Care Quality Commission

Lancashire Teaching Hospitals NHS Foundation Trust

Chorley and South Ribble Hospital

Quality Report

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Date of inspection visit: 10 and 11 July 2014
Date of publication: 14/11/2014

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

Ratings

Overall rating for this hospital	Requires improvement
Urgent and emergency services	Good
Medical care	Requires improvement
Surgery	Requires improvement
Critical care	Requires improvement
Maternity and gynaecology	Good
End of life care	Good
Outpatients and diagnostic imaging	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Chorley and South Ribble Hospital is one of two hospitals providing care as part of Lancashire Teaching Hospitals NHS Foundation Trust. It provides a full range of district general hospital services, including emergency department, critical care, coronary care, general medicine, including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, midwifery-led maternity care, and breast service. There are no services for children and young people provided at Chorley and South Ribble Hospital.

Lancashire Teaching Hospitals NHS Foundation Trust as a whole provides services to 390,000 people in the Preston and Chorley areas, and specialist care to 1.5 million people across Lancashire and South Cumbria.

We carried out this comprehensive inspection as part of the new programme of inspection although the trust was not identified as a risk through our Intelligence Monitoring. We did not inspect services for children and young people.

We undertook an announced inspection of the hospital between 10 and 11 July 2014, and an unannounced inspection of Royal Preston Hospital between 6pm and 8pm on 21 July 2014. Our key findings were:

Mortality rates

- Mortality rates were within expected limits.
- Patients whose condition might deteriorate were identified and escalated appropriately.

Infection control

- The hospital was clean throughout. Staff adhered to good practice guidance in the prevention and control of infection.
- There were good rates of compliance with hygiene audits throughout the hospital

Food and hydration

- Patients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs were supported by dieticians and the speech and language therapy team.
- There was a period during mealtimes when all activities on the wards stopped, if it was safe for them to do so. This meant that staff were available to help serve food and assist those patients who needed help. We also saw that a coloured tray system was in place to highlight those patients who needed assistance with eating and drinking.

Medicines management

- Medicines were provided, stored and administered in a safe and timely way.

Nurse staffing

- Care and treatment was delivered by committed and caring staff who worked hard to provide patients with good services. However, nurse staffing levels, although improved, remained of concern and the trust was undertaking extensive recruitment activity. However, adequate staffing levels were not consistently achieved in all core services.

We saw several areas of outstanding practice, including:

- Clinical governance mechanisms.
- Ultrasound-guided blocks for patients with neck of femur injuries.
- Children's safeguarding review meetings.
- Rapid response for discharge to the preferred place of care coordinated by the end of life team. Staff told us there was a multidisciplinary approach to discharge planning that involved the hospital and the community staff working towards a rapid but safe discharge for patients.

Summary of findings

- The hospital was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how it was being put into practice during our inspection. The proactive elderly care team helped staff to identify and assess the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those living with dementia.
- The hospital had also introduced activity boxes throughout the division to promote and maintain cognitive and physical function and reduce the unwanted effects of being in a hospital environment.
- Two wards at Chorley had been designed specifically to meet the needs of people living with dementia. These wards had been nominated for a national Nursing Times award for the environment. Rookwood A and Rookwood B had also achieved the stage 2 quality mark for elderly-friendly wards from the Royal College of Psychiatrists.
- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.

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

- Ensure that there are enough suitably qualified, skilled and experienced nurses to meet the needs of patients at all times.
- Ensure medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times, particularly in the medical division and outpatients, including medical trainees, long-term locums, middle-grade doctors and consultants.
- Ensure that Critical Care Unit admission criteria are clearly communicated and understood by all staff so that patients can receive timely and responsive care and treatment.
- Improve patient flow throughout the hospital to reduce the number of bed moves and length of stay.

In addition the hospital should:

- Engage with all key stakeholders, including staff, about the future critical care service needs and deployment of resources on the Chorley and South Ribble Hospital site.
- Take action to improve the management of people with diabetes in line with national guidance.
- Take action to ensure all prescription charts are fully completed with the required information.
- Review and improve the impact of patient flow challenges on patients waiting for long hours in the Emergency Department before admission to an inpatient area.
- Review and improve mechanisms for supporting and recording clinical supervision within the Emergency Department.
- Audit the care that people received from the end of life service, including pain management and pain relief.
- Ensure they receive feedback from patients within the outpatients departments to monitor and measure quality and identify areas for improvement.
- Ensure that staff members have the opportunity to discuss any issues or concerns they may have on a regular basis within clinical supervision.
- Take action to prevent the cancellation of outpatients clinics at short notice and ensure that clinics run to time.
- Review the level of cancelled appointments within ophthalmology outpatients and review and address the identified concerns within this department.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Urgent and emergency services	Good 	Care was supported by reliable systems and processes. Staffing levels and skill mix were set and reviewed to keep people safe and meet their needs at all times of the day and night by appropriately qualified staff. Patients received care and treatment in accordance with their needs. Effective and consistent levels of care and treatment were available 24 hours a day, seven days a week. The national target for patients being seen within four hours was consistently met over the last 12 months. Patients and their relatives were all positive about the care they had received. Staff were responsive to patients' needs. Leadership, management and governance of the Emergency Department assured the delivery of high-quality person-centred care, supported learning and innovation, and promoted an open and fair culture. Governance, risk management and quality measurements were proactively reviewed and updated to take account of models of best practice. There was strong collaboration and support within the department and with external partners, with a common focus on improving quality of care and patients' experiences. Consultants in the department promoted continuous improvement and we saw a high level of innovation.
Medical care	Requires improvement 	The medical service experienced high demand from emergency admissions. Escalation beds were in use on wards across the medical division and into the surgical division. Patients were also transferred to Chorley and South Ribble Hospital from Royal Preston Hospital to cope with the increase in patient numbers across the trust. Patients often experienced multiple moves during their stay and patients were regularly in hospital for longer than they required. The trust had recognised these were areas for improvement and had implemented processes to address the issues at both hospital sites. However, we found that discharge processes remained slow and fragmented.

Summary of findings

Nurse staffing levels, although improved, were still a concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff. Adequate staffing levels were not consistently achieved in all the wards within the medical division.
The outcomes for patients in some areas needed improvement, particularly in the management of patients with diabetes. However, we found ward environments were clean and well maintained and staff followed infection control procedures.
Staff reported that there was clear visibility of the leadership team throughout the service.

Surgery

Requires improvement

Surgical services were delivered by caring and compassionate staff who treated patients with dignity and respect and planned and delivered care in a way that took into account patients' wishes.
There was evidence of dissemination of learning from incidents and complaints. The environment on the surgical wards and theatres was clean and equipment was well maintained and ready for use.
Although safe staffing levels were maintained we found this was because of the use of overtime, bank or agency staff. The medical staff vacancies were covered by locum doctors.
Patient-reported outcome measures were available for varicose veins, hip replacements and knee replacements, with the trust performing better than average.
Senior managers were aware of the current issues within surgery services and were considering changes in the way the service was delivered. The trust had recently addressed issues regarding referral to treatment times.

Critical care

Requires improvement

The hospital was found to require improvement overall in the provision of critical care services. We found that it was providing a safe, effective and caring service to its patients but that how the service responded to patients' needs in a timely way required improvement. In terms of being well led, we determined that greater clarity and understanding needs to be shared about the future use of the critical care service on the Chorley and South Ribble site.
The service submitted regular Intensive Care National Audit and Research Centre data so was

Summary of findings

able to benchmark its performance and effectiveness alongside other units nationally. There was a clear understanding of incident reporting and an embedded culture of audit, learning and development.

Maternity and gynaecology

Good

There were clear systems for reporting incidents and managing risk within the service. The rooms were clean and infection rates were within expected ranges. Medicines were delivered safely. The rooms were adequately maintained and equipment was readily available and fit for immediate use.
Women and their babies were protected from abuse. Staff we spoke with were aware of the signs of abuse and the appropriate actions and systems for escalating safeguarding concerns.
Clear protocols were in place for all staff with relevant training in the management of obstetric emergencies. Regular training sessions were held with the ambulance service regarding transfers from the birthing centre at Chorley to the obstetric unit in Preston.
The maternity service staff felt positive about their clinical leadership, and there were some good examples of key leadership roles. However, some staff felt that long-term temporary roles had led to a feeling of uncertainty within the service. Clear governance processes were embedded within the service and the culture of the service was one of continual improvement and development.

End of life care

Good

Care for patients at the end of life was supported by a consultant-led specialist palliative care team. Staff effectively followed end of life care pathways that were in line with national guidelines. Staff were clearly motivated and committed to meeting patients' different needs at the end of life. Nursing and care staff were appropriately trained and supervised and they were encouraged to learn from incidents.
The palliative care team staff were clear about their roles and benefited from good leadership. We observed that care was given by supportive and compassionate staff. People spoke positively about the care and treatment they received and they told

Summary of findings

us they were treated with dignity and that their privacy was respected. The nursing staff and doctors spoke positively about the service provided from the specialist team.

Outpatients and diagnostic imaging	**Requires improvement**		Patients were treated with dignity and respect by caring staff. There was a clear process for reporting and investigating incidents, although staff told us they had not received outcomes of incidents submitted. The outpatients departments we visited were clean and well-maintained. However, patients and staff told us that clinics were sometimes cancelled at short notice and we found that clinics frequently ran late. The cancelled clinics were a concern within the ophthalmology department and the quarterly audits showed an increase over the last four quarters. There were also concerns noted with the partial booking system within ophthalmology for patients needing follow-up appointments. Patients told us that delayed appointments also caused confusion with ambulance transport services. People said they had difficulty with the car parking arrangements at the hospital. They found car parking difficult because demand for spaces was high and they often had a long walk to get to the department. There was good local leadership and a positive culture within the service. Improvements were required to demonstrate that the service reviewed, understood and managed the risk to people who use the service. Staff had not received clinical supervision, as required by the hospital's own policy and procedures.

Requires improvement

Chorley and South Ribble Hospital

Detailed findings

Services we looked at
Accident and emergency; Medical care (including older people's care); Surgery; Critical care; Maternity and family planning; End of life care; Outpatients

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Detailed findings

Background to Chorley and South Ribble Hospital

Chorley and South Ribble Hospital is one of two hospitals providing services as part of Lancashire Teaching Hospitals NHS Foundation Trust. It provides a full range of district general hospital services, including emergency department, critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, midwifery-led maternity care, and breast service.

Our inspection team

Our inspection team was led by:

Chair: Ian Abbs, Medical Director, Guy's and St Thomas' NHS Foundation Trust

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an Inspection Manager, seven CQC inspectors and a variety of specialists including Operational Manager of Acute Trust Clinical Services; Director of Improvement, Quality and Nursing; Diabetes Consultant; Consultant Radiologist; Consultant Colorectal Surgeon; Emergency Medicine Consultant and Senior Clinical Lecturer in Emergency Medicine; Consultant Obstetrician and Gynaecologist; Critical Care/ Anaesthesia/ECMO; ST6 in Paediatrics; Junior Doctor; FY2 Doctor; Matron in Medical Investigations and Respiratory Care; Theatre Specialist; Divisional Director for Medicine; Lead Paramedic; Midwife; Intensive Care Nurse; Nurse Consultant Paediatrics; 3rd year Paediatric Student Nurse; Student Nurse and two experts by experience.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held a listening event in Preston on 8 July 2014 when people shared their views and experiences of both Royal Preston Hospital and Chorley and South Ribble Hospital. Some people who were unable to attend the listening event shared their experiences by email or telephone.

The announced inspection of Chorley and South Ribble Hospital took place on 10 and 11 July 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Chorley and South Ribble Hospital.

Detailed findings

Facts and data about Chorley and South Ribble Hospital

Chorley and South Ribble Hospital is one of two hospitals providing services as part of Lancashire Teaching Hospitals NHS Foundation Trust. There are 877 beds across the two sites and in 2013/14 there were 125,631 admissions and 489,426 outpatients and 123,014 emergency department attendances. There are over 6,500 staff.

The trust serves a local population of 390,000 living in South Ribble, Chorley, and Preston boroughs and approximately 1.5 million patients for specialised care. The health of people in Lancashire as a county varies. Just over half of the health indicators are worse than the England average, including binge drinking in adults and life expectancy.

The trust has an annual income of £353 million for clinical activity and £49 million for non-clinical activity.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Urgent and emergency services

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

Information about the service

The Emergency Department at Chorley and South Ribble District General Hospital provided consultant-led emergency care and treatment 24 hours a day, seven days a week. Last year the department saw 48,269 patients.

An Emergency Department Clinic operated each morning Monday to Friday. Out-of-hours GP provision was located two miles from the Emergency Department.

During our inspection, we spoke with seven patients, three relatives or carers, and 14 staff members. We looked at three records of care and treatment. As part of our inspection we used the Short Observational Framework for Inspection, which is a specific way of observing care to help us understand the experience of people who could not talk with us. We also reviewed information from comment cards that were completed in the waiting area.

Summary of findings

The delivery of emergency care was supported by reliable systems and processes. Staffing levels and skill mix were set and reviewed to meet patients' needs at all times of the day and night by appropriately qualified staff.
Patients received care and treatment in accordance with their needs. Effective and consistent levels of care and treatment were available 24 hours a day, seven days a week. The national target for patients being seen within four hours was consistently met over the last 12 months.

Patients and their relatives were all positive about the care they had received.

Staff were responsive to patients' needs. Leadership, management and governance of the Emergency Department assured the delivery of high-quality person-centred care, supported learning and innovation and promoted an open and fair culture. Incident recording, reporting and learning were effective and embedded in the service. Care was supported by reliable systems and processes, including approaches to managing risks which were appropriately assessed, managed and recorded; infection prevention and control; cleanliness and maintenance of equipment and facilities and the safe management of medicines.

Urgent and emergency services

Staff recognised and responded to any deterioration in patient health. Staff worked with others to prevent abuse and responded appropriately to any signs or allegations of abuse. Effective emergency preparedness plans were in place.

Governance, risk management and quality measurements were proactively reviewed and updated to take account of models of best practice. There was strong collaboration and support within the department and with external partners, with a common focus on improving quality of care and patients' experiences. Consultants in the department promoted continuous improvement and we saw a high level of innovation.verview here>

Are urgent and emergency services safe?

Good

Incident recording and reporting was effective and embedded in the service. Incidents had been investigated, learning was communicated and action was taken to improve services.

Staff were appropriately qualified and received regular relevant training and appraisal.

Reliable systems and processes promoted good care. This included approaches to infection prevention and control, cleanliness and maintenance of equipment and facilities, and the safe management of medicines, and was supported by accurate record keeping.

Patients were involved in their care and treatment and risks were appropriately assessed, managed and recorded. Staff recognised and responded to any deterioration in patient health.

Staff worked with others to prevent abuse and responded appropriately to any signs or allegations of abuse.

Staffing levels and skill mix were set and reviewed to keep people safe and meet their needs at all times of the day and night.

Effective emergency preparedness plans were in place.

Incidents

- Staff were aware of the trust's electronic incident reporting procedure and all staff told us that they knew how to report incidents. Staff told us that all incidents were discussed at team meetings and we saw minutes of these meetings that confirmed incidents were discussed and learning and action points were shared and implemented.
- We looked at minutes of departmental clinical governance meetings and saw that the meetings included reviews of incidents, audits, procedures, risks and mortality and morbidity learning points.

Urgent and emergency services

Safety thermometer

- Information relating to patient safety was displayed on noticeboards in the department. Up-to-date information on performance in areas such as hand hygiene, falls, pressure ulcers and other incidents was available. There were no areas of concern identified.

Cleanliness, infection control and hygiene

- The department was clean and staff were aware of the current infection prevention and control guidelines.
- Adequate handwashing facilities and alcohol hand gel were available throughout the department.
- We observed good practices, such as staff following hand hygiene and bare below the elbow guidance while delivering care. We saw staff handling and disposing of clinical waste and sharps safely.
- Audits of infection prevention and control practices were carried out, reviewed and action plans implemented. The most recent audit result of 94.9% compliance with cleaning schedules was displayed within the department.
- We saw staff nursing a patient in isolation in accordance with trust policy and procedure, including the appropriate use of gloves and aprons during treatment.

Environment and equipment

- There were ample supplies of suitable equipment. Appropriate life support and associated monitoring equipment, along with resuscitation equipment, was accessible and available within the department. However, the hospital should note that only two automatic external defibrillation machines were available in the department; one in the resuscitation area and one in the majors' area. Staff told us that a further two machines could be accessed in the outpatients clinic area. There was a risk that there could be a delay in accessing this life-saving equipment in an emergency.
- There was a schedule for regular checks of equipment and the checks were up to date. There was a system in place for the repair and maintenance of equipment. However, during our inspection we found a patient hoist that had not been serviced since 2012 (according to available records). Maintenance staff acted immediately to service this piece of equipment when we brought it to their attention.

Medicines

- Policies and procedures were accessible to staff on the trust's intranet and staff were aware of the procedures to follow.
- Medicines were stored, managed, administered and recorded safely and appropriately.
- Emergency nurse practitioners were working under a patient group direction for the prescription of simple pain relief. Patient group directions provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. Some nurses had recently attended a nurse prescriber course to enable them to prescribe a wider range of medicines for the benefit of patients.

Records

- We looked at three patient records and found that they were all completed in accordance with the trust's Clinical Records Policy and Procedure. Appropriate risk assessments had been completed, for example in relation to the risk of pressure ulcers. Fluid intake, regular observations and National Early Warning Scores were completed as required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Policies and procedures were available to staff on the trust's intranet. Staff were aware of the procedures to follow. Where patients lacked capacity we saw that appropriate actions were taken to ensure that decisions were made in the patient's best interests and that these actions were recorded.
- We saw during our observations that staff sought consent from patients before undertaking treatments and that patient consent was recorded in the records we reviewed.

Safeguarding

- Policies and procedures for both adult and young people's safeguarding were available to staff on the trust's intranet. Staff were aware of the procedures to follow if they had concerns. We saw from patient records that the section relating to safeguarding had been completed.

- The department had recently begun a multidisciplinary safeguarding adults group using a similar format to the one for children. The first meeting had been held the month before our inspection.

Mandatory training

- Staff received mandatory training that covered a wide range of subjects. This was delivered and updated in two waves over two years. At the time of our inspection 85% of staff had completed mandatory training. We saw that the remaining staff were booked to attend this training.
- According to records, 100% of the relevant nurse staff group had completed advanced paediatric life support training.
- The department had a clinical lead who was responsible for supporting staff to access training. We saw the department held training records up to July 2014.
- There was a training and development noticeboard in the department that gave staff information about future learning opportunities. This information was also available in the departmental newsletter.

Management of deteriorating patients

- Reception staff had all been trained in the recognition of acute life-threatening events. They told us that nurse support was rapidly available to them if they had concerns about a patient in the reception area. They also told us how they had recently escorted poorly patients directly into the department for prompt care and treatment. While we were in the department we saw that reception staff recognised that a patient needed prompt attention and immediately called a nurse to provide support.
- The department used the recognised National Early Warning Score to show when a patient's condition was serious or deteriorating. For children, the Paediatric Early Warning Score was used. Staff were aware of the tools and how to escalate concerns regarding a patient. The policy and records we looked at were filled out and scored correctly.
- The department did not routinely provide care for seriously ill children and clear protocols were in place with North West Ambulance Service to ensure that children in this category were transported to Royal Preston Hospital. When a child was brought into the department by other means, there were clear protocols regarding the management of their condition and an agreement with North West Ambulance Service for the early transfer of the patient. We saw evidence during our inspection that these protocols were understood and followed.
- The trust had identified that there could be a risk to seriously ill children in this department because of a lack of inpatient paediatric services. This risk was recorded in the departmental risk register; staff were aware of the risks and appropriate mitigating actions had been taken to manage them.
- These included additional training for staff and effective links with the paediatric consultants at Royal Preston Hospital, who would attend the department to support the treatment of a seriously ill child before their transfer.

Nursing staffing

- Nurse staffing levels and skill mix were appropriate for the department. One emergency nurse practitioner post was covered by staff rotating from Royal Preston Hospital but all other qualified posts were fully recruited to.
- Nurse sickness levels were reported at 3%, with cover for sickness provided by the team rather than by agency staff.

Medical staffing

- Medical staffing levels and skill mix were appropriate for the department. Medical staff worked across the emergency departments at Chorley and South Ribble and Royal Preston Hospitals. The department was funded for 12 consultant posts and all were in post at the time of our inspection.
- Consultants were present in the department from 9am to 6pm, Monday to Friday.
- Medical staff told us that consultant support and advice was always available by telephone if required from staff on duty at Royal Preston Hospital. They also told us that if required the consultant would travel across to the Chorley site to offer support.

Major incident awareness and training

- The department had suitable major incident plans in place. Information and guidance about roles and responsibilities in the event of a major incident were available to staff within the department.

Urgent and emergency services

- The security team was based in the main hospital. Security staff were available from midday until 8am. Between 8am and midday porters provided security support. Nursing staff told us security staff were very responsive and arrived within minutes of any request.

Are urgent and emergency services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

Patients received care and treatment based on national and international evidence-based standards and guidelines.

Patients' needs were assessed appropriately and care and treatment was planned and delivered in accordance with their needs.

There was a multidisciplinary approach to care and treatment. Staff worked with other health and social care providers to assess, coordinate and plan individual patient care and treatment.

Effective and consistent levels of care and treatment were available 24 hours a day, seven days a week.

Medical and nursing staff received appraisals and supervisions. Corporate records showed that 98% of staff had received appraisal within the department.

Evidence-based care and treatment

- Care and treatment was evidence-based and followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE) and nationally recognised assessment tools.
- Clinical guidelines were developed and referenced with associated NICE guidance and other nationally recognised standards. These were accessible for clinicians and we saw evidence of review and updating.
- The department had a robust pathway for the care of patients with sepsis. A consultant from the Emergency Department and an intensive care consultant jointly led on sepsis care for the trust.
- Patients with suspected hip fractures were treated in line with best practice.
- Consultants within the department had introduced ultrasound-guided fascia-iliaca blocks in patients presenting with a fractured neck of femur. This is an effective local anaesthetic technique for pain relief in elderly patients without the need for sedation using opiate drugs.
- Care and treatment pathways for stroke patients were consistent with approved guidelines. Patients were transferred to Royal Preston Hospital for stroke thrombolysis.

