Central Manchester University Hospitals NHS Foundation Trust

Trafford General Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Good
Urgent and emergency services	Good
Medical care (including older people's care)	Good
Surgery	Good
Services for children and young people	Good
End of life care	Requires improvement
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Trafford Hospital is part of Central Manchester Foundation Trust and provides a range of hospital services, including an urgent care facility, general and specialist medicine, general and specialist surgery a paediatric hospital service for children and young people and a range of outpatient and diagnostic services for adults and children.

Trafford Hospital is situated in Trafford and serves a population of approximately 226,600 people residing in the surrounding area of Trafford, Altrincham and Greater Manchester., the hospital has approximately 230 inpatient beds.

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

We visited the hospital on 4 and 5 November 2015. During this inspection, the team inspected the following core services:

- Urgent Care services
- Medical care services (including older people's care)
- Surgery
- Children and young people's services
- End of life care
- Outpatients and diagnostic services

Overall, we rated Trafford Hospital as 'good'. However Medical care services were judged as requiring improvement in the responsive domain and services provided to people at the end of life required improvement in all areas apart from caring which was judged as good.

Our key findings were as follows:

Leadership and management

- The hospital was led and managed by a cohesive and visible senior team. The team were very well known to staff and were regular and frequent visitors to the wards and departments.
- The Head of Nursing was well regarded by all departments who felt supported and valued.
- Staff were engaged and were committed to Trafford hospital providing a high quality service for patients and their friends and families.
- There was a positive culture throughout the hospital. Staff were open and honest and were very proud of the work they did and proud of the services they provided.
- Although there was additional work to be done to support staff in feeling part of the wider trust. Overall staff morale was good with the exception of some medical staff who were concerned regarding the number and complexity of services being delivered at the hospital.

Access and Flow

- Data showed that 99% of patients presenting to the urgent care centre were seen within four hours.
- All patients we spoke with told us they were seen quickly and expressed no concerns about waiting times.
- Staff told us that availability of beds for patients who required admission to the hospital was good and that they did not experience delays in transferring patients to wards. However delays were experienced in transferring patients over to the acute hospitals in particular Manchester Royal Infirmary.
- There was a divisional and departmental escalation policy in place. This policy guided staff on steps to take if patients were in the centre for longer than expected or were waiting excessive times for an inpatient bed.
- A winter pressures plan was in place for the Trafford Division
- The medical service was experiencing significant challenges with access and flow. Ten ambulatory care areas in the Medical Assessment Unit were regularly being used as inpatient beds increasing the pressures on staffing on the unit.

There were delayed discharges across the service due to a lack of intermediate care and re-ablement beds and waiting for packages of care to be put in place. Some discharge delays were caused on Ward 3 by the wait for specialist community care funding and on Ward 2 by the lack of funding provision for overseas patients. The service was working to address these issues but at the time of our inspection timely discharge remained a challenge.

