

University Hospitals of Morecambe Bay NHS
Foundation Trust

Westmoreland General Hospital

Quality Report

Burton Road
Kendal
Cumbria
LA9 7RG
Tel: 01539 732288
Website: www.uhmb.nhs.uk

Date of publication: 26/06/2014
Date of inspection visit: 4-6 February 2014

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

Ratings

Overall rating for this hospital

Good



Surgery

Good



Maternity and family planning

Good



Outpatients

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask about hospitals and what we found	4
What we found about each of the main services in the hospital	5
What people who use the hospital say	6
Good practice	6

Detailed findings from this inspection

Our inspection team	7
Background to Westmoreland General Hospital	7
Why we carried out this inspection	7
How we carried out this inspection	7

Summary of findings

Overall summary

Context

University Hospitals of Morecambe Bay NHS Foundation Trust became a Foundation Trust on 1 October 2010 and provides a comprehensive range of acute and support hospital services for around 350,000 people across north Lancashire and south Cumbria with over 740 beds.

The trust operates from three main hospital sites at the Furness General Hospital in Barrow, the Royal Lancaster Infirmary, and the Westmorland General Hospital in Kendal. The Queen Victoria Hospital in Morecambe provides outpatient services and Ulverston Community Health Centre provides nutrition, dietetics and breast screening. This inspection will focus only on the acute services provided at Royal Lancaster Infirmary, Furness General Hospital and Westmorland General Hospital.

There have been significant changes to the trust board since 2012. The entire board of Directors has changed since 2012 with 14 new appointments made, including the Chief Executive. In the seven months prior to our inspection four executive directors had taken up post.

University Hospitals of Morecambe Bay NHS Foundation trust has been selected as one of the early trusts to be inspected under CQC's revised inspection approach. The trust was selected for inspection as a trust where there were known risks to service delivery.

Overall inspection findings at Westmorland General Hospital

We found that staff at the hospital were committed to providing safe and effective care for patients. There were good examples of compassionate and person-centred care across all the services provided.

The hospital was clean throughout and there was an ample supply of hand washing facilities and hand gels to prevent and control infection risks. The entrance to the hospital had recently been upgraded and patient facilities had been improved.

Surgical services were well managed and patients were very complimentary about the care and treatment they received at the hospital. The Midwife led maternity service was well managed and was valued by the women using the service.

The midwife-led service provided at Helm Chase maternity service was well managed and highly valued by the women who used the service.

Although performance had improved over the last year the trust is still experiencing some difficulties in outpatients in relation to appointments and the availability of patient records. The trust were working hard to improve this element of the service.

Although performance had improved over the last year the trust is still experiencing some difficulties in outpatients in relation to appointments and the availability of patient records. The trust were working hard to improve this element of the service.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

The services provided at the hospital were safe overall and patients were protected from avoidable harm. The hospital was clean throughout and there were sufficient numbers of staff to meet the needs of patients. Patients were well supported in both the maternity and surgical services at the hospital. Staff were effectively reporting incidents and there was evidence of shared learning to improve patient experience and safety.

Good



Are services effective?

The trust had arrangements in place to manage quality and ensure patients receive effective care. Inpatient care and treatment was planned and delivered in line with best practice. Staff were appropriately trained to meet patients' needs.

Good



Are services caring?

We found good examples of compassionate and person centred care and patients and those close to them were very complimentary about the care they received. Patients felt they were involved in their care and that they could make an informed decision about their care and treatment. Staff, treated patients with respect and worked hard to maintain and promote patients dignity and privacy.

Good



Are services responsive to people's needs?

Surgical and maternity services responded well to people's needs and care was delivered in a timely and person-centred way.

There was evidence of both services responding well to patient feedback and improving service delivery.

Patients are still subject to long waits in the outpatients department.

Good



Are services well-led?

There were good examples of good clinical leadership at service level and staff were positive about their immediate line managers. Inpatient services were well managed and well-led. Staff were encouraged to continue their professional development and staff training was well supported.

Good



Summary of findings

What we found about each of the main services in the hospital

Surgery

There were effective systems and processes in the surgical wards and theatres to provide safe care and treatment for patients. The patients we spoke with expressed satisfaction with the care received and felt that staff were knowledgeable and caring. Integrated care pathways were in use on the surgical wards and patients were making informed choices about the treatment they were receiving.