Pain relief

- Patients were offered pain relief, when required. Staff monitored patients' pain, responded appropriately and recorded the information in patients' records.

Nutrition and hydration

- Jugs of fresh water were available in the department. We saw that staff offered drinks to patients. Housekeeping staff provided food when it was appropriate for the patient and patient notes confirmed this.

Patient outcomes

- Consultants described to us clear plans to improve patient outcomes, including working with other teams within the trust where appropriate.
- The department participated in College of Emergency Medicine audits. We looked at three of these and saw they had been reviewed and priorities for improvement had been identified.
- Unplanned re attendance rates to the department within seven days for the previous 12 months were better than the national average, but worse than the expected standard. We saw that re-attendance rates were reviewed as part of the department's clinical governance framework and actions were planned to improve performance.

Competent staff

- Medical and nursing staff received appraisals and supervisions. An appraisal gives staff an opportunity to discuss their work progress and future aspirations with their manager. We saw corporate records that showed that 98% of staff had received appraisal within the department at the end of June 2014. However, staff told us and managers confirmed that there were no formal records of nursing clinical supervision although doctors supervision was recorded in line with the trusts "Safe Supervision Strategy".

Urgent and emergency services

- The Matron told us that site-specific training was delivered three times per week, but that staff also had the option to attend training at Royal Preston Hospital.
- Medical staff were clear that there were no issues with the revalidation of doctors within the department.

Multidisciplinary working

- Medical and nursing staff worked well together as a team and there were clear lines of accountability and leadership that contributed to the planning and delivery of patient care.
- The Emergency Department at Chorley worked effectively with North West Ambulance Service. There was an agreed protocol of where patients should be transported according to their clinical need. This protocol was available to staff in the Emergency Department and also to ambulance crews on their vehicles. Ambulance crews and hospital staff also told us that crews could telephone the department for advice regarding where to take a patient to best meet their clinical needs.
- The department had worked in partnership with Lancashire County Council to produce an agreement so that emergency department staff could access crisis care directly from the care provider Housing 21 without the need to involve a social worker. This meant that staff were able to discharge patients ensuring that they were cared for safely and appropriately in their own home for up to 72 hours. This also avoided unnecessary hospital admissions. This service was available 24 hours a day, including weekends.

Seven-day services

- The Emergency Department was consultant-led, offering a service 24 hours a day, 365 days a year.
- Medical staff told us that consultant support and advice was always available by telephone if required from staff on duty at Royal Preston Hospital. They also told us that if required the consultant would travel across to the Chorley site to offer support.
- Middle grades, specialist and junior doctors covered rotas 24 hours a day, seven days a week throughout the year.
- Diagnostic radiology services were available in the department.

Are urgent and emergency services caring?

Good

Patients and their relatives we spoke with were all positive about the care they had received. We observed staff offered care that was kind and compassionate.

Staff involved patients and their relatives in decisions about their care and their choices and preferences were valued and, where possible, acted on.

Compassionate care

- There were positive interactions between staff, patients and their relatives. Staff consistently demonstrated caring attitudes towards patients throughout the inspection.
- We spoke with five patients and three relatives. They all spoke positively about their care and treatment and they told us they were treated with dignity and respect. “Staff are all courteous and professional.”
- We found that staff pulled curtains around each patient’s bay to maintain privacy and dignity.
- All staff introduced themselves and ensured that discussions about care and treatment were carried out discreetly and in private.

Patient understanding and involvement

- Staff explained treatment options to patients. Patients told us that they were included and involved in making decisions about their care and treatment.
- We used our Short Observational Framework for Inspection tool in the department and found that staff demonstrated genuine care and concern for patients.

Emotional support

- Staff spent time talking with patients and their relatives and responding to questions in an appropriate manner. All staff provided open and honest responses, reassurance, comfort and emotional support to patients and relatives who were anxious or worried.

Urgent and emergency services

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

Good

Staff in the department were responsive to patients' needs. The national target for patients being seen within four hours had been consistently met over the last 12 months.

There were specialist support teams for elderly patients and those with alcohol or substance abuse-related conditions. Translation and interpretation services were available as was support for patients with other communication difficulties.

Staff in the department understood the needs of patients and had designed and delivered services to meet those needs.

The trust's performance in relation to the four-hour waiting time target for emergency departments had been inconsistent. Higher than average bed occupancy rates meant that some patients waited an unacceptably long time for admission to an inpatient area. The data we received did not distinguish between the two hospital sites.

Patients were encouraged and supported to provide feedback or make complaints.

Service planning and delivery to meet the needs of local people

- Communication between staff was effective.
- Handovers between ambulance and nursing staff were conducted sensitively, safely and efficiently without delay.
- The department was supported to discharge patients safely by three teams: the proactive elderly care team, Housing 21 and a rapid assessment team who carried out physiotherapy and occupation therapy assessments and provided mobility equipment to support patients going home.
- The department did not routinely provide care for seriously ill children and clear protocols were in place with North West Ambulance Service to ensure that children in this category were transported to Royal Preston Hospital. However, staff told us that the trust had not recently publicised the availability of services within the local community to make families aware of where to take their sick children. We talked with the family of a child and they told us "anything major I would always come here". However, another parent told us that they would not bring a sick child to the department.
- Orthopaedic staff at Royal Preston were able to review patient x-rays electronically and discuss results with staff at Chorley to avoid patients at Chorley having to travel to Preston.
- Staff in the department had developed links with local providers of elderly care to ensure that their dementia passport was effectively used.
- The Royal Preston hospital had a proactive elderly care team (PECT) who were actively involved with elderly patients as soon as the decision was taken to admit them in order that plans could begin for safe discharge home. There were plans in place to support the expansion of the PECT to the Chorley and South Ribble Hospital.
- A rapid assessment team was available to support patients within the department to access prompt physiotherapy or occupational therapy support as well as equipment to enable them to be safely discharged home.
- The department had access to "Discover" to provide alcohol and substance misuse services to young people under the age of 21 and to adults within the department.

Access and flow

- The Department of Health's target for emergency departments is to admit, transfer or discharge patients within four hours of arrival. Over the previous 12 months, the department's performance against this target had been consistent and the hospital had met the four-hour national target.
- At the time of our inspection none of the patients in the Emergency Department had been waiting longer than three hours for admission, transfer or discharge. We saw evidence that told us no patients waited more than 12 hours from the decision to admit to transfer to the ward. Overall, 12% of patients waited over four hours from arrival at ED until admission. Of these, less than 1% waited between nine and 12 hours and 0.3% waited over 12 hours.

Urgent and emergency services

- However staff told us that, on average, once a fortnight patients would wait over 12 hours to be admitted to a hospital bed.
- The trust had identified concerns regarding the flow of patients through the hospital. Bed occupancy rates for the trust averaged 94% for the year 2013/14 compared with the England average of 85%. It is generally accepted that the quality of patient care and how well hospitals perform begin to be affected when bed occupancy rates rise above 85%. Without exception, patients told us that they were seen very quickly in the department.

Meeting people's individual needs

- We reviewed four patients' records during the inspection and saw patients' care and treatment was carried out in accordance with their needs.
- The department had a room available for relatives to use. There were information leaflets in this room.
- The department had access to the 24-hour chaplaincy service based at Royal Preston Hospital. Chaplains were available to support patients whatever their faith or beliefs.
- The department had access to translation and interpretation services. Contact details were displayed and staff knew how to access the services. Staff told us how they pre-booked interpretation services for follow-up appointments in outpatients clinics at the point of discharge. Staff told us that they had a multilingual phrasebook available on the intranet and we were able to access this.
- Information leaflets were readily available in the department. We saw that staff gave them to patients when appropriate. However, we observed that information leaflets were not available in any other language than English or in alternative accessible formats.
- The department had a learning disability link nurse and the trust had a 'patient passport' scheme for patients with a learning disability. This helped staff to meet the individual care, treatment and communication needs of patients. A nurse told us that, when possible, she would bring forward patients living with a learning disability in order to minimise their distress and waiting time. Reception staff told us that they had requested and received training in learning disabilities.
- Staff within the department had received training in dementia. The trust used dementia passports for patients living with dementia.
- There was a communication book containing pictures that staff could use to support them when communicating with patients who had cognitive impairment. We saw a copy of this book.
- During our inspection we saw staff offer appropriate support, explanation and orientation to a patient and their relative who both had a visual impairment.
- A mental health liaison team was available on site between the hours of 8am and 10pm. Staff told us they were very responsive. However, there was only one staff member on call overnight, which had led to some delays in patients being seen.

Learning from complaints and concerns

- Systems and processes were in place to advise patients and relatives on how to make a complaint. Information about how to make a complaint or offer a compliment was displayed in the department. Staff were aware of how to manage complaints and how to support patients who wished to complain.
- The department monitored and tracked complaints and identified themes that they responded to with action plans. We saw evidence that action had been taken as a result of learning from complaints and concerns, for example staff had received additional training or practices had been amended. Learning from complaints was discussed at departmental and division meetings and shared more widely with staff, including on noticeboards within the department.

Are urgent and emergency services well-led?

Good

Leadership, management and governance of the Emergency Department assured the delivery of high-quality person-centred care, supported learning and innovation and promoted an open and fair culture.

Governance, risk management and quality measurements were proactively reviewed and updated to take account of models of best practice.

Urgent and emergency services

There was strong collaboration and support within the department and with external partners, with a common focus on improving quality of care and patients' experiences.

Consultants in the department promoted continuous improvement and we saw a high level of innovation.

Vision and strategy for this service

- Clinical leadership of the emergency departments at both Chorley and South Ribble District General and Royal Preston Hospitals was by the same team. The clinical director had a clear vision for the Emergency Department along with a recognition and understanding of existing constraints.
- Plans for the future included a plan to co-locate services so that the GP unit would be on site. Staff had been involved in the development of these plans and had visited other acute trusts to select an appropriate model.
- Staff we spoke with were aware of the vision and strategy and shared a common focus on high-quality care.
- A nurse told us about plans for a dementia-friendly bay within the department to support patients living with dementia. This was identified as of particular benefit to the department because of the high numbers of elderly in the local population.

Governance, risk management and quality measurement

- The leadership team within the department maintained a comprehensive risk register. We saw this register was up to date and regularly reviewed.
- Departmental clinical governance meetings were held monthly, led by a consultant, supported by administration staff and attended by medical staff, nursing staff and other hospital managers. The agenda covered a range of governance issues including operational and clinical risks, quality of services, review of audits and learning from incidents. We saw the minutes for these meetings with action logs, which were shared with all staff and discussed at division meetings. Minutes showed that there was a comprehensive programme of governance activities and learning from complaints and incidents was an embedded part of the culture within the department.
- Clinical governance was a standing item on the agenda for all division and staff team meetings as well as nursing handovers. We saw an up-to-date noticeboard in the staff area of the department, which gave information about clinical governance.

Leadership of service

- The department was led by a Clinical Director, Matron and Manager. Staff we spoke with told us that they were highly visible and responsive.
- The leadership team managed the emergency departments at both Chorley and South Ribble and Royal Preston Hospitals. There was evidence that practices were consistent and expertise shared trust-wide.
- Without exception staff we spoke with told us that this was a good department with an excellent ethos.
- Junior doctors told us that they were well supported within the department, guidelines were easily accessible and there was always someone available to ask.
- A nurse told us that inter-site support between Royal Preston and Chorley and South Ribble Hospitals was very good.

Culture within the service

- Medical and nursing staff were committed and enthusiastic about their work and worked well to ensure that patients were given the best care and treatment possible.
- There was a positive culture within the service; staff shared their views about the service openly and constructively. They were caring and passionate about the hospital and about the care they provided to patients. Staff worked well together as a team.
- One member of support staff told us, "I would bring my relative here. Staff treat every patient as though it's their family".

Public and staff engagement

- Patient feedback forms were available in reception and staff told us that they were collected every couple of days for review. During our inspection we saw nurses giving feedback forms to patients.
- The department produced a newsletter designed to keep staff up to date with events, news and also to give useful clinical tips. We saw a copy of the June 2014 edition, which included information on possible summer injuries and future learning opportunities. All

staff had the opportunity to contribute articles and ideas to this newsletter. The trust also produced a staff magazine, which was widely distributed and available on the intranet.

Innovation, improvement and sustainability

- A consultant within the department led a multidisciplinary children's safeguarding team, which met monthly to review all safeguarding referrals made by the department. Three other trusts had visited the department to learn about this model so that they could introduce it in their services.
- Consultants within the department had introduced ultrasound scanning to facilitate fascia-iliaca blocks in patients presenting with a fractured neck of femur. This is an effective technique for pain relief in elderly patients without the need for sedation. One of the consultants within the department had taken a lead for training all consultants and middle-grade doctors in the use of ultrasound to support diagnosis and treatments being initiated within the department.

Medical care (including older people's care)

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

Information about the service

The medical division at Chorley and South Ribble Hospital provides a range of general medicine services.

As part of our inspection we visited the following wards: Medical Assessment Unit (MAU), Brindle ward (respiratory/ diabetes), Hazelwood ward (cardiology), the dialysis unit, Rookwood A and Rookwood B (general medicine, dementia specialist wards).

We spoke with 20 patients and three relatives, received information from our listening events and from people who contacted us to tell us about their experiences. We spoke with 19 members of staff at all levels including nurses, matrons, consultants, junior doctors, sisters and ward managers. In addition we also held focus groups for nurses, matrons, allied health professionals, healthcare assistants and medical staff. We observed how care and treatment was provided and reviewed 13 patients' records. Before our inspection, we reviewed performance information about the hospital and information from the trust.

Summary of findings

The medical service across the trust experienced high demand from emergency admissions. Escalation processes meant that patients were transferred to Chorley and South Ribble Hospital from Royal Preston Hospital. Patients often experienced multiple moves during their stay and patients were regularly in hospital for longer than they required. The trust had recognised these were areas for improvement and had implemented processes to address the issues. However, we found that discharge processes remained slow and fragmented.

Nurse staffing levels, although improved, were still a concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff. Adequate staffing levels were not consistently achieved in all the wards within the medical division. The outcomes for patients in some areas required improvement, particularly in the management of patients with diabetes.

However, we found ward environments were clean and well maintained and staff followed infection control procedures. Staff reported that there was clear visibility of the leadership team throughout the service.

Medical care (including older people's care)

Are medical care services safe?

Requires improvement

Nurse staffing levels, although improved, were still a concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff. Adequate staffing levels were not consistently achieved in all the wards within the medical division.

We found ward environments were clean and well maintained and staff followed infection control procedures. Staff were confident in reporting incidents and there was evidence that learning from incidents took place.

Incidents

- There were systems for reporting actual and near-miss incidents across the medical division. Staff were confident in reporting incidents and 'near misses' and were supported by managers to do so. Monitoring report March 2014 showed that there was no evidence of potential under reporting. Learning from incidents was discussed during team meetings and there were examples of learning from incidents being applied and evaluated.
- Data from 2013/14 showed there had been five serious incidents reported by the trust in relation to the medical division. These had been investigated and remedial action taken to prevent reoccurrence.
- Mortality and morbidity meetings were held weekly and were attended by consultants, ward managers and senior nurses. These meetings discussed any deaths that had occurred within the medical division and any learning points. Ward managers and nurses then took learning and any actions back to their individual teams for implementation.

Safety thermometer

- For the majority of time from May 2013 to May 2014 the trust-wide performance rates for pressure ulcers and urinary tract infections (catheter related) were in line with or slightly better than the England average.
- Trust-wide performance for falls was worse than the England average in December 2013. As a result the trust had developed and implemented a falls action plan. Actions taken to reduce falls included 'intentional rounding' (intentional rounding involves health professionals carrying out regular checks with individual patients at set intervals).We saw from records and our observations that these checks were taking place in practice.
- Results of the safety thermometer were displayed on performance boards on every ward we visited. The data displayed on the wards reflected the trust-wide performance data, with falls being the most prevalent cases. Performance boards also included a "'Patient safety focus for the month' section, which included improvement actions for areas such as falls prevention.

Cleanliness, infection control and hygiene

- From May 2013 to May 2014 the trust reported four cases of MRSA, 53 cases of Clostridium difficile and 29 cases of MSSA. This meant that MRSA rates were in line with the England average but C. difficile and MSSA rates were slightly worse than the England average. Monthly infection rates were displayed on ward performance boards. The boards we reviewed on the wards we visited showed they were performing well.
- The wards we inspected were clean and well-maintained. Staff were aware of current infection prevention and control guidelines.
- There was a sufficient number of handwashing sinks and hand gels. Hand towel and soap dispensers were adequately stocked.
- We observed staff following hand hygiene practice and bare below the elbow guidance.
- Side rooms were used when possible as isolation rooms for patients identified with an increased infection control risk (for example, patients with MRSA). There was clear signage outside the rooms so that staff were aware of the increased precautions to take when entering and leaving the room.

Environment and equipment

- We checked the resuscitation equipment on all of the wards we visited and found in most cases they had been checked regularly by a designated nurse.
- Where assessment had identified as being required, pressure-relieving mattresses were used in the prevention and management of pressure ulcers for vulnerable patients. Additional equipment such as falls alarms had also recently been purchased by the trust to assist in the prevention and management of falls.

Medical care (including older people's care)

Medicines

- The trust's performance dashboard showed the medical division had achieved 98% compliance for medicines administration and prescribing in 2014 to date. However, we were made aware of medication errors that had occurred within the week of our inspection. We spoke with ward managers who confirmed that medicine management and the reduction of errors was an ongoing key area of focus.
- All ward-based staff reported a good service from the pharmacy team. Wards received support from a clinical pharmacy team who would attend wards to ensure medication was available and had been prescribed correctly.
- We found that prescription charts were not always fully completed with details of the prescriber, allergies and VTE (venous thromboembolism/blood clot in a vein) assessment.

Records

- Documentation in all the records we reviewed was legible, signed and dated, and easy to follow.
- Patient records included a range of risk assessments and care plans for VTEs, falls, nutrition and hydration, pressure ulcers and personal care, which were completed on admission and were updated throughout a patient's stay. However, we found these documents were not always completed consistently.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- When a patient lacked the capacity to make a decision for themselves, staff consulted with appropriate professionals and others so that a decision could be made in the person's best interests.
- Staff demonstrated good awareness and understanding of the Deprivation of Liberty Safeguards process and could explain how the recent changes to the law had affected practice.

Safeguarding

- There was a system for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. This process was supported by staff training.
- The wards also had access to a safeguarding lead. Any concerns on safeguarding could be escalated to the lead for advice and support.

Mandatory training

- The trust provided core mandatory training to all permanent staff. The medical division's performance dashboard showed 65% of the trust's medical division staff had completed mandatory training so far for 2014/15 (as of 30 June 2014). However, interviews with ward managers suggested that compliance with mandatory training was higher than 61%. This was because some ward managers had not updated the training information on the electronic system.

Management of deteriorating patients

- The National Early Warning Score system was used throughout the trust to alert staff if a patient's condition was deteriorating. As part of the observation chart, the expected escalation process was displayed.
- From the records we reviewed, each patient had an early warning score and pain score assessment completed daily and at regular intervals throughout the day if required.
- We found that, where indicated, patients were referred to a consultant for a review, in line with escalation protocols.

Nursing staffing

- Nurse staffing levels, although improved, were still a concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff.
- The trust undertook a staffing analysis twice a year using a recognised acuity tool. Ward managers welcomed these reviews and told us they had been a useful way to plan staffing levels in order to address the increase in the needs of patients. The division held daily staffing meetings to ensure appropriate deployment of staff. The difficulty in recruiting nursing staff was an ongoing challenge for the hospital. The division was heavily involved in the corporate recruitment programme which included international recruitment of nurses.
- However, managers on all the wards we inspected reported ongoing vacancies for trained nurses and healthcare support staff, and many reported long-term sickness absence that meant that none of the wards we inspected had a full complement of staff.
- The planned and actual staffing numbers for nursing and support staff were displayed on every ward. We saw that the trust had a system in place for escalating staffing shortages. However, we found that the trust was

not always adhering to recognised best practice in terms of nursing staff levels and there were occasions when the wards were not adequately staffed to meet the needs of patients.
- We observed a nursing and multidisciplinary team handover during our inspection. Communication between staff was effective, with staff handover meetings taking place during daily shift changes. Staff handover discussions included information regarding risks and concerns relating to each patient. Discharge plans were also discussed as well as any issues that required follow-up.

Medical staffing

- Consultant cover was available seven days a week from 8am to 9pm onsite. Out-of-hours cover was provided by junior medical staff with on-call consultant support if required. Concerns were raised that at weekends cover for all the wards was provided by one junior doctor until 9pm and one senior house officer and a specialist registrar after 9pm. There was also a consultant on call at all times.
- The junior doctors we spoke with told us they felt well supported by the consultants and other senior medical staff but they felt weekends were very busy and it was difficult to contact the specialist registrars because they were often busy in A&E or MAU.
- We found that on occasions there were medical staffing issues where posts on the rota had not been filled. This was partly because of medical staff vacancies and partly because some of the consultants divided their time across the two trust sites.
- There was a standardised medical handover process on MAU that took place twice a day to prioritise patient reviews and identify a plan of action for that shift.
- We found that there was no mechanism for a consultant-to-consultant handover of patients who left MAU to go to general medical wards. However, plans were in place to expand the online medical handover system to include these patients.
- Some staff raised concerns that there was a potential for increased length of stay for patients awaiting neurology or renal reviews because these specialties were based at Royal Preston Hospital and may only be reviewed once a week. However, we did not find any evidence or specific examples of this during our inspection.

Major incident awareness and training

- The trust's major incident policy was available for all staff on the trust's intranet. Ward managers and nursing staff knew where to find the policy.
- The trust told us that because of increased demand and complexity of patients, the traditional busy period over the winter months now continued throughout the year. This meant there were escalation beds in use on wards across the division and into the surgical division to cope with the increase in patient numbers. The hospital had an escalation system in place to ensure medical outliers (those patients not accommodated in an area best suited to their needs) were reviewed regularly by a consultant.

