

Burton Hospitals NHS Foundation Trust

# Samuel Johnson Community 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

Good



Minor injuries unit

Requires improvement



Medical care

Good



Maternity and gynaecology

Good



Outpatients and diagnostic imaging

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Samuel Johnson Community Hospital is part of Burton Hospitals NHS Foundation Trust. The hospital provides a number of services to the local population of Lichfield, working closely with neighbouring hospitals and NHS trusts.

We inspected this hospital in July 2015 as part of the comprehensive inspection programme.

Overall, we have rated this hospital as good. We saw that services were caring and compassionate. We also saw that people have good outcomes because they receive effective care and treatment that met their needs. Systems and processes were in place to ensure patients were kept safe and were able to respond to local need. The minor injuries unit required improvement in order for it be considered responsive to people's needs and well led.

Our key findings were as follows:

- Staff were caring and compassionate towards patients and their relatives. Patients' dignity and privacy was ensured and we saw many examples of good care right across the trust for staff at all levels.
- There was a strong open culture and staff were encouraged and supported to report incidents. There were clear systems in place to ensure lessons were learnt and services developed as a result
- The hospital delivered an effective and responsive service that met the needs of the local community.
- Staff at Samuel Johnson hospital described how the computer systems at the hospital were not all compatible with those at the trusts other sites. Provision had been made so that information was available, but this was read only.

We saw several areas of good practice:

- Dementia care was embedded within the wards. Nurses, nursing assistants and volunteers were trained as dementia champions; they encouraged others to make a positive difference to people living with dementia.
- Multi-disciplinary working was embedded on the wards. The ward based physiotherapists and occupational therapists (OT) supported the nurses in the patient rehabilitation pathway and promoted safe patient independence during their rehabilitation programme.
- We heard of the strong emphasis on a drive for quality, good communication and ongoing enhancement of staff's skills.
- We saw good examples of multi-disciplinary team (MDT) working across the maternity service. Staff worked collaboratively as part of the multidisciplinary team to serve the interests of women in birthing at the unit and those cared for in the community setting.

However, there were also areas where the trust needs to make improvements:

Importantly the trust must:

- The trust must review arrangements for responding to patients with mental health needs in the minor injuries unit.
- The trust must review arrangements for access to x-ray imaging after 5pm weekdays and on Saturday afternoons and Sundays or MIU patients.
- The trust must support the MIU to audit its performance in order to assess the effectiveness of their own practice and to identify and manage risks.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Minor injuries unit

Requires improvement

### Rating



### Why have we given this rating?

We found services were not as responsive as they could be. The MIU was in a district general hospital and there was no ED within the hospital. The ambulance service took patients with major injuries or illness to the ED at Queens Hospital Burton or to Good Hope ED Sutton Coldfield. The hospital did not have good support arrangements for people with mental health issues, especially at night. There was no access to x-ray imaging after 5pm weekdays or on Saturday afternoons or Sundays. They did not have joined up working with some other specialists such as the mental health crisis team.

We found leadership required some improvement. The trust did have monthly meetings about the performance of MIU. Managers regularly collected monitoring information but they did not use it and it could help them to understand and manage risks more effectively.

Staff reported and learned from any incidents or mistakes. There were good systems in place to keep patients safe. Experienced emergency nurse practitioners led the MIU.

They provided treatment and care through nationally agreed methods and offered pain relief as needed. All staff treated patients and their relatives or friends with respect and warmth. They upheld the patient's privacy and dignity.

### Medical care

Good



We found that the issues identified during our previous inspection relating to poor hand hygiene, staffing and dementia care had been resolved. A combined risk assessment which was completed for each new patient on the ward had been an effective patient safety tool. The ward assurance data was displayed on both wards. During May 2015 there had been no complaints and 22 compliments. There were no pressure ulcers reported and the ward assurance score was 99%. Both wards demonstrated effective multidisciplinary team working to enhance the

# Summary of findings

patient experience, promote independence and a timely discharge home or in to a community setting. Patients were well-supported with their individual nutrition and hydration needs.

A revised business continuity plan had been introduced and was available in a paper copy and on the intranet. The staff were informed when the level of need at the trust was high.

## Maternity and gynaecology

Good



There was clear systems in place for reporting safety incident, audits concerning safe practice and compliance with best practice in relation to care and treatment.

People received care and treatment that was planned in line with current evidence-based guidance, standards and best practice.

Women told us they had a named midwife. The ratio of clinical midwives to births was one midwife to 29 women. We saw documentary evidence that 99% of women received one to one care in labour. Women told us that they felt well informed and were able to ask staff if they were not sure about something.

There was a clear statement of vision and strategy, driven by quality and safety. However, most staff we spoke with did not demonstrate awareness or understanding of the vision and strategy.

The governance arrangements facilitated discussion and review of quality and safety matters, with dissemination of learning. There was oversight of quality and safety at the trust board meetings.

## Outpatients and diagnostic imaging

Good



Patients, visitors and staff were kept safe as systems were in place to reduce and monitor risk. Services followed recognised pathways of care and were completed by trained and skilled staff. Patient outcomes were audited and benchmarked against national standards.

Staff were caring and involved patients and their carer's and family members in decisions about their care. The service was responsive to the local community. Local leadership was good. Managers understood their staff and provided an environment where they could develop.

Formal complaints processes were embedded however we did not see evidence that informal complaints were being recorded in line with the trust complaints policy.

# Samuel Johnson Community Hospital

## Detailed findings

### Services we looked at

Urgent and emergency services; Medical care (including older people's care); Maternity and gynaecology; Outpatients and diagnostic imaging

# Detailed findings

## Contents

### Detailed findings from this inspection

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## Background to Samuel Johnson Community Hospital

The Samuel Johnson Community Hospital is part of Burton Hospitals NHS Foundation Trust. The hospital provides a minor injuries unit, medical care and rehabilitation on two wards, maternity services and outpatients. The hospital is based in Lichfield, 13 miles from the main trust site in Burton Upon Trent.

The trust serves a population of more than 360,000 people in Burton upon Trent and surrounding areas, including South Staffordshire, South Derbyshire and North West Leicestershire.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Mike Lambert, Consultant, Norfolk & Norwich University Hospitals NHS Foundation Trust.

**Head of Hospital Inspections:** Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

director of nursing, emergency department head of nursing, matron for surgery, senior nurses, senior paediatric nurse, critical care consultant nurse,

supervisor of midwives, staff nurses, lead paramedic, chartered physiotherapist, operational managers, governance and quality experts, consultant in clinical oncology, consultant physicians, consultant paediatrician, critical care consultant, specialist gynaecology consultant, consultant urologist, consultant general and vascular surgeon and medical registrar.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

## How we carried out this inspection

We inspected this service in July 2015 as part of the comprehensive inspection programme.

We visited the hospital on 7, 8 and 9 July 2015 as part of our announced inspection.

We did not hold a public listening event prior to this inspection, we did meet with Staffordshire Healthwatch and a number of people contacted CQC directly to share their views and opinions of services.

# Detailed findings

During our visit to the hospital we held eight planned focus groups to allow staff to share their views with the inspection team. These included all of the professional clinical and non-clinical staff. Through these groups we spoke to over 300 members of staff.

We met with the trust executive team both collectively and on an individual basis. We also met with ward managers, service leaders and clinical staff of all grades. We also spoke to patients and their relatives and carers we met during our inspection.

We visited many clinical areas and observed direct patient care and treatment.

## Facts and data about Samuel Johnson Community Hospital

As at April 2015, the hospital employed 128 whole time equivalent staff. Of these, 58.55 were nursing staff, and 1.27 medical staff. There were 46 general medical beds and six maternity beds. There were 1,482 total inpatients admissions between April 2014 and March 2015 and 21,751 outpatient attendances. There were also 30,926 attendances at the minor injuries units.

The trust serves a population of more than 360,000 people in Burton upon Trent and surrounding areas,

including South Staffordshire, South Derbyshire and North West Leicestershire. East Staffordshire district was ranked 124th of 326 local authorities in the English indices of deprivation in 2010.

The trust had revenue of £183 million with a budget deficit in 2014/2015 of £10.6 million.







There were a total of 80 incidents reported at the hospital between January and April 2015. Seven were categorised as moderate harm, all others were near miss, no harm or minor harm.

## Our ratings for this hospital

Our ratings for this hospital are:

|                                    | Safe | Effective | Caring | Responsive           | Well-led             | Overall              |
|------------------------------------|------|-----------|--------|----------------------|----------------------|----------------------|
| Minor injuries unit                | Good | Good      | Good   | Requires improvement | Requires improvement | Requires improvement |
| Medical care                       | Good | Good      | Good   | Good                 | Good                 | Good                 |
| Maternity and gynaecology          | Good | Good      | Good   | Good                 | Good                 | Good                 |
| Outpatients and diagnostic imaging | Good | Not rated | Good   | Good                 | Good                 | Good                 |
| Overall                            | Good | Good      | Good   | Good                 | Good                 | Good                 |

# Minor injuries unit

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

## Information about the service

The Minor Injuries Unit (MIU) based within Samuel Johnson Community Hospital is a 24-hour nurse-led service for those suffering from minor injuries or minor illnesses, no appointments are necessary.

Patients are assessed, diagnosed, treated and discharged by Emergency Nurse Practitioners (ENPs). There is no on-site Doctor or GP within the unit

Patients may be re-directed to their GP, or to Accident and Emergency, if that would be the best and most appropriate healthcare for their condition

Between April 2014 and Mar 2015, emergency and urgent care services at the Samuel Johnson Hospital saw 30,926 patients. Data displayed on the public notice board for January to June 2015 show that attendances were 1,912 to 2,686 each month.

Lichfield is a Cathedral City in Staffordshire with an estimated population of 32,219 as of 2011, and the wider Lichfield district of 100,700. 96.5% of the population was white.

We visited the MIU announced on 9 July 2015. During our inspection, we spoke to three patients and seven staff. We followed the care and treatment of three patients through from arrival to discharge.

## Summary of findings

We found services were not as responsive as they could be. The Minor Injuries Unit (MIU) was situated within a community hospital and there was no ED within the community hospital. The ambulance service took patients with major injuries or illness to the ED at Queens Hospital Burton or to Good Hope ED Sutton Coldfield.

There hospital did not have good support arrangements for people with mental health issues, especially at night. They did not have joined up working with some other specialists such as the mental health crisis team. There was no access to x-ray imaging after 5pm weekdays or on Saturday afternoons or Sundays.

We found leadership required some improvement. The trust did have monthly meetings about the performance of MIU. Managers regularly collected monitoring information but they did not use it and it could help them to understand and manage risks more effectively.

Staff reported and learned from any incidents or mistakes. There were good systems in place to keep patients safe. Experienced emergency nurse practitioners led the MIU.

They provided treatment and care through nationally agreed methods and offered pain relief as needed. All staff treated patients and their relatives or friends with respect and warmth. They upheld the patient's privacy and dignity.



# Minor injuries unit

## Are minor injuries unit services safe?

Good



We found services were safe. Staff understood the trust's incident reporting policies and procedures. They used the system to report and learn from incidents and errors. There were systems in place to ensure safety such as the good practice around hygiene and infection control, record keeping, safeguarding and medicines management and staff complied with these.

There was some lone working for nursing staff overnight due to staffing pressures but the trust recognised this and had taken some steps to mitigate the risk. We noted some storage issues that could be a potential hygiene risk. There were agreed procedures in place to respond to very unwell or deteriorating patients. There was no resuscitation team on site within the hospital however, experienced emergency nurse practitioners led the unit.

### Incidents

- The trust's emergency and urgent care directorate incident reports cover the ED at Queens Hospital Burton and the two minor injury units in the community including the Samuel Johnson Hospital MIU.
- Across these services there were five serious incidents from May 2014 to April 2015; with very few category 2-4 pressure ulcers, falls with harm or C.U.TIs
- Staff told us they reported incidents using the trusts electronic system and that the staff group reflected on incidents that had been investigated to learn lessons for improving practice.
- Nursing staff confirmed monthly meetings were held between senior nurses, the ED matron and the lead nurse for community and clinical support services to 'confirm and challenge' the services where performance and quality indicators had fallen short of the targets.
- The lead nurse for the service confirmed they review all incident report forms each day from the previous day to ensure any immediate key actions have been taken and lessons are learnt.
- The trust had policy and procedures for complying with the Duty of Candour requirement. Emergency nurse

practitioner (ENP) nursing staff we spoke with had no information about the Duty of Candour and how it related to their role. They had no training and were not aware of the policies.

### Cleanliness, infection control and hygiene

- The trust had policies and procedures for hygiene and infection control.
- We noted the ENP staff were bare below the elbow in keeping with policy and wore uniforms.
- There were hand cleansing dispensers on the walls around the unit and we saw staff using them. We saw supplies of aprons and gloves available at the point of treatment for staff to wear. Hand hygiene audit results for 2014/2015 showed the unit achieved 100% compliance for the first three quarters and 90% compliance in quarter four.
- We noted there was a photo of the infection control champion displayed and information posters for staff such as policy for managing needle stick injuries and bodily fluid spillages were on walls.
- All treatment rooms and most areas of the Minor Injuries Unit (MIU) were clean, tidy and well organised. However, we noted some stock items stored on the floor of the sluice room that would inhibit effective cleaning and could cause a potential hygiene risk. The sluice room was unlocked and some cleaning chemicals were not securely stored.

### Environment and equipment

- The MIU was open 24-hours a day. The unit was locked down overnight and CCTV cameras covered the entrance. The lone nurse on duty let patients in and out of the unit so they were aware of who was there at all times. There were no security personnel on the premises overnight.
- The MIU was well laid out and there was a separate reception and waiting area, plaster room and an eye treatment room.
- There was an emergency treatment room equipped for resuscitation.
- We noted that a number of chairs in the waiting area had very worn or torn plastic covering. This could be an infection control hazard and may put patients vulnerable to pressure damage at further risk. Some chairs in the children's treatment room had broken seats. Staff told us replacements were on order.

# Minor injuries unit

## Medicines

- The trust had policies and procedures for the safe storage and administration of patient's medication.
- We looked at the storage and administration records of medication at the MIU including controlled drugs on the day of our visit and noted it was all in order.

## Records

- We observed nursing staff make appropriate records when they treated patients.
- Notes were scanned on to a computerised record system. The ENP staff informed us of the trust's plan to replace the current system with the system currently in use at Queens Hospital. This would enable better communication between the two hospital systems. This change is expected to happen in November 2015.
- We noted a communication book was kept to make staff aware of key messages and staff signed to confirm they had read these.

