patient and internal and national referral to treatment targets.
- Referral to treatment percentages within 18 weeks were better than the England average throughout the reporting period March 2014 to February 2015. Patients were receiving a diagnostic appointment in less than 6 weeks which was quicker than the England average by 2%.
- The trust performed better than the England average from 2013 /14 and 2014/15 for patients waiting less than 32 and 62 days for treatment. Waiting times for patients once they had arrived in the outpatient department was not routinely recorded however, we observed patients being seen within 20 minutes of their appointment time. Information provided by the trust from a patient survey carried out in April 2015 showed 261 patients out of 394 reported waiting less than 20 minutes. Where there was a delay and clinics were running late patients told us they had been told by reception staff on arrival of the delay and the expected waiting time.
- In June to July 2015 a sample of 150,000 patients attended outpatients and diagnostic imaging was taken and the average waiting time was 11 minutes from arrival to treatment at St Helens hospital.
- The did not attend rates between January2014 to December 2014 were similar to the national average. The trust confirmed in an effort to engage with patients more effectively the concern was being managed actively by the outpatient service through using the patient contact call centre and mobile technology to make and send reminders for follow-up appointments.
- In a patient survey 90% patients stated they found it easy to find the clinic however a small percentage had stated that improving signs would make it easier.
- The radiology department had internal targets for providing reports following examination which was routinely being achieved. This meant that people had access to their reports in a timely manner to enhance the patient journey. Reception staff informed us that on occasions the booking system has planned down time. They use a paper system at this time then input when the system is active to ensure that the patient appointments can go ahead.
- The imaging department had an electronic system that could be viewed from locations outside the hospital to enable prompt diagnosis.

Meeting people's individual needs

- We were given examples by staff how vulnerable or nervous patients were supported and adjustments made to support their individual needs. The ophthalmology service had made adjustments to the clinic to support people with visual impairment such as different coloured areas to enable people to find their way around the clinic.
- We observed staff supporting people through their clinic appointment and supporting them with regular drinks or snacks if they had to wait for their clinic appointment. A language line was available if required and interpreters could be booked in advance if needed.
- There was access to the loop system if any patients had hearing difficulties to improve the communication process.
- There were systems in place to identify patients with a diagnosis of dementia to ensure they were appropriately supported when attending appointments. We saw examples of a clear pathway and assessment process to follow for patient with additional needs to

ensure they received the appropriate support in a timely manner. This included the use of identifying the need for pre appointment visits to relevant departments to be arranged if required.

- There were also water fountains, vending machines and an independent coffee house for refreshments.
- The breast clinic had identified that different aged groups of women had specific needs and in response to this held clinics at different times for women of different age groups. Clinics for women between 30 to 40 were held at the end of the day to accommodate the lifestyle of the patients and following patient feedback.
- The ophthalmology team provided drinks and refreshments for people who had been waiting for their appointments to ensure that they maintained their fluid and blood sugar levels.
- Information was available to patients across a wide range of clinics including access to voluntary organisations.

Learning from complaints and concerns

- Complaints were handled in line with trust policy. Initial complaints were dealt with by the outpatient manager, who resolved them locally whenever possible.
- We found that St Helens Hospital had a low level of recorded complaints from August 2014 to July 2015.
- A total of 27 complaints were received with a zero return for diabetes, general medicine and respiratory medicine.
- We saw evidence that changes were made following complaints. A designated area for wheelchair users had been created on both sites following patient feedback about lack of room in the outpatient area. A number of complaints had been received relating to the ophthalmology clinic and the lack of seats in the waiting area and the length of time for appointments. This was confirmed by people who attended a CQC listening event. Staff confirmed that a pager system had been put in place if the clinics were running late so that patients could leave the department and return when they were able to be seen.

Are outpatient and diagnostic imaging services well-led?

Outstanding ☆

Outpatient and diagnostic imaging was led by the outpatient and diagnostic imaging managers who reported directly to the executive team.

We found a clear and effective governance structure that promoted a high level of staff confidence. Risks were clearly identified and actioned appropriately ensuring a transparent audit trail.

Overwhelmingly staff we spoke to from a range of different roles and grades were aware of the trust's vision and values.