- Discharge arrangements were initiated upon admission. Discharge summaries were sent to the patients' general practitioner (GP) and there were procedures to enlist support from social services and district nurses if necessary. Staff completed a 'nurse led' discharge form that included information about medication and copy of the discharge letter for the family to inform about the care during the hospital stay.
- Theatre utilisation was 70.4% between August and October 2015, this was based on high cancellation rates and inefficient organisation of theatre lists. Whilst the local management were keen to increase utilisation and had made some improvements (up from 62% for the previous 3 months), This had been recognised by the Trust and an external consultant had been commissioned to work with staff to develop options for expanding the service and increase the utilisation of the surgical services for Children and young people at the hospital.
- The average referral to treatment time was 13 weeks and for some specialties such as Gynaecology, was as low as 5 weeks.
- Trust data showed that a total of 1149 operations were carried out, in Trafford, on children and young people (18 years and under) between October 2014 and September 2015.
- The trust recorded incidents when patient records were not available prior to surgery, resulting in cancellations of procedures, or have arrived later than planned from RMCH.
- Patients at the end of their life were not always seen within 24 hours of referral to the Specialist Palliative Care Team particularly if they were referred at the weekend. Data provided by the trust showed that in the three months at the beginning of 2015 75% of patients were seen within 24 hours of being referred to the SPCT. However the data provided did not give information about how long the 25% not seen in 24hours waited to be seen by the team.
- From August to October 2015 there were 3912 outpatients clinics held at the hospital, an average of 1304 per month.
- Patients use the "Choose and Book" system, which gives them choice when booking and outpatient appointment.
- In February 2015, the Endoscopy Unit was able to offer 61% of patients a choice of appointment times on the day of their procedure.When we inspected, this figure had dropped to 20% and this was because patients referred from Manchester Royal Infirmary were filling up clinics. This is increasing patient flow at the Trafford site.
- In the period April 2015-September 2015, 93.6% of patients at Trafford had started outpatient treatment within 18 weeks of referral (referral to treatment (RTT)).
- The percentage of people waiting over six weeks for a diagnostic test at Trafford General Hospital was 0.8%. This was better than the England average.
- On the days that we inspected the services, we saw that patients were seen promptly and well inside the 30 minutes recommended in national guidelines. When we spoke to patients, they reported that they had never had a long wait in the clinic before their appointment.
- The percentage of patients who did not attend their appointment (DNA rate) between April and September was an average of 8.0%.This is better than the England average for the same period of 8.8%.

Cleanliness and Infection control

- Patients were cared for in a visibly clean and hygienic environment.
- Staff followed the trust policy on infection control and adhered to the 'bare below the elbows' policy.
- Cleaning schedules were in place, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. There was a suitable supply of hand wash sinks and hand gels available.
- Staff were observed wearing personal protective equipment, such as gloves and aprons, while delivering care. Gowning procedures were adhered to in the theatre areas.

Summary of findings

- Patients identified with an infection were isolated in side rooms. We saw that appropriate signage was used to protect staff and visitors. The hospital had employed infection control link nurses. Their role was to provide training and to liaise with staff so patients that acquired infections could be identified and treated promptly.

Nurse staffing

- Nurse staffing levels were determined using an evidence based tool.
- The expected and actual staffing levels were displayed on a board on each unit/ward and these were updated on a daily basis.
- Staffing levels were planned to ensure an appropriate skill mix to provide care and treatment for patients.
- However, nurse staffing levels, although improved, remained a challenge in some areas. This was particularly the case in medical care services. Staffing levels were maintained by staff regularly working overtime and with the use of bank or agency staff. Where possible, regular agency and bank staff were used which meant they were familiar with policies and procedures. Any new agency staff received an induction prior to working on the wards.
- The trust had implemented a number of initiatives to address shortages in nurse staffing including: actively recruiting nursing staff from overseas and linking with local universities.

Medical staffing

- Medical treatment was delivered by skilled and committed medical staff.
- The medical staffing skill mix was sufficient in the urgent care department when compared with the England average. Consultants made up 22% of the medical workforce across the urgent care division which was 1% lower than the England average of 23%. However, there were more registrar group doctors who made up 64% of the medical workforce compared with the England average of 39%. 15% of the medical workforce were made up of junior doctors which was lower than the England average of 24%.
- There were three consultants working within the urgent care centre. They worked on a rota basis to provide cover between 8am and 8pm. Consultant cover after 8pm was available on an on call basis.
- There was no resident paediatric doctor based in Children's Resource Centre, however; doctors told us that there were medical staff in attendance for out – patient clinics each day.
- Doctors told us that, if a child or young person needed to be reviewed by a doctor, post – operatively, there were doctors, with the necessary competencies and skills available on – site, at Trafford, either in out – patient areas or the theatre suites.
- There were three consultants in post and two consultant radiologist vacancies at Trafford and Altrincham. There was a plan in place to mitigate for these shortages by recruiting an additional consultant and introducing a consultant rota across the trust.
- The reporting turnaround times in the Radiology Directorate are adversely affected because of staff vacancies. There are plans, in the interim, to increase the outsourcing of plain imaging and increase the use of outsourcing companies for CT and MR imaging to reduce reporting times.
- The Diabetes Centre has a Consultant vacancy and the Consultant currently employed also works in Endocrinology. Consultants on short-term contracts, locums and GPs with a special interest in diabetes have covered the staffing gap.