## Safeguarding

- The trust had policies and procedures in place for safeguarding patients.
- Staff we spoke with were aware of their responsibilities to safeguard children and vulnerable adults.
- Staff told us about the development of a new safeguarding supervision system. This involved a small group of ED staff meeting for an hour every six months and discussing a safeguarding issue that had arisen in practice. They gave us an example of issues that had been discussed. The benefits of the system are that staff become more confident in identifying and reporting safeguarding issues with patients in the unit.
- We followed the care and treatment of a paediatric patient on the day of our visit and we noted that the nurse addressed routine safeguarding protocols.
- The trust provided data on safeguarding training which was for the whole of the Emergency services across the trust. This meant we could not determine how many staff at this MIU were up to date. All nursing staff across the service (100%) had completed safeguarding adults training at level 1 and 93% had completed level 2. All nursing staff (100%) had also completed child protection training at level 1, 87% had completed level 2 and 66% had completed level 3.

## Mandatory training

- Staff told us they were up to date with their mandatory training. The Trust sent training records which combined included all staff working in the ED at Queen's Hospital and both MIU's, so we could not confirm the compliance rate for this MIU. However, across the service, 100% of nursing staff had updated their advanced paediatric life support training, 97% had completed fire safety training, 95% had done infection control training and 61% of nursing staff had updated their advanced life support

## Assessing and responding to patient risk

- There was no triage system in place but reception staff had a 'first contact' protocol to escalate a particular range of patients, presentations and reported symptoms. There was no overnight receptionist on duty but/so a nurse covered this role.
- There was no resuscitation team on site at the hospital if a patient required resuscitation. Staff had to ring 999 for paramedics and there was an agreed response time of no more than eight minutes.
- Local leaders told us all the ENP's were life support trained including paediatric life support. They said they supported the wider hospital if necessary.
- We asked senior sisters about escalation procedures. They said the procedure was to call 999 for paramedics. At night the lone nurse on duty could speak to the out of hours GP service if appropriate.
- Staff confirmed the policy agreed between West Midlands Ambulance Service and the trust for immediate response for a critical condition and said they generally had no concerns about ambulance response. However, one incident during 2014 was highlighted to us where the ambulance service took 45 minutes to attend for anaphylaxis and MIU nurses managed the patient.
- A site manager was available on call overnight to support nurses but there was no out of hours 'bleep'

## Nursing staffing

- The MIU was led by Emergency Nurse Practitioners (ENP) and managed by senior sisters.
- The staffing levels for the day and the staff on duty were displayed in the waiting area for patients to see. We noted that staffing levels at the time of our visit matched the planned roster that was, two senior ENP sisters and one ENP sister.

# Minor injuries unit

- Due to low staffing numbers there was only one ENP rostered to be on duty overnight. This lone working arrangement was identified on the risk register since February 2015. To mitigate the risk to staff and patients, the department is locked at night so the nurse knows who is in the department and porters on shift are based in the department when possible. However, this could still pose a risk if the porter is called away or there is more than one patient in the department.

## Medical staffing

- There were no medical staff working at the MIU it was a nurse practitioner led service.

## Major incident awareness and training

- There was a major incident policy. Staff were aware of the major incident and business continuity policy, and understood their roles and responsibilities in the event of a major incident.

## Are minor injuries unit services effective? (for example, treatment is effective)

Good



We found services were effective. Treatment and care was provided through nationally agreed pathways and pain relief was offered as appropriate. Local managers audited some of the unit's performance to assess outcomes for patients. Staff had recently undertaken an audit of consent recording and identified where improvement was needed. The unplanned re attendance rate was being looked into at a local level. The MIU was led by experienced emergency nurse practitioners who had access to further training and development. Joined up working with other specialists such as the mental health crisis team were not as effective as it should be.

## Evidence-based care and treatment

- ENP's confirmed they had national and local guidelines to follow 'for everything'. Many were very experienced nurses and felt confident about their skills and knowledge level and competence.
- We noted around the walls of treatment rooms there were NICE protocols and national guidelines on large

posters, for example we saw the NICE risk assessment protocol for serious illness in children, guidelines for the management of asthma, guidelines for ocular referrals and adrenalin dosage for anaphylactic shock.

- We followed the care and treatment of patients from admission to discharge on the day of our visit. We observed that assessment and practice was safe and appropriate, within national guidelines and local policy and there was swift process to x-ray imaging.
- One ENP senior sister confirmed they worked at Queens Hospital Burton regularly as an Advanced Nurse Practitioner (ANP) and brought experience back to the MIU to share with colleagues.

## Pain relief

- We observed that nurses checked the level of pain patients were experiencing and prescribed analgesia as appropriate.
- Local leaders told us that at the time of our visit, pain screening was the next local audit due to be undertaken.

## Nutrition and hydration

- Most patients attending the unit are not there for a significant period of time which might impact on their nutritional or hydration needs, however, the trust assured us that patients would be provided refreshments if required, for example if there was a delay in transfer to another unit.
- We noted there was a water dispenser in the waiting room. The hospital had an on-site café and out of hours, patient had access to vending machines.

## Patient outcomes

- The trust had previously taken part in several College of Emergency Medicine College of Emergency Medicine (CEM) audits including ones into assessment and treatment of feverish children, fractured neck of femurs and vital signs. However, these are related to care prior to April 2013.
- ENP senior sisters told us they carried out internal audits, for example the most recent was on recording consent. The findings were that it was not consistently recorded so learning documents were developed and shared with staff.
- There were no figures available for the MIU but the unplanned re-attendance rate remained at 6% for December 2014 to March 2015. This is above the target

# Minor injuries unit

of 5% but below the England average of 7.5%. Staff confirmed they were aware of the trusts concern about this and that some work had been done locally to identify the reasons for this. They told us these included x-ray imaging not being available and particular clinics such as dressing clinics not available at the time of the first visit.

## Competent staff

- Nursing staff were qualified emergency nurse practitioners and three were nurse prescribers and could prescribe some types of medication for patients.
- We noted there were two senior ENP sisters on duty on the day of our visit.
- ENP senior sisters confirmed they were involved in their own professional development plans and had access to funds for training providing their mandatory training was up to date.
- Training places were split between the MIU and Queens Hospital ED staff so that nurses could benefit from the experience.
- ENP sisters confirmed they had all had an annual appraisal between April and June 2015 and this was confirmed by data we reviewed. Senior sisters were annually appraised by the ED matron.
- They received no protected 1:1 regular meeting time with their line managers.
- They said that clinical supervision was undertaken on an ad hoc peer level as there were always three ENP's on duty.
- We noted information leaflets were available to staff on revalidation.

## Multidisciplinary working

- ENP nurses told us access to psychiatric input could be improved. This was through the local crisis team which covered the whole county and so could lead to delays in treatment or transfer to an appropriate care provider.
- We observed student nurses on placement at the MIU provided excellent care. They told us it was a good learning environment with positive team work.

## Seven-day services

- The MIU was open 24 hours a day on seven days a week.

## Access to information

- Staff had access to information, policies and procedures via the trusts intranet.

- A monthly assurance report for the MIU was made available to staff and they met with senior staff to discuss this.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Local leaders told us MIU staff had undertaken an audit of consent recording in March 2015. The audit looked at a sample of 80 recorded episodes and found that improvement was needed. Ninety percent of the records reviewed indicated that consent had been implied but not expressly given. The audit concluded that the poor recording was partly due to the design of the documentation and a recommendation was made to review this.
- A trust wide audit of the dementia care strategy in July 2015 had recommended improvements within the ED across the trust, in recording the involvement of carers in medical decisions for patients with dementia.

## Are minor injuries unit services caring?

Good



We found services were caring. Staff in all roles treated patients and their relatives/friends with respect and warmth and patient's privacy and dignity was upheld. Patients told us they were satisfied with the care they received and where appropriate relatives were involved in decisions about treatment. Patients had access to the full range of support provided at Queens Hospital Burton.

## Compassionate care

- Patients we spoke with told us staff were kind and treated them with respect.
- We observed only positive interactions between staff in all roles and patients and saw no breach of a patient's privacy or dignity.
- We saw staff at all levels and in all roles treating patients and their relatives/friends with respect, warmth and kindness and communicating with them well.
- National data sources reported the Friends and Family test scores as consistently better than England average between December 2013 and November 2014. We had no data about the MIU results specifically.

# Minor injuries unit

- The Care Quality Commission inpatient survey result for November 2014 showed the ED performance “about the same” as other trusts. We had no data about the MIU results specifically.

## Understanding and involvement of patients and those close to them

- We spoke with three patients whose care and treatment we followed on the day of our inspection including a child and their parents. They all told us they were satisfied with the care they received and the staff who provided it.
- We observed staff interacting with patients and family members. Staff talked to them in a way that patients could understand and described what they were going to do. Staff also checked with the patient that they understood what they’d been told and where they were.

## Emotional support

- Chaplains were available 24 hours a day seven days a week. They represented different denominations and had contact with all the major faith communities.
- We observed reassurance being given to patients and nurses offering emotional support. Relatives were able to remain with patients throughout their time in the MIU to ensure they were supported.

## Are minor injuries unit services responsive to people’s needs? (for example, to feedback?)

Requires improvement



The MIU did not respond as well as it could to meeting some individual patients need such as people with mental health issues. The MIU was open 24 hours a day seven days each week but access was restricted at night to protect lone working arrangements. X-ray imaging was not available ‘out of hours’ and for most of the weekend.

The MIU was situated within a district general hospital and there was no ED within the hospital. Patients presenting with major injuries or illness were taken by the ambulance services to the trust ED at Queens Hospital Burton or to Good Hope ED Sutton Coldfield, which was closer.

Patients were generally seen on a ‘first come, first served’ system but there was a ‘first contact protocol’ for reception staff to consult. Complaints were investigated and the MIU used the outcomes to improve the service.

## Service planning and delivery to meet the needs of local people

- The MIU was situated within a community hospital. There was no ED within the hospital. It was open 24 hours a day and seven days a week.
- Patients presenting with major injuries or illness were taken by the ambulance services to the trust ED at Queens Hospital Burton.
- The trust could not provide us with the number of paediatric patients seen by the MIU. Nursing staff we spoke with estimated it as 50% of attendees.
- The MIU saw an overall drop of 3% in attendances between 2013/14 and 2014/5. These drops were sharpest during October and November 2014 at 8% difference.
- Although Good Hope Hospital ED Sutton Coldfield was nearest to the MIU and ENP’s could refer there it was provided by a different trust.
- Although the MIU was open seven days a week and 24-hours a day, x-ray imaging services based within the hospital were available only Monday to Friday, 9:00am to 5:00pm and Saturday mornings, 9:00am to 12:00 noon. Patients requiring an x-ray outside of these times had to travel to another location.

## Meeting people’s individual needs

- We noted that one of the treatment rooms was child friendly.
- Local leaders told us there was one paediatrics trained nurse on the team at the time of our visit and two others had just been employed to start work in August 2015.
- We noted there were sexual health and ‘family health’ packs available for distribution and information about domestic violence.
- The population of Lichfield was predominantly white European and we noted that all written information was in English only.
- The trust had a dementia care policy in place and had audited its compliance within the ED generally and made recommendations about pain relief and involving carers in medical decisions.



# Minor injuries unit

- We noted no evidence of a particular focus in the MIU on supporting patients with learning disability or dementia.
- ENP's were aware of the on call crisis team and had an assessment tool they used for people who presented with mental ill health. They said the service was not as responsive as it could be for these patients however. This was confirmed by senior leaders of the service.

## Access and flow

- The MIU had no triage arrangement in place; patients were seen on a first come first served basis.
- Senior nurses confirmed there was a 'first contact protocol' on the wall for reception staff to consult. It listed a range of symptoms and presentation for which immediate action was required, including overdose/poison, any difficulty breathing, unwell floppy baby, all children between 0 and 12 months old.
- There were instructions for reception staff to follow to bring these patients to the attention of a nurse practitioner.
- Nursing staff confirmed there was an agreed protocol for the ambulance service to bring patients to the MIU. We observed this in practice on the day of our visit for an inbound patient from a local care home.
- The MIU used 999 ambulance services to transfer very sick patients on to Queens Hospital Burton ED.
- Where patients did present with urgent and complex conditions or deteriorated while at the MIU, ENP senior sisters confirmed the policy agreed between west midlands ambulance service and the trust for response times.
- Performance on MIU for waiting times and compliance with national targets such as seeing, treating and discharging or admitting patients within four hours of arrival were not separately identified within data provided by the trust and not monitored by the trust.
- Receptionist staff told us they flag breaches on the computerised system and confirm the reason for the breach.
- Senior nurses reported that there were few breaches of the national four hour target and the usual reason for a breach was that patients were waiting for another service provider.
- Data shows the ED across the trust as having consistently low and lower percentage of patients leaving before being seen compared to England average, from April 2013 to Sept 2014. We had no specific data for the MIU.

- We followed the care of three patients including a child and noted they were assessed and treated in a timely way. Another patient required x-ray imaging and this also was concluded and the patient discharged within an hour of arriving.

## Learning from complaints and concerns

- We noted PALS leaflets and a box for completed cards at the door to the MIU, there were some cards in the box at that time.
- PALS leaflets were in four Asian languages and Polish as well as English.

## Are minor injuries unit services well-led?

Requires improvement



We found leadership required some improvement. Governance arrangements were not monitoring the performance that was being audited by local leaders. The trust was therefore not sighted on some risks. We noted no vision or strategy to improve the service to respond better to patients with mental ill health. We did not see any specific examples of innovation in the unit.

The MIU and the trust had an open culture and staff and local managers felt confident about reporting anything they had concerns about, including when something had gone wrong. Staff were made aware of the trusts strategic objectives, the unit was well led locally and senior leaders were visible. Patients told us the MIU had a good reputation locally. Friends and Family Test data was put on display.

## Vision and strategy for this service

- Patients and staff told us the service was valued by the local community.
- We noted a vision statement for the MIU on the staff notice board and a 'know your executive team' poster with photographs.
- Staff confirmed they the ED matron regularly came to the MIU and the lead nurse community and clinical support services were visible and approachable.
- We noted no vision or strategy to improve the service to respond better to patients with mental ill health.