Staff had full confidence in both the trust executive leaders and local managers. They were very positive about support from their local managers and seeing the chief executive as very visibly and accessible. We observed that the outpatient and imaging services managers had a clear vision regarding how they wanted to deliver a service and develop the different sites to meet clinical need and demand.

Throughout the service the departments had their recognition awards on display and staff and patients were proud to show us what they had achieved.

The service had a very positive and proactive approach to internal improvement .We saw many examples of the trust setting higher internal targets than the national targets this would drive improvements throughout the service.

Within outpatients the hospital lead had a clear vision for the service to meet the increased demands and meet the clinical needs of patients.

The therapy staff had transferred into the trust in the last twelve months. Staff told us they felt welcomed to the trust although they were still undergoing a review of services and plans were in place to integrate the services within the trust. We did not see information on timescales for the review to be finalised.

Outpatients and diagnostic imaging

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

We found managers of all levels from the different departments had access to the trusts electronic visual management information system which allowed them to have full information on how their own service was performing and benchmark against other services. This gave us assurance that the trust was proactive in monitoring the quality and governance of its services.

Managers had a strong focus on the needs of patients and the roles staff needed to play in delivering good care.

All the staff we spoke with were aware of the feedback from the NHS friends and family test. The trust was ranked one of the highest in the country for extremely positive feedback received from patients.

The trust had a range of forums to seek patients' feedback such as the "patient power" group.

The trust ranked in the top 100 places to work in the NHS in an external health journal.

Staff told us they were well supported with mandatory training, clinical supervision and staff appraisals.

Staff were positive about the annual staff awards event and told us that it was very popular and staff wanted to attend and be involved in the evening.

Vision and strategy for this service

- We spoke to a range of staff all of whom were aware of the trust's vision and values. The trust's vision and values were displayed through the hospital.
- Locally we observed that the imaging services and outpatient had a clear vision regarding how they wanted to deliver a service and develop the different sites to meet clinical need and demand.
- St Helens Hospital had a nominated lead senior manager who had a clear oversight of the outpatients and diagnostic imaging service.
- We observed that the imaging services had a clear vision regarding how they would develop the skills of staff to meet the increased clinical needs and demands on the service.
- The therapy staff had transferred into the trust in the last twelve months. Staff told us that they had felt welcomed to the trust although they were still undergoing a review of services and plans were in place to integrate the services with the trust. We did not see information on timescales for the review to be finalised.

Governance, risk management and quality measurement

- The division held regular governance meetings with senior managers. These were recorded and shared with staff.
- All departments we visited had systems in place for communicating issues about risk and quality. These included team meetings, newsletters and email briefings. The service had a number of governance lead posts such as in radiology which staff felt had a clear positive impact on patient care.
- Departmental risk registers were in place and staff who were involved in managing risk had a clear understanding in relation to risks and the systems used to record and manage them both within the outpatients' department and diagnostic imaging.
- Staff could tell us how risks were escalated and shared. One member of staff told us that there was a risk in terms of capacity in clinics but senior staff were aware of the problem and were trying to resolve the issue. This showed that risk was managed throughout the service.
- We saw a demonstration of the electronic data management system which senior staff could access for real time information in relation to performance monitoring information. This showed that the service was able to measure current quality and performance data and retrospective information to identify trends and themes in detail for each department over a five year period.
- The radiology service had a clear governance structure with a focus on clinical effectiveness, patient experience, and patient safety.
- We found that a range of managers had access to the trust electronic visual management information which allowed them to have full information on how their own service was performing and to benchmark against other services. This gave us assurance that the trust was proactive in monitoring the quality and governance of its services.

Leadership of service

Outpatients and diagnostic imaging

- The executive team were visible and approachable. Clinical directors and nurse managers worked closely with the executive team regarding the development and improvement of services.
- Leadership within the outpatient and diagnostic imaging service was very positive, visible and proactive. Managers had a strong focus on the needs of patients and the roles staff needed to play in delivering good care. They were visible and respected by their colleagues.
- We found several examples of strong individual leads and examples of developing management talent to meet the needs of the service such as in the rheumatology and diabetes clinics.
- Staff reported that the executive team were visible and we heard examples of regular communication and feedback. One staff member reported they had given a presentation to members of the executive team department and felt they understood the issues and challenges for the service.