Nutrition and hydration

- Wards had access to a dietician if required.
- The nutritional needs of patients were assessed and recorded in their notes and are highlighted on large noticeboard so they can be assessed 'at a glance'.
- There was a red tray system in place which meant that patients who needed extra support at mealtimes were easily identifiable.
- Patients needing assistance were also identified on a board in the ward kitchen.
- Patients were satisfied with the standard of food provided at the hospital.

Summary of findings

We saw several areas of outstanding practise Including

- Multidisciplinary work with other agencies to manage frequently attending patients.
- Collaborative working with AGE UK, Stroke Association and Trafford Carers Association.
- Patient tracker system and 'tell us today' initiatives to improve patient experience feedback.
- Staff approach to patient care and commitment to providing outstanding, compassionate care to patients.

However, there were areas of practice that required improvement. Importantly, the trust MUST:

- Ensure that it fully implements the national recommendations following the removal of the Liverpool Care Pathway

Action the hospital SHOULD take to improve

In urgent care services:

- All records within the urgent care centre should be kept in a secure location.

In medical care services:

- Ensure that all medical staff receive the correct level of mandatory training within the required timescales to ensure they have the right level of skills and competencies to safely fulfil their roles.
- Nurse staffing levels should be increased to meet the minimum day time requirement of 1:8 nurse patient ratio recommended by NICE (Safe staffing for nursing in adult inpatient wards in acute hospitals).

In surgery:

- Consider improving the inpatient environment for people living with Dementia as it is could be made more 'dementia friendly'.
- Improve the theatre utilisation and theatre list compilation efficiency.
- Investigate the high rates of patients not attending for scheduled procedures with a view to reducing the rates of non-attendance.

In Children and young people's services

- Monitor the integration of the services with RMCH, including development of Standard Operating Procedures (SOP's) and audits of care to demonstrate effective care.
- Develop the service and be able to evidence safe care e.g. risk assessments and training data.
- Ensure facilities are suitable and responsive for children and young people of all ages in the local community.

In End of life care services

- The trust should have in place a vison and strategy for end of life care services for Trafford Hospital.
- The trust should ensure that it has sufficient specialist staff to support the demand for end of life care in the trust.
- The trust should review its access to specialist palliative care over 24 hours (seven days) in line with national guidance for end of life care.
- The trust should review the leadership for palliative care at Trafford Hospital to reflect the needs of people at end of life and their loved ones.
- The trust should ensure that robust audit of end of life care is in place particularly the use of the DNACPR process and documentation.

In outpatients and diagnostic imaging services:

- Consider what actions can be taken to reduce the reporting turnaround times for urodynamics.
- Consider how privacy can be improved at reception areas in radiology and orthopaedic outpatients.
- Consider improving facilities for patients to comment on their care and treatment (Patient Tracker pedestals and Friends and Family forms).

Summary of findings

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 	We rated urgent and emergency services as 'good' overall because; Incident reporting was good with very low rates of avoidable harm including infections and pressure ulcers. Staff completed patient's records fully and in legible handwriting. Risk assessments were completed fully and measures implemented to minimise risk to patients. The uptake of mandatory training was high in the urgent care centre, where all staff apart from two had undertaken the relevant mandatory training. Medicines were managed well and staff undertook appropriate checks when administering medication. Medical staffing and skill mix of staff was adequate to ensure safe patient care. The facilities and equipment across the service were well maintained. Care and treatment were provided in line with national and best practice guidance. Regular auditing of care and treatment was undertaken. Some patients did not receive timely pain relief and the service told us how they were working to improve this issue. Patients were treated with kindness, dignity and compassion and patients and their relatives were involved in their care and treatment. The urgent care service was responsive to patients needs and provided timely access to care and treatment with minimal delays. The service managed complaints well and responded to them in a timely manner. The urgent care centre was well led and staff were clear on the divisional vision. Managers and leaders were visible and staff felt able to able approach them. There were areas of innovation including examples of collaborative working with national and local organisations to seek patient's views
Medical care (including older people's care)	Good 	We rated as medical care services as 'good' overall. However, we found further improvements were needed in how the service provided care that was responsive to patient needs.