# Minor injuries unit

- Community and clinical support services leaders reported low numbers of patients attending at night and lone working by nurses overnight was a risk that the trust was aware of. However we heard no evidence of any long-term strategic plan to address this.

## **Governance, risk management and quality measurement**

- The MIU at Samuel Johnson Hospital was part of the community and clinical support services division of the trust.
- Community and clinical support services leaders reported they led on Governance meetings each month that rotated around the three sites of emergency and urgent care services Governance meetings within the trust. The ED matron based at Queens Hospital Burton reported to these Governance meeting and incidents, FFT results and ward assurance were discussed for the Queens Hospital ED, the Sir Robert Peel Hospital MIU and the Samuel Johnson Hospital MIU.
- Nursing staff confirmed that the ED clinical director was involved with the investigation of some incidents.
- ENP senior sisters we spoke with were aware of Governance meetings held in respect of the service and confirmed the meeting rotated across the three ED sites. Each meeting generated a report that covered incidents, falls, pressure ulcers and patient experience information.
- The staff at the Samuel Johnson MIU did not see the ED monthly performance newsletter that we saw was available to staff at Queens Hospital Burton.
- The trust policy was confirmed by community and clinical support services leaders as once a patient was handed over to paramedics for a transfer it was the end of the MIU responsibility.
- We were not assured that patient outcomes were monitored by ED Governance. For example, community and clinical support services leaders told us that MIU staff regularly audited the transfer out of patients to ED's and by 999 services and we found although records were kept locally, this data was not reported on or analysed unless it generated an incident.

- This meant there was no governance monitoring of the number of times the MIU was transferring out patients or of outcomes for patients.
- Risks, for example any gap in resuscitation need in the MIU, ambulance response times and out of hour's access to x-ray imaging were not being identified and managed by the trust.

## **Leadership of service**

- The MIU was managed by a head nurse in the community and clinical support services directorate.
- Two Band 7 ENP senior sisters were in charge of the MIU.
- The MIU was well led locally and staff told us they felt well supported to carry out their role.
- ENP's told us they felt autonomous in their role but knew there was support available if and when they needed it.

## **Culture within the service**

- Staff and local leaders told us the MIU and the trust had an open culture and they felt confident about reporting anything they had concerns about, including when something had gone wrong.
- Staff told us they enjoyed working in the MIU, they were all experienced and took whatever opportunities they could for further study.

## **Public engagement**

- Data displayed on a public notice board showed the Friends and Family Test response for March 2015 was 16. Fourteen responses were 'extremely likely' to recommend and two were 'likely' to recommend.







## **Staff engagement**

- Nursing staff were involved with monthly Governance meetings that discussed and challenged quality assurance within the service.

## **Innovation, improvement and sustainability**

- We did not see any specific examples of innovation at the MIU. We noted the service was well valued by the local community but also that attendances had decreased during 2014/15.

## Medical care (including older people's care)

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

### Information about the service

At Samuel Johnson Community Hospital they provided a range of inpatient services, including general medical care, rehabilitation and care for the elderly.

There is a 23 bedded male ward - Erasmus Darwin and a 23 bedded female ward - Anna Seward.

We visited Erasmus Darwin Ward and Anna Seward Ward and met with the ward managers and their staff. Both wards had 23 inpatients and were appropriately staffed. We spoke with eight nurses, four therapists and seven patients.

### Summary of findings

We found that the issues identified during our previous inspection relating to poor hand hygiene, staffing and dementia care had been resolved.

A combined risk assessment which was completed for each new patient on the ward had been an effective patient safety tool. The ward assurance data was displayed on both wards. During May 2015 there had been no complaints and 22 compliments. There were no pressure ulcers reported and the ward assurance score was 99%.

Both wards demonstrated effective multidisciplinary team working to enhance the patient experience, promote independence and a timely discharge home or in to a community setting. Patients were well-supported with their individual nutrition and hydration needs.

A revised business continuity plan had been introduced and was available in a paper copy and on the intranet. The staff were informed when the level of need at the trust was high.



# Medical care (including older people's care)

## Are medical care services safe?

Good



People are protected from avoidable harm or abuse. We observed safe storage of patient records and safe storage and administration of medicines on the ward.

Infection prevention and control processes were found to be effective. The ward was clean and tidy and noticeboards displayed their performance against safety targets. A combined risk assessment completed on the ward was found to be an effective patient safety tool.

Reporting of actual and possible patient harm incidents was encouraged by ward managers and the staff we talked with told us they knew how to report them. We heard how learning from incidents was fed back to staff to improve safety for patients and changes of practice were acknowledged.

### Incidents

- There had been no Never Events reported at this site. Never Events are serious incidents that have the potential to cause serious patient harm or death and are wholly preventable.
- We found that incident reporting and learning was embedded within the ward environment. Staff told us they reported all types of incidents including near misses to ensure they were avoided in the future and that lessons were learnt.
- Two serious incidents had occurred during April 2015. These were two falls with harm that had been reported, were fully investigated and the action plan had since been signed off as completed.
- Feedback from mortality and morbidity meetings was discussed with the staff when relevant. Monthly mortality meetings were attended with the consultants when relevant. Senior sisters meetings were held to discuss action plans, investigation findings and lessons learnt were highlighted. Feedback from mortality and morbidity meetings feedback was shared with staff where relevant. There was a higher number of deaths during 2014/2015 year when compared to the previous 12 months. Eight deaths occurred during the winter

months and were in the older age group (>75yrs). This reflected the national picture and West Midlands crude mortality trends that showed that excess winter deaths were 33% higher especially in the older age group.

- We spoke with the staff about the duty of candour in relation to reportable patient safety incidents. We heard that the serious incidents which had occurred on the ward had been fully discussed with the patients relatives, the matron had met with them and the incidents had been presented at a governance meeting.

### Safety thermometer

- The ward assurance data was displayed on the ward. During May 2015 there had been no complaints and six compliments. There were no pressure ulcers reported and the ward assurance score was 99%.
- Safety thermometer score for May 2015 was 96% - four incidents with harm were reported and June 2015 score was 91% - with two reports of patients who acquired urine infections.

### Cleanliness, infection control and hygiene

- The ward was seen to be clean and tidy, the bays and side rooms were well maintained. We saw that cleaning schedules were in place, signed and dated.
- Staff were seen to be using protective personal equipment including specialised clothing such as gloves and disposable aprons. Hand hygiene was observed and signage was visible. Hand gel dispensers were sited at the entrance of the ward and in the patient bays.
- One patient had been admitted with MRSA during June 2015 and had additional infection prevention and control processes in place (barrier nursing) until clear of the organism. All patients were swabbed for MRSA on admission and isolated until the results were confirmed.
- Staff fully adhered to the trust policies for hand hygiene, isolation and the use of protective clothing. The May 2015 infection, prevention and control audit showed that the environment score for was 100% and hand hygiene compliance was consistently at 100% for 2014/2015.

### Environment and equipment

- Resuscitation equipment was found to be accessible and in good working order; this had been checked daily and checks were documented, meaning it was ready for use. Staff training in this area was 100%.

# Medical care (including older people's care)

- To support the patients with their independence we saw that adaptable equipment was in place such as high/low beds, moving and handling aids and accessible toilets and bathrooms. The trust had a central equipment store which we were told was easily accessible.
- Equipment had been serviced and tested in accordance with the trust policy and procedure. We were told that when equipment was faulty the item was labelled and returned to the equipment store or supplier for repair or replacement.

## Medicines

- There were appropriate arrangements in place for the safe storage of medicines in clinical areas; these were stored in lockable rooms that could only be accessed via a swipe card. The pharmacy staff attended the ward round daily to review the patient's progress and prescription.
- Temperatures of refrigerators used to store medicines were checked daily; the refrigerator on Anna Seward ward had been condemned and a new one was on order. The two wards were currently sharing facilities. Currently this had not had any impact for the staff. Controlled drugs (medicines which require additional security) checks were completed appropriately. The wards have shared access to an emergency drug cupboard to avoid delays in patient receiving their medicine.
- Patient prescriptions from Queens Hospital were electronic, this meant that prescriptions for patients admitted to Samuel Johnson Community Hospital had to be rewritten as the electronic system was not available. We saw that these were signed by two practitioners to ensure accuracy and protect patient safety.

## Records

- A combined risk assessment was used to assess manual handling risk scores, falls risk, nutritional assessment scores and the patient's level of mobility and pressure ulcer risk scores. These documented assessments supported the patient in their holistic plan of care enhancing their rehabilitation and leading to safe discharge.
- The Tinetti Assessment Tool was used to assess patients falls risk on arrival to the ward. This easily administered

test measured a patient's gait and balance. The test was scored on the patient's ability to perform specific tasks. We saw that patients were reassessed following a fall or as their mobility improved or deteriorated.

- Care records and documentation we looked at were fully completed, dated and signed in accordance with trust policy.

## Safeguarding

- Staff we spoke with were fully aware of the trust's safeguarding policy and procedure. 98% of staff were trained to ensure they were up to date with current practices. Staff knew the name of the trust safeguarding lead. They told us they were well-supported, confident to report and would seek advice if they had safeguarding concerns.
- There was one Deprivation of Liberty Safeguards (DoLS) reported on Darwin ward. This was part of the Mental Capacity Act 2005 that aimed to make sure that people were looked after in a way that did not inappropriately restrict their freedom. The safeguard ensured that a person was only deprived of their liberty in a safe and correct way, and it was in the best interests of the person. The records were completed correctly.

## Mandatory training

- Compliance with mandatory training levels was currently at 98% on Anna Seward ward; as one member of staff was on maternity leave. Compliance with mandatory training levels was 100% on Erasmus Darwin ward. Mandatory training included fire safety, moving and handling, safeguarding, first aid, resuscitation, equality and diversity and health and safety.
- Nurses and nursing assistants told us that the ward manager monitored their mandatory training to ensure it was completed.

## Assessing and responding to patient risk

- Track and trigger scores showed early recognition of deteriorating patients to give timely support when required. Both wards used this process to monitor a patient's condition on arrival to the ward and as often as their clinical condition indicates, until they were deemed stable. The scoring audit for May 2014 was 98%; one patients score was recorded outside the specified time period.

# Medical care (including older people's care)

- When a patient's condition deteriorated they were escorted back to the referring hospital in an emergency ambulance. In April 2015, five patients returned to their referring hospital, in May 2015, eight patients returned, in June 2015, four patients returned.

## Nursing staffing

- To measure patient acuity a safer care tool was recorded twice daily and monitored on a weekly basis. Patient acuity is a reference for estimating nursing staff allocations.
- Nurse handovers were carried out at the start of each shift to communicate patient information. Multi-disciplinary board rounds occurred daily attended by a range of health professionals, including nurses, doctors, physiotherapists, occupational therapists. Staff held a printed handover sheet to ensure they had the patient details close at hand so that they could refer to a summary of people's care requirements and personal choices.
- Actual versus establishment staffing levels were displayed. We observed that the ward was staffed with a ratio of one registered nurse to eight patients during the day shift, and one registered nurse to 12 patients during the night.
- The senior sister was supernumerary for each shift which meant that they were able to observe care delivery and advise staff as necessary. Skill mix on the wards were one trained nurse and two nursing assistants for the day shift and one trained nurse and one nursing assistant at night. Electronic rostering was in place; however the managers checked the staff skill mix to ensure competency levels were suitable.
- Agency and bank nursing staff were currently being rostered to both wards due to trained nurse vacancies. Recruitment was on-going to address the staff shortfall.

## Medical staffing

- From Monday to Friday medical cover was the responsibility of the site registrar. When patients were deemed unwell, the registrar left a written plan of care for the nurses and other health professionals working during the weekend.
- Emergency services were called for out of hours care any transfer to Queens' Hospital.

## Major incident awareness and training

- A revised business continuity plan had been introduced and was available in a paper copy and on the intranet. The staff were informed when the level of need at the trust was high.
- We were told that the ward had been utilised during the winter pressure arrangements. During this time the suitability of patients for discharge was reviewed more frequently to allow increased bed flow.

## Are medical care services effective?

Good



We saw that care was provided in line with national guidelines and the trust's policies and procedures.

Patients were well-supported with their individual nutrition and hydration needs by suitably trained, competent staff. Risk assessments were in place to promote safe independence and encourage rehabilitation.

Multidisciplinary working was embedded in the ward and patient's rehabilitation was enhanced by the service.

## Evidence-based care and treatment

- Policies were based on The National Institute for Health and Care Excellence (NICE) and Royal College guidelines for example stroke and dementia. Newly introduced 'sign sheets' had been commenced for recording the administration of subcutaneous fluids.
- We were told that adherence to local policies and procedures was discussed at staff induction, and at ward meetings and we saw that they were easily accessible on the intranet.
- Health and safety, environment and documentation audits were completed by other ward managers and the results and learning points were fed back to the manager who cascaded the information to staff. Ward audits included monitoring compliance with call bell response times, commode cleanliness and track and trigger scores; each had met the trust target of 100% for May 2015.

## Pain relief

- Pain relief was considered as part of patients medicine regimes, to enhance their mobility and rehabilitation as

# Medical care (including older people's care)

necessary. Patients were provided with pain relief according to their individual needs and prescriptions and we saw evidence that nursing staff were vigilant when monitoring patients' pain levels.

- The Abbey Pain Score chart was used to monitor pain relieving medicines usage and effect for those patients living with dementia who could not verbalise.
- Patients were checked if they were in pain during the intentional rounds completed by ward staff. We saw that prn medicine, which is medicine that is only used when needed, was appropriately administered.

## Nutrition and hydration

- Each patient had a Malnutrition Universal Screening Tool (MUST) completed on admission to the ward and this was monitored on a daily basis; including dietary and fluid intake. We saw that patients who had fluid balance charts were being monitored and their records were completed and signed.
- Patients told us they liked the food and found it to be appealing and in good portions.
- Referrals to the dietician were carried out promptly and patients' weights were recorded weekly or as necessary. Patients were referred to the speech and language team (SALT) in a timely manner when swallowing problems were identified; the SALT assessed patients' safety whilst eating and drinking and recommended suitable consistencies of food and fluids.
- Protected meal times allowed patients to eat their meal without interruption. Relatives and carers were encouraged to support those close to them when appropriate. We saw hot and cold drinks offered to patients at regular intervals between mealtimes.