The surgical wards and theatres were clean and well maintained. Staff worked effectively as a team to secure good outcomes for their patients.

Good



Maternity and family planning

The Helm Chase Maternity unit was led by qualified midwives who provided care for women with low risk pregnancies. Safe transfer arrangements to consultant led medical care were in place for women who developed complications during pregnancy or labour.

The service was highly valued by the women using the service and they were complimentary about the quality of the service provided to them and their babies.

Good



Outpatients

The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring team of staff

Staff working in the department respected patients' privacy and treated them with dignity and respect.

However, we found that waiting times for appointments were long in some departments and there were still some difficulties in securing case notes and test results for patients' appointments.

Requires improvement



Summary of findings

What people who use the hospital say

Patient views during the inspection

There were very positive views from patients about their experiences whilst in the hospital. Many patients had positive experiences of good and compassionate care from committed and professional staff.

Listening event

We held a public listening event on 4 February 2014 and invited local residents to meet with the inspection team

to share their experiences of services at the hospital. Local people were very positive about the services provided and felt it was important that services remained in Kendal.

Family and Friends Test

The hospital is not included in the NHS Family and Friends Test at this time. However, the surgical team did actively encourage patients to offer feedback about their experiences and staff used patient's comments to improve the service.

Good practice

Our inspection team highlighted the following areas of good practice:

- Good leadership in surgical and maternity services.

Westmoreland General HospitalWestmorland General Hospital

Detailed findings

Services we looked at:

Surgery; Maternity and family planning; Outpatients

Our inspection team

Our inspection team was led by:

Chair: Jane Barrett, Consultant Oncologist.

Head of Hospital Inspection: Ann Ford, Head of Hospital Inspection, Care Quality Commission (CQC).

The Inspection team had 30 members including medical and nursing specialists, Experts by Experience, lay representatives and eight CQC inspectors.

Background to Westmoreland General Hospital

Westmorland General Hospital provides a wide range of services including a 24-hour primary care assessment service (PCAS), GP-led medical care, chemotherapy unit, renal unit, breast screening unit, cardiac catheterisation lab, midwife-led maternity unit, elective surgical services,

outpatient and diagnostic services, including pathology, radiology and endoscopy, and allied health services departments, such as occupational therapy, physiotherapy, nutrition and dietetics, and pharmacy services.

Why we carried out this inspection

We inspected this trust as part of our new in-depth hospital inspection programme. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. This is a high risk trust.

How we carried out this inspection

In planning for this inspection we carried out a detailed analysis of local and national data sources that was used to inform our approach and enquiries. The trust was given an opportunity to review the data and comment on its factual accuracy. Corrections were made to the data pack in light of the response.

Detailed findings

We also sought and viewed information from national professional bodies (Such as the Royal Colleges and central NHS organisations). Also views from local stakeholders such commissioners of services and the local Healthwatch Team.

Our inspection model focuses on putting patients and those close to them at the heart of every inspection. It is of the utmost importance that the experiences of patients and families are included in our inspection of a hospital. To capture the views of patients and those close to them, we held a public listening event prior to the inspection on Tuesday 4 February. This was an opportunity for people to tell us about their individual experiences of the hospital and we used the information people shared with us to inform our inspection.

We also received information and supporting data from the trust and before and during the inspection.

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

- Is the service safe?
- Is the service effective?
- Is the service caring?






- Is the service responsive to people's needs?
- Is the service well-led?

The inspection team always inspects the following core services at each inspection where they are provided.

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Children's care
- End of life care
- Outpatients

As part of our inspection we spoke with patients in each of the service areas and actively sought their views and the views of those close to them so we could develop a rich understanding of the services provided at the hospital. We held a number of well attended staff focus groups as well as interviews with the Senior Management Team and Board Directors. We looked closely at staffing levels and spent time examining notes and medical records. We also checked departmental records for cleaning and maintenance checks.

Surgery

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

Information about the service

The Surgical services at Westmorland General offer 34 surgical beds for day surgery and the Kendal Orthopaedic and Surgery Centre (KEOSC) – locally referred to as Wards 6 and 7. The service cares for patients receiving general and orthopaedic surgery for a variety of medical conditions.