Summary of findings

Patients received compassionate care and their privacy and dignity were maintained. Patients were positive about the service, felt involved in their care, and were provided with appropriate emotional support.

There were effective systems in place for incident reporting and investigations led to changes in practice where necessary, and lessons being learned. There were systems in place to keep people safe and staff were aware of how to ensure patients' were safeguarded from abuse. The hospital was visibly clean and staff followed good hygiene practices.

Staff attended mandatory training courses but compliance rates for medical staff were below the trust target. There were good systems in place to ensure patient safety was monitored and maintained. Staffing level challenges were being addressed, with plans in place for further recruitment of both nursing and medical staff.

Care was provided in line with national best practice guidelines and medical services participated in clinical audits. Actions, recommendations and plans to re-audit were in place where appropriate.

There was a monthly 'hot topics' training programme and a culture of encouraging professional development; however appraisal rates for staff did not meet the trust's target. Staff had a good understanding and awareness of assessing people's capacity to make decisions about their care and treatment and were able to contact the safeguarding matron for support if required.

The service was experiencing significant challenges with access and flow. Ten ambulatory care areas in the AMU were regularly being used as inpatient beds which was reducing the capacity for ambulatory care and increasing the pressures on staffing on the unit. There were delayed discharges across the service due to a lack of intermediate care and re-ablement beds and waiting for packages of care to be put in place. Some discharge delays were caused on Ward 3 by the wait for specialist community care funding and on Ward 2 by the lack of funding provision for overseas patients. The service was working to address these issues but at the time of our inspection they were ongoing.

Summary of findings

There were a number of schemes in place to help meet people's individual needs. People were supported to raise a concern or a complaint and lessons were learned from these. Medical services captured views of people who used the services with changes made following feedback. A survey showed that people would recommend the hospital to friends or a relative.
Staff told us they felt valued and proud of their work. There was good staff engagement and staff were involved in making improvements for services. Staff were committed to delivering good, compassionate care and were motivated to work at the hospital.

Surgery

Good

We rated surgery services as 'good' overall because; Staff were experienced and had good levels of training and competency to carry out their role. The department was good at identifying and reporting safety issues and worked hard to learn from past experience. They actively sought to improve quality and safety in a supportive and non-judgemental environment. We found satisfactory provision for identification and care of the deteriorating patient. The environment was clean, hygienic with low levels of healthcare associated infections.
Medicines, including controlled drugs, and records were stored appropriately. Staff compliance with mandatory training was 96% and staffing levels were sufficient to meet the needs of patients. The organisation assessed and responded to potential risks in an organised and proactive manner.
Care was planned and delivered in line with evidence based guidance and practice. There was good multidisciplinary team working with good access to a range of specialties. The surgical team treated patients with dignity and respect and patients told us staff were caring and compassionate; patients said they were kept informed and involved in the treatment they received.
The hospital met the national referral to treatment (RTT) target of 18 weeks between referral and surgery. Staff showed a genuine desire to cater to individual patient needs. Reasonable adjustments were made to accommodate individual patient needs.

Summary of findings

Theatre utilisation was inefficient; this was contributed to by poor co-ordination of services off-site by Manchester Royal Infirmary (MRI), Royal Manchester Children's Hospital (RMCH) and Salford Royal Hospital, which were largely out of the control of local managers. Whilst locally there was awareness of the issues and attempts to remedy such failings, it was felt that this issue needed to be addressed at trust management level. There were also issues with problems obtaining patients records, most notably those for MRI patients, this caused delays and further affected efficiency in theatre utilisation.
Surgical services were well-led on a local level, but there were concerns about Central Manchester University Hospitals NHS Foundation Trust (CMFT) senior management being visible at the Trafford Hospital site.