## Patient outcomes

- The length of stay target for both wards was 17 days. During our inspection the longest patient stay we observed was five weeks; this patient on Anna Seward ward had been on the non-weight bearing pathway and was being discharged from the ward on the day of the inspection.
- Patient outcome data was not divided between sites; data related to the trust medical service overall.
- Sentinel Stroke National Audit Programme (SSNAP) allows comparison of key indicators that contribute to better outcomes for patients. Overall performance is rated from A (highest) to E. It is acknowledged by the audit that very stringent standards are set; however,

data shows that performance level between October 2013 and September 2014 was grade D. Scanning and occupational therapy were both graded A with physiotherapy and multidisciplinary working both graded B.

- Myocardial Ischaemia National Audit Project (MINAP) looks at how the NHS cares for patients with heart attack in England. During 2013/2014 177 patients were seen by a cardiologist or a member of team and were admitted to a cardiac ward which scored 96%, above the England average of 94%. Of the 177 patients 116 were referred for or had angiography which scored 97%, above the England average of 77%.
- The trust had a mixed performance in National Diabetes Audit (NaDIA) from September 2013 which showed the trust was worse than the England & Wales median for prescription errors, insulin errors and the 'foot assessment' indicators. However, performance was better than the England & Wales median for food/meal indicators and staff knowledge indicators. Overall satisfaction was 93%, compared to the England & Wales median of 86%. Data for this hospital only was not available.
- There was a mixed performance against the latest heart failure audit; 50% of patients had input from a specialist against the England average of 78%. Evidence from clinical trials demonstrates that patients with heart failure, due to left ventricular dysfunction, show an improvement in symptom control and a reduction in morbidity and mortality when treated with an ACE inhibitor (ACEI). 95% of patients were discharged on ACEI against the England average of 73%.
- Standardised risk of readmission for elective patients was reported as good. There was variable performance compared to England average for elective length of stay.
- There was a shorter length of stay for non-elective geriatric medicine compared to the England average.

## Competent staff

- Annual staff appraisals were based on the trust vision of aiming to deliver care that was consistently safe, consistently effective and perceived by patients in a positive way. Completion of staff appraisals was 100%. The appraisals included role specific tasks to promote the trust's vision.
- Link nurses had provided talks and updated the staff on current issues and policies. Link nurses are nurses who

# Medical care (including older people's care)

provide two way communications between the trust specialist nurses and staff in the clinical area. The ward had resource folders providing information about specialties for staff to refer to.

## Multidisciplinary working

- Multi-disciplinary working was embedded on both wards. The ward based physiotherapists and occupational therapists (OT) supported the nurses in the patient rehabilitation pathway and promoted safe patient independence during their rehabilitation programme. We saw that the team discussed patient's progress and reviewed and updated documentation as necessary. The therapists joined the consultant ward rounds to give 'patient progress' feedback.
- Daily board rounds attended by nurses, doctors and therapists encouraged collaborative planning and strong working relationships. There was an obvious professional respect between nurses and therapists which made communication of patient information at handovers, ward rounds and multi-disciplinary team (MDT) meetings effective and efficient.
- The staff used a referral process to request specialist support and advice from the mental health team. Chaplaincy service visited the wards once a week.
- The OT's and physiotherapists had access to the ward kitchen and hospital gym to use as part of a patients assessment and rehabilitation.

## Seven-day services

- The medical consultant responsible for the patients in the community hospital visited on a Wednesday. From Monday to Friday medical cover was the responsibility of the site registrar. On call medical support was available at weekends or emergency services were called to transfer acutely ill patients.
- Patient's requiring imaging service out of hours were transferred to the acute hospital site. The x-ray service offered a full five day service and short hours at weekends. The pharmacy service, OT's, and physiotherapists offered a six day service (Monday to Saturday) and on call system was in place for Sunday. The physiotherapist team prioritised those patients to be seen on a Saturday.

## Access to information

- The trust used electronic patient records, which meant that information was accessible. Patient's medical notes were stored in trolleys in the ward office, which only staff had access to. 98% of staff had completed information governance training.
- Trust intranet and email systems were available to staff which enabled them to keep pace with changes and developments elsewhere in the trust. They could access guides to policies and procedures to assist in their own role.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw evidence that patients' mental capacity was assessed as part of a best interest process. One patient was supported by one-to-one arrangements; their relatives had been fully involved in the decision making process. One-to-one care is when patients are observed 24 hours a day.
- We observed patients being asked for verbal consent prior to procedures being carried out.

## Are medical care services caring?

Good



Patients we spoke with were all complimentary about the staff on the ward, the care they had received and the overall ward experience.

Dementia care had been further embedded within the wards. Nurse's, nursing assistants and volunteers had been trained as dementia champions who encouraged others to make a positive difference to people living with dementia.

We heard how the staff encouraged the patients to be independent; reducing their time spent on the ward and promoting a safe discharge back to their own home or community setting. Friends and family test (FFT) was 100% for May 2015.

## Compassionate care

- Friends and Family test results were consistently positive. In May 2015, survey results showed that 100% of patients would recommend the hospital.



# Medical care (including older people's care)

- NHS trusts are required to offer their staff the following question: 'How likely are you to recommend your organisation to friends and family if they needed care or treatment?' staff survey results were 77% of staff recommended this hospital for care.
- We heard that 'pamper days' were carried out on the ward along with tea parties and craft sessions. We saw photographs of such events in the day room on the wards.
- We observed excellent 1:1 care being offered to one unsettled patient on Darwin ward; the assistant was encouraging the interaction of talking, paper folding and choosing sweets, the patient soon became settled. We saw the patient's dignity being protected and privacy maintained.
- Patients we spoke with were complimentary of the staff on the ward. They told us 'staff were lovely' 'the nurses spend time with me'. Several patients told us the staff were kind and considerate.

## Understanding and involvement of patients and those close to them

- Dementia care had been further embedded within the wards. Nurse's, nursing assistants and volunteers had been trained as dementia champions; they encouraged others to make a positive difference to people living with dementia. The staff had created a display board on each ward, supplied relevant literature and introduced a reminiscence corner in each day room, which had books and games for patients to use.
- Staff had access to a communication tool and advocates when support was required for people with learning disabilities.
- We saw that monthly advice/training sessions were advertised for visitors and relatives to attend in the day room of Anna Seward ward; the July meeting was dementia awareness.
- We heard patients' relatives were encouraged to attend discharge planning meetings and offer their knowledge about the patient and support their future plans.

## Emotional support

- Nurse specialists were available for advice related to conditions such as dementia, diabetes, safeguarding and mental health.
- One nurse on Anna Seward ward had completed a counselling course to support patients, relatives and staff when necessary.

- Staff accessed mental health services to ensure patients' safety was considered and their rehabilitation plan was appropriate for their needs.

## Are medical care services responsive?

Good



We found staff to be responsive to individual patient needs within the rehabilitation pathway. Full assessments were completed on admissions which were reviewed during the patients stay on the ward.

Patients' discharge had been delayed at times due to lack of social care facilities; this had impacted on patient flow. The discharge nurse worked closely with the ward staff to improve the process where possible.

All patients admitted to the ward including those with complex needs were risk assessed by specialist nurses, physiotherapists and OTs. Patients' care plans were based on the risk assessment findings and the professional advice of therapists.

Interpreting services were available when necessary to support the staff meeting patients' needs.

We saw 22 compliments and no complaints had been received between March and July 2015.

## Service planning and delivery to meet the needs of local people

- The ward offered a rehabilitation service to local people and patients referred from surrounding areas. Patients were assessed by the ward staff prior to their admission.
- Although the wards did not currently offer an 'end of life' service, Erasmus Darwin ward had been in a position to support one patient and their family in recent times. The staff had received much praise from the patient and their family. The palliative care team had visited the ward and offered the staff support and guidance.

## Access and flow

- Patient flow had been disrupted due to long delays in organising social care funding to allow a smooth patient discharge process. A social care manager attended the MDT meetings which meant that suitable placements and plans could be initiated in a timelier manner.

# Medical care (including older people's care)

- Between April and June 2015, 20 patients had returned to the acute hospital due to their condition either deteriorating or because an unsuitable transfer had been arranged. Each time this occurred the staff reported this as a safety incident and the hospital manager was informed. Incidents such as these were brought to the senior sisters meeting where the incident analysis was discussed and future avoidance measures were agreed and acted upon.
- The discharge nurse worked closely with the ward staff to ensure patient flow was optimum. Bed occupancy was at maximum capacity. Admissions were received from the community and the acute hospital setting.
- Patients were discharged to a community setting such as their own home or a care home. General Practitioners (GPs) were informed of the arrangements to enable continued support of the patient in a timely.
- The number of bed moves noted during a patient stay was nil; as this was the only male and female inpatient ward in the hospital.

## Meeting people's individual needs

- Patients with complex needs were risk assessed by specialist nurses, physiotherapists and OT's. Patients care plan were then based on the risk assessments and the joint professional advice.
- 'About me' documentation supported individualised care and personal preferences for patients with learning disabilities and dementia. Carers were encouraged to be present on the ward to assist with rehabilitation process.
- Interpreting services were available, when required.
- A ward leaflet was available explaining the 'Ask Me' campaign which had been created to improve communication between staff and people using the service, and their families. It also included uniform recognition details, contact numbers, and other patient and visitor information.
- Information and advice notice boards were sited around the wards and entrance to the hospital. Advice leaflets were available on the ward for patients and carers offering disease/condition related advice and support.

## Learning from complaints and concerns

- We were told that when a complaint was received the ward staff were informed about the issues and the findings of the investigation were discussed at ward meetings and documented in the meeting minutes.

- No complaints had been received between March and July 2015.

## Are medical care services well-led?

Good



The community hospital offered a service that the trust vision described. A volunteer on Anna Seward ward had won a trust Pride Award for 'volunteer of the year 2014'. The manager told us how much they valued the work of the volunteers in the hospital.

There was a positive emphasis on the drive to deliver a quality service with good communication and on-going enhancement of the staff's skills. Staff told us that they were encouraged to develop their individual skills and there was a strong emphasis in the trust on personal development

We were told that managers had an 'open door' policy and were approachable and sensitive. The manager on Erasmus Darwin ward had invited district nurses to integrate with the ward staff and therapists sharing good practice and giving a seamless service to the patients.

## Vision and strategy for this service

- The wards offered a rehabilitation service to local people and patients referred from surrounding areas. Patients were assessed by the ward staff prior to their admission. The commissioners have been instrumental in promoting the provision of frail elderly pathways, intermediate care and long-term conditions. The trust aimed to extend the patient pathway to benefit patients through the delivery of joined-up care and commissioners through more efficient and effective provision.
- The outcome of the review of the Staffordshire health economy review had not been finalised but will have implications for the hospital and commissioners. The early indications were that the review will confirm the hospital has an essential role in providing services to the local population.

## Governance, risk management and quality measurement

- The ward managers were encouraged to attend the medical governance meetings. Both ward managers

# Medical care (including older people's care)

told us they felt that the rehabilitation service was valued by the trust. Following the two 'falls with harm' incidents the staff had been issued with an action plan, as a result of the root cause analysis. The progress with this action plan was monitored and had been signed off as completed by senior management.

## Leadership of service

- We were told that the ward managers and senior managers were approachable and listened to the staff views and ideas.
- Staff told us that ward leadership was very good, friendly yet professional.

## Culture within the service

- We heard from staff how knowledge was shared and staff ideas were valued. We observed a caring attitude displayed between the staff and patients on both of the wards we visited. Staff took time to listen to patients and offered choices.
- A volunteer on Anna Seward ward had won a trust Pride Award for 'volunteer of the year 2014'. The manager told us how much they valued the work of the volunteers in the hospital.
- We heard of the strong emphasis on a drive for quality, good communication and on-going enhancement of staff's skills. We heard that the managers had an 'open door' policy and were approachable and sensitive.

## Public engagement

- Patients and visitors were encouraged to share their experience on the NHS website and through the friends and family survey. The hospital had a welcoming entrance with an adjacent café and outdoor seating areas; visitors were encouraged to use this during their visit.
- Friends and Family Test was currently 100% for inpatients who would recommend using the hospital.

- The manager on Erasmus Darwin ward told us that they had invited district nurses to integrate with the ward staff and therapists to share good practice and give a seamless service to the patients.

## Staff engagement







- Staff received a monthly, medicine division, newsletter which could be accessed on the intranet and was available as a paper copy. This updated staff on recent events, training dates, incident data and staffing issues. Staff were encouraged to submit information to be included in the future editions.
- Staff told us they felt valued and listened to. They were encouraged to complete the NHS staff surveys and local surveys. The NHS staff survey showed results were within expectations. Staff told us that they valued the managers input to continually enhance their individual skills and personal development. Key findings from the survey showed that staff results were better than the national average in staff appraisal and stating that the trust listened to patient feedback; they had not been subjected to physical violence from patients and the public, not witnessed harmful errors or incidents and had not experienced bullying or harassment.
- Staff told us that they were encouraged to develop their individual skills and there was a strong emphasis in the trust on personal development.

## Innovation, improvement and sustainability

- We were told that community nurses had been invited in to the hospital. They had attended to share good practice and look at new ways of working collaboratively.
- The ward manager on Anna Seward ward told us they were continually look at ways to involve patient relatives and those close to them to enhance the rehabilitation pathway.



# Maternity and gynaecology

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

## Information about the service

Burton Hospitals NHS Foundation Trust provides integrated maternity services across both hospital and community locations including the Samuel Johnson Midwifery Led Unit (SJMLU). The Head of Midwifery (HoM) is based at the main hospital site and has overall management responsibility for SJMLU. As part of the integrated maternity service the unit, and staff, are subject to the same processes.

Our last inspection (July 2014) reported on maternity and family planning, we now report on maternity and gynaecology services. Gynaecology services at Burton Hospitals NHS Foundation Trust are managed by the head of nursing. There were outpatient gynaecology services at Samuel Johnson Community Hospital, these are reported on in the outpatients section of this report.

The SJMLU is a free standing midwifery led unit. This means that care is provided by midwives and obstetric assistance, if needed, is provided following transfer to the consultant unit at the main hospital site. Between April 2014 and March 2015, 276 babies were born at the unit.

The unit promotes a 'home from home' experience, where partners can stay overnight. There are three birth rooms. Two of the rooms have birth pools one of which is permanent and one is inflatable. There are two side rooms and a four bedded bay. Specialist equipment such as beans bags, mattresses and birthing balls are available to encourage normal birth and to promote the comfort of women in labour.

Community midwives provide antenatal care, parent education classes, home births and postnatal care in children's centres, GP surgeries and in women's own homes.