Summary of findings

There were effective systems and processes in the surgical wards and theatres to provide safe care and treatment for patients. The patients we spoke with expressed satisfaction with the care received and felt that staff were knowledgeable and caring. Integrated care pathways were in use on the surgical wards and patients were making informed choices about the treatment they were receiving.

The surgical wards and theatres were clean and well maintained. Staff worked effectively as a team to secure good outcomes for their patients.

Surgery

Are surgery services safe?

Good 

Safety and performance

In theatres the five steps for safer surgery was implemented well. Records confirmed that theatre staff were carrying out recognised safety checks for each patient. This included the World Health Organisation (WHO) five steps to safer surgery check list. There were plans to carry out an audit of compliance with the safety checks and the WHO check list in the near future.

The theatre co-ordinator (manager), the surgeons and anaesthetists always attended the briefing sessions before the operating list commenced. However, they did not attend the debrief sessions at the end of the session. Anaesthetists always remained in the theatres until the last patient had left the recovery bays, to ensure appropriate recovery of patients following surgery.

Theatres were clean and well organised.

On the surgical wards care was provided to patients in an environment that was clean and well organised. Displays of infection prevention information were clearly visible on ward areas. Staff were provided with suitable protective clothing and there was ample supplies of hand hygiene facilities. Staff observed bare below the elbow guidance and consistently applied the trusts policy for the prevention and control of infection.

Disposable bed covers were used in the day surgery unit, which also reduced cross infection risks, however material curtains were in place. Staff were unsure about the system in place for changing and the frequency of cleaning these curtains.

Clinical areas were free from clutter and trip hazards. This reduced the risk of falls and infection risks for patients.

Medicines, including controlled drugs, were safely and securely stored.

Equipment was regularly checked, well maintained and ready for use.

In theatres used for ophthalmology, the management of the surgical lasers was appropriate. Local rules were

current and users and staff had signed and dated to confirm their understanding. (Local rules provide guidance on the use and safety precautions required when using a laser.)

A laser protection supervisor was nominated within theatre and an external laser protection advisor was also provided.

Nurse staffing levels were appropriate and reflected a good skill mix that provided safe care for patients. Staffing rotas confirmed that the service followed good practice guidance from sources such as the Royal College of Nurses staffing guidance.

Band 6 nurses were trained to advanced life support level. This was due to the nurses being on call for the whole hospital during the night. The matron informed us that staff on night duty felt isolated. However, the matron explained that senior staff were on call and could be easily contacted to provide additional support if required.

A medical agency provided the resident medical officer (RMO). The RMO provided cover was for a continual two week period. The RMOs worked regularly at the hospital and were very familiar with the site. The matron explained the RMO had a very good working relationship with the nursing staff and also with each consultant. The RMO communicated effectively with surgical consultants in relation to any emerging patient concerns.

Staff in the wards and theatres were familiar with the electronic incident reporting system to record incidents and near misses. There was evidence of learning from reported incidents. In theatres there was clear learning from recent never events (a never event is classed as an incident that should not have occurred). Learning was cascaded to theatres across the trust. New procedures had been implemented following a never event to avoid any reoccurrence. The theatre co-ordinator confirmed reinforced patient identity checks had also been effective in preventing incidents.

Learning and improvement

Staff attendance at mandatory training on the day surgery unit, theatres and the wards was good. Training data submitted by the trust for surgery and critical care division recorded 94.3% compliance with clinical skills, 89.7% compliance with safeguarding and 72.1% compliance with resuscitation training. Staff told us they were able to attend face to face training as well as accessing e learning. Staff

Surgery

were supported by the practice educator, who worked across both Westmorland and Furness hospitals provided on-site training as required. Training was monitored via the Training Management System (TMS).

Theatres were participating in the Productive Theatre Project that was monitoring theatre efficiency trust wide but data was not displayed for the theatre team.

Systems, processes and practices

Clinical pathways were in place in the surgical wards. (A care pathway is anticipated care for a particular condition placed in an appropriate time frame, written and agreed by a multidisciplinary team. It has locally agreed standards based on evidence to help a patient with a specific condition or diagnosis move positively through their hospital experience).

Patients care and treatment was assessed and planned using evidence based guidance and risk assessment tools.

Monitoring safety and responding to risk

Staff used an Early Warning System to alert them to changes in them to changes in a patient's condition. If a patient's condition began to deteriorate medical staff were alerted quickly and they attended the patient promptly.