Are medical care services effective?

Requires improvement

Care and treatment was, in the main, delivered in accordance with national standards and guidance. The medical wards had implemented clinical pathways for a range of medical conditions based on current legislation and guidance.

However, outcomes for patients in some areas required improvement. Analysis of data demonstrated that particular improvements were needed in the management of patients with diabetes, especially with regard to foot risk assessments.

Staff received appraisal, but the staff survey showed that 21% of the staff who responded felt that clear work objectives were not agreed during their appraisal.

Evidence-based care and treatment

- Care and treatment was delivered in accordance with national standards and guidance.
- NICE guidelines were used in the management of falls and pressure ulcers. The trust monitored compliance with NICE guidance and were taking steps to improve compliance where further actions had been identified.
- Care pathways had been introduced to standardise care and improve compliance with best practice guidelines and quality standards.
- All wards participated in the trust-level audit programme, which included monthly audits of medicines management, tissue viability, falls

prevention, nutritional management, pain management and appropriate completion of the National Early Warning Score system. The trust's safety and quality dashboard for June showed the medicine division was performing better than the trust target in all areas. Where appropriate, there was evidence of actions taken to address any identified shortfalls.

Pain relief

- Pain relief was managed on an individual basis and was regularly monitored for efficacy.

Nutrition and hydration

- Where possible, there was a period over mealtimes when all activities on the wards stopped, if it was safe for them to do so. This meant that staff were available to help serve food and assist those patients who needed help. We also saw that a coloured tray system was in place to highlight which patients needed assistance with eating and drinking.
- A range of suitable menus were available to meet different nutritional and cultural needs, such as Halal, gluten-free, vegetarian and modified-texture diets.
- The majority of patients we spoke with told us they were happy with the standard and choice of food available.

Patient outcomes

- An analysis of Myocardial Ischaemia National Audit Project data showed that the hospital was performing worse than the England average for care of inpatients with non-ST segment elevation myocardial infarction. The hospital performed better than the England average for the number of patients who were referred for, or had, an angiography after discharge (83% compared with England average of 76%).
- The 2012/13 heart failure audit showed the hospital performed better than average on most key indicators.
- An analysis of the National Diabetes Inpatient Audit 2013 showed that the hospital performed worse than the England average against the majority of the indicators. Of particular concern, data showed that no diabetic inpatients had received a foot risk assessment within 24 hours of admission, compared with an England average of 36%, and only 3% of patients received a foot risk assessment during their stay (England average 6.2%).

Competent staff

- Staff told us they received an annual supervision. According to trust figures, as of 29 June 2014, 78% of staff in the medical division across the trust had received an appraisal within the last 12 months.
- However, an analysis of the 2013 staff survey results showed that 21% of the staff who responded felt that clear work objectives were not agreed during appraisal (trust average 25%) and 25% felt that training, learning or development needs had not been identified (trust average 27%).

Multidisciplinary working

- Multidisciplinary team working was well established on the medical wards. We saw that teams met at various times throughout the day, both formally and informally, to review patient care and plan for discharge. Multidisciplinary team decisions were recorded and care and treatment plans amended to include changes.
- The trust acknowledged that there was a lack of intermediate care services in the area and were working with social services and commissioners to try and address this. It was envisaged that improving the provision of intermediate care facilities would help support timely discharge.
- The hospital had a mental health liaison team. Records we reviewed showed there was clear evidence of mental health assessment and joint working with the mental health liaison team.

Seven-day services

- Consultant cover was available seven days a week from 8am to 9pm onsite. Out-of-hours cover was provided by junior medical staff with on-call consultant support if required.
- There were daily ward rounds, in conjunction with 'board rounds' where the multidisciplinary team discussed patients around a white board including overview of patient history, concerns, risks and actions required.
- The alcohol liaison service was available seven days a week.
- On-call physiotherapy support was available at weekends, but not occupational therapy or speech and language support. Registered nurses had been trained to undertake swallowing assessments if required at

weekends. The trust had made a commitment to improve seven-day services as early adopters. The self-assessment had been undertaken and the follow on work to identify gaps and priorities moving forward.
- Gastroenterology had a seven-day partial provision, without on-call facilities.

Are medical care services caring?

Good

Medical services were delivered by caring and compassionate staff. During our inspection we observed staff treating patients in a kind and sensitive manner. This was corroborated by the majority of patients we spoke with when we visited the wards. People told us they were happy with the level of care they had received and that staff had treated them with dignity and respect.

Staff planned and delivered care in a way that took into account the wishes of the patient and there was good emotional support through a number of methods including chaplaincy and a mental health liaison team.

A review of the friends and family data displayed at ward level indicated that in the main responses were positive, with the majority of patients rating the likelihood of them recommending wards as 'likely' or 'extremely likely'.

Compassionate care

- Medical services were delivered by caring and compassionate staff. We observed that staff treated patients with dignity and respect. All the people we spoke with were positive about their care and treatment.
- The trust's safety and quality dashboard for June 2014 showed the trust's medical division response rates for the Friends and Family Test were better than the trust target at 40%. The Friends and Family Test asks patients how likely they are to recommend a hospital after treatment. A review of the data displayed at ward level indicated that in the main responses were positive, with the majority of patients rating the likelihood of them recommending wards as 'likely' or 'extremely likely'.
- The trust performed about the same as all other trusts in all areas of the 2013 CQC inpatient survey.
- The trust completed an electronic inpatient questionnaire that focused on five key areas: overall experience of care, respect and dignity, communication, involvement in care and responsive, prompt care. The medical division performed in line with trust targets in four of the areas. However, it performed worse than the trust target for communication. During our inspection the majority of people we spoke with felt that communication both with them and between the departments had generally been good.

Patient understanding and involvement

- Staff planned and delivered care in a way that took into account the wishes of the patient. We saw staff obtaining verbal consent when helping patients with personal care. Patients we spoke with told us they felt involved in their care and treatment and staff explained to patients about the benefits and risks of care and treatment. Patients also told us that if they did not understand any aspects of their care that the medical, nursing or allied health professional staff would explain to them in a way that they could understand.
- Patients on the dialysis unit were offered the choice about how much involvement they had in their dialysis. Patients could choose whether they preferred to set themselves up independently or leave staff to complete the process.

Emotional support

- The trust had access to a chaplaincy service with a team of chaplains from a range of denominations and faith communities.
- Clinical nurse specialists and link nurses were available to provide advice and support in specific areas such as stroke, falls and tissue viability. An alcohol liaison service was also available.
- The hospital had a mental health liaison team. The staff we spoke with reported they had good links and working relationships with this team across the wards. Records we reviewed supported this and there was clear evidence of mental health assessment and joint working with the mental health liaison team.
- An analysis of the National Diabetes Inpatient Audit 2013 showed that only 70% of patients reported that they had received enough emotional support from staff to manage their diabetes, which was worse than the England average of 84%.

Are medical care services responsive?

Medical care (including older people's care)

Requires improvement

Bed occupancy for the trust was consistently worse than the England average. Escalation beds were in use on wards across the medical division and into the surgical division. Patients were also transferred from Royal Preston Hospital to ensure all patients were cared for in appropriate environments. The hospital had an escalation system in place to ensure medical outliers were reviewed regularly by a consultant. Patients were regularly in hospital for longer than they required. The trust had recognised these were areas for improvement and had implemented processes to try and address the issues. However, we found that discharge processes were slow and fragmented.

People's individual needs were met through the use of standard risk assessment tools to identify patient needs. A telephone translation service and interpreters were available. Staff worked with relatives and carers to complete 'patient passports' for people with learning disabilities. Some wards had dementia-friendly signage, décor and colour schemes chosen in accordance with advice from the King's Fund Enhancing the Healing Environment Scheme. Two wards in particular had been designed specifically to meet the needs of people living with dementia and had been nominated for a national award for the environment.

The 'Forget me not' scheme had been implemented throughout the division.

The trust was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how this was being put into practice during our inspection.

The trust acknowledged that there was a lack of intermediate care services in the area, which was having a negative effect on timely patient discharges leading to extended lengths of stay and adding to the high bed occupancy rate. The trust was working with social services and commissioners to try and address this.

On-call physiotherapy support was available at weekends, but not occupational therapy or speech and language support.

Registered nurses had been trained to undertake swallowing assessments if required at weekends. The trust had made a commitment to improve seven-day services and had completed an assessment to identify which services need to be offered seven days a week and at what level. Managers were in the process of reviewing the results at the time of our inspection.

Service planning and delivery to meet the needs of local people

- We found that because of increased capacity and complexity of patients there were escalation beds in use on wards across the division, into the surgical division. Patients were also transferred from Royal Preston Hospital to cope with the increase in patient numbers across the trust.
- The senior management team described the options under consideration to manage pressures on the medical services across the trust in the longer term. This demonstrated that service planning had taken place regarding the best way to utilise resources at all the trust's locations. However, plans had not been finalised and there were evident pressures on the service that meant patients' needs were not always met in a timely way.

Access and flow

- Bed occupancy for the trust was consistently above 90%, which is worse than the England average. It is generally accepted that the quality of patient care and how well hospitals perform begin to be affected when occupancy rates rise above 85%.
- The hospital had an escalation system in place to ensure medical outliers were reviewed regularly by a consultant. We were told that only patients who were ready for discharge or low risk would be moved to outlier beds.
- The trust produced a weekly report to review those patients who had experienced six or more bed moves during their inpatient stay. The acting divisional manager for medicines, A&E and outpatients told us that since the implementation of this report there had been a dramatic reduction in the number of patients experiencing six or more bed moves. However, we found that because some services were only available at Royal Preston Hospital this had led to some patients being transferred between the two hospitals on more than one occasion. 14 patients had been transferred between the hospitals on more than one occasion in 2013/14.

Medical care (including older people's care)

- The trust produced a weekly report that showed any patients who had been in hospital for longer than 21 days. Matrons would then meet with the general managers to discuss where these patients were on the discharge pathway and ensure a plan was in place. However we found that discharge processes were still slow and fragmented and often there were delays in providing take-home medicines, transport difficulties and lack of timely provision of community-based care packages.
- Patients were regularly in hospital for longer than they required. Delayed transfer of care figures April 2013 to April 2014 showed the main reason for delayed discharge was "patient or family choice". The trust reported that 52% of delays to discharge were for this reason compared with the national average of 14%. The trust highlighted that there was a lack of intermediate care services in the area and were working with social services and commissioners to try and address this.

Meeting people's individual needs

- Nursing staff used standard risk assessment tools to identify patient needs. Patients were assessed for the risk of falls, pressure ulcers and malnutrition. Staff carried out 'intentional rounding' every two to four hours on most patients. This included documenting the patient's condition, for example, whether they were in pain or discomfort, and their fluid intake.
- A telephone translation service and interpreters were available to support patients whose first language was not English. Staff confirmed that they did use these services.
- Staff worked with relatives and carers to complete 'patient passports' for people with learning disabilities. Patient passports provide information about the person's preferences, medical history, routines, communication and support needs. They are designed to help staff to understand the person's needs.
- Some wards had dementia-friendly signage, décor and colour schemes chosen in accordance with advice from the King's Fund Enhancing the Healing Environment Scheme. Two wards in particular had been designed specifically to meet the needs of people living with dementia and had been nominated for a national award for the environment.
- The 'Forget me not' scheme had been implemented throughout the division. The scheme helps staff recognise when someone is experiencing memory problems or confusion. This allows staff to take more time when communicating with patients who have difficulty understanding information and offer additional help, or support with tasks where needed.
- The proactive elderly care team helped staff identify and assess the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those living with dementia. Staff spoke highly of the input the proactive elderly care team provided.
- We saw activity bags in use throughout the division. These helped to promote and maintain cognitive and physical function and reduce unwanted effects of being in a hospital environment.

Learning from complaints and concerns

- Of the 582 complaints the trust received in 2013/14, 131 related to the medical division and nine to professional services support.
- The trust's annual complaints report showed learning had taken place and actions had been taken to reduce complaints. For example, staff on the MAU had received human factors training in response to complaints about communication. They had also increased the frequency of their management meetings involving matrons, ward managers and consultants. As a result they had seen a reduction in the number of complaints received.
- Local learning from complaints was discussed and cascaded using team meetings.
- Staff we spoke with were aware of the trust's complaints system and how to advise patients and relatives to make a complaint, if they wanted to do so.

Are medical care services well-led?

Requires improvement 

The trust had clear values that aimed to define how staff behaved towards people who used services and these were displayed on large posters throughout the hospital. The vision for the medical division was less clear. However, the senior management team described the options under consideration to manage pressures on the medical services and to develop services across the trust in the longer term. The plans for the future of the service had not yet been finalised.

Medical care (including older people's care)

However, the majority of staff were positive about the visibility of the trust board throughout the service. All of the nursing staff we spoke with were positive about the leadership and support that they received from their line managers.

There was a positive supportive culture within the service and governance arrangements were clear and well understood.

Vision and strategy for this service

- The trust's vision was summarised as "Excellent care with compassion" and the trust had clear values that aimed to define how staff behaved towards people who used services: Caring and compassionate, Recognising individuality, Seeking to involve, Building team spirit and Taking personal responsibility. These values were displayed on large posters throughout the hospital.
- The vision for the medicine division was less clear. However, the senior management team described the options under consideration to manage pressures on the medical services and to develop services across the trust in the longer term. Plans were not yet finalised at the time of our inspection.

Governance, risk management and quality measurement

- There were structured monthly divisional clinical governance meetings. The division had a quality dashboard, which showed performances against quality and performance targets, and these were presented monthly at the clinical governance meetings. Discussions and actions from the monthly governance meetings were cascaded down through to staff using the monthly matron's meetings, ward manager's meetings and staff team meetings.
- The trust's risk register highlighted risks across all the trust's medical departments, and actions in place to address concerns, for example, nurse staffing.
- Quality performance boards on each ward included a "Patient safety focus for the month" section, which included improvement actions for areas such as medicines management and falls prevention.

Leadership of service

- The majority of staff reported that there was clear visibility of the trust's board throughout the service, though some felt there was a lack of understanding about the service provided at Chorley and South Ribble Hospital. Comments included: "They're very visible, really approachable" and "We get supported but do sometimes feel like a satellite and the Royal Preston Hospital doesn't seem to realise how busy we are."
- All nursing staff spoke highly of the ward managers and matron as leaders and told us they received good support.
- Ward managers were supported to undertake a leadership training programme.

Culture within the service

- The trust had a better response rate than the national average for the NHS staff survey. The percentage of staff reportedly working extra hours was better than the national average as was the percentage of staff receiving job-relevant training, learning or development in last 12 months.
- The General Medical Council National Training Scheme Survey 2013 showed the trust was performing within expectations in all areas surveyed. Junior doctors told us they felt well supported by consultants and senior medical staff.

Public and staff engagement

- The trust had held a series of dementia consultation events with people who use services to identify how they could improve ward environments and the care provided to people living with dementia. The results were then incorporated into the trust's older people programme.
- People in the local area could become 'members' of the trust, which provided people with the opportunity to influence how services were provided.
- A breakdown of the 2013 staff survey results showed that 45% of staff in the medical division who responded felt senior managers did not try to involve staff in important decisions. During our inspection, we found staff awareness of the trust's 'big plan' (vision and strategy for the service) was mixed.

Innovation, improvement and sustainability

- A breakdown of the 2013 staff survey results showed that 9% of staff in the medical division who responded felt they were not able to make suggestions to improve the work of their team/department. This was better than the trust average of 11%.
- There were two wards at Chorley that had been designed specifically to meet the needs of people living with dementia. These wards had been nominated for a

national Nursing Times award for the environment. Rookwood A had also achieved the stage 2 quality mark for elderly-friendly wards from the Royal College of Psychiatrists.

- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.

Surgery

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

Information about the service

Surgical services at Chorley and South Ribble Hospital included minor and intermediate, as well as all breast surgery. Elective patients undergoing surgery were admitted to the dedicated elective unit comprising both inpatient and day case beds.

Inpatient care was also provided at Royal Preston Hospital. All emergency surgery admissions were assessed on the surgical assessment unit by a dedicated emergency team. Patients requiring admission were transferred to an appropriate specialty bed. Subsequent patient management was carried out on the surgical wards by dedicated subspecialty teams.

Summary of findings

Surgical services were delivered by caring and compassionate staff who treated patients with dignity and respect and planned and delivered care in a way that took into account the wishes of the patients. There was evidence of dissemination of learning from incidents and complaints. The environment on the surgical wards and theatres was clean and equipment was well maintained and ready for use.

Nurse staffing was appropriate to the needs of patients. Medical staff vacancies were covered by locum doctors.

Patient-reported outcome measures were available for varicose veins, hip replacements and knee replacements, with the trust performing better than average.

Senior managers were aware of the current issues within surgery services and were considering changes in the way the service was delivered. The trust had addressed issues regarding referral to treatment time.

Surgery

Are surgery services safe?

Requires improvement

Incident reporting was encouraged and evidence of improved practice was seen as a result of the review of incidents. In response to the Never Events the trust set an objective to achieve full compliance with the WHO safety checklist. The trust also set actions to ensure staff followed correct procedures for listing and preparing patients for surgery. These actions included: obtaining consent in a clinic setting, ensuring all relevant patient records are available before a decision is made to list a patient for surgery, and ensuring staff follow standardised protocols for site marking or other pre-operative checks. We observed theatre teams undertaking the 'five steps to safer surgery' procedures, including the use of the World Health Organization (WHO) checklist.

Mortality data for expected deaths illustrated that the trust performed slightly better than was expected

The environment on the surgical wards and theatres we visited were clean and well maintained.

However, there were a number of entries on the risk register regarding equipment, including a shortage of laparoscopic/endoscopic instrumentation and camera stacking systems, harmonic generators and hand-pieces and table attachments. It also stated two stacking systems were available for potentially four areas. All of these risks the trust had identified could potentially affect the delivery of safe surgery. The Trust had taken some mitigating actions via a business case to secure additional equipment and make equipment loan arrangements. However, it was not clear from the risk register how the wider risks were mitigated. Some risks had been on the register since 2005.

Patient information was completed accurately but there were some concerns regarding safe storage of notes in theatres as patient notes were left in unlocked rooms.

Incidents

- At Lancashire Teaching Hospitals NHS Foundation Trust there have been two surgical Never Events during the period April 2013 to March 2014.
- We found that each Never Event had led to a full root cause analysis with the learning disseminated throughout the trust. There was a clear process for investigating Never Events and patient safety incidents, including Serious Incidents Requiring Investigation.
- In the 2013 staff survey, the percentage of staff witnessing potentially harmful errors, near misses or incidents (34%) was similar to the national average (33%). The percentage of staff who reported errors, near misses or incidents (88%) was slightly worse than the national average (90%). Although we found no evidence of under reporting.
- Staff in the wards and theatres stated that they were familiar with, and encouraged to use, the electronic incident reporting system to record incidents and near misses. Throughout our inspection we observed staff appropriately using the electronic incident reporting system.
- The trust reported nine serious incidents within surgery specialties in 2013/14. We saw that the trust investigated serious incidents and took action to prevent a reoccurrence.
- We saw mortality data for expected deaths, which illustrated that the trust performed slightly better than was expected. The surgical specialty meeting minutes demonstrated that the service discussed patient mortality and implemented learning points.

Safety thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm-free' care. Safety thermometer information was clearly displayed at the entrance to each ward. This included information about all new harms, falls with harm, new VTE, catheter use with urinary tract infections and new pressure ulcers. This information was updated regularly and was used to inform staff about performance and highlight areas for improvement.
- For pressure ulcers in 2013/14, the trust's dashboard for general surgery showed that the essential care audit programme (ECAP) found 98% of patients had an assessment and care plan for tissue viability. This surpassed the trust target of 90%. The trust reported 36 cases of avoidable pressure ulcers (grade II and above), that was better than expected (49).
- In 2013/14, the dashboard for general surgery showed that the ECAP found 92.79% of patients had an

assessment for VTE on admission. Although the trust showed a small improvement from quarter one to quarter four, the percentage of patients continued to fall below the trust's own target of 95%.

- For falls with harm in 2013/14, the dashboard for general surgery showed that the ECAP found 98% of patients had assessments and care plans for the prevention of falls. This was higher than the trust's target of 90%. The trust reported 281 incidents because of falls, 64 of which had resulted in harm. These figures were above the trust's expected number of cases (258 and 46, respectively).
- Within the records we viewed, we noted that risk assessments for the above groups were being completed appropriately on admission.

Cleanliness, infection control and hygiene

- MRSA and C. difficile infections were within acceptable limits.
- Ward areas were clean and we observed staff regularly washing their hands and using hand gel between attending to patients. The bare below the elbow policy was adhered to. Staff were aware of current infection prevention and control guidelines.
- Staff wore personal protective equipment, such as gloves and aprons, while delivering care.
- Cleaning schedules were in place, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment. In theatres we saw 'no-go areas' unless staff were in theatre clothing and noted a clear policy that staff adhered to.
- The operating theatres were clean and well maintained. Daily and weekly cleaning checklists were displayed in each area, but we noted that completion of the daily cleaning checklists was variable in theatres at this hospital.

Environment and equipment

- The environment on the surgical wards was clean and well maintained. Equipment was appropriately checked and cleaned regularly. There was an adequate supply of equipment on the wards.
- The general environment within theatres was clean and well maintained; similarly, equipment was clean, regularly checked and well maintained.
- All the equipment we saw had service stickers displayed and these were within date.
- Equipment was serviced by the trust maintenance team under a planned preventive maintenance schedule and there was a process for replacing equipment needing replacement or repair.
- All items of equipment needed for surgery were readily available and any faulty equipment could be replaced from the hospital's equipment store. Staff in each team were responsible for checking equipment on a daily basis and any equipment failures or issues were logged as incidents on the electronic system.
- Staff raised requests with the maintenance team by phone and told us they received good support from the maintenance team.
- Resuscitation equipment, emergency drug packs and the defibrillator were checked on a daily basis by staff.
- We noted that the trust had escalated three entries on the division risk register to the trust risk register, which highlights a number of risks in relation to the availability of surgical equipment. These shortfalls potentially present a risk to the delivery of safe emergency surgery.