Services for children and young people

Good

We rated services for children and young people as 'good' overall because;
Families, including children and young people, were positive about the care and treatment provided. They felt supported and reassured as staff actively engaged with them in an age – appropriate manner whilst providing kind and compassionate care.
Staff followed strict criteria for admission of children and young people to access day case surgery at TGH. Any surgery for a child or young person that is not eligible was carried out at the Royal Manchester Children's Hospital (RMCH).
Systems were in place for reporting incidents including safeguarding. Staff were aware of and followed current infection prevention and control guidelines. Equipment was available, clean and well maintained. Medicines were stored securely in locked cupboards in a key pad entry room. Records of administration of any medication were clear and complete. Patient care records were safely stored, structured and clearly documented on the trusts electronic patient record system (EPR).
Staff attended mandatory training and staffing levels were sufficient to meet the needs of the children and young people.
Staff followed National Institute for Health and Care Excellence (NICE) and evidenced based practice in

Summary of findings

delivering care and treatment to patients.
Post-surgery pain relief and nutritional needs were well managed. Staff were competent and well supported.
The CRC had been designed in collaboration with local schools and the local youth parliament, with a music theme. It included a playroom, DVD's, games consoles, free television in the bays and a parents room including drinks & food facilities and leaflets.
Staff allocated the side room for children and young people with an individual need such as Autistic Spectrum Disorder (ASD). Staff positioned older adolescent patients in a bay being aware of the proximity and gender of other children.
Managers were developing the service including plans to increase the numbers of day attenders. This included children and young people who require investigations or treatment in an environment that could be monitored over several hours. Other development plans included increasing the numbers of outpatients seen at TGH for regional referrals and increasing the utilisation of the surgical services.

End of life care — **Requires improvement**

We rated end of life care services as 'requires improvement' overall because;
Staff delivered end of life care that was caring, compassionate and supportive of patients and their families. However, there were significant areas for concern.
The advanced care plan document developed to replace the Liverpool Care Pathway in July 2014 was not being used in any of the ward areas at Trafford Hospital and some staff, including those in the Specialist Palliative Care Team, were unsure how the advance care was to be implemented.
Improvements were required to ensure that the services were safe and responsive to patients needs.
The hospital did not provide seven day access to specialist palliative care other than an advice line provided by the local hospice.
Consultant staffing levels relating to palliative /end of life care across the trust were below the recommended national level.
There was a need to identify and formalise a clear strategy for end of life care throughout adult services to provide an impetus to develop end of life care.

Summary of findings

The trust had identified a senior manager to lead end of life care for the trust three months prior to our inspection who was to coordinate the implementation of the strategy once ratified.

Outpatients and diagnostic imaging

Good

We rated outpatients and diagnostic imaging services as 'good' overall because;
Staff were confident about raising incidents and encouraged to do so. Staffing levels were appropriate to meet patient needs although increased demand on the radiology services meant that a high proportion of reporting on diagnostic imaging was outsourced to meet reporting targets.
There were appropriate protocols for safeguarding vulnerable adults and children and staff were aware of their roles and responsibilities in regard to safeguarding. Staff were up to date with mandatory training, including level 2 safeguarding.
The departments inspected were visibly clean and staff followed good practice guidance in relation to the control and prevention of infection. Medicines were stored and checked appropriately.
Most departments were of an appropriate size and well set out, although the physiotherapy unit lacked space in the gym facility. Equipment was clean and in good working order. An excellent electronic patient record system allowed the filtering out of relevant information and facilitated information being available to different teams very quickly. As a result, instances of patient notes not being available at a clinic were minimal.
Outpatient and diagnostic services were delivered by caring, committed and compassionate staff who treated people with dignity and respect. Care was planned and delivered in a way that took patients' wishes into account. Their confidentiality and privacy were respected whenever possible. We saw instances of service planning and delivery to meet the needs of local people.
We saw good examples of assessing and responding to patient risk. The hospital was performing at better than the England average for "did not attend" rates and patients waiting more than six weeks for a diagnostic test. They were slightly worse than the England average on referral to treatment times.
Departmental managers were knowledgeable and supportive and had vision to expand and improve