There were clear protocols in place to transfer patients whose condition was deteriorating.

Anticipation and planning

Pre-operative assessments for patient's planned surgical procedures were undertaken in an appropriate time frame. This meant improved pre-operative planning that was decreasing the cancellation of procedures on the day of surgery as a result of a patient's medical condition.

Are surgery services effective?
(for example, treatment is effective)

Good



Using evidence-based guidance

Patient care and treatment was delivered in accordance with best practice guidance and there was use of integrated care pathways within this service.

The Enhanced Recovery Programme was effectively used on the surgical wards. This meant that there was good planning before patients had their operations, to improve the patients experience during surgery and ensure a safe post-operative period and a good recovery.

Information on patient-reported outcome measures (PROMs) was gathered from patients who had had groin hernia surgery, vascular vein surgery, or a hip or knee replacement. No risks were identified in relation to outcomes for these groups.

Performance, monitoring and improvement of outcomes

Readmission rates to the wards following general or orthopaedic surgery were low. This was attributed by the staff of the effective implementation of the enhanced recovery programme and that the hospital provided elective surgery only.

The wards had quality boards which displayed key performance and quality indicators that included in patient hard such as falls and pressure ulcers. The boards were accurately maintained.

Staff, equipment and facilities

Nursing staff were supported to undertake additional training course to enhance clinical care. These included pain management and breast care.

Clinical support workers were also supported in their development. Competency based training was undertaken to enable staff to apply for more senior roles that enabled them to take on additional duties such as routine clinical observations.

On the day of the visit on the day surgery unit a urology clinic was in progress. In addition ophthalmic surgery (mainly removal of cataracts) and general surgery were scheduled

Multidisciplinary working and support

Allied Health Professionals worked well with ward based staff to support patient's recovery and timely, safe discharge following surgery.

Surgery

Are surgery services caring?

Good 

Compassion, dignity and empathy

We gained very positive feedback from patients in relation to care the patients received.

Patients expressed a high level of satisfaction with the care they received on the wards. We were told “Staff on here are amazing”, “I have had some issues with another hospital but this makes no difference to the care here, I have been treated well, nothing is too much trouble and staff are very kind”.

We were told the quiet environment on the unit was “lovely”. Patients said staff took their time to explain things with patience and made sure things were understood. One patient commented: “The staff sometimes sit and just have a chat, which is wonderful”.

Without exception patients said they were treated with dignity and respect. Patients commented they felt the nurses were very supportive and were particularly compassionate with elderly patients.

On the day surgery unit we noted white boards containing patient information were kept in an office, which was not a patient or public area. This ensured sensitive patient information was viewed only by authorised clinical staff.

The unit adhered to the Department of Health guidance for mixed sex accommodation. Male and female bays were allocated and separate toilet and bathroom facilities were available. This practice supported the maintenance of patients’ dignity and privacy.

Involvement in care and decision making

Patients were actively included in decisions about their care and treatment. Options were explained in a language that patients understood. One patient said they were very impressed with the information given by an Anaesthetist about the options of a spinal anaesthetic and a general anaesthetic. It was felt they were supported to make a really informed choice to undertake a spinal anaesthetic. This enabled the patient to stay awake during the procedure and the patient felt that it made the recovery period much easier.

Patients told us permission was always asked before any care or treatment was carried out.

Patients felt whatever the nurses were doing, this was fully explained. “Even if it’s only helping you to wash”.

Trust and communication

Complaints leaflets and health promotion information was readily available. The “We’re Here to Help” leaflets about the Patient Advice and Liaison Service (PALS) were on display.

Patients told us they had received leaflets explaining the surgical procedures they were having but emphasised how the surgeons fully explained everything and gave the opportunity to ask any questions.

We noted each bed side locker on the day surgery unit had a patient information folder “About your stay in hospital”. This included information about the ward area, staff and the routine of the ward.

Emotional support

Staff communicated with patients in an open and honest way. Staff worked hard to answer questions and allay patient’s worries and fears.

Patients explained they felt staff were very sensitive to people’s individual needs. One patient, who reported a previous bad experience at another hospital, said due to this they were very anxious and scared. They explained the experience on the ward at Westmorland was totally different. They felt the staff had gone out their way to offer emotional support, without being over intrusive.