Medicines

- In 2013/14, the dashboard for general surgery reported that the ECAP found 96% of patients had been prescribed and administered medications appropriately. This surpassed the trust target of 90%. The trust reported five medication administration errors that had resulted in harm, which was higher than the trust expected number of three cases.
- On the wards and in theatres, medicines were stored correctly including in locked cupboards or fridges where necessary. Fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures.
- During our inspection of the theatres at the hospital we found that a cupboard containing flammable materials was not locked; we spoke with staff who stated that these were not routinely locked because theatres were a secure area. We reviewed the trust's medicines management policy but the document did not specifically provide guidance on the locking of cupboards containing flammable materials within secure areas. This could mean that flammable materials were being stored incorrectly.

Records

- During our inspection we noted within the theatres that patient records, because of their size, were often transported in bulk using 'shopping-style' trolleys. We

also found a large quantity of patient-identifiable information stored in an unlocked, unattended and open-doored doctor's room. We also found at a nurse's station that similar records were unattended with members of the public in the adjacent room.
- Within theatres we looked at patients' records and found that they were completed and up to date. We noted that these were thorough and included a detailed handover from the ward; the recording of 'sign in and time outs' were embedded in practice.
- On wards we saw that care plans were completed with appropriate questions on VTE, diet, falls and risk.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found that consent to care and treatment was appropriately sought. Risks and benefits were explained to patients, enabling them to make an informed choice. The Mental Capacity Act 2005 was appropriately applied and when a patient lacked capacity to make a decision themselves, staff sought professional support so that a decision could be made in the patient's best interests.
- We found that consent was typed directly into the patients' records, which enabled both the patient and staff to have a clear record of the conversation that had taken place.

Safeguarding

- There was a system for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. This process was supported by staff training and all of the staff we spoke with about safeguarding had undertaken safeguarding training.
- We reviewed a number of safeguarding reports that indicated that staff were reporting safeguarding incidents appropriately.

Mandatory training

- We looked at staff mandatory training records for the surgical division and found that it had completed 65% of mandatory training as at 30 June 2014.
- Previously the trust reported that, as of 30 April 2014, only 63% of staff in surgical division and 73% of staff in the specialist services (which includes neurosurgery and plastic surgery) had completed their mandatory training. This fell below the trust target of 80%. This was particularly low for medical and dental staff across the trust, of whom 52% had completed their mandatory training. The percentage of nurses and midwives who had completed their mandatory training was slightly higher at 66%.
- We also noted the trust's corporate performance report for February 2014 showed that the surgical division's 12-month rolling percentage of staff who completed mandatory training (61%) was significantly below the trust target of 80% as well as all other divisions in the trust. Specialist services division's 12-month rolling rate was 73%.
- The trust management team had implemented actions to increase staff mandatory training and the numbers of staff trained was increasing month on month.

Management of deteriorating patients

- The surgical wards used a recognised early warning tool, National Early Warning Score, standardising the assessment of acute-illness severity. We found clear directions for escalation and staff spoken to were aware of the appropriate action to be taken when a patient's condition began to deteriorate.
- Our review of records indicated that staff had escalated changes correctly, and repeat observations were taken within necessary time frames.

Nursing staffing

- Nursing staff numbers were assessed using a recognised staffing acuity tool. We found that ideal and actual staffing numbers were displayed on wards we visited.
- Staffing rotas on the day of our inspection confirmed staff numbers and skill mix were appropriate to meet the needs of patients. Evidence was provided for staff numbers on the surgical wards for January 2014 and June 2014; these documents showed adequate staffing levels for the surgical wards.
- We observed several nursing and medical staff handovers during our inspection. Communication between staff was effective, with staff handover meetings taking place during daily shift changes. We also noted that staff used a proforma team briefing sheet to ensure consistency of handover.
- The division held daily staffing meetings to ensure appropriate deployment of staff. The difficulty in recruiting nursing staff was an ongoing challenge for the hospital. The division was heavily involved in the corporate recruitment programme, which included international recruitment of nurses.

Surgery

Medical staffing

- Within the two theatres, there were sufficient staff with an appropriate skills mix to ensure procedures could be carried out safely.
- The teams included the surgeon, theatre nurses, operating department practitioner, and anaesthetist and healthcare assistants.
- The trust's proportion of staff at different skill levels was similar to the national average.
- The Health Education England June 2013 visit noted good handovers and induction. We spoke with staff who also confirmed this.
- The vacancy rate for general surgery consultants was 10% in April 2014; that had reduced from their peak of 19% in September 2013. Vacancies are covered by locum doctors.
- The trust's corporate performance report for February 2014 showed that the trust's expenditure on locum medical staff increased as a result of the increased capacity to address backlogs in surgical waiting lists.

Major incident awareness and training

- We noted that the trust has a major incident plan in place and saw that 'Exercise Jagger', a mass casualty exercise, took place on 3 October 2013.

Are surgery services effective?

Good

Surgery was managed in accordance with National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations and the Royal College of Surgeons standards for emergency surgery. Information from national audits demonstrated that patients were in hospital for the average or shorter times and the number of readmissions was similar to expected for a trust of this size. Although the standard relative risk readmission ratios for both elective trauma and orthopaedics (75) and elective urology (75) were lower than the England average (100). There was a good level of day case surgery and patient-reported outcome measures for varicose veins, hip replacements and knee replacement that were all better than average.

There was good multidisciplinary working that was having beneficial effects on waiting lists, and nurse-led initiatives were improving access to ophthalmic A&E clinics.

Evidence-based care and treatment

- Emergency surgery was managed in accordance with NCEPOD recommendations and the Royal College of Surgeons standards for emergency surgery.
- At the monthly departmental meetings changes to guidance and its impact on practice were discussed.
- Enhanced recovery programmes were used in a number of specialties and needs assessments were of a good standard.
- Audit data for general surgical and orthopaedic at a trust-wide level was provided and we found evidence that this information was available in the areas we visited.
- We saw evidence of local audit activity that was discussed during audit sessions within theatres and areas for improvement were subject to remedial action.
- Communication across the teams was well managed and effective.

Pain relief

- Patients were assessed before their operation for their preferred post-operative pain relief.
- There was a dedicated pain team, with pain nurses seeing patients daily.
- In 2013/14, the trust's dashboard for general surgery showed that the ECAP found 99% of patients had an assessment and care plan for pain management. This surpassed the trust's internal target of 95%.

Nutrition and hydration

- Patients we spoke with were complimentary about the meals served. People were provided with a choice of suitable food and drink and we observed hot and cold drinks were available throughout the day. We saw that wards had protected mealtimes in place when all activities on the wards stopped, if it was safe for them to do so. This meant that staff were available to help serve food and assistance was given to those patients who needed help. We also saw that a red tray system was in place to highlight which patients needed assistance with eating and drinking.
- In 2013/14, the trust's dashboard for general surgery showed that the ECAP found 95.38% of patients had an assessment and care plan for nutritional management. This surpassed the trust's internal target of 90%.
- In the 3 April 2014 executive team meeting, the trust reviewed guidance from the Royal College of Anaesthetists and planned to review fasting as part of intentional rounding.

Surgery

- Multidisciplinary pre- and post-treatment clinics for patients with a head and neck cancer diagnosis have been implemented, with proven benefits to patient outcomes and experience. The team has achieved a significant reduction in the length of time that patients require PEG feeding post-surgery, allowing patients to return to a normal diet much sooner.

Patient outcomes

- In 2013, the trust performed the same as or better than the England average on all indicators measured as part of the national hip fracture audit. The mean total length of stay was 13 days, compared with the national average of 19.2 days.
- The NHS Better Care, Better Value Indicators for quarter three (2013/14) showed that the trust performed similar to the national average for pre-procedure bed days for both elective and non-elective procedures.
- From December 2012 to November 2013, the average length of stay was higher for both elective and non-elective general surgery patients compared with the national average.
- The length of stay for elective patients was similar to national averages.
- Other specialties were higher for non-elective patients, such as trauma and orthopaedics
- The actual number of readmissions was similar to expected for the trust, although the standard relative risk readmission ratios for both elective trauma and orthopaedics and elective urology were lower than the England average.
- The NHS Better Care, Better Value Indicators for quarter three (2013/14) showed that the trust performed better than the national average for emergency readmissions.
- The trust's 2013/14 dashboard for general surgery showed that in quarters one, two and three, 5% of patients were readmitted within 28 days. This was within the trust's internal target.
- Patient reported outcome measures were available and we noted that varicose veins (Aberdeen Varicose Vein Questionnaire), hip replacements (Oxford Hip Score) and knee replacement (Oxford Knee score) measures were all better than average.

Competent staff

- Appraisals of both medical and nursing staff were being undertaken and staff spoke positively about the process. Appraisal data was also listed on noticeboards within each ward so that it was clear what the current rate of appraisal was. Within the surgical division, 64% of staff had recent appraisals in January and February 2014. This percentage was slightly higher in the specialist services division, which included neurosurgery and plastic surgery (68%). Both figures were below the trust target of 80%.
- As part of their learning from the two Never Events, the trust produced an action plan, which stated that they would roll out a quality improvement programme across all theatres that included swab count competency assessments for all theatre practitioners.

Multidisciplinary working

- There was evidence of strong multidisciplinary working in surgery.

Seven-day services

- A consultant was available for the surgical division between 8am and 10pm, with a consultant on-call out of hours. Only newly admitted patients or those whose condition had deteriorated saw a doctor at weekends. Out of hours the surgeon of the week at Royal Preston Hospital covers and there is an agreed algorithm which supports decision making. The surgical inpatients at CDH are few and are all those recovering from minor/ intermediate surgery with standard care plans.

Are surgery services caring?

Good

Surgical services were delivered by caring and compassionate staff. We observed that staff treated patients with dignity and respect and planned and delivered care in a way that took into account the wishes of the patients.

The trust 2013/14 dashboard for general surgery reported that 23.13% of patients responded to the Friends and Family Test, which was higher than the trust's internal target of 15%.

Staff had the appropriate skills and knowledge to seek consent from patients or their representatives and respected patients' right to make choices about their care. The patients we spoke with told us they were kept informed about their treatment. They told us the clinical staff fully explained the treatment options to them and allowed them to make an informed decision.

Surgery

Compassionate care

- Patients were treated with dignity, compassion and empathy. We observed staff speaking with patients and providing care and support in a kind, calm, friendly and patient manner. Patients we spoke with were complimentary about the staff, the level of care they received, staff attitude and engagement. Comments received included: "staff are very good, they have had a lot of patience"; "I felt well informed to make a decision" and "they have been good overall, all the staff are lovely". The comments received from patients demonstrated that staff cared about meeting patients' individual needs.
- We saw that patients' bed curtains were drawn and staff spoke with patients in private. Patients we spoke with told us the staff respected their privacy and dignity.
- We saw that staff respected patient dignity while transferring patients between the wards and operating theatres. We observed staff assisting patients throughout the duration of our inspection and noted that patients were not rushed and staff regularly checked with them to see if they required assistance. We watched a ward round and saw that doctors introduced themselves appropriately and that curtains were drawn to maintain patient privacy and dignity.
- Between April 2013 and April 2014, the Friends and Family Test response rate for surgery wards ranged from 17% to 40%.
- The trust 2013/14 dashboard for general surgery reported that 23% of patients responded to the Friends and Family Test, which was higher than the trust's internal target of 15%.
- Family and Friends feedback was largely positive.

Patient understanding and involvement

- Staff respected patients' right to make choices about their care. The patients we spoke with told us they were kept informed about their treatment. They told us the clinical staff fully explained the treatment options to them and allowed them to make an informed decision. We observed staff speaking with patients clearly in a way they could understand.
- We noted that each patient had a named nurse.
- Patients felt well informed on what to expect on admission.

Emotional support

- Patients we spoke with confirmed that they had access to emotional support if required, and on each ward we found there was appropriate information available about counselling services and services providing assistance with anxiety and depression.

Are surgery services responsive?

Requires improvement

In the February 2014 corporate performance report, the trust showed that the surgical division continued to underperform on elective activity as a result of the trust's capacity issues, although the number of day case patients had increased. Implementation of an action plan in May 2014 had resulted in the trust now meeting its entire 18-week standard for referral to treatment.

Systems were in place that enabled staff to learn from complaints, concerns and incidents; weekly team meeting minutes showed that the discussion of complaints was a regular agenda item.

Service planning and delivery to meet the needs of local people

- At this hospital the waiting times for the next available follow-up appointments ranged from one week (breast surgery) to 14 weeks (urology). There were significant differences in waiting times between the two hospitals, especially for colorectal surgery which had a six-week wait at Royal Preston and an 11-week wait at Chorley, and general surgery, which had a nine-week wait at Royal Preston and a four-week wait at Chorley.
- In the February 2014 corporate performance report, the trust showed peaks in demand in July and October 2013 for trust elective services in orthopaedics, general surgery, ears nose and throat (ENT), oral surgery, urology, neurology. The trust showed significant improvements in reducing the number of patients awaiting day case surgery in plastic surgery and general surgery, although capacity fluctuated month on month.
- The trust has remained challenged in reducing the number of inpatients awaiting elective surgery.

Surgery

- In the February 2014 corporate performance report, the trust showed that the surgical division continued to underperform on elective activity as a result of the trust's capacity issues, although the number of day case patients had increased.
- The 24 April 2014 executive team meeting minutes included an update regarding the theatre overview, which confirmed that the 6:4:2 system (theatre session utilisation) within theatres would be introduced with immediate effect to ensure maximum utilisation of theatre capacity.
- The trust introduced a new transnasal flexible laryngo-oesophagoscopy service, which enabled eligible patients to have endoscopic investigations during their outpatients visit, thereby reducing the need for an additional visit to theatre.
- Between April 2013 and March 2014 the trust cancelled 675 operations and 94 of these patients did not go on to receive their treatment within 28 days of the cancellation. This was significantly worse than the national average, for example, between July and September 2013 the trust had 20% of patients whose operation had been cancelled and had not received treatment within 28 days compared to the national average of 3.7%.
- However since April 2014 and June 2014,152 operations have been cancelled and only 4 patients (2.6%) had not received treatment within 28 days, better than the national average of 5.1%. This is a good improvement however, it only relates to the first quarter of the year and the improvement needs to be sustained over time to support timely care and treatment for patients.

Access and flow

- The trust's percentage of patients whose referral to treatment time was within the 18-week standard fell from 85% to 75% between May and September 2013 and has remained around 75% up to March 2014. This was below the national standard of 90%.
- In March 2014, one of the surgical specialties passed the national standard for referral to treatment, although trauma and orthopaedics (92%) and ENT (86%) came close. Some specialties fell below the trust average. 71% of general surgery patients and 65% of oral surgery patients were within the 18-week standard for referral to treatment.
- The trust had implemented an action plan in January 2014 and as a result the hospital was now meeting its entire 18-week standard for referral to treatment.
- Data showed that cancer targets had been breached in quarter four 2012/13 and quarter three 2013/14. As a result of this the trust developed and implemented timed pathways and is working with partners to address patient flows between organisations for tertiary referrals.
- The 26 February 2014 executive team meeting minutes noted that the breast service two-week wait target was at risk. Following a meeting with the breast care team, the trust triggered a review to develop a recovery action plan. The trust had authorised the appointment of a third consultant surgeon for breast "some time ago", but had not yet made an appointment at the time of our inspection.
- In the May 2014 executive team meeting, the trust noted that patient choice was having an adverse impact on the cancer two-week wait target. The executive team commissioned an exception report for the next board of directors' meeting. The outcome of the review was not known at the time of our inspection.
- We spoke with the Divisional Director for specialist surgery who confirmed that the issue of unused capacity had been a problem across the trust, but provided evidence that demonstrated measures had been implemented to address unused capacity.
- The trust had an entry on its risk register regarding delays in patients receiving discharge medication because of the lack of on-call pharmacy support.

Meeting people's individual needs

- Support was available for patients living with dementia and learning disabilities and we noted that the trust identified patients living with dementia or memory impairment to enable them to take this into consideration when providing care.
- We found there were multiple information leaflets available on the entrance to wards for many different minor complaints, but these were only available in English. We discussed this with staff, who informed us that leaflets in other languages were available on the trust's intranet and would be printed off if necessary.

- For patients whose first language was not English, staff could access a language interpreter if needed. We saw the services of an interpreter being used on one of the medical wards during our inspection. British Sign Language interpreters were available for deaf people.

Learning from complaints and concerns

During our inspection we noted that learning from complaints, concerns and incidents was disseminated among staff in a number of ways, including the daily team brief, and in addition we found in Chorley that a matron published a monthly newsletter "Under the Mask", which was used to pass on learning from complaints, concerns and incidents. Staff we spoke with also confirmed that learning points were shared with them on a regular basis.

Are surgery services well-led?

Requires improvement

The trust had a vision and strategy for the organisation with clear aims and objectives. The trust vision, values and objectives had been cascaded across the surgical wards and departments and staff had a clear understanding of what these involved. We saw evidence of monthly governance meetings for the surgical business unit, orthopaedic departmental meetings, theatres monthly governance report, the anaesthetics department cross-site departmental meeting and Datix incidents. It could be seen from these documents that incidents and risk were discussed. Staff felt well led at ward level, but we considered that there was a lack of connection between theatre managers and managers of surgical specialties.

Vision and strategy for this service

- The trust had a vision and strategy for the organisation with clear aims and objectives. The trust vision, values and objectives had been cascaded across the surgical wards and most staff had a clear understanding of what these involved. Ward managers in each of the areas we visited reinforced the organisation's vision and values regularly.
- To achieve these objectives, the trust had an annual plan that included strategies for quality, organisational development, information technology, operational effectiveness and clinical services.
- In their operational plan document for 2014–2016, the trust stated they were working with commissioners and other partners to become a centre for arterial repair for Lancashire and South Cumbria, in line with recommendations from the Vascular Society of Great Britain and Ireland. The plan was to implement changes incrementally over the next two years, such as the addition of an extra standard theatre and a hybrid theatre in 2014/15. The trust also said they were negotiating with commissioners to expand neurosurgery to meet service demand.
- The executive team meeting minutes for 3 April 2014 noted the business case for a trauma CT scanner.
- The trust was in the process of reviewing a business case to relocate ophthalmology services from Royal Preston to Chorley, to make room for an expansion of critical care services. The plan was to provide surgery on the Chorley site, with outpatients appointments at both sites.

Governance, risk management and quality measurement

- We saw evidence of monthly governance meetings for the surgical business unit, orthopaedic departmental meetings, theatres monthly governance report, the anaesthetics department cross-site departmental meeting and Datix incidents. It could be seen from these documents that incidents and risk were discussed.
- The surgical division provided a surgical dashboard, which contained performance data; this information was disseminated to the Clinical Directors for each specialty to be discussed in their specialty governance meetings.
- As part of their learning from the Never Events, the trust produced an action plan that stated that they would roll out a quality improvement programme across all theatres, which included a peer review of the theatres, a re-launch of the WHO checklist and a productive theatre work programme.
- The future configuration of this service is under review.
- The trust believed this plan, especially the opening of the day of surgery admission unit, would also address the trust's recent increase in the number of patients not treated within 28 days of last-minute cancellations (for non-clinical reasons).
- On 1 May 2014, the trust executive team reviewed the Intensive Support Team engagement action plan relating to the 18-week referral to treatment work that demonstrated that the trust had met all targets. This final report was reviewed by the trust board in May 2014.

Surgery

- The corporate performance report at the March 2014 board showed the trust's performance, as of 28 February 2014, included Red-Amber-Green colour-coded headline indicators for safety, effectiveness, access, emergency department, and workforce. This meant that the board could quickly identify areas for improvement.

Leadership of service

- Staff we spoke with were positive about the service they provided for patients and about their immediate line manager. We noted that there was a disconnect between theatre managers and managers of surgical specialties, but the Divisional Director was aware of this situation and there were plans for these two groups to meet regularly to improve communication and understanding.

Culture within the service

- Staff were positive about their work and the service they provided for patients.
- Staff were well supported and engaged within the service and felt they could influence future plans for the service.
- The corporate performance report presented at the March 2014 board stated that the overall sickness rate for the surgical division was 6% in February 2014, which was an increase from the previous month. The anaesthetics (6%), plastic surgery (6%) and orthopaedics (6%) divisions had sickness rates above the trust average, whereas general surgery (3%) had sickness rates in accordance with the trust average. The trust target was 3%.

Public and staff engagement

- In 2013, the trust's response rate for the staff survey (62%) was significantly better than the national average (49%).
- The trust reported good clinical engagement with working flexibly to increase capacity, as part of the trust improvement plan to reduce the backlog of patients awaiting surgery.

Critical care

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

Information about the service

For the purpose of management and governance, the critical care unit at Chorley and South Ribble Hospital was in the surgery, critical care, anaesthesia, theatres and outpatients division. Critical care was provided in a four-bedded unit, which was set up to provide level 2 care as defined by the Intensive Care Society standards of 2009. The unit accepted just 137 patients (148 admissions) in the 12 months from January 2013 to December 2013.

We visited the unit during the announced hospital inspection and were unable to talk with any patients directly because of their dependency. There was only one patient on the unit at the time of our inspection, who was being nursed in isolation. We did speak to the two nursing staff on the unit as well as the consultant intensivist allocated for the day. The unit was staffed with nursing and medical staff from the intensive care unit (ICU) at Royal Preston Hospital. Before and during the inspection we reviewed performance data from, and about, the critical care service at Chorley and South Ribble Hospital. We also visited the respiratory care unit at Chorley and South Ribble Hospital, which was in a dedicated bay on the respiratory ward (Brindle).

Summary of findings

The hospital was found to require improvement overall in the provision of critical care services. We found that it was providing a safe, effective and caring service to its patients but that improvements were required in the way that the service responded to patients' needs. In terms of being well led, we determined that greater clarity and understanding needs to be shared about the future use of the critical care service on the Chorley and South Ribble site.

The service submitted regular Intensive Care National Audit and Research Centre data so was able to benchmark its performance and effectiveness alongside other units nationally. There was a clear understanding of incident reporting and an embedded culture of audit, learning and development.

Critical care

Are critical care services safe?