Culture within the service

- There was an open and honest culture within the service. Staff we spoke with were candid throughout our inspection about their service and areas in which they wanted to do better.
- Throughout the service we found that staff thought of the two hospitals as one trust with one ethos.
- Staff were proud of their achievements and awards were on display in many of the departments such as in the St Helens rheumatology department where they had been nominated by an external organisation for a customer care award.
- The trust had clear behavioural standards "ACE" which included areas such as attitude communication and patient experiences. We found all the staff we spoke with were knowledgeable about the standards and we observed staff living these in practice.
- Staff were committed to supporting patients and their families. One staff member told us "everyone goes above and beyond, it's excellent teamwork".
- We found that staff were well informed about how the trust was performing and staff in all areas were aware of the friends and family test results. The trust had been ranked one of the highest in the country for extremely positive feedback from patients.
- The staff sickness rate was higher (worse) than the trust average of 4% at 6%.

Public engagement

- The trust was proactive in seeking patient feedback within the outpatient services. We found feedback forms available in all the departments we visited.
- The trust had a range of forums to seek patients' feedback such as the "patient power" group and other condition specific groups such as the diabetes support group.
- Information was displayed on message boards throughout the outpatient and diagnostic services to engage the public in messages about the service and to seek feedback.
- Locally we found that the services were proactive in seeking ways to improve such as the diabetes clinic had ensured that staff had the advanced skills necessary to operate the clinics. Several patients told us that they had transferred from another provider to have care at the hospital.
- There was a volunteer scheme in place and volunteers were contributing to the service by supporting, directing and assisting patients. The volunteers we spoke with were positive about their contribution and felt valued and supported by the wider staff team. We spoke to one volunteer who told us he would be happy for himself or a member of his family to be treated at the trust.

Staff engagement

- The trust ranked in the top 100 places to work in the NHS in an external health journal.
- Staff told us they were well supported with mandatory training, clinical supervision and staff appraisals.
- Staff were positive about the annual staff awards event and told us it was very popular and staff wanted to attend and be involved in the evening.
- Many of the departments we visited had their awards on display and staff and patients were proud to show us what they had achieved.
- Staff felt engaged with changes and initiatives across the services. The culture within the outpatient and diagnostic imaging services
- Individual teams told us that they had given presentations to the board and they had been to the department. The staff felt engaged and felt that although the service was busy and pressures on activity they felt that senior managers were aware of the issues and were trying to resolve them.

Innovation, improvement and sustainability

Outpatients and diagnostic imaging

- Staff told us they were encouraged to share ideas about improvements and spoke positively about how they were involved in planning. The service had an "outpatient transformational" group to look at the patient pathway from referral to discharge from the service.
- The clinical staff in the breast unit had published extensively in their field and had developed innovative approach to localisation of breast cancer surgery.
- The Trust has been supporting another Trust by sharing good practice regarding improving the experience of cancer patients, through the NHS Improving Quality division's buddy programme.

Outstanding practice and areas for improvement

Outstanding practice

The clinical staff in the breast unit had published extensively in their field and had developed innovative approaches to localisation of breast cancer surgery.

The additional needs pathway and coordinated approach to a patient with additional needs to reduce the need for repeat procedures was seen as outstanding in terms of enhancing the patient's experience.

In order to improve the response time and access to timely treatment for a patient, if a critical or abnormal finding on an X-ray was seen designated radiology staff could book another follow up appointment with the appropriate specialist. This was seen as outstanding practice by our specialist advisor.

Areas for improvement

Action the hospital SHOULD take to improve

- The trust should consider the review of training of the medicines policy in relation to the administration of regular medication via oral or intravenous routes.
- The trust should consider the review of training around incidents and risks, to include the use of SMART principles when developing and documenting action plans.
- The trust should consider the use of measles charts or similar tools for mapping the geographical location of falls.
- Ensure all prosthetists receive an appraisal in a timely manner
- The provider should continue monitoring the ophthalmology services ability to manage the clinic and reduce the waiting time in clinic to improve the patients' experience.