Are surgery services responsive to people’s needs? (for example, to feedback?)

Good 

Meeting people’s needs

We were told that there had recently been a reduction in the number of cancelled operations. Availability of medical records was cited as the main reason for cancellations in this service.

The enhanced recovery programme was promoting better pre-operative planning and had also reduced the number of procedures cancelled on the day of planned surgery.

Surgery

The unit was not meeting referral to treatment times. To improve this, extra operating sessions were carried out at weekends to address the backlog and ensure patients were treated in a timely way.

Nursing staff were responsive to patient needs and care was delivered in a sensitive and respectful way.

One patient described how staff were aware of problems following a previous anaesthetic and felt that staff had been able to avoid the same issues happening again.

Another patient said staff “were very attentive and appeared very competent”.

We noted whilst nursed in bed or sat at the side of their beds, call bells and drinks were readily available for patients.

Vulnerable patients and capacity

One elderly patient told us they had received very short notice to come for an operation and that this had increased anxieties about the procedure. The operation had initially been scheduled at Royal Lancaster Infirmary (RLI) and then the patient was transferred to the ward at Westmorland.

Access to services

The surgical unit operated flexibly and this meant patients could be transferred from the RLI for the post-operative and rehabilitation periods, thus easing pressures on acute and emergency beds in other hospitals within the trust.

Leaving hospital

Patients were clear about their discharge arrangements and effective arrangements were in place to support timely and safe discharge from hospital.

Patients leaving the day surgery unit were given appropriate instructions to follow as well as contact details for the unit should the patient have any questions or in the case of an emergency.

Staff worked hard to see that discharge letters were sent electronically to the patients GP in a timely way.

Learning from experiences, concerns and complaints

Nursing Matrons in the service were confident that staff within the surgical services reporting concerns and incidents more effectively. When we spoke with staff on the wards and the day surgery unit they were able to tell us

about the incident reporting system and staff verified the types of incidents reported. They felt they were supported appropriately by managers when incidents had been reported and felt the “no blame” culture was applied.

Learning from incidents was shared and applied to prevent reoccurrence and promote patient safety.

Are surgery services well-led?

Good 

Vision, strategy and risks

Nursing Matrons felt that the service at Westmorland was “the jewel in the crown for surgical services”. They were confident the surgical unit was providing a high standard of patient care and had the potential to develop further to improve access and patient experience.

Governance arrangements

Matrons felt the governance arrangements at Westmorland were robust. Roles and responsibilities were well defined and staff were aware of governance and reporting arrangements. Local risks were well articulated and understood and actions to mitigate risks were in place. Managers felt that the size of the surgical unit supported good communication and a more efficient response to incidents. Matrons were confident that staff were reporting incidents effectively and managing risks. Records in relation to incident management supported this view.

Leadership and culture

There was strong nursing leadership within the surgical units at the hospital. The nursing infrastructure meant senior staff were very visible on wards and departments and staff confirmed they felt very well supported in their roles.

Staff confirmed they had annual appraisals. Staff said they felt they were appropriately supported in their personal and professional development. Training records supported this.

One new member of the nursing staff felt they were given good quality support when they joined the trust. They told us they had a good induction and support from a mentor on the day surgery unit.

Surgery

Monthly ward and department meetings were held and staff were able to add any agenda item to the meeting. Staff said they felt able to make comments and their opinions were listened to by ward managers.

Patient experiences, staff involvement and engagement

Although all of patients were complimentary about the care given by the staff team at Westmorland hospital






We heard of one patient's negative experience that involved being transferred from the Royal Lancaster Infirmary. The patient explained they felt the transfer was inappropriately planned and did not take into

consideration, the traumatic circumstances of their admission to hospital. A formal complaint had been made to the trust. We were told by senior staff an investigation was on going.

Learning, improvement, innovation and sustainability

Both the wards and day surgery unit actively sought patient and relative feedback about the service they provided, as they were not, to date included in the family and friends feedback. We saw that feedback was used to improve the service provided to patients in terms of facilities and practice.