Good

There were robust systems embedded for reporting and learning from incidents. There was an awareness of the need to provide a safe and clean environment for patients and performance against safety thermometer indicators was effectively monitored. All policies and procedures that were in place were the same as those used in the ICU at Royal Preston Hospital.

There were enough suitably trained nursing and medical staff in accordance with national guidance for intensive care units.

Incidents

- All the staff we spoke with knew how to report incidents and 'near misses' on the trust-wide electronic reporting system and regularly did so.
- From April 2014 until the time of inspection, there were 14 reported incidents. In terms of patient harm, three were classified as causing low harm, one causing moderate harm and the remaining 10 as no harm. In terms of classification, the highest number of incidents related to medical devices (four).

Safety thermometer

- There were clear Safety Thermometer performance boards displayed in the unit corridor, which showed current performance (July 2014). These provided a quick and simple method for surveying patient safety and analysing results in order to measure and monitor improvement.
- The performance boards showed the current results for falls, pressure ulcers, urinary infections for patients with indwelling urinary catheters and VTE.
- The unit reported a significant improvement in the incidence of pressure ulcers. There was an identified tissue viability lead for the unit and they had instigated a number of measures to reduce the incidence of pressure ulcers. For example, any incidence of a pressure ulcer was reported as an incident using the trust-wide reporting system and was subject a root cause analysis.

Cleanliness, infection control and hygiene

- The environment was clean and staff adhered to good practice guidance for the control and prevention of infection. Wall-mounted antiseptic gel dispensers were appropriately sited around the unit and used. Staff washed their hands appropriately and used personal protective equipment such as gloves and aprons.
- There were reports on healthcare-acquired infections quarterly for all staff. The report included the quarterly and year to date results and trajectories for healthcare-acquired infections such as MRSA along with analysis, evaluation and lessons learned. It should be noted that the infection rate data was aggregated with the data from Royal Preston Hospital ICU.
- All equipment trolleys carried a label stating when they had last been checked and cleaned.
- There were appropriate arrangements in place for the safe disposal of sharps and contaminated items.

Environment and equipment

- All the equipment was appropriately checked, cleaned and regularly maintained; this included the resuscitation equipment. Safety checklists were completed daily.
- The unit employed its own technical staff at Royal Preston Hospital and they travelled to Chorley and South Ribble Hospital to maintain the unit's equipment.
- Care and treatment was provided in a spacious area containing five well-equipped bed areas and a side room that was being used for isolation. The unit was only funded for four of the six available beds.
- The bedside monitors were dated and on the unit's risk register as requiring replacement. All the other equipment was up to date and fit for purpose.
- On the corridor outside the main unit there was a range of transport equipment, all checked and dated.

Medicines

- Medicines were being stored correctly in locked cupboards and fridges where necessary. Fridge temperatures were being checked and recorded.
- Staff conducted a balance check of all controlled drugs each day.
- There was a documented pharmacy strategy that included a defined audit programme aimed at reducing the frequency and harm of prescription and administration errors. All administration errors were reported as incidents.

Critical care

Records

- We looked at the notes for the one patient on the unit at the time of the inspection, which contained daily entries from the multidisciplinary team.
- We were told that the unit was moving towards a paper-lite system, which would represent a shift from paper-based records to an electronic record system, but this was some way off.
- Nursing documentation included appropriate risk assessments and the implementation of specific care bundles, such as for the management of sepsis.
- Detailed paper observation and National Early Warning Scores were kept for each patient within their bed area and were completed appropriately.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a sound knowledge of the Mental Capacity Act 2005. They assessed their patient's mental capacity to make a decision about their care. If the patient was judged as lacking capacity they sought the advice of appropriate professionals to ensure that decisions were always made in the patient's best interest.

Safeguarding

- There was an internal system for raising safeguarding concerns. Staff were aware of the process and could describe what constituted abuse. Safeguarding formed part of the mandatory training programme for all staff.

Mandatory training

- The figures available for training reflected the trust-wide critical care picture. As the Chorley and South Ribble unit was staffed daily by the same staff that worked in Preston, the mandatory training figures were understandably aggregated.
- Electronic records were kept to monitor compliance with mandatory training. The figure on the day of inspection showed an overall rate of 78% having completed their mandatory training.
- Mandatory training included an annual update on fire safety, moving and handling theory, information governance, equality and diversity, and counter fraud and bribery training.
- In addition staff needed to complete two further waves of training, which included safeguarding (adults and children), infection control (including hand hygiene), health and safety, record keeping and the hazards associated with transfusions.

Management of deteriorating patients

- There were tools in place for the early detection and escalation of changes in a patient's condition (National Early Warning Scores).
- The National Early Warning Scores documentation included an A, B, C, D, E assessment and management matrix to assist staff, alongside an escalation plan that linked clinical responses to the scores applied to physiological parameters.
- The critical care outreach team were collecting data on the completion of National Early Warning Scores and the frequency of escalation as well as the numbers of cardiac arrest calls.

Nursing staffing

- On the day of our inspection the unit was staffed safely and appropriately. The unit was able to provide nurse staffing levels that met the needs of their patients. All level 2 patients were nursed on a 1:2 ratio. On the day of inspection the unit was staffed by one band 6 and one band 5 nurses for the one patient being cared for.
- The Intensive Care Society 'Levels of Intensive Care' document was used to determine the acuity of the patients in the unit. This document sets out the criteria for patients being assessed at level 0 (patients whose needs can be met through routine care) through to level 3 (patients requiring advanced respiratory and organ support).
- The matron based at Royal Preston Hospital also visited the unit during the inspection.

Medical staffing

- On the day of inspection there was a consultant intensivist on duty on the unit. This was usual Monday to Friday 8am to 8pm. The intensivist of the day would travel from the team based on the ICU at Royal Preston Hospital.
- Out-of-hours cover was provided by a senior doctor who was on site and on call for the unit.
- The unit had the same designated associate clinical director as the ICU at Royal Preston Hospital. In addition the clinical director for the anaesthetics and critical care division was an ICU consultant.

Critical care

Major incident awareness and training

- Major incident and business continuity policies and protocols were in place. Major incident stations were clearly visible on the unit and contained the appropriate tabards and action cards for key staff to follow.
- Staff on the unit received their major incident training as part of their mandatory training while they were back on the ICU at Royal Preston Hospital.

Are critical care services effective?

Good

There was good multidisciplinary team working and a commitment to clinical audit and evaluation. The ICU contributed to the collection of data for the Intensive Care National Audit and Research Centre and continually evaluated its performance against other units.

The trust was also part of the Lancashire and South Cumbria Critical Care Network and so worked with other stakeholders (acute trusts and clinical commissioning groups) with a commitment to sharing and promoting best practice in critical care services.

Evidence-based care and treatment

- A range of local policies and procedures were in place. These had been developed using NICE guidance and the Core Standards for Intensive Care Units. For example, in accordance with NICE clinical guideline 83, each patient had an assessment of their rehabilitation needs within 24 hours of admission.
- Care pathways and care bundles were used to ensure appropriate and timely care.
- The audit programme was an extension of the programme being undertaken and reported on by the ICU at Royal Preston Hospital. There was an extensive local audit programme with leadership for specific areas delegated to senior nursing staff. The programme included auditing all high impact interventions. High impact interventions are an evidence-based approach that relate to key clinical procedures or care processes that can reduce the risk of infection if performed appropriately. They included central and peripheral line insertion and management, ventilator-associated pneumonia, urinary catheter insertion and ongoing management, pressure ulcers and enteral feeding. Each high impact intervention was audited monthly in a rolling programme and then the results were collated and reported on quarterly, with the reports disseminated to all unit staff. The reports included an analysis plus lessons learned for any areas on non-compliance against the high impact intervention audits.

Pain relief

- As part of their individual care plan all patients in the unit were assessed for their pain management. This included observing for the signs and symptoms of pain. Staff used a pain scoring tool and referrals were made to the trust pain team as required.
- We saw that epidurals and patient-controlled analgesia systems were used in accordance with trust guidelines.

Nutrition and hydration

- Guidelines were in place for initiating nutritional support for all patients on admission, to ensure adequate nutrition and hydration.
- Nutritional risk scores were updated and recorded appropriately.
- The unit had access to dietetic advice.

Patient outcomes

- Analysis of the critical care dashboard for the period October 2012 to September 2013 showed that the percentage of patients discharged between 7am and 9.59pm was better than the England average.
- The percentage of beds utilised within 24 hours from decision to discharge and the numbers of patients readmitted within 48 hours were much better than the England average.
- The rate of unit-acquired infection in blood is also much better than the England average.

Competent staff

- Nursing staff received an annual appraisal. Senior nurses undertook the appraisals for their junior colleagues. At the time of inspection 82% of nursing staff had received their appraisal within the past 12 months.
- The unit had two nurses in band 6 clinical educator roles. They were able to provide practical support for nursing staff identified as having any performance issues.
- All new trained nurses to the unit completed an induction pack that had been produced jointly by the

unit's clinical educators. New staff were assigned a mentor and during their induction period were introduced to the competencies required to work in a critical care environment.
- Having completed 12 months of critical care experience, nursing staff were able to access additional modules and project-based study opportunities.

Multidisciplinary working
- There was a daily multidisciplinary ward round that had input from nursing, physiotherapy and others, as appropriate.
- Staff worked closely with their colleagues in the ICU at Royal Preston Hospital to facilitate safe transfer of any patients requiring level 3 intensive care.

Seven-day services
- Out-of-hours and weekend medical cover for the unit was provided by on-call staff. It should be noted that no emergency surgery was carried out at Chorley and South Ribble Hospital.
- Out-of-hours physiotherapy and imaging services were available during the daytime at weekends and then on-call.
- Only on-call pharmacy cover was provided at the weekends.

Are critical care services caring?

Good

Overall, critical care services were caring. We saw people and their relatives being treated with understanding, compassion, dignity and respect. The evidence demonstrated that the unit was good at involving patients, family and friends in all aspects of their care and treatment.

Compassionate care
- During the inspection we saw that critical care services were delivered by a caring and professional staff group.
- Conversations regarding a patient's condition, prognosis, care and treatment options were sensitively managed.
- While the unit could not provide single-sex accommodation, other than in isolation rooms, the use of curtains helped to maintain dignity and ensure that personal care was delivered discreetly.

Patient understanding and involvement
- Wherever possible, patient's views and preferences were taken into account when planning and delivering care and treatment.
- Patients were allocated a named nurse for each shift. As different staff rotated to the unit from the ICU at Royal Preston Hospital, it was not possible to provide continuity of nursing care from one day to the next, unless the same staff were sent to Chorley and South Ribble Hospital, which we understood was not the usual practice.

Emotional support
- We received very positive feedback from patients' families, especially with regard to being kept informed by the unit's nurses and doctors.
- Where necessary, additional face-to-face meetings were organised to ensure family members were kept informed and had the opportunity to have their questions answered.
- Staff described some of the psychological aspects of patient care in critical care, where sensory and sleep deprivation is commonplace. These included the use of wall clocks to orientate people to time and the dimming of lights at night time.

Are critical care services responsive?

Requires improvement

Overall, in terms of responsiveness the critical care services required some improvement. The unit was underutilised.

There is a partial critical care outreach service although there are no national standards of cover critical care outreach provision. Lack of clarity around admission and referral to the unit resulted in a delay in a deteriorating patient securing a timely senior review.

Service planning and delivery to meet the needs of local people
- If the unit was busier than anticipated because of emergency admissions (usually medical) over and above those admissions booked post-operatively, then additional staff were sent from the ICU at Royal Preston Hospital.

Critical care

Access and flow

- The unit was underutilised. Records showed that in April 2014 there were 17 days when the unit had no patients. In the 12 months from April 2013 to April 2014, occupancy was between 8% and 47%.
- In the 12 months from 1 January 2013 to 31 December 2013 there had been 137 patients admitted to the unit. These were predominantly elective admissions (38%) and non-surgical patients (60%). Because of the nature of the site there were few emergency surgical admissions (4) in this same 12-month period.
- There was a total of 50 hours of beds occupied by patients awaiting discharge in April 2014. Looking across the past 12 months, the delays in discharge were predominantly a result of waiting for a suitable medical bed on the wards.
- The decision to admit a non-elective referral was determined by the consultant of the day on the unit.
- The admission criteria were not widely understood and needed to be clarified and clearly communicated to all key stakeholders.

Meeting people's individual needs

- The unit was staffed with nursing and medical staff allocated from the establishment at the ICU at Royal Preston Hospital. There did not seem to be any discernible pattern as to how staff were deployed to the unit and how often. This had a potential impact on the continuity of care provided to patients and their relatives.
- The trust critical care outreach team (CCOT) was based at the ICU at Royal Preston Hospital. However, a critical care outreach service was provided for Chorley and South Ribble Hospital, although this was not provided on a 24/7 basis. The CCOT service at Chorley and South Ribble was provided Monday, Tuesday, Thursday and Friday from 12 midday until 8pm, and on Saturday from 8am until 4pm. There was no CCOT service on Wednesday or Sunday. During the days when there was a CCOT service until 8pm, at that time the outreach function was handed over to the 'hospital at night' team. The hospital at night team was involved in the management of the sickest ward-based patients. While they had the full range of competencies to meet the immediate needs of patients, they did not have critical care experience. For the periods when there was no CCOT service during the day, the CCOT bleep was carried by the band 6 nurse working on the unit who, depending on the workload could provide telephone advice. The provision for outreach services across the trust compares favourably to many other trusts.
- Data collected by the critical care network showed that between 96% and 100% of patients were followed up within 30 hours of their discharge from ICU, though the outreach team reported that the figures were nearer to between 70% and 90%.
- During the inspection we witnessed an example of where a patient experienced a delay in obtaining a senior medical review, when clinically their condition had deteriorated enough to trigger their National Early Warning Score warranting escalation. This gave a real-time example of how the apparent lack of clarity around referral to the unit affected the staff's ability to respond to the patient's needs in a timely manner. This event occurred at a time when there was no on-site CCOT presence.
- Staff had access to a translation and interpreting service if this was required.

Learning from complaints and concerns

- Staff were aware of the trust complaints policies and processes and any complaints were handled in accordance with trust policy.
- The unit kept their own data base of complaints received, which tracked the progress of investigation and responses against the timescales required in the policy. It also contained details of involvement with the Patient Advice and Liaison Service.
- Analysis of complaints showed that they often related to end of life issues and communication.
- We saw evidence that staff took learning from complaints to inform and improve their practice when dealing with patients and their relatives. For example, taking the time to explain why things are being done, especially for the families of patients who were unlikely to survive.

Critical care

Are critical care services well-led?

Requires improvement

Overall the unit at Chorley and South Ribble was not well led and required some improvements in this domain. There was no clear or widely understood plan for the future utilisation of the unit.

Vision and strategy for this service

- The four-bedded unit at Chorley and Ribble Hospital is underutilised (It is the unit with the lowest occupancy rate for all those that contributed data to the Intensive Care National Audit and Research Centre – 11% in April 2014). We became aware through our observations and interviews of tensions between various specialties within the trust about the utilisation of the unit. For example, the respiratory physicians talked about having their own unit.

Governance, risk management and quality measurement

- We saw that monthly governance meetings were held for the anaesthetic division. The meeting minutes reported progress against key priorities, such as effective care, patient safety and experience, giving them a red, amber or green rating along with related comments and actions. The reports also included examples of 'open incidents' and what actions had so far been taken, alongside what actions were still required.
- The risks inherent with the delivery of safe care were understood and identified on the unit's risk register.
- A summary of critical incidents was shared with all unit staff at CDH.

Leadership of service

- While the unit sits in the same division as the larger ICU at Royal Preston Hospital and is managed and overseen by the same senior management team, there is lack of clarity about its future. Staff were open and talked with enthusiasm about the planned expansion of the critical care service at the Royal Preston, but were unsure of the future of the service at Chorley and South Ribble Hospital. From the discussions we had with staff, there was a feeling that the unit should either be utilised properly or closed. (As long as Chorley and South Ribble Hospital continues to provide an accident and emergency service, it is required to have intensive care beds available).

Culture within the service

- Staff didn't feel as engaged about the future of the unit at Chorley and South Ribble Hospital as they did about the service operating from Royal Preston Hospital ICU.

Public and staff engagement

- We found no overt patient or family involvement in developing the service at present. However, the weekly support group meetings being held for former unit patients may provide a source for future public engagement and involvement.

Innovation, improvement and sustainability

- The unit was an active member of the Lancashire and South Cumbria critical care network. Membership of the network enabled the unit, through collaborative working with commissioners, providers and users of critical care, to focus on making improvements where they are required. For example, the introduction and evaluation of care bundles and high impact interventions.

Maternity and gynaecology

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

Information about the service

Chorley Birth Centre is a free-standing birth centre at Chorley and South Ribble Hospital. It provides a homely environment, with one-to-one midwifery care, and is suitable for women with low-risk pregnancies.

The centre is staffed by the community midwifery team. The birth centre is supported by the consultant midwife and supervisors of midwives team. The team is managed through maternity services as part of the wider Lancashire Teaching Hospitals NHS Foundation Trust.

All midwifery staff working within the centre have additional training in neonatal life support.

The facilities include rooms equipped with birthing pools, active birth equipment and overnight stay rooms where partners are encouraged to stay until discharge home.

The birth rate at the centre for 2013/14 was 5% of the total births within the maternity services at Lancashire Teaching Hospitals NHS Foundation Trust, approximately 230 births a year.

Summary of findings

There were clear systems for reporting incidents and managing risk within the service. The rooms were clean and infection rates were within expected ranges. Medicines were delivered safely. The rooms were adequately maintained and equipment was readily available and fit for immediate use. Resuscitation equipment included neonatal resusitaires were available and fit for use by suitable trained staff.

The service carried out regular documentation audits and results were fed back through statutory supervision, newsletters and professional development days.

Women and their babies were protected from abuse and staff had been trained to deal with suspicions of abuse and neglect. Staff we spoke with were aware of the signs of abuse and the appropriate actions and systems for escalating safeguarding concerns.

Clear protocols and prompt cards were in place for all staff with relevant training in the management of obstetric emergencies. Regular training sessions were held with the ambulance service regarding transfers from the birthing centre at Chorley to the obstetric unit in Preston.

The maternity service staff felt positive about their clinical leadership with some good examples of key leadership roles. However, some staff felt that long-term temporary roles had led to a feeling of uncertainty within the service. Staff understood the direction of

travel for the service and felt engaged with the process. Clear governance processes were embedded within the service and the culture of the service was one of continual improvement and development.

Are maternity and gynaecology services safe?

Good

Women and their babies were protected from abuse and staff had been trained to deal with suspicions of abuse and neglect.

There were systems for reporting actual and near-miss incidents across the maternity services. Staff reported incidents and were confident and competent in doing so.

During our inspection we observed good personal protective equipment practice, whereby all staff were witnessed to be wearing gloves or washing their hands between patients.

The service carried out regular documentation audits and results were fed back through statutory supervision, newsletters and professional development days.

Clear protocols and prompt cards were in place for all staff with relevant training in the management of obstetric emergencies. Regular training sessions were held with the ambulance service regarding transfers from the birthing centre at Chorley to the obstetric unit in Preston.

Incidents

- There were systems for reporting actual and-near miss incidents across the maternity services. Staff reported incidents and were confident and competent in doing so. We asked staff directly if they reported incidents. They told us that they knew what to report and were able to show us how they would report an incident through the electronic reporting system.
- The birthing centre monitored all its risks through the overarching maternity services local risk register. We reviewed the risks identified by the service. The women's health service had identified its own top risk in July 2014. These were midwifery staffing and inappropriate management of obstetric emergencies. All the risks had clear action plans in place to mitigate the risks and inform staff of the management actions to improve patient care.
- Mortality and morbidity meetings were held regularly and all staff were invited to attend, with contributions valued and encouraged. The group was multidisciplinary and included colleagues from the

paediatric team. Staff told us they were also aware of different forms of feedback, such as the risk meeting and regular newsletters. Staff from Chorley told us that they were included in all the reviews and had access to the newsletters.

Safety thermometer

- Information from the NHS safety thermometers (a tool designed for frontline healthcare professionals to measure harm such as falls, blood clots, catheter and urinary infections) indicated that the service was performing within expected ranges for these measures. This information was displayed on the unit and was freely available for patients and staff.
- We reviewed the maternity dashboard as part of the inspection and found low puerperal sepsis rates compared with nationally expected figures. The service outcomes were within expected limits for most of the indicators. The number of third/fourth degree perineal tears was slightly above the national average.

Cleanliness, infection control and hygiene

- The unit was clean and tidy and each room was stocked with appropriate personal protective equipment.
- During our inspection we observed good personal protective equipment practice, whereby all staff were witnessed to be wearing gloves or washing their hands between patients. Staff observed bare below the elbow guidance. There was an ample supply of handwashing facilities and hand gel.
- We were provided with the last hand hygiene and uniform audits that had taken place in the department in June 2014. Overall the unit scored 100%, which indicated that staff complied with best practice.
- MRSA and C. difficile rates for the service were within the acceptable range.

Environment and equipment

- Equipment required in case of a cardiac arrest and the resuscitation of a newborn was stored on suitable trolleys that could contain the equipment safely if it was moved.
- We found evidence of regular checking and recording of equipment. We checked the resuscitation equipment throughout the unit and found they had been checked regularly by a designated midwife.
- Equipment was clean and regularly checked. All the equipment we saw had service stickers displayed and these were within date.
- Equipment was serviced by the trust's biomedical engineering team under a planned preventive maintenance schedule.

Medicines

- Policies and procedures were accessible to staff on the trust's electronic shared drive and staff were aware of the procedures to follow. Medicines were stored, managed, administered and recorded safely and appropriately.
- Staff records showed that midwives had received appropriate training in line with professional standards for the management of medicines. Staff we spoke with were clear about the drugs they used and confirmed that they had received the relevant training.