We spoke with two maternity patients, four midwives and support workers. Representatives from the unit also attended the midwives' focus groups.

# Maternity and gynaecology

## Summary of findings

There were clear systems in place for reporting safety incident, audits concerning safe practice and compliance with best practice in relation to care and treatment.

People received care and treatment that was planned in line with current evidence-based guidance, standards and best practice.

Women told us they had a named midwife. The ratio of clinical midwives to births was one midwife to 29 women. We saw documentary evidence that 99% of women received one to one care in labour. Women told us that they felt well informed and were able to ask staff if they were not sure about something.

There was a clear statement of vision and strategy, driven by quality and safety. However, not all staff we spoke with demonstrated an awareness or understanding of the vision and strategy.

The governance arrangements facilitated discussion and review of quality and safety matters, with dissemination of learning. There was oversight of quality and safety at the trust board meetings.

## Are maternity and gynaecology services safe?

Good



Staff were confident to raise concerns and there was evidence of lessons being learnt from incidents and learning shared.

All areas of the unit were visibly clean and well maintained.

Portable appliance testing (PAT) or external company servicing of all equipment we looked at was found to be in date, meaning that it was ready for use

In June 2015, the midwife to birth ratio was 1 midwife to 29 women. This is in line with the national average. The named midwife was model was in place and women told us they had a named midwife. Women received one to one care in labour and expressed their satisfaction with this.

The planned and actual staffing levels were displayed in accordance with national requirements.

- Staff told us that they were able to raise concerns and were confident that their concerns were listened to. We saw that seven of the 153 trust-wide maternity incidents reported between January and April 2015 related to the Samuel Johnson Midwifery Led Unit (SJMLU).
- Escalation of risk was identified through a computer based incident reporting system. The Royal College of Obstetricians and Gynaecologists (RCOG) trigger list was used to guide reporting. This meant that incidents were identified and investigated and that necessary learning could take place.
- All incidents were reviewed at a weekly risk meeting attended by the senior management team. The discussions at the meeting were not minuted. Lessons learned were however fed back to staff via a monthly clinical risk newsletter and shared learning files located in all ward areas.
- Following every reported serious incident, a full investigation was undertaken and a report developed. Root Cause Analysis (RCA) was undertaken in line with national good practice. We were told by managers that when necessary women and those close to them were involved in reviews to ensure that requirements under the duty of candour were met.

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- There had been two never events in the maternity services October 2014, neither at SJMLU but we could see that lessons had been learnt and shared with staff at the unit.
- Staff told us of a change in practice that arose following an incident of a retained vaginal swab. We were told that a standard operating procedure (SOP) for the use of swabs in maternity was awaiting approval.

## Cleanliness, infection control and hygiene

- The unit was visibly clean and well maintained. We saw environmental audits for all areas. The maternity unit achieved between 95% and 98% compliance with the infection prevention and control policies and processes, and the gynaecology ward scored 95% compliance. We saw action plans in place to address any identified shortfalls.
- Sluice areas were clean and had appropriate disposal facilities, including for disposal of placentae.
- We observed compliance with the trust infection prevention and control policy. We saw staff used hand gel and protective clothing, and adhered to the bare below the elbow policy. We saw that equipment was labelled with tags to indicate when it had been cleaned.
- We looked at the birthing pools and found them to be well maintained. Staff we spoke with knew the pool cleaning and evacuation procedures.

## Environment and equipment

- We found equipment was clean and fit for purpose. Portable appliance testing (PAT) or external company servicing of all equipment we looked at was found to be in date, meaning that it was ready for use.
- Resuscitation equipment was accessible and checked daily to ensure supplies were complete and within date. We saw completed records of the checks.
- An intercom and buzzer system was used to gain entry to the unit to identify visitors and staff and ensure that women and their babies were kept safe.
- Staff were able to tell us about the procedure to evacuate a woman from the birth pool in the case of an emergency.

## Medicines

- Medicines including controlled drugs were safely and securely stored. Controlled drugs are medicines which require additional security. Records demonstrated that twice daily stock checks of controlled drugs were maintained and that these were correct.
- We saw that venous thromboembolism (VTE) scores were recorded in women records and monitored. VTE is the term given to blood clots. Treatment to prevent blood clots was prescribed and administered in accordance with the trust policy.
- Temperatures of refrigerators used to store medicines were monitored daily; this ensured that medicines were maintained at the recommended temperature. We saw that the staff undertaking the checks signed on their completion and that the temperature was within the required range.
- Midwives may supply and administer medicines under a system known as midwives' exemptions. We were told that sealed medicine packs were dispensed by the pharmacy for community midwives to supply and administer, we did not see this in action. This was good practice and ensured the medicines had been checked for safe administration

## Records

- We saw that records were stored securely and away from public view.
- We saw the individual maternity records being reviewed as part of the women's care and the red books were introduced for each new born. Red books are used nationally to track a baby's growth, vaccinations and development.
- Arrangements were in place to safeguard adults and babies from abuse, harm and neglect and reflected up to date safeguarding legislation and local policy.
- There was a child and baby abduction policy in place to ensure the safety of babies whilst on trust premises. This included taking measures to ensure the security and prevention of baby/child abduction, as defined under the Child Abduction Act 1984.
- Staff we spoke with demonstrated an understanding of the trust's safeguarding procedures and its reporting process. The trust were unable to provide training data just for SJMLU but service wide figures showed 100% of midwifery staff had completed level 1 child protection training and 97% of midwives had completed level 2.
- Staff reported good support from the safeguarding midwife available by telephone for support and advice.

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- We saw that a flag showed on the maternity service information system for any woman who had a safeguarding concern. Any safeguarding plans were also uploaded to the information system.
- If a woman presented herself for treatment that was not known to the service, staff informed the local safeguarding board who then made enquiries with the social services department in the woman's home locality.
- Staffordshire Safeguarding Children Board (SSCB) is the key statutory organisation locally who agree how local organisations work together to safeguard and promote the welfare of children and young people living in Staffordshire. The maternity services at Burton worked collaboratively with staff at Derby and Good Hope Hospitals to share information.
- There was a policy in place to safeguard people at risk of and treat those affected by female genital mutilation (FGM).
- We saw that all women are asked about domestic abuse in line with NICE guidelines [PH50] Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively and that disclosure was recorded. Staff knew how to make referrals to other agencies in cases of disclosure.
- Safeguarding supervision is a Department of Health requirement (Working Together to Safeguard Children, 2010). A safeguarding case supervision policy was in date and community midwives undertook safeguarding supervision in line with trust policy.

## Mandatory training

- Trust mandatory training covered subjects including adverse incident reporting, conflict resolution, equality and diversity, fire prevention, infection control, learning disability awareness, load handling, and positive mental health.
- Specific maternity mandatory training covered subjects including: maternal and neonatal resuscitation, electronic fetal monitoring, management of sepsis, perinatal mental health updates, safeguarding, normal birth, infant feeding and record keeping.
- Multidisciplinary 'core skills' training was in place for maternity staff to maintain their skills in obstetric emergencies including management of post-partum haemorrhage, breech presentation, shoulder dystocia (difficulty in delivery of the baby's shoulders) and cord prolapse.
- The trust were unable to provide training data just for SJMLU but service wide figures showed overall completion of mandatory training was high. Safeguarding adults was generally well completed with 86% midwives undertaking training, infection prevention and control was recorded at 93% for midwives and 92% of midwives had attended training in the Mental Capacity Act.

## Assessing and responding to patient risk

- For women using the maternity services the booking visit took place before 12 weeks of pregnancy and included a detailed risk assessment. An initial maternity booking and referral form was completed by community midwives at the booking visit. We saw that on-going risk assessment was carried out at subsequent antenatal visits and referral to the obstetric team made if risk factors were detected.
- Women that had problems in pregnancy were reviewed at each antenatal visit and referred to the maternity assessment unit (MAU) at Queen's Hospital if complications were identified. From here they could be admitted to the ward for short periods of time to be reviewed regularly by the obstetric staff.
- NHS England's 'Saving babies' lives' care bundle (2014) for stillbirth recommends measuring and recording fetal growth, counselling women regarding fetal movements and smoking cessation, and monitoring babies at risk during labour. We saw that customised fetal growth charts were in use to help identify babies who were not growing as well as expected. This meant that women could be referred for further scans and plans made for their pregnancy.
- **Staff used the modified early obstetric warning score (MEOWS) to monitor women in labour and to detect the ill or deteriorating woman.**
- Women who needed medical assistance in labour or after the birth of their baby were transferred to Queens Hospital according to the trust's ambulance transfer policy. The emergency paramedic services were called by dialling 999 and we were told that they arrived in 'about eight minutes'. It took 20 minutes to travel to Queen's Hospital.
- Eighteen percent of first time mothers and 3% of second and subsequent time mothers were transferred in labour. These are below the average of 40% and 10% respectively. Outcomes for woman transferred to Queen's Hospital were not recorded on the dashboard.

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## Midwifery staffing

- The Centre for Workforce Intelligence and Health Education England made the Maternity Care Pathways Tool available to any maternity service provider in England on 29 January 2015. The trust had recently used the tool. The tool aims to enable service providers to analyse their whole maternity workforce aligned with their service's individual care pathways. It enables the workforce impact of planned change(s) to be clearly mapped, in order to support service improvement and planning for personalised maternity services.
- Midwives worked five, eight or 12 hour shifts. The planned staffing levels for the unit were one Band 7 midwife and one maternity support worker for each shift. An additional midwife was called if a woman was in labour. The unit manager was available to be the second midwife at a birth and out of hours a community midwife was on call 24 hours a day to provide additional support. At night time there was on midwife, a community midwife and a support worker one duty.
- We were told that between 17.00 hours and 20.30 hours there were only two staff on duty due to a lack of cross cover provision from community midwifery team. This could lead to the risk of suboptimal care at SJMLU between these hours leading to delays in transferring women and/or babies to Queen's Hospital. We saw that this was on the risk register.
- Community midwives rotated into the unit. Midwives on the preceptorship programme could spend time gaining experience at the unit.
- The Head of Midwifery produced a 'workforce information sheet' on a monthly basis that was distributed to the Band 7 midwives. There was a 70/30 split of part time to full time staff and the minimum part time hours offered was 22.5 hours per week. The vacancy rate was 4.0 WTE at the time of our inspection and recruitment was in process. We saw that the sickness rate was 5.2% and maternity leave rate was 2.5%.
- The SJMLU did not use agency staff and had its own bank of staff. This was made up of existing staff who undertook extra work to cover shortfalls.
- The midwife-to-birth ratio is currently 1:29 (one midwife to 29 births). Midwives told us that they were able to provide one to one care in labour.

- Community midwives had caseloads of 1:100 for a full time midwife which was in line with recommendations by the Royal College of Midwives of 1:96.
- We saw that maternity support workers (MCAs) were on duty in the unit to provide additional support according to their training and designated responsibilities.
- We saw that there was a lone worker policy. Midwives were provided with alert devices and satellite navigation systems.

## Are maternity and gynaecology services effective?

Good



Women had good outcomes because they received effective care and treatment that met their needs. Women received care and treatment that was planned and delivered in line with current evidence-based guidance, standards and best practice.

Staff had access to and were using evidence-based guidelines to support the delivery of effective treatment and care.

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and outcomes were used to improve care.

Women we spoke with felt that their pain and analgesia administration had been well managed. Epidurals were available over a 24 hour period.

Staff were competent in their roles and undertook appraisal and supervision.

We saw good examples of multi-disciplinary team (MDT) working across the maternity service. Staff worked collaboratively as part of the multidisciplinary team to serve the interests of women in birthing at the unit and being cared for in the community setting.

## Evidence-based care and treatment

- Policies were based on national guidance produced by NICE and the royal colleges meaning that the best clinical outcomes were promoted.
- The care of women using the maternity services was in line with Royal College of Obstetricians and Gynaecologist guidelines (including Safer Childbirth:

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minimum standards for the organisation and delivery of care in labour). These standards set out guidance in respect to the organisation and include safe staffing levels, staff roles and education, training and professional development, and the facilities and equipment to support the service.

- Staff had access to guidance, policies and procedures via the trust intranet.
- We saw that there were effective processes for screening for fetal abnormality. High risk women were invited into the clinic for counselling and referred to Birmingham Women's Hospital for on-going treatment.
- We found from our discussions and from observations that care was being provided in line with the NICE Quality Standard 22. This quality standard covers the antenatal care of all pregnant women up to 42 weeks of pregnancy, in all settings that provide routine antenatal care, including primary, community and hospital-based care.
- We found sufficient evidence to demonstrate that women were being cared for in accordance with NICE Quality Standard 190 Intrapartum care. This included having a choice as to where to have their baby, care throughout their labour, monitoring during labour and care of the new born baby.
- There was evidence to indicate that NICE Quality Standard 37 guidance was being adhered to in respect to postnatal care. This included the care and support that every woman, their baby and, as appropriate, their partner and family should expect to receive during the postnatal period. On the post-natal ward staff supported women with breast feeding and caring for their baby prior to discharge.
- We found from our discussions and from observations that care was being provided in line with the NICE Clinical Guideline (CG110) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors. This guideline covers the care of vulnerable women including teenagers, substance misuse, asylum seekers and those subject to domestic abuse.

## Audits

- The trust provided us with the audit plan and results for 2014 – 2015 which showed 13 obstetric audits, eight gynaecology audits and one joint obstetrics and gynaecology audit listed.

- Examples of presentations on audits included induction of labour, postpartum haemorrhage (bleeding within the first 24 hours following childbirth) and decision to delivery time for caesarean section. Each audit presentation made recommendations.
- The trust actively participated in national audits including the National Screening Committee antenatal and newborn screening audit, the Midlands and North of England Stillbirth Study (MINOR) and the Diagnostic accuracy of pre-eclampsia using proteinuria (proteinuria is protein found in urine and is indicative of a pre-eclampsia, a complication of pregnancy) assessment study (DAPPA).
- The Morecombe Bay Investigation was established by the Secretary of State for Health in September 2013 following concerns over serious incidents in the maternity department at Furness General Hospital (FGH). The report made 44 recommendations for the Trust and wider NHS, aimed at ensuring the failings are properly recognised and acted upon. We saw documentary evidence that the trust had monitored its performance against the recommendations of the report and that action plan was in place to address any shortfalls identified.