Maternity and family planning

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

Information about the service

Westmorland General Hospital (WGH) is one of three hospitals where maternity care is provided within the University Hospitals of Morecambe Bay Trust (UHMBT). Maternity services at WGH are community midwife-led on the Helm Chase Maternity Unit (HCMU) for women whose pregnancies are deemed low risk. Geographically, there are 21 miles between WGH and Royal Lancaster Infirmary (RLI) and 32 miles between WGH and Furness General Hospital (FGH). The larger proportion of women receiving maternity care is provided by teams of midwives within the community setting.

Across the trust the Women & Children's Services Division is led by a clinical director supported by a general manager, a head of midwifery is supported by an interim governance lead and three matrons for midwifery and one for gynaecology. There is a matron on each of the hospital sites. Each ward has a manager / ward sister who is accountable to the site matron.

In 2011/2012, there were 290 births at HCMU an average of 0.8 births per week and in 2012/2013 there were 220 births this is an average of 0.6 births per day. There are nine beds on the maternity ward and we were told that 50% of the births happened in the birthing pool. At the time of our visit the birthing pool room was being refurbished and a new pool had been purchased with money raised by charitable means. The unit also had an antenatal clinic where consultants from RLI/FGH held satellite clinics.

During our inspection we visited the antenatal clinic and maternity ward at Helm Chase maternity unit and spoke with the matron and midwives. We spoke with one woman

who had been transferred back to HCMU for antenatal care following the birth of her baby after having been transferred to FGH during labour to receive consultant care.

Our inspection of maternity services focused mainly on the services at FGH and RLI. When we visited HCMU we spoke with the matron who held front line responsibility for the community midwives that covered a very wide spread geographical area feeding into all of the maternity services across the trust. This service provides the larger proportion of antenatal and postnatal care to women in the Morecambe Bay area.

Maternity and family planning

Summary of findings

The Helm Chase Maternity unit was led by qualified midwives who provided care for women with low risk pregnancies. Safe transfer arrangements to consultant-led medical care were in place for women who developed complications during pregnancy of labour.

The service was highly valued by the women using the service and they were complimentary about the quality of the service provided to them and their babies.

We found the HCMU although small offered a highly valued service to women whose pregnancies were deemed low risk.

Are maternity and family planning services safe?

Good 

The trust had implemented a written maternity risk management strategy that indicated during antenatal care women who were identified as a high risk were cared for by an obstetrician jointly with a community based midwife and their General Practitioner (GP). For the lower risk pregnancies there were a large proportion of midwives with specialisms to provide midwife led antenatal care. This meant that women received care within a good skill mix that promoted their safety and wellbeing. The women who delivered their babies at this hospital were deemed low risk pregnancies and were cared for within this midwife led service. There were clear and safe transfer arrangements in place to consultant led medical care for women who developed complications during pregnancy or labour.

The unit was clean and well maintained. Staff observed good practice guidance in the control and prevention of infection.

Equipment was regularly maintained, checked and ready for use.

Midwives worked within good practice guidelines and there was one-to-one support for women in active labour.

Postnatal care was well staffed and women benefitted from highly personalised care and support.

The Matron monitored the performance of the service in relation to workforce requirements and identified risks to safe service provision.

There were good systems in place for alerting and escalating safeguarding concerns and child protection matters.

Maternity and family planning

Are maternity and family planning services effective?

(for example, treatment is effective)

Good 

The standardised maternity indicators for elective and emergency caesarean section, puerperal sepsis and other puerperal infections, maternal and neonatal readmissions were all within expected limits for the trust wide maternity service.

There were no outstanding serious incidents or never events within this element of the trusts maternity services.

Are maternity and family planning services caring?

Good 

Midwives led the care on the unit in a professional and sensitive way. Women's choices were respected and encouraged. The unit was very homely and we saw staff interacting with women and those close to them in a relaxed and tranquil environment. Women were supported on an individual basis that included support for the care of their babies when they returned home.

Are maternity and family planning services responsive to people's needs?

(for example, to feedback?)

Good 

The staff on the HCMU worked hard to meet the needs of women in a personalised way. Birthing plans took in to the account the needs and preferences of women underpinned by a professional approach to safe delivery. The women we spoke with were complimentary about the service.

Staff were aware that women from the local community often requested to be transferred back to HCMU as soon as was feasible after giving birth at other maternity services provided by the trust.





Women who used the service felt that the service was a necessity due to the long travelling distances to the other hospitals in the area.

Are maternity and family planning services well-led?