Records

- The service carried out regular documentation audits and results were fed back through statutory supervision, newsletters and professional development days. The latest results showed a 92% compliance rate, confirming that record keeping was to an acceptable standard with all the records complete with appropriate clinical risk assessments completed and the lead professional identified.
- During our inspection we looked at five sets of patient records. Documentation in all the records was accurate, legible, signed and dated, easy to follow and gave a clear plan and record of the patient's care and treatment. Appropriate clinical risk assessments were in place within the patient's record.
- The 'child health record' (red book) was issued to mothers and advice was available on how to keep the record as the main record of a child's health, growth and development.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Policies and procedures were accessible to staff on the trust's electronic shared drive and staff were aware of the procedures to follow regarding the Mental Capacity Act 2005.
- Staff were seen discussing care and treatment options with the patient and/or their relatives to enable them to make informed choices. Where patients lacked capacity to make their own choices, staff consulted with the patient, appropriate professionals and others so that decisions were made in the best interests of the patient.

- The service had clear policies and procedures for the management of the acute mental health needs of a patient. Staff we spoke with were able to outline the processes in place to support mothers with maternal mental health needs. Records confirmed that staff had received training in maternal mental health and if required had access to appropriate clinical support for acute peri-maternal health issues.
- Patients' consent was sought appropriately. Patients we spoke with confirmed that staff sought their permission before carrying out any procedures. Records we looked at confirmed that the appropriate documentation had been completed with informed consent recorded in the documentation.

Safeguarding

- Women and their babies were protected from abuse and staff had been trained to deal with suspicions of abuse and neglect. Staff we spoke with were aware of the signs of abuse and the appropriate actions and systems for escalating safeguarding concerns.
- Clear systems were in place to identify and carry out risk assessments on vulnerable women. We saw evidence at the morning safety huddle where appropriate information was shared.
- All the staff we spoke with were very positive about the support and advice from the Vulnerable Women's team and they felt well supported to manage safeguarding concerns.
- There was good evidence of multi-agency liaison and communication for women considered high risk. Safeguarding training was available at level 1 and 2 for all the midwives across the service.

Mandatory training

- The service had developed a robust training needs analysis to ensure that maternity services provide training in accordance with the national recommendations for all professionals working in maternity services. Staff we spoke with confirmed that they had access to professional development days. Staff told us they were encouraged to complete their mandatory training as normal practice on the unit.
- We saw comprehensive records for each individual staff member, including the date of training/competency assessment, name of trainer and a breakdown of training by individual pieces of equipment.
- Staff told us that some plans to postpone training may have an impact on the ability of the service to maintain compliance with mandatory training. A lead manager told us about the decision to postpone all professional midwifery study days until September 2014 because of the escalation of staffing issues. The service has retained the essential clinical study days, such as life support training. Records showed that the service had not achieved the 75% compliance in medical device training. We were also told that the attendance figures were at 50% expected at this point in the year, but plans were in place to restart training as soon as staffing levels improved. The lack of access to appropriate training and support could affect the ability of the service to provide high-quality care.

Management of deteriorating patients

- The service had processes in place to ensure the recognition of severely ill women during their pregnancy, delivery and postnatal period. It had introduced a modified early obstetric warning scoring system to help improve the detection of life-threatening illnesses. There were clear directions for escalation printed on the reverse of the observation charts. Staff we spoke with told us that they were aware of the actions to follow.
- Staff handover meetings took place during shift changes and 'safety huddles' were carried out on a daily basis to ensure all staff had up-to-date information about risks and concerns relating to patient care and treatment. The safety huddle meetings in Preston included a review of patients using the birthing unit at Chorley.
- Robust processes were in place to manage obstetric emergencies at the birthing centre to ensure the safe delivery of care for mothers and neonates.

Midwifery staffing

- We found midwifery staffing levels were calculated using a recognised dependency tool. The maternity service had a number of vacant midwifery posts with staffing funded to maintain a midwife to birth ratio of 1:29.
- One staff member told us "It is very tight for staffing." We saw examples on the day of our inspection of community staff re-arranging appointments in order to cover the delivery unit at Preston. Staff told us that they always had one midwife to woman ratio during labour in the birthing centre.
- Staff told us that they knew how to access more staff if required, and they were aware of the escalation policy

for short-term management of staff shortages/capacity issues. We were shown the trust system for escalating staffing shortages. However, staff told us that they were often asked to support their colleagues in Preston.
- We observed staff handovers during our inspection. Communication between staff was effective, with staff handover meetings taking place during daily shift changes. Shift handovers promoted clear communication and continuity of care.

Major incident awareness and training

- The training records confirmed that the majority of staff had up-to-date fire safety training.
- We saw evidence of the trust major incident policy, which the managers told us they used.
- Clear protocols and prompt cards were in place for all staff with relevant training in the management of obstetric emergencies.
- Regular training sessions were held with the ambulance service regarding transfers from the birthing centre at Chorley to the obstetric unit at Preston.

Are maternity and gynaecology services effective?

Good

The delivery of care for maternity services was based on guidance issued by professional and expert bodies such as NICE. Records showed that the department had developed some clinical care pathways to ensure that patients received care appropriate to their needs.

Mothers were offered access to various sources of pain relief, such as Entonox and pethidine.

Data showed that the service had a rate of perineal tears slightly above the national average. The service carries out regular audits on the number of perineal tears. All the patients attend a pelvic floor clinic after a tear with appropriate follow-up in place. We found that the service was very proactive in reviewing cases and had clear systems and audits in place to review the incidence of perineal tears.

There were sufficient numbers of supervisors of midwives within the hospital. The role of the supervisor is to protect the public through good practice. They monitor the practices of midwives to ensure the mothers and babies receive good quality care. As supervisors, they provide support, advice and guidance to individual midwives on practice issues, while ensuring they practice within the midwives rules and standards set by the Nursing and Midwifery Council. All midwives had an annual review by their allocated supervisor.

Evidence-based care and treatment

- The delivery of care for maternity services was based on guidance issued by professional and expert bodies such as NICE. Records showed that the department had developed some clinical care pathways to ensure that patients received care appropriate to their needs. These included pathways such NICE intrapartum guidelines and maternal and fetal monitoring.
- The service had over 200 policies and procedures based on NICE or Royal College guidelines, with robust guidelines for staff such as prompt cards for the management of an obstetric emergency and the management of a post-partum haemorrhage.
- There was a variety of information based on research and NICE guidance that was available to inform mothers, such as on emergency caesarean section.

Pain relief

- Mothers were offered access to various sources of pain relief, such as Entonox and pethidine.82% of women used water for pain relief at the birthing centre. We saw a number of leaflets providing information on the various methods of pain management available during labour and delivery, including a birth pool.
- Pain relief was reviewed regularly for efficacy and changes were made as appropriate to meet individual need.

Nutrition and hydration

- Most patients we spoke with were complimentary about the meals served at the trust. People had a choice of suitable and nutritious food and drink and we observed hot and cold drinks available. Patients had access to a kitchen area on the unit to make a drink whenever they wanted.

Patient outcomes

- The service also completed a maternity dashboard to monitor key maternity indicators. We reviewed the data provided as part of our inspection. The trust's data and the maternity dashboard showed that overall the service was performing in line with national standards.

- Data showed that across the maternity service they had a rate of third/fourth degree perineal tears slightly above the national average. The service carries out regular audits on the number of third/fourth degree perineal tears. All the women attend a pelvic floor clinic if they have sustained a third/fourth degree perineal tear with appropriate follow-up in place. We found that the service was very proactive in reviewing cases and had clear systems and audits in place to review the incidence of third/fourth degree perineal tears.
- The service had a safety and quality audit plan in place to ensure that audits were carried out to measure the service performance in line with the maternity dashboard indicators such as post-partum haemorrhage and unplanned admissions to the ICU.
- Pregnant women were assessed in the community as part of their antenatal care and information about patients who were at risk was shared appropriately.

Competent staff

- We found that the service had a range of training opportunities to ensure that training needs were met. In addition ad hoc training was available for specific clinical interventions such as interpretation of monitoring equipment and any individually identified training requirements.
- Midwifery staff received appraisals and supervision. An appraisal gives staff an opportunity to discuss their work progress and future aspirations with their manager. Staff spoke positively about the process.
- There were sufficient numbers of supervisors of midwives within the hospital. The role of the supervisor is to protect the public through good practice. They monitor the practices of midwives to ensure the mothers and babies receive good quality care. As supervisors, they provide support, advice and guidance to individual midwives on practice issues, while ensuring they practice within the midwives rules and standards set by the Nursing and Midwifery Council. All midwives had an annual review by their allocated supervisor.
- The service had several specialist midwife roles to lead specific areas of practice, such as safeguarding, governance and a consultant midwife specialising in 'normality'.
- We saw that individual competencies had been developed for individual roles and specific procedures required across the service such as the 'transport of the neonate'.

Multidisciplinary working

- Multidisciplinary teams worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multidisciplinary team, we saw that staff across all disciplines genuinely respected and valued the work of other members of the team.
- We saw records of how the midwives had worked with the physiotherapy service to ensure that patients with third/ fourth degree perineal tears had been referred for therapy in a timely manner and ensured effective communication between the professions. We saw evidence of clear multidisciplinary working across all professional groups, such as the critical care outreach team and the paediatric services.
- Maternity staff had been regularly asked to attend multi-agency meetings and contribute to pre-birth plans. There was good communication between primary care and community health services.
- We found clear link working with the ambulance service regarding transfers from the birth centre at Chorley. We saw that there was regular contact with paramedics to share skills and practice.
- Members of the wider multidisciplinary team, such as maternity theatre staff, anaesthetists and student midwives, participated in multidisciplinary skills study days on an ad hoc basis to ensure a multidisciplinary approach to training.
- We saw medical and nursing staff worked well together as a team and there were clear lines of accountability and joint working.
- We observed staff handovers during our inspection. Communication between staff was effective, with staff handover meetings taking place during daily shift changes.

Seven-day services

- Services were available seven days a week,
- Postnatal services were provided in the community (women were transferred home to the care of the community midwives until at least the 10th and up to the 28th day following delivery).

Maternity and gynaecology

Are maternity and gynaecology services caring?

Good

We found that maternity services were delivered by committed and caring staff. We observed that all staff treated patients with dignity and respect. The majority of patients we spoke with were positive about the care they had received. Some people told us that they would have welcomed greater information on what was happening.

We found that clear systems were in place to offer emotional support to people if required and was carried out with sensitivity and compassion.

Compassionate care

- We found that maternity services were delivered by committed and compassionate staff. We observed that all staff treated patients with dignity and respect.
- We spoke with six patients and everyone we spoke with were positive about the care they had received. Some comments made were "Staff have been brilliant" and the staff are "Very informative and supportive". Several patients told us that they would recommend the birthing centre to family and friends.
- We saw examples of ways in which people were encouraged to share their impression of the services, such as encouraging people to text their views. The trust had below national average response rates for the maternity Friends and Family Test, which asks patients about their overall care at different stages of pregnancy. We noted that the overall results for the service for specific questions such as "Were you treated with kindness and understanding?" were comparable with the England average.

Patient understanding and involvement

- Staff planned and delivered care in a way that took account of the wishes of the patient. We saw staff obtaining verbal consent when helping patients with personal care.
- Women were informed and involved in decisions about their care. The majority of patients told us that they had been involved in their care and felt very involved in decision making.
- The use of records held by mothers encouraged them to be aware of their birth plans and provided further information on any specific tests or investigations that may be needed throughout a pregnancy.

Emotional support

- Arrangements were in place to provide emotional support to patients and their families in a sensitive manner.
- We observed and staff told us that advice and support for antenatal complications and termination of pregnancy was managed sensitively.
- Staff we spoke with were very aware of the need to provide emotional support for mothers, and carried out assessments for anxiety and depression. Women who have had complications during or following birth were offered a debrief review at the centre.
- The service had a maternity bereavement midwife service to support women and their partners following the loss of their baby.

Are maternity and gynaecology services responsive?

Good

We found that the service was responsive to people's needs. Staff learned from complaints and systems were in place to learn from incidents and local needs.

Service planning and delivery to meet the needs of local people

- The senior managers outlined the plans for the proposed model of midwifery care to members of the inspection team. The proposed model care was a result of contributions from midwives who worked across the service to meet the needs of women in Preston, South Ribble and Chorley.
- The service had a Maternity Services Liaison Committee. We looked at Committee minutes. We found that although two meetings had been held this year, there had been limited attendance from key stakeholders such as local commissioning groups. We spoke with a member of the committee who told us that the committee had recently been re-launched following the reconfiguration with the local commissioning groups to ensure that the service was able to work with partners in planning service delivery.

- We found that the service had developed clear pathways for patients with drug abuse and alcohol problems to ensure that they were able to access appropriate care throughout their pregnancy.
- The service also ran joint clinics with specialist midwives for specific conditions such as diabetes, obesity or mental health at RPH.
- If, at any time, mothers wanted to talk through their birthing experience, the service had a postnatal listening service. Information about how to contact the 'Afterthought service' was provided in leaflets available on the maternity ward.

Access and flow

- Policies were in place to escalate staffing issues on the unit and staff were aware of how to access extra support if required.
- We were told that there had been no closures of the maternity unit in the last 12 months.
- We were told that women were able to self-refer to the service and were able to choose where they wanted to give birth in discussion with the midwife. In the financial year 2013/14, 70% of women had their assessment of need performed within 10 weeks of pregnancy and 95% within 20 weeks of pregnancy. This included women who had transferred their antenatal care from another trust and who would have had their initial assessment of need performed by the referring trust.
- We looked at bed occupancy across the maternity services and found that overall occupancy was within national acceptable averages, although we were told that there had been issues with quarters one and two which had been above average, but was below average in the second two quarters of the year. There had been no bed occupancy problems at the birthing centre at CDH since April 2013.

Meeting people's individual needs

- The service had systems in place to meet people's religious and cultural needs.
- Leaflets were available for mothers to help them decide where to have their baby. The leaflets outlined the choices available for women, including the difference between midwifery-led care, consultant-led care and options for home births or attending the birthing centre in Chorley. Other leaflets were available on the unit or from the midwives on the antenatal unit.
- We saw that information was available for people whose first language wasn't English, such as a Polish leaflet on 'Your first ultrasound scan'.
- Staff were able to describe how they would access translation services. One staff member was able to describe how they had used a sign-language interpreter and a Polish-speaking interpreter to meet the needs of a particular patient.
- Birth option appointments for women and their partners who have had a previous traumatic experience and for women who had had a previous caesarean section were available. Patients were referred for an appointment with the consultant midwife to discuss anxieties and options and agree a plan of care. These appointments were supported by the specialist midwife for perinatal mental health, with the option to refer to other health professionals if required.
- A vulnerable women service was provided by a team of three specialist midwives and rotational staff with responsibility for coordinating care for women with complex social needs, including safeguarding and domestic violence.
- Partners could stay throughout the birth experience at CDH birth centre from the moment the women attended. Open visiting was provided and partners could stay with the woman and baby for 24 hours following the birth but mothers and babies normally returned home before then.
- We found that breastfeeding support was available across the service. The service had two designated infant feeding specialist midwives available to provide information and support about breastfeeding.

Learning from complaints and concerns

- Staff we spoke with were aware of the trust's complaints system and how to advise patients and relatives to make a complaint, if they wished to do so.
- We found that leaflets were freely available with information on how to complain or raise concerns or about the services. We also found comments cards for people to fill in about the cleanliness of the service and the environment. We did not see evidence of this information available for people whose first language wasn't English.
- We found that the service was proactive in learning from complaints and concerns. A checklist had been developed that was sent to families after a serious

incident to seek feedback from patients and their families on what happened and how the service could improve. This showed that the service was very open in responding to learning from complaints and concerns.
- Information about supervisors of midwives and how to contact them was freely available on the unit. Supervisors of midwives are experienced practising midwives who monitor the safety and quality of local midwifery care. The supervisor's role is professional and defined by law; it is independent of hospital management structures. The supervisor of midwives is able to listen to any concerns patients may have about the care they have received from their midwife and then discuss those concerns with the midwife if appropriate.

Are maternity and gynaecology services well-led?

Good

Staff told us that they were aware of the trust's vision and understood the local plans for developing an integrated community midwifery team model. The service had robust governance and quality systems in place. We saw several examples of good leadership by individual members of medical and nursing staff throughout the service that were positive role models for staff. The quality and governance midwives together with the consultant midwife role were highlighted by staff as key leadership roles for the service.

There was a positive learning culture among the midwives. The staff acknowledged the recent challenges about staffing, but felt that managers were aware of the issues and had tried to recruit more staff.

Vision and strategy for this service

- Staff told us that they were aware of the trust's vision and understood the local plans for developing an integrated community midwifery team model. Staff we spoke with were looking forward to the imminent opening of the co-located midwifery-led unit on the Royal Preston Hospital site as part of the maternity strategy.

Governance, risk management and quality measurement

- The service had robust governance and quality systems in place. All the staff we spoke with were proud of the achievement of Clinical Negligence Scheme for Trusts Level 3 and were continuing to maintain the standards as an indicator of how the service was measuring risk and quality through the service.
- As part of our inspection we were able to observe the weekly risk meeting. We saw evidence of how incidents were reported and appropriate follow-up actions were identified, such as a formal review or root cause analysis if required.
- Every transfer from the birthing centre to the maternity unit in Preston. Incident forms were completed for transfer from CDH to RPH. This was then reviewed by the Safety and Quality group and the consultant midwife. A 6 monthly audit report and action plan was fed back to the Safety and Quality group which was then fed back to all members of staff working in the maternity department.

Leadership of service

- We saw several examples of good leadership by individual members of medical and midwifery staff throughout the service that were positive role models for staff. The quality and governance midwives together with the consultant midwife role were highlighted by staff as key leadership roles for the service.
- Staff told us that they attended regular meetings and that their immediate line managers were accessible and approachable. One staff member told us that they appreciated the Chief Executive's online blog and felt that she was visible in the hospital.
- Several staff members told us that the service lead for midwifery and other management roles had been covered by a temporary or 'acting role' for over 18 months, which they believed led to a feeling of uncertainty in the service.

Culture within the service

- There was a positive learning culture among the midwives. The staff acknowledged the recent challenges about staffing but felt that managers were aware of the issues and had tried to recruit more staff.
- Many staff across the service spoke enthusiastically about their work and were proud of the care they delivered to the patients and their partners at the birthing centre. Staff felt part of the wider maternity service. Some staff told us they would prefer to see more of the managers in Chorley, but they were often busy responding to issues on the Preston site.

Maternity and gynaecology

Public and staff engagement

- Although we noted that the maternity service had an overarching Maternity Services Liaison Committee, we did not see evidence of any regular formal meetings or a forum to specifically engage with the patients using the Chorley birthing centre. However, the trust had performed a telephone survey with women who had previously used the birth centre at CDH as part of their environment bid from the Department of Health. They engaged with women to decide if they wanted the birth centre to continue at CDH and what development they would want to see if the trust were to receive the funding.
- Staff told us that they felt engaged as part of the trust and felt that the senior managers were aware of the issues within the services.

Innovation, improvement and sustainability

- We found that the service had an improvement culture. We saw several examples of research trials the service was involved with, including projects looking at inductions and on strategies to reduce stillbirth.
- The service was externally facing and was actively collaborating with other centres to carry out further research.
- We found that the service had attained several accreditations such as the Clinical Negligence Scheme for Trusts Level 3 as part of the overall maternity services.

End of life care

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

Information about the service

End of life/palliative care services were provided throughout the trust. People with palliative/end of life needs were nursed on the general wards in the hospital. They were supported by a consultant-led specialist palliative care team. This team coordinated and planned care for patients at end of life on the wards. There was 24-hour senior medical advice to all wards and departments via the telephone helpline.

We visited one ward where end of life care was being provided. We were unable to speak with patient or their relative but spoke with a range of staff, including healthcare assistants, nurses, doctors, consultants and matrons. We observed care and treatment and we looked at care records. We looked at appropriate policies and procedures as part of our inspection of this service. The end of life team worked closely with primary and secondary healthcare professionals to adopt nationally recognised best practice tools.

Summary of findings

Care for patients at the end of life was supported by a consultant-led specialist palliative care team. Staff effectively followed end of life care pathways that were in line with national guidelines. Staff were clearly motivated and committed to meeting patients' different needs at the end of life. Nursing and care staff were appropriately trained and supervised and they were encouraged to learn from incidents.

The palliative care team staff were clear about their roles and benefited from good leadership. We observed that care was given by supportive and compassionate staff. The nursing staff and doctors spoke positively about the service provided from the specialist team.

End of life care

Are end of life care services safe?

Good

End of life was safe and met the needs of patients. There were sufficient numbers of trained clinical, nursing and support staff with an appropriate skills mix to ensure that patients receiving end of life care were safe and well cared for on the wards we visited. There were adult safeguarding procedures in place, supported by mandatory staff training. Staff knew how to report and escalate concerns regarding patients who were at risk of neglect and abuse.

The end of life care teams monitored and minimised risks effectively. Staff were aware of the process for reporting any identified risks to patients, staff or visitors. All incidents, accidents, near misses, complaints and allegations of abuse were logged on the trust-wide electronic incident reporting system. Staff had access to the electronic system and confirmed that reporting of incidents was encouraged by managers. The mortuary adhered to infection control procedures and a risk assessment was undertaken on all patients who had died from blood-borne diseases. Do Not Attempt Resuscitation forms were appropriately completed and we saw that the decision had either been discussed with the patient themselves or, when that was not appropriate, the decision had been discussed with the patient's relatives. Patients who did not have capacity to consent to end of life care were treated appropriately.

Incidents

- The mortuary team told us they used the incident reporting system as required and received feedback during regular meetings.
- Staff were aware of the process for reporting any identified risks to patients, staff or visitors. All incidents were logged on the trust-wide electronic reporting system. Staff had access to the system and confirmed that incident reporting was encouraged by managers.
- The National Reporting and Learning System data does not have a specific end of life category for reporting patient safety incidents. Staff told us any themes from incidents were discussed at ward meetings.
- We spoke with staff who confirmed they attended multidisciplinary ward meetings to review issues relating to care.

Cleanliness, infection control and hygiene

- Ward areas were clean and domestic staff undertook audits of the environment to ensure continued cleanliness.
- During our inspection we observed staff adhering to infection control guidance, including bare below the elbow guidance, washing their hands, wearing gloves and aprons, and using hand gel as necessary.
- There were systems in place within the mortuary to ensure good hygiene practices and the prevention of the spread of infection.