## Pain relief

- We saw that Entonox and opioids were available. Women who required an epidural for pain relief in labour were transferred by ambulance to Queen's Hospital.
- A birth pool was available so women could use water immersion for pain relief in labour.

## Nutrition and hydration

- A designated midwife was responsible for the oversight of infant feeding. The trust promoted breastfeeding and the health benefits known to exist for both the mother and her baby. The trust policy aimed to ensure that the health benefits of breastfeeding and the potential health risks of artificial feeding were discussed with all women to assist them to make an informed choice about how to feed their baby.
- The trust had been awarded and maintained UNICEF Baby Friendly Initiative stage three accreditation. This



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meant that the trust supported women and babies with their infant feeding choices and encouraged the development of close and loving relationships between parents and baby.

- We saw that the initiation of breast feeding rate was 71% in June 2015 which was below the national average of 75%.
- Women told us that they received support to feed their babies. Women experiencing difficulties could attend the Samuel Johnson Midwifery Led Unit (SJMLU) for the day to have support with establishing feeding.
- In relation to meeting their nutritional needs women were able to choose from a varied menu, which also met their cultural requirements
- Women told us that food was available outside of set meal times if they did not feel like eating at set meal times.

## Patient outcomes

- The maternity dashboard was the tool for recording activity and outcomes. The trust has revised the dashboard following our last visit to increase its thresholds and include targets. We noted that the revised dashboard did not include maternal admissions to intensive care and the number of babies readmitted following discharge, both of which are useful indicators of safety and quality of care.
- Information on the maternity dashboard demonstrated that in June 2015, there were 26 births at SJMLU. The normal delivery rate was combined with births at Queen's Hospital and was 67%.

## Competent staff

- The Band 7 midwife coordinated and was supported by an administrative assistant who maintained the training database at Queen's Hospital.
- The Head of Midwifery produced a 'workforce information sheet' on a monthly basis that was distributed to the Band 7 midwives. This contained the names of midwives whose training was not up to date. Midwives who have outstanding training for two concurrent months were escalated through management processes.

- Midwives had been trained in Newborn and Infant Physical Examination (NIPE) and carried out this examination within 72 hours of birth. This enabled women to be discharged home without waiting to see a paediatrician.
- All newly qualified midwives undertook a two year preceptorship period prior to obtaining Band 6. This meant that they were competent in cannulation and perineal suturing and had gained experience in all areas of the maternity service.
- Band 6 midwives could participate in a development programme held by the Director of Nursing services.
- Appraisal rates for staff were provided for us and these demonstrated that 95% of midwives had been appraised.
- The function of statutory supervision of midwives to ensure that safe and high quality midwifery care is provided to women. The Nursing and Midwifery Council (NMC) sets the rules and standards for the statutory supervision of midwives. Supervisors of Midwives (SoMs) were a source of professional advice on all midwifery matters and were accountable to the local supervising authority midwifery officer (LSAMO) for all supervisory activities.
- The NMC Midwives Rules and Standards (2012) requires a ratio of one SoM for 15 midwives. We saw that the SoM ratio was 1:14 which confirmed that there were enough SoMs to support midwifery practice, identify shortfalls and investigate instances of poor practice.
- Midwives reported having access to and support from a SoM 24 hours a day seven days a week and knew how to contact the on-call SoM.

## Multidisciplinary working

- Staff worked collaboratively as part of the multidisciplinary team to serve the interests of women in birthing at the unit and being cared for in the community setting.
- Communication with community maternity teams was effective. In the community we were told of effective multidisciplinary team work between community midwives, Health Visitors, GPs and social services.

## Seven-day services

- Access to medical support at Queen's Hospital was available seven days a week. This was accessed by ambulance transfer for women in labour.

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- Community midwives were on call over a 24 hour period to facilitate home births.

## Access to information

- Trust intranet and e-mail systems were available to staff which enabled them to keep pace with changes and developments elsewhere in the trust and access guides, policies and procedures to assist in their own role.
- We saw information leaflets available informing women of the services offered on the unit. Women were informed that there were not doctors on the SJMLU and that transfer to Queen's Hospital would be necessary if complications occurred in labour or shortly after birth.
- The trust website contained videos of the facilities at SJMLU to help with decisions around choice of place of birth.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- MCA and DoLS training had been delivered to 562 staff across the trust since March 2014. The trust was unable to provide data for training attendance for the maternity and gynaecology services.
- Staff on the unit were able to demonstrate they understood their responsibilities regarding consent and assessing capacity.

## Are maternity and gynaecology services caring?

Good



Feedback from people who used the service and those who were close to them was positive. They told us that they felt safe. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive.

People were involved and encouraged to be partners in their care and were supported in making decisions. Women told us that they felt well informed, understood their care and treatment and were able to ask staff if they were not sure about something.

Staff responded compassionately when people needed help and supported them and their babies to meet their personal needs.

Staff helped people and those close to them to cope emotionally with their care and treatment.

## Compassionate care

- Maternity Services were added to the Friends and Family Test (FFT) in October 2013. The data was collected on a prepaid postcard or by text message.
- Ninety-seven percent of respondents said they would recommend the antenatal service, 100% would recommend the delivery suite/birthing unit and 98% would recommend the postnatal ward to friends and family if they needed similar care or treatment. Community services also scored 100%. All of these scores are above the England average.
- The CQC maternity survey of December 2013 surveyed women who gave birth in February 2013. A total of 155 women returned a completed questionnaire, giving a response rate of 56% compared with the national response rate of 46%. It showed that most outcomes were similar to the national average.
- We observed caring and compassionate interactions between staff and women.
- We saw that thank you cards were displayed in the unit; an indication of appreciation from women and those close to them.

## Understanding and involvement of patients and those close to them

- Women told us that they felt well informed and able to ask staff if they were not sure about something. Partners of pregnant women told us that they felt included and well informed.

## Emotional support

- Women reported continuous one to one support during labour.
- Midwives observed women for anxiety and depression levels. There was a community midwife with specific responsibility for women with postnatal depression.

## Are maternity and gynaecology services responsive?

Good





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People's individual needs and preferences were considered when planning and delivering services. The maternity service was flexible and provided choice and continuity of care.

The individual care needs of women at each stage of their pregnancy were acknowledged and acted on as far as possible. There were arrangements in place to support people with particular needs. Community midwives carried caseloads for women with specific needs such as teenagers and women with post-natal depression.

Complaints about the service were initially managed and resolved locally. If complaints could not be resolved at ward level, they were investigated and responded to appropriately.

## Service planning and delivery to meet the needs of local people

- There scanning facilities had been removed because the machines required replacement. This impacted negatively upon women because they had to travel to Queen's Hospital for scans. Staff told us that this had also impacted upon the numbers of women booking to have their babies at the unit because in the past women attending for scans had toured the unit and decided to birth there.

## Access and flow

- The trust reported that the Samuel Johnson Midwifery Led Unit (SJMLU) had no closures between July 2013 and December 2014.
- Women could access the maternity service via their GP or by direct referral. We saw that 92% of women were seen by a midwife by 12 weeks and six days of pregnancy. This is above the trust target of 90%.
- We were told about and saw written documentation which confirmed women were supported to make a choice about the place to give birth. This decision was made when they were 34 weeks pregnant and information was provided to assist in making their choice. We saw that specific criteria were in place for booking at SJMLU.
- A consultant obstetrician attended a clinic every other week for women with high risk pregnancies
- Midwives were competent in examination of the newborn. This meant that women were transferred home and to the care of community midwives in a timely manner.

## Meeting people's individual needs

- Women with complex requests or needs, for example requesting home birth when risk factors were present, were discussed with the supervisor of the midwife and a plan was then developed.
- We saw that women made birth plans and that, on the whole, these were adhered to. One woman told us that she felt listened to and was able to adapt her plan so that she could walk around the building 'to get her contractions going'.
- Partners could stay overnight. Other people could visit at fixed times. This enabled new parents to spend private time with their babies.
- We saw that there was an available face to face or telephone interpreter service.
- Privacy and dignity was enabled by the use of privacy screens.
- Women could make appointments for alternative therapies. Reflexology and aromatherapy treatments were offered by midwives in the unit.
- Supervisors of midwives (SoMs) were available to help midwives provide safe care of the mother, baby and her family. SoMs are experienced midwives with additional training and education which enabled them to help midwives provide the best quality midwifery care. They made sure that the care received met women's needs.

## Learning from complaints and concerns

- Complaints were handled in line with trust policy. If a woman or relative wanted to make informal complaints, they would be directed to the midwife or nurse in charge. Staff would direct patients to the Patient Advice and Liaison Service if they were unable to deal with concerns. Patients would be advised to make a formal complaint if their concerns were not resolved.
- We saw a Patient Advice and Liaison Service (PALS) information leaflet for patients and those close to them informing them of how to raise concerns or make complaints.
- We discussed learning from complaints with the management team who told us that, where possible, complaints were resolved locally and at the time of the complaint. We asked about identifying and recording

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themes arising from complaints. Locally resolved complaints were not logged and therefore themes not identified. Having such information could improve patient experience.

## Are maternity and gynaecology services well-led?

Good



There was a clear statement of vision and strategy, driven by quality and safety. However, staff we spoke with did not demonstrate awareness or understanding of the vision and strategy.

Staff were happy and felt well supported. Their leaders were described as visible and approachable.

The governance arrangements facilitated discussion and review of quality and safety matters, with dissemination of learning. There was oversight of quality and safety at the trust board meetings.

### Vision and strategy for this service

- We saw in the surgery business plan for 2015 – 2016 that the vision for the surgery division was 'Clinical Excellence, Innovative Practice, Safe and Effective Care'. This was linked to the trust vision. It included maintaining excellence in maternity services and the expansion or relocation of the midwifery led service.
- The action plan identified an obstetrics and gynaecology strategic service review as part of the division's sustainable cost improvement programme (CIPs). One of the suggestions was to scope the sustainability of the Samuel Johnson Midwifery Led Unit.
- The senior team told us that being in special measures had afforded the trust the opportunity to 'put quality back on the agenda' and not focus on financial drivers.

### Governance and risk management

- We saw that robust clinical governance and risk management arrangements were in place. A risk midwife/manager was in post who prepared and submitted a monthly report to the Women's & Children's risk group. The minutes of the Women's & Children's risk group were submitted to the Women's and Children's

Directorate Board meeting. The minutes of the monthly Directorate Board meeting were submitted to the Surgery Division board meeting which then go to the Trust Board.

- We reviewed the minutes of the women and children directorate meeting for January 2015 to May 2015 and saw that governance, finance and human resources reports were reviewed. The head of midwifery submitted a report on maternity activity and outcomes.
- We reviewed the maternity dashboard and saw that updated thresholds have been included following recommendations of our last report.
- The risk manager maintained the guideline database. Guidelines due for review were flagged up three months in advance of their review date. This enabled review and updating. We were told by the risk manager that clinical staff led on the review of guidelines and, following circulation to all staff for contributions, they were ratified by directorate board, which is chaired by clinical director.

### Leadership of service

- We noted a record-keeping audit tool for use by Band 7 SoMs and Band 7's Supervisors of midwives are peer nominated and the role is not band specific. Supervision of midwives is not hierarchical and is separate from management. This approach did not encourage peer review and gave the impression supervision has a hierarchical style rather than midwives nominated by their peers.
- We were told that the Head of Midwifery had access to the trust board. We saw the annual report she submitted to the Board that included an overview of clinical activity and developments over the year. The report contained information on clinical statistics, midwifery staffing, achievements and development, governance and external reports relevant to maternity services.
- Staff said that senior managers were visible and that an 'open door' policy was in operation. However, members of the trust board were not as visible.

### Culture within the service

- The trust promoted a positive safety culture and encouraged incident reporting.
- From our observations and discussion with staff we saw a strong commitment to meeting the needs and experiences of people using the service. In particular

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midwives were keen to normalise the birth experience and to ensure that appropriate support was available following the delivery. They were dedicated to the unit and participated in activities to promote it such as holding open days.

- There was a very low turnover of staff. Staff told us that they felt valued and enjoyed working at the trust.

## **Public and staff engagement**







- We reviewed the MSLC minutes supplied by the trust. A standard agenda was followed and members had the opportunity to provide input and ask questions. It was noted that only one lay member attends the meetings and this is the chair. There was an absence of reference to the MLU.

- Staff told us that they received feedback in various ways. Performance issues were taken up with the individual staff member. A Quality and Risk newsletter was available electronically and in hardcopy.
- Annually, three open days and a garden party were held so that women and their partners could tour the unit and experience the facilities.

## **Innovation, improvement and sustainability**

- There was a focus on continuous learning and staff were encouraged and supported to develop themselves and services.

# Outpatients and diagnostic imaging

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

## Information about the service

Outpatient and diagnostic imaging services are provided at all three hospital sites at the trust. Each hospital was visited as part of the inspection process and each is reported upon separately. However; services on all three hospital sites were run by one management team. As such they were regarded within and reported upon by the trust as one service, with some of the staff working at all sites. All the data provided by regarding out patients services was at trust level.

Outpatient services at Samuel Johnson hospital were provided between 9am and 5pm Monday to Friday, and on Saturday mornings. A full range of medical and surgical clinics operated through the week supported by therapy services. Diagnostic services were available between 8am and 8pm and provided services to the minor injuries unit and the outpatient department. Between April 2013 and June 2014 Samuel Johnson hospital had 12,578 planned outpatient appointments.

In order to make our judgement we visited the outpatients department and we visited the diagnostic imaging services and the renal unit. We spoke with three patients, their relatives or carer's. We spoke with 17 staff at the hospital and we held focus groups of consultants, junior doctors, nurse groups and allied health professionals.

## Summary of findings

Patients, visitors and staff were kept safe as systems were in place to reduce and monitor risk. Services followed recognised pathways of care and were completed by trained and skilled staff. Patient outcomes were audited and benchmarked against national standards.

Staff were caring and involved patients and their carer's and family members in decisions about their care. The service was responsive to the local community. Local leadership was good. Managers understood their staff and provided an environment where they could develop.

Formal complaints processes were embedded however we did not see evidence that informal complaints were being recorded in line with the trust complaints policy.

# Outpatients and diagnostic imaging

## Are outpatient and diagnostic imaging services safe?

Good



We found that services in outpatients and diagnostic imaging services were safe. Systems were in place to record, assess and share learning from incidents. Infection prevention and control measures were effective.

Safe staffing levels were achieved through the use of bank and agency staffing. Staff were up to date with mandatory training and aware of their safeguarding responsibilities.