Good 

This small but highly valued service was well managed by the staff team. There was effective team working and midwives were well supported by the service Matron. Risks were articulated and escalated appropriately. There was a person centred approach to service delivery. Performance was monitored locally and reported within the wider maternity service governance framework.

Outpatients

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

Information about the service

The trust runs a range of outpatient clinics, and had seen a steady increase in required appointments over the last three years. In 2012-13, there were 481,862 outpatients seen at the trusts hospital sites, up from 448,314 in 2011-12 and 416,912 in 2010-11. (Source: HES data 2010/11, 2011/12 and 20112/13.)

We inspected four of the outpatient clinics and we spoke with 11 patients, four relatives and 19 staff – both nursing medical and support staff. We visited the oncology unit, breast screening clinic, dermatology, gynaecological and ante natal clinics.

We received comments from our listening events and from people who contacted us about their experiences. We also reviewed the trust's performance data.

Summary of findings

The outpatient areas were clean and well maintained and measures were taken to control and prevent infection. The outpatient department was adequately staffed by a professional and caring staff team

Staff working in the department respected patients' privacy and treated them with dignity and respect.

However, we found that waiting times for appointments were long in some departments and there will still difficulties in securing case notes and test results for patients' appointments.

Outpatients

Are outpatients services safe?

Requires improvement 

Cleanliness and hygiene

Clinics and departments were clean throughout and gloves, aprons and other items of protective clothing were readily available in the clinics. There was a good supply of accessible hand wash basins and alcohol gel dispensers. Staff used the facilities in accordance with good practice guidance for the prevention and control of infection.

Availability of patient records

We found that all the outpatients departments across the trust continued to experience some operational difficulties as patient records were not always available for outpatient clinics and diagnostic results were not always returned in a timely way so that they were available for the patient's next clinic appointment. In some clinics a number of patients had temporary notes as their case notes were not available. There are still issues regarding the provision of case notes for short notice clinics and the medical records team not being informed of a patient's appointment. The trust's current percentage for case note availability in the outpatients department is 90% and is monitored on a monthly basis. The trust has initiated a Paper Lite project to have electronic information available for patients and to improve the efficiency and effectiveness of outpatient services. This would benefit patients and reduce the reliance on paper records.

Safeguarding

We saw that safeguarding policies and procedures were in place. Staff we talked with in the outpatients clinics had completed safeguarding training and understood their responsibilities in relation to protecting people from abuse and responding to concerns.

Monitoring safety and responding to risk

Performance in the Breast Screening Unit was closely monitored to ensure good practice in relation to reducing the numbers of repeat x-rays and mammography required as a result of poor imaging. There are quarterly reports highlighting any trends and performance issues. The reports inform remedial and, management actions to address performance and risks.

The management of patient safety and active follow-up was monitored at board level for this service due to the historical concerns relating to a serious untoward incident in 2010. Further investigation highlighted that over 1,400 patients had been affected by the poor implementation of an electronic booking system that had not been actively or appropriately managed by the board prior to 2011.

Are outpatients services effective? (for example, treatment is effective) Not sufficient evidence to rate

Not assessed

Are outpatients services caring?

Good 

Compassion, dignity and empathy

The patients we spoke to said that staff had been polite and caring towards them. Staff spoke with patients respectfully and were open and friendly in their approach. Vulnerable patients were managed sensitively and attended to as quickly as possible. Difficult messages were given to patients and those close to them sensitively and privately. Patients were given time to understand the messages and ask questions.

Involvement in care and decision making

Patients we spoke with told us they were well 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.

Diagnostic tests were explained and patients consent sought as appropriate. Staff were competent in seeking and obtaining patient consent for treatment, clearly explaining benefits and risks in a way that patients understood.

Emotional support

Patients were very positive about the support they received from staff at this hospital and felt that staff offered good emotional support to them when in the department. Staff were seen as approachable and that they listened to patients' concerns and responded well.

Outpatients

Are outpatients services responsive to people's needs?
(for example, to feedback?)

Requires improvement 

Meeting people's needs

Due to the ongoing operational difficulties within this service and although performance has improved, there is still much to do in scheduling, organising and managing the outpatients departments before the service can be assured that it is meeting patients' needs in a timely way.

Vulnerable patients and capacity

Vulnerable patients were managed sensitively in outpatient departments. Staff were responsive in meeting patient's individual needs. Patients who suffer from dementia were managed in a thoughtful way and staff tried to make sure that they were seen quickly.