Environment and equipment

- The ward areas were clean and free of clutter. Staff told us the wards had sufficient moving and handling equipment to enable patients to be safely cared for.
- Equipment was maintained and checked to ensure it continued to be safe to use.
- Access to syringe drivers for people needing continuous pain relief was available. Staff were aware of how to use these effectively. This included checking the needle site, battery and volume of infusion remaining in the syringe.
- The trust had systems in place for patients to go home with syringe drivers in place. We were informed there was a process for their return to the hospital after use, although we found no evidence to confirm this.
- Care was delivered on the medical wards and side rooms were made available whenever possible.

Medicines

- Anticipatory end of life care medicines were appropriately prescribed. We saw evidence of anticipatory prescribing guidance for 'potential symptoms in the last days or hours of life'. Staff were also able to obtain advice from the specialist palliative care advice line. Examples of areas covered included pain, agitation, nausea and vomiting, and dyspnoea (sudden shortness of breath or breathing difficulty).
- We looked at the medication administration record charts for a number of patients and saw where appropriate end of life medicines were prescribed. Medical staff told us they were provided with advice and support from the trust's specialist palliative care team.
- Staff confirmed the syringe drivers were accessible if an end of life patient was being discharged home rapidly into the community and required this as part of their treatment package.

End of life care

Records

- We saw from patients' care records we examined that care and treatment was recorded by the specialist nursing staff. We saw that risk assessments were reviewed daily, for example, for VTE to minimise the risks of patients developing blood clots, and for falls, nutrition and pressure relief.
- We looked at the Do Not Attempt Resuscitation forms and Limitation of Treatment Orders on the wards we visited. We saw these were reviewed daily, accurately recorded and signed appropriately by a senior member of staff in line with guidance published by the General Medical Council.
- We saw evidence of discussion with the patient's relatives if the patient lacked capacity.
- We saw that records were stored securely to ensure they could not be accessed by people who did not have the authority to do so.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw evidence of best interest meetings when discussions about Do Not Attempt Resuscitation and end of life care took place. These included discussions of conversations with people's families or the involvement of independent mental capacity advocates.
- Patients who did not have capacity to consent to end of life care were supported appropriately.

Safeguarding

- There were adult safeguarding procedures in place supported by mandatory staff training. Staff told us they were aware of how to raise and escalate concerns in relation to abuse or neglect of both vulnerable adults and children.
- We saw there were safeguarding policies in place with clear procedures for staff to follow if they had concerns.
- We found that safeguarding was included in the ongoing mandatory training programme and staff confirmed they had attended the training for safeguarding.

Mandatory training

- Some staff had undertaken specific training relating to End of Life care that included advanced communication skills and an eye-retrieval course.
- Staff attended four holistic end of life care study days. Areas covered were practicalities, cultural sensitivity, bereavement and where we fear to treat, which included tissue donation.

Management of deteriorating patients

- Specialist support was available when required and out-of-hours specialist advice could be sought from on-call consultants or medical/nursing staff at the hospice.

Nursing staffing

- Patients with palliative/end of life needs were nursed on the general wards in the hospital. Therefore, nursing care was reliant on the staffing arrangements on the individual wards.
- We observed there were sufficient numbers of trained clinical, nursing and support staff with an appropriate skills mix to ensure that patients receiving end of life care were safe and well cared for.
- We observed that handover took place at the bedside and the patient was brought into the conversation if required. There were no concerns with confidentiality because the handover was done quietly and discreetly.

Medical staffing

- For patients with palliative/end of life needs, medical cover was provided on the general wards in the hospital.
- The hospital provided 24-hour consultant support as well as access to the local hospice for advice.

Major incident awareness and training

- There was a clear policy of action to take if the hospital was involved in a major incident.
- There were business continuity plans in place to ensure the delivery of the service was maintained.

Are end of life care services effective?

Good

Patient's care and treatment achieved good outcomes, promoted a good quality of life and was evidence-based. During our inspection we care tracked two patients who the specialist palliative care team had identified as receiving end of life care. In addition, we spoke with patients on the ward areas. Patients spoke positively about the way they were being supported by all staff to meet their care needs.

Staff on the wards were aware of the approach the trust was using for patients receiving end of life care and how to

contact the specialist palliative care team. We saw that end of life champions had been appointed as leads in the clinical areas to share any new information about end of life care with ward staff.

Evidence-based care and treatment

- We noted that all policies and procedures were accessible for staff using the trust's intranet system and had been updated in line with NICE guidelines.
- All changes in policies and procedures were passed on to staff by e-mail.
- The specialist palliative care team had acted on the Department of Health's national End of Life Strategy recommendation. They had implemented a national pilot within the trust for transforming end of life care in acute hospitals. The pilot scheme is a three to five year plan that aims to transform the strategy for end of life care. Examples of areas to be addressed include enhanced use of advance care planning tools, amber care bundles that incorporate management plans for patients with uncertain recovery – 'Think Clear' at Royal Preston Hospital – and rapid discharge processes for patients at end of life.
- We saw the literature relating to the trust's care of the dying guidance. The guidance outlined five priorities for end of life care. The five priorities enabled staff to recognise those who may be dying, ensured communication was undertaken both sensitively and effectively, involve patients and carers in making decisions, explore the needs of families including what support they may require, and finally ensure that individualised care plans were documented clearly and kept under review.
- The amber care bundle project (called Think Clear at LTH) included ward-based training for staff. One member of staff told us they thought the 'Think Clear' strategy enabled them to have clear discussions with patients and their families around prognosis. It had made shared decision-making better and had raised staff's awareness of the deterioration of patients.
- We saw that staff had been given a pocket-sized laminated card showing think clear tools and the five 'Think Clear' priorities for end of life care.
- A staff nurse told us that they were proud that they could provide a nurse-led non-invasive ventilation service. Non-invasive ventilation is a way of delivering support to the patient's breathing without using a breathing tube with extra support being delivered, if required, by a mechanical ventilator.

Pain relief

- We saw that pain relief was available when required. Anticipatory prescribing took place to ensure pain relief was administered to patients in a timely manner.
- Medical and nursing staff could contact the specialist palliative care team for advice and appropriate pain relief if required.
- We did not see evidence of local audits to assess the effectiveness of treating pain and pain management.

Nutrition and hydration

- The ward staff supported patients to eat and drink normally for as long as possible. We saw patients had access to drinks and patients who were able to tell us said the food was good.
- We saw that fluid and nutrition was accurately recorded when it needed to be. The ward areas maintained fluid balance charts, and these were accurately totalled. This information could be used to influence clinical decisions as necessary.
- We observed that patients had access to drinks that were within their reach on the wards we visited.
- We saw that patients were screened using the malnutrition universal screening tool to identify those who were nutritionally at risk. Staff we spoke with were aware of these patients.
- Staff were able to tell us how they addressed people's religious and cultural needs regarding the meals provided for them.

Patient outcomes

- All staff said they were highly motivated and committed to meeting patients' preferences about where they ended their life.
- The trust had contributed to the national Care of the Dying Audit and we were given a summarised copy of the results that had been published in May 2014. Areas covered included organisational and clinical key performance indicators. We saw the trust had identified the actions required for areas that had not achieved the national benchmark percentage. In addition to the national audit, the Hospital Specialist Palliative Care team had undertaken a subsequent audit of Care of the Dying in November 2013. The results of Care of the

End of life care

Dying Audit pre and post the Liverpool Care Pathway review are due to be analysed at the End of Life Steering Group in June 2014 to further inform and continuously improve future care.

Competent staff

- All new staff were provided with an induction programme where they undertook mandatory training.
- There was an education and training programme in place. The trust had appointed two specialist nurses to support the development and implementation of personalised end of life care planning, to train doctors and nurses in care of the dying patient and facilitate sustainable improvement to practice. We saw that all training was ward based to maximise attendance.
- Staff told us that they received annual appraisals and that they had regular supervision or clinical reflection times within their ward areas.
- Staff told us they could get support from the specialist palliative care team when they needed advice.
- The end of life care coordinator and palliative care consultant told us that training was ongoing and there were plans to continue this throughout 2014.

Multidisciplinary working

- The multidisciplinary team worked well together to coordinate and plan the care for patients at the end of life.
- There was a daily multidisciplinary meeting on all the wards to discuss and manage patient risks and concerns. Patients at the end of life were included in this discussion so all disciplines could contribute to effective and consistent care for patients at the end of life.
- The palliative care consultant told us that they worked alongside the community discharge coordinator and case manager to ensure rapid access to homecare and that people's preferred place of death was achieved as far as reasonably possible.

Seven-day services

- The specialist palliative care team was available 9am to 5pm Monday to Friday, excluding bank holidays.
- Outside of those hours, support was provided using a 24-hour telephone service to the on-call consultant and/or local hospice providing nurse and medical advice.

Are end of life care services caring?

Good

During the inspection we observed caring interactions and staff treating patients with dignity. However, patients' feedback or the views of bereaved families of their experiences were not regularly collated for the trust to act on. Feedback from individual patients was positive about caring staff. Staff were very supportive to patients and those close to them, and offered emotional support to provide comfort and reassurance.

The bodies of deceased patients were treated with dignity when going from the wards to the mortuary. Information on 'do not attempt resuscitation' was discussed with patients or their relative or carer.

Compassionate care

- Patients were treated with dignity, respect and compassion from the ward to the mortuary. We saw evidence of a number of 'thank you' cards on the wards. The hospital had a privacy and dignity champion.
- Staff told us they generally had enough time to spend with patients and their relatives when they were delivering end of life care. They told us how important it was to have the time for relatives and their families at this difficult time. Staff were observed closing the curtains when a patient required privacy and were heard speaking with them in an understanding way.
- There was a relatives' room or office on each ward where sensitive conversations could be conducted. A side room was made available if relatives chose to stay at the hospital.
- Normal visiting times were waived for relatives of patients who were at the end of their life.
- Staff we spoke with demonstrated commitment and compassion to providing good end of life care and the importance of dignity after a patient had died.
- Mortuary technicians and staff demonstrated how they continued to treat patients with dignity and respect after their death.
- The chaplaincy staff had a caring and compassionate approach towards patients, relatives and staff.

Patient understanding and involvement

- We observed doctors and nurses speaking with patients about their care and checking they understood what they had been told. This meant that patients were

involved in decision making. We were not able to speak with some patients about their involvement in care because they were too unwell. We saw from patients' notes that discussions had taken place with patients and their families about care, treatment, prognosis, discharge and preferred priorities for care.
- We saw that, where patients had been assessed as not having capacity to make decisions, care options had been discussed with their next of kin.
- Do Not Attempt Resuscitation forms were in place for patients where indicated. The forms had been completed by the consultant. There was evidence that decisions had been discussed with the patient and their relatives.

Emotional support

- The specialist palliative care team, the chaplaincy and nurses provided emotional support to patients and relatives.
- Chaplaincy staff were visible within the hospital and staff within the ward areas told us they could access religious representatives from all denominations.
- The mortuary manager told us they had close links with representatives from the local mosque who would update them about any new religious requirements within the Muslim community as necessary.
- The chaplaincy provided a post bereavement support service whereby individual support was offered to relatives and children and young people.

Are end of life care services responsive?

Outstanding ☆

Palliative care was offered on all wards and supported by the local hospice. Service support was available 24 hours a day. Wards were using the AMBER care bundle – 'Think Clear', an alternative communication method to highlight when there was clinical uncertainty about whether a patient may recover and to ensure that their preferences and wishes around end of life care could be identified and met. All faiths were able to use the chapel and a prayer room and prayer mats were available. The chaplaincy service was available 24 hours a day, seven days a week.

The palliative care multidisciplinary team worked across the hospital and worked closely with the Hospice and community teams. This showed us their close working relationships, good communication and how staff could respond to patients' changing needs. Patients referred to the specialist palliative care team were seen promptly according to their needs. The specialist palliative care team were working hard to ensure patients receiving end of life care had a positive experience.

Service planning and delivery to meet the needs of local people

- The hospital had a relationship with the local hospice to ensure medical and nursing support was available 24 hours a day.
- Across the hospital, work was focused on ensuring care was carried out in the patient's preferred place. The specialist palliative care team supported patient preferences to ensure a rapid discharge home, in many cases discharge could be arranged in 4 hours for patients who identified a wish to be cared for in their own home. This ensured patients had choice at the end of their lives.
- Patients referred to the specialist palliative care team were seen promptly according to patient needs. The specialist palliative care team responded within 48 hours of referral or sooner for urgent cases.
- The trust had links with a hospice to deliver a monthly bereavement support group. The trust also had a children and young people bereavement group to support children and young people who had experienced a loss through death.
- Senior staff told us that every death was assessed for potential eye tissue donation. We reviewed 'Bereavement and Donation: A Collaboration Model of Care' within the trust, which identified that trust tissue donation had increased tenfold and noted that relatives were supported by the bereavement and donation support nurse.
- The hospital had a protocol that they had developed with the police force for community death eye donation.
- We noted that within the paediatric service they had neonatal unit support regarding tissue donation. The maternity and neonatal service had a dedicated bereavement midwife with additional support to cover annual leave and weekends. However, we noted that as of 28 July 2014 the bereavement support for babies would be from the bereavement team.

Access and flow

- We were told patients were generally seen within 48 hours of referral or earlier for urgent cases.

End of life care

- We saw that multidisciplinary team board rounds were undertaken on each of the ward areas on a daily basis where plans for discharge were discussed.
- Rapid response for discharge to the preferred place of care was coordinated by the specialist palliative care team, case managers and the community liaison team. Staff told us there was a multidisciplinary approach to discharge planning, which involved the hospital and the community staff facilitating a rapid but safe discharge for patients.

Meeting people's individual needs

- Spiritual and religious care was provided to dying patients and their families by chaplains, who also provided pastoral care to patients, their relatives and the trust staff. There was access to chaplains from a number of Christian denominations and Muslim Imams.
- A multi-faith chaplaincy was available and arrangements had been made with the mortuary and local coroners to ensure, where necessary for religious reasons, bodies could be released promptly.
- We were given literature regarding bereavement support services within the community for both adults and children and young people.
- During our inspection we observed the ward accommodating the needs of a patient of a different faith and saw arrangements in place for prayers to be conducted.
- Mortuary staff demonstrated their awareness of and sensitivity to cultural and faith practices.
- Ward staff told us they worked hard to understand and support the needs of patients living with dementia or complex needs. For example, they checked with the patient's relatives regarding their wishes.

Learning from complaints and concerns

- Complaints were handled in line with the trust's policy. If a patient or relative wanted to make an informal complaint then they would speak with the shift coordinator. If they were not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service. If they had further concerns following this they would be advised to make a formal complaint. This process was outlined in leaflets available throughout the trust.
- The bereavement team told us they would not always be consulted if a complaint specific to end of life care had been raised directly to senior level; they felt they would be a valuable resource to contribute towards this.
- The specialist palliative care team and bereavement teams engaged with recently bereaved relatives and used the feedback to consistently improve their service.
- We reviewed the complaints records and identified that the trust had received one complaint within the last year. This had been addressed effectively.

Are end of life care services well-led?

Good

The trust had a vision in place and had developed some new values for the organisation. Staff felt the trust's executive management team was visible. We found that risk management systems were effective. For example, complaints, incidents, audits and quality improvement projects were discussed at division level and at sisters meetings. Senior staff were able to describe areas they had identified as risks within their own departments and what action they were taking to minimise the risk. However, it was noted that patients' experiences were not monitored consistently.

There was good local leadership and enthusiasm within the service and the associated teams. The staff worked well with their teams and were supportive towards each other. Staff said they had confidence in their managers and all disciplines worked together for the benefit of patients. However, end of life care was not monitored consistently across the hospital in ward areas to ensure standards were being met.

Vision and strategy for this service

- In line with national guidance, the trust had phased out the Liverpool Care Pathway for end of life care. The trust had launched a pilot scheme for transforming end of life care in acute hospitals.
- The trust's strategy for 2014/15 was to provide excellent care with compassion. This was visible throughout the noticeboards and walls in outpatients departments. Staff said they were aware of the trust's strategy, which was discussed during appraisals.
- The end of life care coordinator told us that patients should expect a good end of life care experience that offered them choice.

End of life care

- The vision for end of life care was noticeable within the ward areas. The end of life champions were enthusiastic about their role and how they were going to put their learning into practice.

Governance, risk management and quality measurement

- We saw that performance quality dashboards were on display in the ward areas we visited so that staff could see the standard the trust was aiming for.
- Complaints, incidents audits and quality improvement projects were discussed at division level, ward level and in departmental meetings.
- Senior staff were able to describe areas they had identified as risks within their own departments and were able to describe what action they were taking to minimise the risk.
- Information relating to risk management was disseminated to staff through staff meetings and information placed on staff noticeboards within the departments.
- We found patient surveys had not been undertaken to measure quality and identify areas for improvement.
- Staff told us they were aware of the trust's whistleblowing and safeguarding policy and that they felt able to report incidents and raise concerns through these processes. The training records identified that training for safeguarding had been completed.

Leadership of service

- It was evident the teams responsible for end of life care were passionate about ensuring patients and their families received a good end of life care experience.
- Staff told us that the clinical nurse specialist educators were visible and were supporting them to develop leadership skills in palliative care.
- One staff member said they were "proud of the job I do and the service I work for". Some staff said that they felt that "recognition could be better from the trust".
- The end of life teams said they had good, effective communication with ward staff and families.

Culture within the service

- Staff in the specialist palliative care team spoke positively about the service they provided for patients.
- Staff reported positive working relationships and we observed that staff were respectful towards each other, not only in their specialties, but across all disciplines.
- Staff were positive about the service they provided for patients and expressed that they wanted to do their best for patients

Public and staff engagement

- The trust had been part of the National Care of the Dying Audit. We reviewed the summary and saw the action the trust was taking in response to the outcomes identified as requiring improvement.
- We observed good interaction between people, their relatives and staff. Staff were able to respond to the needs of people.
- Patient surveys were not carried out routinely within end of life care. We did not see evidence of the result of patient surveys.

Innovation, improvement and sustainability

- The end of life care team had rolled out the amber care bundle (Think Clear at LTH) to support teams in identifying and responding to a person's end of life care needs when their recovery was uncertain.

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

Information about the service

Chorley and South Ribble Hospital has a large outpatients department that provides outpatients services across a wide range of areas, including oncology and urology. The general outpatients area catered for a variety of specialisms, including ophthalmology and the provision of blood services. The trust had approximately 491,438 outpatients appointments in 2012/13.

We visited the general outpatients area, which included ophthalmology, urology and oncology. We spoke with eight patients and relatives and 11 staff, including nurses, healthcare assistants, medical staff, ward sister, ambulance liaison services and a volunteer at the hospital. We observed care and treatment, and looked at records. During our inspection we reviewed performance information from, and about, the hospital.

Summary of findings

Patients were treated with dignity and respect by caring staff. Patients spoke positively about staff and felt they had been involved in decisions about their care. Staffing numbers and skills mix met the needs of the patients. There was a clear process for reporting and investigating incidents, although staff told us they had not received outcomes of incidents submitted. The outpatients departments we visited were clean and well-maintained.

Both patients and staff told us that clinics were sometimes cancelled at short notice and we found that clinics frequently ran late. The cancelled clinics were a concern within the ophthalmology department and the quarterly audits showed an increase over the last four quarters. There were also concerns noted with the partial booking systems within ophthalmology for patients needing follow-up appointments. Patients spoke of the anxiety and inconvenience this caused them. The patients also told us that delayed appointments caused confusion with ambulance transport services. People said they had difficulty with the car parking arrangements at the hospital because demand for spaces was high and they often had a long walk to get to the department.

There was good local leadership and a positive culture within the service. Staff worked well as a team and supported each other. The trust had in place guidelines to meet the needs of the local population, for example an interpreter service. While we found robust and

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well-led local service provision, the trust-wide leadership needed to be more visible and responsive to frontline staff. The evidence seen showed that improvements were required to demonstrate that the service reviewed, understood and managed the risk to people who use the service and staff.

We found that improvements were required by the trust to ensure that staff received regular feedback on performance and were involved in the 'lessons learned' process. We noted that staff needed to be kept updated on developments within the outpatients department. We observed that staff had not received clinical supervision, as required by the hospital's own policy and procedures.

Are outpatient and diagnostic imaging services safe?

Requires improvement

Care within the outpatients departments required improvement. We found there were issues regarding medical staffing and the maintaining of the services, especially in ophthalmology which was currently under review. We noted that some hospital medicine prescriptions had required later changes by both the pharmacist and consultants. This meant that there was a potential risk to people who use the service. Although staff knew how to complete incident reporting forms we found no evidence to support lessons learned by the department. Staff told us they had not received feedback on those incident forms submitted. We found that staffing numbers and skills mix met the needs of the service. There was an ongoing programme of mandatory training for staff to ensure they maintained knowledge and skills in carrying out their role safely.

The outpatients departments we visited were clean and well-maintained. There was a clear system in place for managing patients' records and ensuring that medical staff had timely access to patient information. There were policies and procedures in place in relation to consent and the Deprivation of Liberty Safeguards. Staff were clear on how to obtain informed consent and to assess people's capacity to make decisions for themselves. We saw there were safeguarding policies in place, and clear procedures to follow if staff had concerns. Staff confirmed that they were aware of how to raise and escalate concerns in relation to abuse or neglect for both vulnerable adults and children.

Incidents

- Staff were confident and aware of how to report incidents and 'near misses'. Staff were supported by the ward sisters in charge of outpatients to do so using the online reporting system.
- Staff were knowledgeable about the incident reporting procedure and confirmed they had received training. Staff were able to describe the types of incidents they would report.
- There were concerns noted with the partial booking systems within ophthalmology for patients needing

follow-up appointments. The trust completed a root cause analysis on two patients who were identified as 'lost' to follow-up. One was found not to be lost to the follow-up procedure and the other was confirmed and had experienced harm, although it was reported as "not significant harm and had no impact on activities of daily living".

- On 23 June 2014 a third patient was identified as a potential lost to follow-up, and as a result the trust commissioned a full review of patients to ensure no others have been lost to follow-up.
- We noted that reported incidents were investigated by senior managers and themes and trends were discussed at governance meetings.
- We found no evidence of learning from incidents having been shared with staff to prevent future avoidable incidents. Staff told us they were unaware of the results of incidents submitted and had not received any feedback.