Equipment was maintained well, provision had been made for the replacement of major pieces of equipment as they aged or became less reliable.

### Incidents

- The trust used an electronic incident recording system. Staff we spoke to told us they knew how to report an incident using it.
- Seven incidents had been reported by the out patients department between January and May 2015. All were categorised as low or no harm incidents. There were no serious incidents reported. From 1 May to 30 June 2015, no incidents were reports by the radiology department at the hospital.
- Staff were able to describe the incident management process to us and an awareness of some common themes such as slips and falls and filing errors.
- We were told learning from some incidents had identified staff training needs for example dementia awareness and managing patients who were wanting to self-harm. We saw evidence of this in the minutes of team meetings.
- The trust produces a regular briefing called 'Sharing for Caring' to share the learning from serious incidents, we saw evidence of this briefing paper in use around the departments .
- No never events had been linked to outpatient specialities at the hospital.

### Cleanliness, infection control and hygiene

- We saw that all public areas and consulting rooms within the outpatients department at Samuel Johnson hospital appeared clean and tidy.

- We observed staff following hand hygiene procedures. We witnessed the use of hand sanitizing gel and hand washing facilities.
- Nursing staff wore aprons and gloves when providing personal care.
- Hand hygiene audits were completed on a monthly basis. We reviewed the audit for April 2015 in both outpatients and imaging services. We saw that both areas had achieved 100% compliance.
- We observed that the x-ray department was exceptionally clean and hand hygiene procedures were being followed.
- None of the patients we spoke with raised concerns about the cleanliness of the hospital.

### Environment and equipment

- Waiting areas in both outpatients and imaging services were tidy and spacious with plenty of seating for patients and visitors. Areas were well lit.
- Staff described how they use time prior to clinics starting to prepare consulting and treatment rooms, check drug cupboards and resuscitation trolleys and flush all water taps.
- All resuscitation trolleys were appropriately stocked. Records were kept which showed that daily checks were completed to ensure emergency equipment was always ready for use.
- The Samuel Johnson hospital became part of the Burton Hospitals Foundation Trust in 2011. Staff in the imaging department said that since that time there had been a progressive improvement in equipment, with new and more up to date machines replacing older equipment. New ultrasound and digital equipment has been acquired.

### Medicines

- The trust had systems in place to ensure the correct management, storage and administration of medicines.
- We checked drug cupboards and fridges in the outpatient department and therapy department. Records were up to date and drugs stored safely in accordance with regulations.
- The trust had developed strategies in consultation with consultants and nurses which enabled nurses in certain circumstances to administer medications without the need of an individual patient prescription. This had been developed in respect of seven patient groups.

# Outpatients and diagnostic imaging

- Pharmacy support was available at the hospital between 9am and 5pm Monday to Friday. If clinics ran over or on Saturday mornings, if advice was required; pharmacy support was available from Burton on an on-call basis.

## Records

- Data provided by the trust showed that between July 2014 and June 2015, on average less than 1% of patients notes were not available on request for the clinic. The trust has a policy and procedure in place for clinic staff to follow if records are unavailable.
- During our inspection we checked a number of records regarding the general running and administration of the outpatients and diagnostic services departments. We saw that records were complete, clear and precise which enabled audit of processes to be completed effectively.
- Entries in patient registers, and individual records were appropriate and appeared accurate. Patient notes were individualised and included appropriate assessments to help keep people safe. We examined entries in relation to the phlebotomy service and saw that they were clear and concise.

## Safeguarding

- Nursing and healthcare staff we spoke with understood their role in relation to protecting people from abuse and how to report suspicions of abuse.
- The trust had a safeguarding lead and link nurses were available to support staff at the hospital. Training was provided in adult safeguarding and in children's safeguarding.
- The trust was not able to provide us with data on levels of training for outpatients and diagnostics just for this hospital. However, trust-wide data showed 100% of radiology, administration and nursing staff had completed safeguarding adults level 1 training. Eighty-nine percent of nursing staff had completed level 2 safeguarding adults training along with 95% of radiology staff.
- All (100%) of radiology, administration and nursing staff had completed child protection level 1 training. Sixty-seven percent of administration staff had undertaken level 2, along with 89% of radiology staff and 91% of nursing staff. One hundred percent of nursing staff had completed child protection training to level 3.

- PREVENT training was provided and compliance with completion was 93% of above for all staff groups. PREVENT is part of the Governments counter-terrorism strategy and raising awareness of it in healthcare is a key component of it.
- We also saw evidence of a documented safe guarding incident which had been identified and reported by staff in the imaging department. This demonstrated that staff were aware of and followed trust procedure.

## Mandatory training

- We examined staff training records. The majority of staff had attended mandatory training during the previous twelve months. Those who had not, were scheduled to do so.
- Individual staff were responsible for ensuring they attended mandatory training. Electronic reminders informed staff when training was due. If staff did not attend within the correct timescale their line manager would receive notification and would challenge staff as to why the training had not been completed.
- The trust was not able to provide us with data on levels of training for outpatients and diagnostics just for this hospital but trust-wide training logs showed that compliance with mandatory and statutory training was good. For example, 100% of radiology staff had completed equality and diversity training, 92% of administration staff had completed manual handling training and 92% of nursing staff had completed information governance training.

## Assessing and responding to patient risk

- General risk assessments were completed of the public areas and treatment rooms.
- Individual assessments relating to patient specific conditions were contained within patient health records.
- Consultations always included assessment appropriate to the patients clinical need which enabled staff to monitor and identify any change in health.
- One nurse described to us how she had recently recognised and managed a deteriorating patient in the outpatient department. An ambulance was called via 999 and the nurse stayed with patient, continuing to observe the patients vital signs and record these in their medical notes. The patient was transferred to the emergency department.



# Outpatients and diagnostic imaging

- The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000, require employers to establish diagnostic reference levels (DRLs) and to undertake appropriate reviews if these are consistently exceeded. We saw that each x-ray room at the Samuel Johnson hospital displayed local DRLs in respect of set procedures. Reporting procedures were in place should the levels be consistently exceeded in line with the guidance.

## Nursing staffing

- We saw how staffing of clinics was based on the acuity of patients and numbers of patients booked. Clinic daily templates recorded the number and type of clinics running, the medical staff attending and the nursing skill mix required.
- Nursing staff were managed by one senior nurse who worked between this hospital and the Sir Robert Peel hospital. As a result staff worked flexibly between the two hospitals moving between the hospitals and swapping shifts to cover for staff absence. This meant that bank and agency staff were not required and the skills and expertise of the staff was shared across the two hospitals.
- Staffing needs were identified by an electronic e-roster system. However we were told that this required significant manual manipulation due to the variables of staff requirements in the clinics and due to exchanges of staff with the Sir Robert Peel hospital when ensuring appropriate mix of skills and experience.

## Medical staffing

- Locums were used to cover clinics where specialities could not be covered by trust doctors such as dermatology.
- Consultants did not see every patient at every appointment but were supported by members of their team. More junior doctors described being supported by the consultants, and how they were able to seek advice if necessary during a consultation. Clinic debriefs took place which allowed cases to be discussed.
- We were informed that an experienced radiographer is on site at all times and this was clear from the rota we reviewed. It showed that there were two radiographers on site per day plus a vascular sonographer. We were told that there would be an image display analyst (IDA) joining ultrasound in August 2015. A reporting radiographer is on site each day.

- At the time of our inspection radiology had one whole time equivalent vacant post in the department.
- If agency locum staff were used in the imaging department they had comprehensive induction training and are supervised for one week.

## Major incident awareness and training

- The trust had a major incident and business continuity plan. The plans were available to all staff on the electronic shared drive. Major incident action cards were available for individual staff.
- Radiology services formed part of the major incident planning. We saw evidence of major incident planning being discussed in diagnostic imaging safety meetings.

## Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Both outpatients and imaging services provided effective care and treatment. Patients received effective pain relief and support. Multidisciplinary working was evident throughout the departments. Staff training and re-validation were effective, as were supervision and appraisal systems. Access to information could be problematic at times as different electronic systems in use were not compatible.

## Evidence-based care and treatment

- We found that there was a consistent approach to policies and procedures across the trust which extended to the Samuel Johnson hospital.
- We saw effective interaction between different staff groups and departments. A good network of link nurses was in place across the trust with nurses meeting regularly to share best practice and exchange knowledge and information. This includes link nurses for tissue viability, safeguarding and dementia.
- Radiology used the radiology information system (RIS) computer based programme to monitor and audit activity in the department.
- We saw that Administration of Radioactive Substances Advisory Committee (ARSAC) guidance was followed in line with the Medicines (Administration of Radioactive Substances) Regulations 1978.

# Outpatients and diagnostic imaging

- In 2013, the Royal College of Radiologist's undertook a review of the service at Burton Hospitals. Thirty-one recommendations were made, of which 95% have since been implemented. Radiologists told us that they welcomed the reviews findings as at the time they felt that executive level support could have been improved as could the IT system. As a result of the review, there had been an improvement in conditions and better team working. Staff stated that they now felt part of the hospital team.
- The trust is part of the east midlands radiology group which encourages exchange of best practice and benchmarking.

## Pain relief

- Patients we spoke with whose condition involved pain or discomfort, described how they had been able to discuss these symptoms and they had been prescribed drugs or recommended over the counter remedies which enabled them to control their pain.
- Pain assessments were completed at each appointment to enable clinicians to monitor effectiveness of treatment.

## Patient outcomes

- The trust had clear pathways for the admission of patients from outpatient clinics if this was required. The guidance had specific pathways dependant on the clinical needs of the patient. Provision was included to provide addition nursing staff to the relevant outpatient clinic whilst the transfer of the patient was arranged, if it could not be arranged immediately. A member of staff described how they had followed this guidance when a patient was taken ill.
- Radiology services for the trust were working towards membership of the Imaging Services Accreditation Scheme (ISAS) which is jointly run by The Royal College of **Radiologists** (RCR) and the Society and College of Radiographers (SCoR). This involves peer review and assessment of services. The service had been assessed as 86% compliant with the scheme. The trust aims to have achieved accreditation by 2017.
- Diagnostic imaging staff had all completed training in The Ionising Radiations Regulations 1999 (IRR'99).

- Radiology staff were in discussion about the introduction of voice recognition software for reports. They believed report turnaround time for GP referred patients could be reduced to the day of attendance.

## Competent staff

- Senior nursing staff described the planned increase in nurse-led clinics. Specialist training was delivered by consultants in house who signed off clinical competencies for the nurses. Additional external training was arranged where this was required; for example, cervical cytology and breast screening.
- New staff attended a three day trust induction programme and a departmental induction. Mentors were assigned to each new member of staff although we were told that all staff were approachable and supportive.
- Competencies were signed off as they were completed, such as medical device competencies. These were signed off by mentors or supervisors to confirm that staff understood and were competent in key or relevant policies, procedures or practices.
- We were told about best practice discussions between the team to refine techniques in house by sharing knowledge and experience and we saw evidence of this in the minutes of informal meetings.
- Clinic staff were developed to be able to work in all clinics but usually specialised in one or two areas.
- We spoke with health care assistants who told us of the skills and qualifications they had developed and learnt whilst working in the department such as visual field testing, phlebotomy, visual acuity tests and diabetes NVQ.
- We examined appraisal documentation for each member of staff. Staff told us they were given four weeks' notice of their appraisal interview and sent preparatory documentation. We saw evidence that appraisal objectives were aligned to the trust values.
- Staff within the imaging department told us that relationships with the main Queens hospital site had improved over the last 12 to 18 months. Staff at the hospital felt more integrated with and supported by the trust than had previously been the case. This appeared to have resulted from the joint work across all sites in implementing the radiology information system (RIS) is a networked software system for managing medical imagery and associated data.



# Outpatients and diagnostic imaging

## Multidisciplinary working

- Administrative support for consultants was provided from the main hospital site. Medical secretaries understood their role in achieving targets for letters and appointments to patients and worked closely with the patient access centre to enable outpatient appointments to be made on time.
- We saw how staff in the minor injuries unit liaised with the reporting radiographer for advice. There was a clear respect for each other's role and a willingness to seek and provide support.
- Therapies staff worked closely with the wards and outpatients department. Patients who required on going therapies but were being discharged from the hospital were referred to community based services, so that treatments could be completed.
- There was good evidence of close working with GP's. We were told GP's regularly visit the department, if the radiologist identifies something on the x-ray they will ring the GP before the patient leaves the department and then will speak to the patient with instructions from the GP.

## Seven-day services

- Outpatient services at Samuel Johnson hospital operated Monday to Friday 9am to 5pm. Clinics sometimes ran on Saturday mornings. For example, a specialist eye clinic.
- Imaging services operated between 8am and 5pm weekdays and Saturday mornings. This meant that patients who attended the minor injuries unit outside these hours could not receive a timely service if imaging was required. Patients were either re-directed to Queens A&E or to other hospitals.

## Access to information

- Confidential patient records are kept at the back of reception area until they were needed. The door to the reception working area was kept locked.
- Patient information was available in both electronic and paper form. Not all computer systems within the trust were compatible. The community hospital become part of Burton Hospitals in 2011 and had one set of software whilst the trust operated on another. This meant that some information could be viewed but not updated at the satellite hospitals.

- Medical alerts and other important information was cascaded to staff through the trust intranet system, electronic newsletters, team meetings and handovers.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with had a good knowledge of the mental capacity act. They understood how to support patients and their carers or family when they attended appointments. There was clear guidance available for staff to follow if a patient did not have capacity to make important decisions about their health care. Documentation was available in the department which enabled staff to follow the guidance and ensured correct procedures would be followed.
- We did not encounter any patients in the outpatients or diagnostic imaging services who did not have capacity. We were told that most patients who were living with dementia or similar issues were usually accompanied by carers which meant there was usually someone who could assist in ensuring that decisions were made in the patients best interest if this was required.
- All staff in the imaging department had attended mental health awareness training.

## Are outpatient and diagnostic imaging services caring?

Good



Patients were very complimentary about the care and support they received in both outpatient and imaging departments. Staff took a pride in how they dealt with people and understood how to support patients and family members or carers when dealing with bad or unwelcome news. Patients were fully involved in discussions and decisions about their care.

## Compassionate care

- Patients told us they valued the hospital, staff were kind and they were treated with dignity and respect. They told us staff were flexible and helpful.
- We witnessed staff interacting with patients and displaying care and compassion. Staff were professional but friendly and we saw how staff and patients exchanged pleasantries, smiled and joked.