Staff were aware of their responsibilities in relation to people who lacked mental capacity and they sought advice, guidance and support for patients from appropriate professionals to support best interest decision making.

There is limited information available in the departments for patients who have a learning disability. We could not find information available in easy read formats; similarly we could not find written information in formats suitable for patients who had a visual impairment.

Patient information leaflets were available in different languages and an interpreter could be booked in advance of their appointment. We asked staff about what was available for people when English was not their first language so they could understand their treatment and care.

The trust used 'language line' that could be used for interpretation or support. Staff told us that they had used this service and had not encountered any significant problems nor had not received any complaints from patients about the service. We did not see this service in use during our inspection.

Patient transport

Transport arrangements were sometimes difficult for patients attending the outpatients department. Transfer

arrangements led to some people arriving very early for appointments and were then subject to long waits; patients also experienced long waits for transport to take them home afterwards.

Patients felt that the difficulties with transport arrangements for outpatient attendance led to a poor experience that required better organisation and support.

Access to services

From our performance information the trust is meeting expectations in relation to referral to treatment times.

Reception staff told us that their biggest problem was the waiting times in outpatients. Staff said that they told patients if the clinics were running late. Staff told us if people wanted to complain about their appointment they were directed to the team leader. The team leader would discuss the issues with them and look into their complaint and try and resolve things "face to face" first. Patients were subject to lengthy waits and transport difficulties that made the outpatient experience often less than satisfactory.

Learning from experiences, concerns and complaints

Following a serious untoward incident regarding the lack of follow up on a patient in outpatients, there was an investigation into the trust's outpatients department by an independent consultant. The investigation report was completed in January 2011 and made a number of recommendations for action on the part of the trust. Since that time the trust has worked to improve its management of the outpatient department and strengthen the governance arrangements for managing the department and the escalation of risk.

Systems and management arrangements have improved, however staff and patients are still experiencing difficulties in scheduling and arranging appointments for example, in early 2013, there were two pain clinics with no patient attendance as the system had failed to generate letters to patients informing them of their appointment and so patients did not attend.

Environment

Patients were seen in private consultation rooms where conversations could not be overheard. Patients had private areas to undress and wait, if this was necessary.

Outpatients

Staff told us that if they had to give patients 'bad news' this was done in the privacy of the clinic rooms and that staff were prepared before the patient came into the consultation room so that appropriate support was available for the patient.

Patient facilities in this hospital had recently been upgraded to promote patient comfort.

Are outpatients services well-led?

Good



Governance arrangements

The outpatients department was part of the trust's core clinical support division which was led by the executive nurse. The executive nurse chaired the outpatient improvement group, that was linked to the patient experience committee to get feedback from patients about the out patients department. The trust was currently developing a Patient Experience and Public Involvement Strategy. The objectives were being monitored, along with current patient experience initiatives, on a quarterly basis by the Clinical Governance and Quality Committee. Initiatives had included a 'customer care champion day' and the "I Want Great Care" service. This was currently being piloted within the trust and therefore we were unable to see any evaluation of these initiatives.

There were systems to report and manage risks. Staff were encouraged to participate in the change programme for the department and there was departmental monitoring at board level in relation to patient safety. This was a recommendation of the investigation into the outpatients department reported in January 2011.

Staff told us that if they had concerns they raised them with their immediate managers. We spoke with eight staff in the breast screening unit who were aware of how to escalate concerns and about whistleblowing on poor practice. However, two members of staff were disappointed at the level of response made by the trust in relation to the earlier mentioned Breast Screening Service.

Leadership and culture

Staff in outpatients did exhibit strong teamwork and a desire to make systems work.

We spoke with staff who told us that they met representatives of the outpatient's improvement group regularly and that they were aware of who was leading the service.

We were told by staff that not all specialities did things the same way that caused inconsistencies in the delivery of services.

Some staff said that when they had presented alternative views to trust management they had not been listened to and the systems in place did not support them. This view had been expressed to us before and during our inspection of the trust.

Patient experiences, staff involvement and engagement

Staff working in the outpatients department told us that they felt there was good team working in the department. Staff showed commitment to making the electronic systems work and minimise disruption to patients, although often they said they had no control over the systems they used.