Safety thermometer

- The Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement. The safety thermometer includes a function for merging patient safety data across all the teams and wards within the trust. There were no specific details available relating to outpatients.
- Senior staff were able to describe areas they had identified as a risk within their own department, and what action they were taking to minimise the risk. For example, by monitoring clinic start and finish times staff told us they had identified that the highest risk was the lengthy waiting times for patients because of clinics overrunning their allocated time. We were informed and observed that the staff rota had been amended over the past two weeks to address the peak times for clinic over-runs. We were informed this was a work in progress and the information would be analysed to evaluate its effectiveness.

Cleanliness, infection control and hygiene

- All the outpatients areas we visited were found to be clean and well-maintained.
- Staff observed bare below the elbow guidance and adhered to the hospital's control and prevention of infection guidance. Personal protective clothing, such as gloves and aprons, were used by staff when required to deliver personal care.
- There was an ample supply of alcohol hand gel dispensers and handwashing facilities were readily available.
- Toilet facilities were clean and soap and hand towel dispensers were adequately stocked.
- The department carried out internal audits and checks relating to infection prevention and control.
- Infection prevention and control policies and procedures were available and accessible to staff on the staff's intranet.
- We reviewed the infection control audit for 2014 and no issues or concerns were identified.

Environment and equipment

- Equipment in the departments was regularly serviced, tested and appropriately cleaned.
- Resuscitation trolleys were located in or close to each outpatients area and regularly checked and maintained.
- The outpatients department was able to access magnetic resonance imaging (MRI) scanning. An MRI is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. We were informed there were no concerns within the imaging department and MRI scans were conducted within six weeks.
- The environment in the general outpatients area was well maintained, although we found that some areas of outpatients were crowded and lacked an effective ventilation system.

Medicines

- The hospital used the services of a local pharmacy company to dispense all hospital prescriptions.
- The service monitored all errors on written prescriptions, which were discussed at monthly intervention meetings with the trust.
- We reviewed the records held by the pharmacy company for the week starting 8 July 2014 and found that every day 60% of written hospital prescriptions had the reference to allergies omitted and 10% of data was incomplete, which included incorrect patient details and doctor's signatures.
- The company's hours were from 9am to 6pm Monday to Friday. Patients attending clinics that had over-run this time or clinics held at weekends did not have access to pharmacy facilities and had to return the next day.

However, we noted the company had recently introduced a service so that these patients could go to their local pharmacy to pick up their prescription so they did not need to return to the hospital.
- We observed the pharmacist explaining to patients about their medicines and noted patients were asked if they had any questions.
- We noted that most medicines were dispensed within the company's turnaround key performance indicator of 20 minutes, which meant that patients' medicines were dispensed in a timely way.
- We observed during our visit to the pharmacy that the area was not good for confidential conversations and we overheard patients' confidential information being discussed.

Records
- Some people told us they had attended outpatients appointments and their medical records had not been available. One patient told us they brought their own records to ensure that the doctor had all the information required.
- We looked at the systems and processes in place for managing patients' records and ensuring that medical staff had timely access to patient information and test results. There was a clear system in place.
- Regular monthly audits were undertaken to monitor availability of records and were reported to the trust board. The trust's audit identified that 33,551 records were requested for June 2014 with 54 total notes missing.
- Both nursing and medical staff told us it was very rare for them not to have the full set of the patient's notes available for an appointment.
- Staff told us some information, such as test results and x-rays, were accessed electronically and computers were available in all clinics.
- All records were in the process of being scanned onto the EVOLVE electronic system, which will, over time, reduce the need for physical case notes in clinic.
- The records department is aiming to achieve the Merseyside Internal Audit Agency Standard BS1008. On achieving this standard, the trust will be able to destroy case notes three months after scanning.
- We reviewed the audits undertaken in scanning records and noted that only two errors were identified in the sample of records audited and we saw the action taken to address these errors.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards
- There were policies and procedures in place in relation to consent, and the Deprivation of Liberty Safeguards.
- Staff explained how they obtained consent. Staff were aware of the consent form that needed to be completed and confirmed that consent was obtained by the consultants when they were treating people.
- Staff told us the majority of patients attending appointments had capacity to give consent to examination or treatment. Staff were clear on how to assess patients' capacity to make decisions for themselves. They described how they would involve others to support people who did not have capacity.

Safeguarding
- When we spoke with staff it was clear that they were aware of how to raise and escalate concerns in relation to abuse or neglect for vulnerable adults and children.
- We saw there were safeguarding policies in place and clear procedures to follow if staff had concerns.
- During our inspection we observed staff's awareness of Deprivation of Liberty Safeguards for a patient they had concerns about. We noted they had followed the trust's policy and procedures. We spoke with the staff concerned, who confirmed they were supported throughout the reporting process.
- We saw safeguarding was included in the ongoing mandatory training. We noted that 90% of staff had completed level 1 children's safeguarding training and 60% of staff had completed adult safeguarding training. Senior staff informed us dates were being arranged to capture all outstanding training. Staff confirmed they had received a copy of the safeguarding policy. This confirmed staff received regular updates on safeguarding people.

Mandatory training
- The trust had a core mandatory training programme for staff.
- Training uptake was reported and monitored across the division.
- We reviewed the record of staff update of mandatory training. Senior staff informed us that because of the reform of the outpatients department they were in the process of reviewing all outstanding training and

arrangements were in place for staff to complete their training using the e-learning system. This confirmed that the hospital was taking steps to ensure that all staff received their mandatory training.
- We observed that staff completed additional training as required, for example in the safe use of insulin.

Management of deteriorating patients

- Senior staff said that the management of patient's deterioration was an ongoing process with each patient's needs being individually assessed and addressed during their visit at clinic.
- Those training records reviewed showed us that clinical staff had been trained in the use of the National Early Warning Score to alert medical and nursing staff of potential deterioration in a patient's health.

Nursing staffing

- Senior nursing staff described how staffing arrangements were planned to meet the requirements of the clinics. The numbers of nursing staff and skills mix was determined by the nature of the clinic to ensure there were sufficient personnel with the appropriate skills to safely run the clinic.
- There were no agreed national guidelines as to what constitutes 'safe' nursing staffing levels in outpatients departments.
- Nursing, support staff and consultants we spoke with confirmed there were sufficient numbers of staff to meet the needs of the different clinic outpatients departments.
- We observed the staff rota identified staff working extra shifts to support the extended evening and weekend clinics. We noted that staff worked within the working time directive set out by the Advisory, Conciliation and Arbitration Service.
- Senior staff told us they did not use an agency but had trust employed bank staff to support additional clinics and during staff sickness or annual leave.

Medical staffing

- Medical consultants and other specialists arranged outpatients clinics directly with the outpatients department to meet the needs of their specialty.
- Consultants were supported by junior colleagues in some clinics, where this was appropriate.
- There were concerns identified within the ophthalmology department about the locum ophthalmologist whose contract had been terminated. The trust has commissioned a full review of all patients seen by the locum doctor.
- We observed that the medical director had commissioned an external review of ophthalmology services. We were informed this was being undertaken by a senior clinician recommended by the Royal College of Ophthalmologists and was due to be completed by the end of July 2014.

Major incident awareness and training

- There was a clear policy of action to take if the hospital was involved in a major incident.
- There were business continuity plans in place to ensure the delivery of the service was maintained.
- Senior staff were aware of these policies and procedures.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

The outpatients units were able to demonstrate that people received effective care and treatment by competent staff. Staff appraisals had been conducted annually, although we noted that staff had not received any clinical supervision. There was good continuity of nursing staff and they received the support of specialist nurses. The service was delivered Monday to Friday. Evening and weekend clinics were arranged to meet service demand.

Staff worked well together in a multidisciplinary environment to meet people's needs. Information relating to patient's health and treatment was obtained from relevant sources before clinic appointments, and information was shared with the patient's GP and other relevant agencies after the appointment to ensure seamless care.

Evidence-based care and treatment

- We noted that all policies and procedures were accessible for staff using the trust's intranet system and had been updated in line with NICE guidance.
- All changes in policies and procedures were passed on to staff by e-mail.

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Pain relief

- Patients had access to pain relief as required. This could be prescribed within the outpatients department and subsequently dispensed by the pharmacy department.
- Patients could be referred to the pain management clinic by their consultant.

Patient outcomes

- We found no evidence was available on outpatients surveys.
- Patients' and families' responses to the service were variable, with some patients and relatives telling us they were happy with the service provided while others were unhappy with the overall waiting time.

Competent staff

- Staff told us they had received annual appraisals known as personal development reviews. Records showed that personal development reviews had taken place and that staff were supported with their development and educational needs. The records identified all staff as having received an annual review.
- Staff completed a variety of competencies exercises to assess their ability and review the effectiveness of the guidance provided. Examples included the removal of wound closure materials.
- We reviewed the record of staff uptake of training. Senior staff told us that because of the reform of the outpatients department they were reviewing and identifying all outstanding training. We noted that the relevant staff had been notified of the need to address the gaps in their training attendance.
- Staff had access to training specific to their clinical area of practice.
- Staff had access to appropriate and job-specific training opportunities.
- Staff told us they had not received clinical supervision. This was confirmed by senior staff.
- Staff confirmed the service lead had an open door policy and that they were able to discuss any concerns with them.

Multidisciplinary working

- There was evidence of good multidisciplinary working in outpatients. We found that doctors, nurses and allied health professionals such as physiotherapists and occupational therapists worked well together.
- Letters were sent out by the outpatients department to people's GP to provide a summary of the consultation and any recommendations for treatment.

Seven-day services

- Outpatients department clinics ran Monday to Friday with morning and afternoon lists.
- Evening and weekend clinics had been scheduled because of the number of patients who had been referred and were waiting for treatment or follow-up appointments.
- We reviewed the follow-up appointments for the hospital, which ranged from one week to 29 weeks within cardiology. We spoke with a consultant cardiologist who covers both hospital outpatients departments. They confirmed they had introduced extended clinics and the waiting time had been reduced considerably to six weeks.

Are outpatient and diagnostic imaging services caring?

Good

Outpatients services were delivered by, caring and compassionate staff. We observed that staff treated people with dignity and respect and planned and delivered care in a way that took into account patients' wishes. The trust should note that aw people's personal information was disclosed while accessing the reception area of the outpatients department.

We found that staff were good at involving people, family and friends in all aspects of their care and treatment.

Compassionate care

- Throughout our inspection we witnessed patients being treated with dignity and respect.
- The environment in the outpatients department did not allow for confidential conversations in reception areas. This was apparent when waiting areas overflowed into the corridors within different outpatients departments. We observed people's personal details being freely discussed by staff.
- There was sufficient nursing staff to ensure patients had a chaperone during appointments that required an intimate examination, or when requested.

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- We noted that staff listened to patients and responded positively to questions and requests for information.
- Patients spoke positively about the care provided by staff. One patient said they had received "excellent service and another" said "staff couldn't be better".
- We found that vulnerable patients were managed sensitively and were attended to as quickly as possible.
- Nursing staff told us patients were offered drinks if clinics were running late and patients had access to several vending machines within outpatients.
- Patients' feedback on the booking system was variable; some did not have any concerns while others informed us they had their appointments cancelled several times. One patient told us their appointment had been cancelled several times.
- All staff spoke with pride about their work, including those who were working in difficult circumstances.

Patient understanding and involvement

- We spoke with eight patients regarding the information they received in relation to their care and treatment.
- Patients stated they felt that they had been involved in decisions regarding their care. One patient told us that everything had been explained to them.
- Patients were aware of why they were attending the outpatients department.
- We noted that requests for consent to treatment included a clear explanation of the benefits and risks of the proposed treatment so that patients could make an informed choice about their treatment options.

Emotional support

- Patients and relatives told us they had been supported when they arrived at the service. They had been helped to find the correct clinic and had noted that waiting times were regularly updated on the noticeboard. People told us they would have liked more explanation from staff about why there were delays, which would have given them a better understanding.
- We observed staff responding to and speaking with people who appeared distressed in a supportive way.
- Staff had good awareness of people with complex needs and those people who may require additional support if they displayed anxious or challenging behaviour during their visit to outpatients. Staff had received training in positive resolution, which helped staff to support people with challenging behaviour.

Are outpatient and diagnostic imaging services responsive?

Requires improvement

The organisation of clinics was not responsive to patients' needs. Many clinics frequently over-ran and some patients told us they had experienced long delays in their appointment time. Clinics were sometimes cancelled at short notice. This led to patients having appointments cancelled and re-scheduled. Staff told us that it was difficult to arrange patient transport, which was confirmed by patients we spoke with.

Patients who drove themselves to their appointment told us they found car parking difficult because the demand for spaces was high, and they often had a long walk to get to the department. Some people told us they had problems finding the department because of poor signage. This made them late for appointments and made them feel anxious.

Service planning and delivery to meet the needs of local people

- We found no evidence of regular audits of service delivery or feedback on patients' experience to ensure the service met the needs of the local population.
- The service had identified that the high number of people who did not attend appointments had an impact on service delivery.
- The service had introduced a text message service to remind patients of their appointments. Staff reported this was having a positive impact on non-attendance. People said they liked the text message service but would have liked to receive the venue alongside the date and time. Staff told us they had on occasions had to arrange transport for patients who had turned up at the wrong clinic.

Access and flow

- The initial appointment letters sent out to patients were clear. They contained information about where the clinic was located in the hospital and contact numbers for cancellation or re-arranging appointments.
- The information also included contact details to arrange transport for their appointment if this was required. This gave patients the autonomy to make their own transport arrangements.

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- There were not enough seats for people in certain outpatients areas. Patients seated on chairs in an adjacent corridor.
- Patients had a high level of satisfaction with the new reminder system, although there were concerns about some patients arriving at the wrong venue and occasionally the wrong hospital.
- Staff from the booking centre and outpatients departments informed us that consultants and specialists using the outpatients department to hold their clinics were required to inform both the outpatients department and booking centre of a cancellation of their clinic because of planned leave at least six weeks in advance. They told us this did not always happen and clinics were sometimes cancelled at short notice. This led to patients having appointments cancelled and re-scheduled.
- We reviewed the cancelled clinics figures for the last four quarters for the trust and noted that the largest increase in figures belonged to the ophthalmology department, which had increased each quarter. For example, in the first quarter 63 clinics had been cancelled with less than six weeks' notice and this had increased to 87 for the last quarter. The four-week cancelled clinics had increased from 19 to 69 clinics.
- During our inspection we observed some clinics running late by up to 55 minutes. We saw information regarding the waiting times was displayed on whiteboards in the waiting room areas.
- Patients informed us they would like to have been given a reason for the delay to give them an informed choice of whether to stay or leave the department.
- Staff we spoke with confirmed many clinics frequently and consistently over-ran. One explanation was to meet a patient's individual clinical need where it was not appropriate to wait for the next available appointment. This indicated the service was responsive to patients' needs; however, this had a negative impact on the waiting times experienced by other patients.
- Most patients told us they had unusually long delays in their appointment time, with an average waiting time of an hour. One patient told us they were informed that the clinic was running on time but the notice indicated a 15-minute delay. They confirmed they had been waiting over 15 minutes for their appointment.
- The parking facilities at the hospital were a concern for people we spoke with. One patient told us they were late for their appointment because of the time it took to park and walk to the department.

Meeting people's individual needs

- Staff told us how they would provide support to patients if they displayed anxiety or had complex needs. Staff told us they occasionally received advanced notice from a patient's family or carers, which enabled them to manage the situation more easily, especially when the clinic was busy.
- Staff were able to provide distraction techniques to support children waiting for long periods. Staff also assisted children and their relatives through consultations or procedures where required.
- Contact details for interpretation services were available on the trust's intranet. Staff told us interpreters were booked in advance at the same time as the appointment booking was made.
- Staff told us they had also accessed the lip reading service to support patients, as required.

Learning from complaints and concerns

- Complaints were handled in line with the trust's policy. Initial complaints were dealt with by the outpatients senior staff. If they were unable to deal with the person's concerns satisfactorily, they would be directed to the Patient Advice and Liaison Service. If the person still had concerns, they would be advised how to make a formal complaint.
- In all the areas we visited, information on how to make a complaint was displayed.
- Staff confirmed that they were aware of complaints and had received feedback through staff meetings.

Are outpatient and diagnostic imaging services well-led?

Good

Although there had been recent improvements to this service, staff told us that they felt they had not been listened to on key service changes and that outpatients had not been a priority for the trust. However, staff said they had confidence in their immediate staff team lead and that all disciplines worked together for the benefit of patients.

Outpatients and diagnostic imaging

The trust had a vision in place and had developed some new values for the organisation and staff felt the trust's executive management team was visible. We found the risk management systems were effective. For example, complaints, incidents, audits and quality improvement projects were discussed at division level and at sisters meetings. Senior staff were able to describe areas they had identified as risks within their own departments and were able to describe what action they were taking to minimise the risk. However, it was noted that patients' experiences were not monitored consistently.

Vision and strategy for this service

- The trust's strategy for 2014/15 was to provide excellent care with compassion. This vision was displayed throughout the outpatients departments' noticeboards and walls. Staff said they were aware of the trust's strategy, which was discussed during appraisals.
- Most staff told us they felt well supported at a local team level, although we identified some staff concerns about the management of re-organisation that had involved changes of job roles.

Governance, risk management and quality measurement

- Complaints, incidents and audits were discussed at division level and sisters meetings. Staff said they had not received feedback regarding the outcome of incidents.
- Senior staff were able to describe areas they had identified as risks within their own departments and were able to describe what action they were taking to minimise the risk.
- Information relating to risk management was disseminated to staff through staff meetings and information placed on staff noticeboards within the departments.
- We found patient surveys had not been undertaken to measure quality and identify areas for improvement. People we spoke with said they had concerns regarding the cancellation of appointments and the waiting times within the clinics attended.
- Staff told us they were aware of the trust's whistleblowing and safeguarding policy and that they felt able to report incidents and raise concerns through these processes. The training records identified that training for safeguarding had been completed.

Leadership of service

- The outpatients department had been reformed over the last 18 months. Staff said this had had an impact within the department with morale being low, although they confirmed this was now improving.
- Staff worked well as a team and supported each other.
- Staff said they had confidence in their immediate staff colleagues and we observed all disciplines worked together for the benefit of patients.
- Staff at all levels were aware of the challenges within the service, such as the long waiting times and over-running clinics. They demonstrated a commitment to address these challenges and to improve their service.
- Staff told us that they received annual appraisals (personal development reviews), but had no clinical supervision.

Culture within the service

- We found that staff were very loyal and flexible. Many staff members had worked for the trust for a number of years and were committed to working at the trust.
- There was an overwhelming view from staff that services worked so well because of staff commitment.
- Staff coped well with the continual challenges within the service and demonstrated a commitment to address them.
- Staff morale varied, with some staff very positive but others felt that their views were not being listened to.
- Staff told us they worked well together and there was obvious respect between different roles and responsibilities within the multidisciplinary teams working in the different outpatients departments.

Public and staff engagement

- We observed good interaction with patients, their relatives and staff. Staff were able to respond to the needs of people visiting outpatients.
- Patient surveys were not carried out routinely within the outpatients departments. We did not see evidence of the result of patient surveys.
- People we spoke with voiced their concerns with regard to waiting times and parking facilities. Positive comments included "staff couldn't be better" and that they provide an "excellent" service.

Outpatients and diagnostic imaging

Innovation, improvement and sustainability

- The appointment booking centre had introduced a text phone reminder service. This was intended to reduce the number of patients who do not attend their appointments.

Outstanding practice and areas for improvement

Outstanding practice

- Clinical governance mechanisms.
- Ultrasound-guided blocks for patients with neck of femur injuries.
- Children's safeguarding review meetings.
- Rapid response for discharge to the preferred place of care coordinated by the end of life team. Staff told us there was a multidisciplinary approach to discharge planning that involved the hospital and the community staff working towards a rapid but safe discharge for patients.
- The hospital was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how it was being put into practice during our inspection. The proactive elderly care team helped staff to identify and assess the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those living with dementia.
- The hospital had also introduced activity boxes throughout the division to promote and maintain cognitive and physical function and reduce the unwanted effects of being in a hospital environment.
- Two wards at Chorley had been designed specifically to meet the needs of people living with dementia. These wards had been nominated for a national Nursing Times award for the environment. Rookwood A and Rookwood B had also achieved the stage 2 quality mark for elderly-friendly wards from the Royal College of Psychiatrists.
- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.

Areas for improvement

Action the hospital MUST take to improve

- Ensure that there are enough suitably qualified, skilled and experienced nurses to meet the needs of patients at all times.
- Ensure medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times, particularly in the medical division and outpatients, including medical trainees, long-term locums, middle-grade doctors and consultants.
- Ensure that Critical Care Unit admission criteria are clearly communicated and understood by all staff so that patients can receive timely and responsive care and treatment.
- Improve patient flow throughout the hospital to reduce the number of bed moves and length of stay.

Action the hospital SHOULD take to improve

- Engage with all key stakeholders, including staff, about the future critical care service needs and deployment of resources on the Chorley and South Ribble Hospital site.
- Take action to improve the management of people with diabetes in line with national guidance.
- Take action to ensure all prescription charts are fully completed with the required information.
- Review and improve the impact of patient flow challenges on patients waiting for long hours in the Emergency Department before admission to an inpatient area.
- Review and improve mechanisms for supporting and recording clinical supervision within the Emergency Department.
- Audit the care that people received from the end of life service, including pain management and pain relief.
- Ensure they receive feedback from patients within the outpatients departments to monitor and measure quality and identify areas for improvement.
- Ensure that staff members have the opportunity to discuss any issues or concerns they may have on a regular basis within clinical supervision.
- Take action to prevent the cancellation of outpatients clinics at short notice and ensure that clinics run to time.

Outstanding practice and areas for improvement

- Review the level of cancelled appointments within ophthalmology outpatients and review and address the identified concerns within this department.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: People who use services and others were not protected at all times against the risks associated with unsafe or unsuitable staffing due to the vacancies within both nursing and medical staff establishments particularly within the medical division and outpatients. (Regulation 22).