# Outpatients and diagnostic imaging

- Patients were called into consultations, which whilst having some impact on privacy, was an accepted practice and none of the patients we spoke with were concerned. Having called for patients, we saw how staff gave people time to respond and approached and helped anyone who was less able.
- Friends and Family test results were consistently positive. Staff told us the local friends and family test results in Samuel Johnson outpatients department was usually 100% in favour of recommending treatment at the hospital. However this had dropped significantly during one month. When they looked at the causes the reduction in satisfaction was identified as being due to the lack of chilled water. The supplier for the water cooler had changed and there had been delays with the new service.
- The radiology team demonstrated through their interactions with patients and the way they spoke about patients that they have the patient's best interest in the forefront of everything they do.

## Understanding and involvement of patients and those close to them

- Patients we spoke with told us that they had been fully involved in discussions about their care. Options had been discussed and the potential outcomes described.
- We were told that relatives had been able to take part in discussions with doctors or nurses.
- Family members and carers were involved in the process. All those we spoke with described positive encounters with staff.

## Emotional support

- We were told that if bad news needed to be given to patients or family members this was usually undertaken by the consultant or specialist nurses.
- Chaplaincy services were available if required, staff could be called to the department or patients, carers or family could be directed to multidenominational facilities if they preferred.

## Are outpatient and diagnostic imaging services responsive?

Good



Services were planned to meet the needs of local people. Staff had received training and understood how to support vulnerable patients and their carer's. In almost all instances referral to treatment times exceeded national targets. Systems had been developed to enable patients to be called in ahead of their appointment time to fill cancelled slots.

## Service planning and delivery to meet the needs of local people

- The trust had positive working relationships with community services and local GP's. If the patient access team wanted to communicate any changes or developments in the referral process they could place an article in the GP Newsletter. This process was also used for reminders such as indicating that an interpreter is required for the consultation.

## Access and flow

- Referral to treatment times were reported at trust level, however the trust were able to provide information broken down into main site (Queens hospital) and community hospitals. The following data therefore relates to Sir Robert Peel and the Samuel Johnson hospitals.
- The data showed that between January and June 2015 the seven specialities within the surgical division all exceeded the 95% target referral rate with a divisional total of 97%. Urology, paediatrics and gynaecology all achieved 100%. Orthopaedics and ophthalmology both achieved 99%. The nine specialities which fell within the Medical division achieved a divisional total of 95%. Clinical Neuro Physiology, Haematology, Nephrology and Neurology achieved 100%. Three specialities had failed to meet the target, Dermatology 93%, Rheumatology 92% and Respiratory 87%.
- Incomplete pathways of care have a standard of 92% of patients starting consultant led care within 18 weeks of referral. The trust as whole has been over target throughout April 2013 to November 2014 and overtook the England average in December 2013. As of November 2014 the trust performance was at 94% whilst the England average was 93%.
- Whilst the Samuel Johnson hospital had planned 12,578 outpatient appointments during the period April 2013 to July 2014, we saw that only 72% or 9,056 of these actually took place. 8% of patients did not attend. The

# Outpatients and diagnostic imaging

England average for patients failing to attend was 7%. Fourteen percent of patients cancelled their appointments and a further 6% had their appointment cancelled by the hospital.

- A system to remind patients using a text messaging service had been trialled earlier in the year. The results from the trial are waiting analysis but staff in told us they felt the system had improved attendance rates but they are awaiting the actual final analysis.
- Reminder letters were sent out to patients five weeks before their appointment. If patients fail to attend on three successive occasions they are discharged following discussion with the consultant. Patients are referred back to their GP and letters are sent to GP's explaining the discharge.
- Staff told us that in order to utilise cancelled appointment slots a system had been devised for patients who were willing to be called in if there was a cancelled appointment. We were showed by staff how this worked on the system. They also shared vacant appointment slots with the Sir Robert Peel hospital.
- The trust had a patient access policy which describes the appointment and booking processes. The outpatient department was run on an appointment only booking system. Appointment were spread out throughout the day Forced booking, that is additional patients booked into already full clinic, were only approved based on clinical need.
- The phlebotomy clinic operated on Tuesday and Wednesday mornings at Samuel Johnson hospital. The clinic operated on a drop in basis, no appointments were required.
- We were that on occasions clinics could start late due to consultants being delayed in traffic when travelling between hospitals.
- Staff at Samuel Johnson hospital described how the computer systems at the hospital were not all compatible with those at the trusts other sites. Provision had been made so that information was available, but this was read only. Updates could not be made to electronic patient records in real time. We were told that a new software package was being introduced in November 2015 after which all hospitals in the trust would operate on the same system. The trust forecast that the new system will enable a 14% increase in the number of patients who can be seen.
- We followed the pathway for one patient who was referred from the Samuel Johnson hospital to a

specialist clinic at the Sir Robert Peel hospital for treatment. In addition to medical advice about their condition. The patient was given a leaflet with general information about Sir Robert Peel hospital, contact information and the procedure for booking an appointment. Whilst this was welcomed by the patient, it was not clear why the facility to book the appointment before the patient left Samuel Johnson hospital was not available, as they are part of the same organisation.

- Radiology at Samuel Johnson hospital operated on an appointment only basis, however staff explained that they could be flexible and accepted walk in patients from the minor injuries unit so that patients could be accommodated in one visit.
- Diagnostic imaging staff described how they had historically had a DNA rate of 14%, this had reduced dramatically when a new centralised booking system had been introduced. They were unable to quote the current DNA level but we were told it was in single figures and was a work in progress.
- Digital imaging services did not work 24/7 even though the hospital had a 24/7 minor injuries unit. Staff advised us that a review had been conducted of demand overnight and there had not been sufficient demand to justify the expense of staffing the imaging department. We were told this was under constant review.
- Patients are kept informed of any changes in waiting times on a board in the waiting room. Waiting times were audited and we saw evidence of the results of the audit posted on the wall of the patient waiting area.

## Meeting people's individual needs

- Interpretation services were available, initially through a telephone service, but face to face services could be arranged if advance notice were given. The most commonly used services were for Urdu and Polish.
- British Sign Language (BSL) interpreters were also available and could be booked for consultations between patients and clinical staff.
- Advocacy services could be arranged for vulnerable patients.
- Appointment letters could be typed in large font for patients with a visual impairment.
- Staff were trained in mental health awareness to help them identify and support patients appropriately.

# Outpatients and diagnostic imaging

- Patient information sheets were available and could be translated into other languages if required. Urdu and Polish were always available and other languages could be provided within 24 hours.
- All staff in the department took time to meet people's needs. We were told about one lady who required hoisting during her clinic attendance due to immobility. The appointment clerk took the initiative to contact the lady about the type of hoist sling she used at home and discovered it was not compatible with the one at the clinic. It was agreed that the patient should bring her own hoist and sling with her to the appointment as she felt safer with her own.
- The light therapy clinic had moved the start time of the clinic to 7am. This was in response to comments from patients who worked and wanted to attend clinics prior to going into work. In addition appointments could be made during the patients lunch time break. The light therapy treatment generally required patients to attend three times per week for three months. The flexible times had proved very popular with patients.
- The light therapy team also told us of an audit they conducted with patient on the facilities available. The results showed that patients wanted more clothes hooks and a mirror in the changing rooms; these improvements were made as a result of the audit.
- We were shown a room that is made available for diabetic patients who needed to give themselves an insulin injection or needed to eat due to their condition.
- We visited the out patients renal unit and observed the art therapist in action. The art therapist attends the unit two days a week and is funded through a charity. Patients were observed painting and drawing and told us that this relieved boredom and reduced anxiety.
- Dementia champions worked across all the outpatient and diagnostic departments. Their role included assisting other staff to support patients and carers and to raise understanding.
- We spoke to one nurse who was a dementia champion for the out patients department. She had attended a two day dementia care programme and she is now rolling out two hour condensed dementia awareness sessions to the all staff in the department.

## Learning from complaints and concerns

- Staff in the outpatient clinics and reception staff understood how to support people if they wished to

make formal complaints. They described the process for referring people to the patient advice and liaison service (PALS). PALS leaflets were available on the reception counter.

- Staff said that wherever possible they would try to resolve issues for people before they reached the level of a complaint.
- Staff informed us that very few complaints were made and that most related to waiting times in clinics or cancelled appointments. In response to the complaints about waiting times, a review of the booking slots has taken place and adjusted to avoid the bottle necks. This action is awaiting review to assess the impact of the change.
- We were told that complaints were discussed at team meetings and during handovers. Complaints were a standing agenda item at team meetings.

## Are outpatient and diagnostic imaging services well-led?

Good



Managers and staff understood their role and were supported by the organisation. Systems were in place to monitor and respond to issues. Evidence of interventions to address issues was seen. Staff felt engaged and able to challenge. There was an open culture of learning and progression.

## Vision and strategy for this service

- Staff we spoke to understood the values of the organisation and were able to articulate their meaning.
- Staff understood their role within the organisation and how they contributed to the trusts vision and strategy. Staff at all levels were keen to show and explain their work.
- The service had established an outpatient efficiency project in June 2015, to address a number of strategic issues facing outpatients such as clinic utilisation, DNAs and booking processes.

## Governance, risk management and quality measurement

- There were systems in place to enable department managers to identify and respond to issues affecting the service and manage risk. Regular team meetings took

# Outpatients and diagnostic imaging

place where staff were able to raise concerns or receive feedback or updates. Good work or items of concern were taken forward to senior staff meetings and where necessary escalated to quality assurance groups, operations meetings or to board level. Risk registers were in place and up to date.

- Outpatient staff described to us a variety of meetings and the methods used to cascade information. Senior staff attended trust wide meetings, divisional meetings and governance meetings. Information from these was cascaded at a monthly team meeting which included sharing of learning from patient feedback, complaints and incidents. A standard template was in use for the cascade of information.
- Diagnostic imaging services held monthly clinical governance meetings and monthly staff meetings. We saw how information from clinical governance meetings was disseminated at the staff meetings from minutes of the meetings.
- We were told that staff meetings take place once a month in outpatients. We examined the minutes of the meeting for July 2015 which discussed topics such as incidents and the CQC inspection.
- The superintendent radiologist who covered both Samuel Johnson and Sir Robert Peel hospitals. They described attendance at monthly clinical governance meetings where discussions took place about service improvements and how information was cascaded between staff and the executive team.

## Leadership of service

- We met with the senior nurse who was also the senior nurse for Sir Robert Peel Hospital. They told us their time is split between the two hospitals to ensure they were visible and available to all staff and that consistent ways of working were followed.
- Staff told us that contact from the executive team was very good and named various members of the trust board. Staff also told us they felt comfortable to raise concerns and felt well supported.
- Consultants told us that they felt outpatient department was well managed and well run.
- We met with the superintendent in charge of diagnostics at both Sir Robert Peel and Samuel Johnson hospitals. They also described sharing their time between the two sites to ensure visibility and consistent ways of working.

## Culture within the service

- All the staff we spoke to expressed their satisfaction at working at the hospital.
- Most staff had been working at the hospital for a considerable number of years. Therefore they felt they were providing a community service and very much a part of the community. They all expressed the desire to 'go the extra mile' for patients and over the years had built up a friendly rapport with many of the patients who had been attending the outpatient departments for years.
- One member of staff told us she particularly liked the variety, the staff and the teamwork which existed in the outpatients department.
- Staff acknowledged they were part of a larger organisation and were making positive steps to working more closely and in line with the other hospitals to improve integration and closer working.

## Public and staff engagement

- Patients and visitors were encouraged to share their experience on the NHS website and through the friends and family survey. The hospital had a welcoming entrance with an adjacent café and outdoor seating areas; visitors were encouraged to use this during their visit.
- The trust had a volunteers team of over 200 members. Volunteers worked at all three sites, and in a number of roles including assisting in the outpatients department.
- Team meetings were held monthly, agenda items include feedback from other trust meetings, general information and updates and learning from incidents and complaints. Information was also cascaded to staff through email, newsletters and articles on the trust intranet.
- Friends and family tests were only introduced for outpatient services in May 2015 and national comparisons have yet to be published. The trust wide staff responses to the test showed that 65% of staff who responded would recommend working at the hospital to friends and family, this is higher than the England average of 61%. Seventy-seven percent of staff would recommend the hospital as a place to receive care. This is the same as the England average of 77%.

## Innovation, improvement and sustainability

- There was a focus on continuous learning and staff were encouraged and supported to develop themselves and services.

## Outpatients and diagnostic imaging

- Senior nursing staff described the planned increase the number of nurse-led clinics, this would be supported by specialist training delivered by consultant medical staff.
- A senior member of staff told us they had sent reception staff to work at Queens's hospital to observe their appointment and waiting room processes to identify any areas of practice that might improve the system at this hospital. Reception staff confirmed that this did happen.



# Outstanding practice and areas for improvement

## Outstanding practice

- Dementia care had been further embedded within the wards. Nurse's, nursing assistants and volunteers had been trained as dementia champions; they encouraged others to make a positive difference to people living with dementia.
- We heard of the strong emphasis on a drive for quality, good communication and ongoing enhancement of staff's skills.
- We saw good examples of multi-disciplinary team (MDT) working across the maternity service. Staff worked collaboratively as part of the multidisciplinary team to serve the interests of women in birthing at the unit and being cared for in the community setting.

## Areas for improvement

### Action the hospital MUST take to improve

- The trust must review arrangements for responding to patients with mental health needs in the minor injuries unit.
- The trust must review arrangements for access to x-ray imaging after 5pm weekdays and on Saturday afternoons and Sundays or MIU patients.
- The trust must support the MIU to audit its performance in order to assess the effectiveness of their own practice and to identify and manage risks

### Action the hospital SHOULD take to improve

- The trust should review arrangements for the storage of stock in the MIU to ensure it is not stored in a manner that could be a potential hygiene risk

- The trust should develop a long-term strategy for staffing the MIU overnight to ensure staff and patients are kept safe.
- The trust should ensure the outcomes of women transferred because they need medical assistance in labour or after birth is routinely recorded in order to assess the effectiveness of the unit's own practice.
- The trust should review the scanning facilities for pregnant women to ensure the service is responding to and meeting local need.
- The trust should routinely monitor the time patients wait for their appointment in out-patients to ensure services are responsive to peoples' needs and identify any issues and/or associated risks.