Summary of findings

their services. There was a trust wide out-patient transformation programme group. The aim of this was to develop and implement service standards for OPD clinic. The group also led on improving patient experience across all the trust sites. The standards would deliver a consistent, reliable and quality clinic experience to patients and their families.
Staff in outpatients and diagnostic services enjoyed working at the hospital, demonstrated good team working (including multidisciplinary working) and were competent and well trained. They felt respected and valued. However, there was little feeling of inclusion in the trust as a whole and rather an affiliation to the Trafford Hospitals (Trafford General Hospital and Altrincham Hospital).

Trafford General Hospital

Detailed findings

Services we looked at

Urgent & emergency services; Medical care (including older people's care); Surgery; Services for children and young people;End of life care; Outpatients & Diagnostic Imaging

Detailed findings

Contents

Background to Trafford General Hospital

Trafford Hospital is part of Central Manchester Foundation Trust. Trafford Hospital is situated in the borough of Trafford. The hospital serves a population of approximately 226,600 residing in the surrounding area of Trafford, Altrincham and greater Manchester In total, the hospital has 229 beds and employs approximately 841 members of staff.

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

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

- Urgent Care services
- Medical care services (including older people's care)
- Surgery services
- Children and young people's services
- End of life care
  - Outpatients and diagnostic imaging services

Our inspection team

Our inspection team was led by:

Chair: Chief Executive Officer, Nick Hulme The Ipswich Hospital NHS Trust.

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included a CQC inspection manager, 7 CQC inspectors, a CQC pharmacy inspector two CQC analysts, a CQC inspection planner and a variety of specialists including: A former medical director; consultant physician, surgeon; surgical, medical, emergency department, senior nurses; an expert by experience (lay members who have experience of care and are able to represent the patients voice) and a clinical governance specialist.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

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

The announced inspection of Trafford Hospital took place on 4 and 5 November 2015. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, consultants, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

Facts and data about Trafford General Hospital

The Trafford Hospital was first opened in 1928 and then In 1948, the then health secretary Nye Bevan visited Park Hospital in Trafford, Manchester, to open what was the very first hospital in the new National Health Service.

Trafford Hospital now provides care to a population of approximately 226,600. The services are provided across the boroughs of Trafford, Altrincham and Greater Manchester. The hospital employs approximately 841 members of staff.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Good	Good	Good	Requires improvement	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Requires improvement	Good	Good

Notes

Urgent and emergency services

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

Information about the service

Urgent and emergency services were provided at Trafford General Hospital. The urgent care centre at Trafford General Hospital was open between 8am and 12am, seven days a week, providing urgent care and treatment for children and adults with non-life threatening illnesses, across Trafford borough and wider Manchester area.

The urgent care centre saw approximately 21,493 patients between April 2014 and March 2015.

There were ten bays in the major's area of the urgent care centre. Two of those bays were for resuscitation, with one designated for children and young people. There were two bays in the minor injuries area and there was also a designated bay where patients brought in by ambulances were assessed. There was ample room in the waiting areas and there was a designated paediatric waiting area which was separated from the main waiting area. There was separate paediatric area which consisted of two clinical assessment rooms which could be accessed from the paediatric waiting area, which was separated from the main waiting area.

We visited the urgent care centre during our announced inspection on 4 – 6 November 2015. We spoke with patients and relatives, observed care and treatment and reviewed 26 records, including observation charts, medication charts and full care records. We spoke with a range of staff at different grades including the Matron for urgent care, the clinical lead for urgent care, the head of nursing for the hospital, the urgent care centre manager, consultants, emergency nurse practitioners, nurses, the senior shift coordinator, the clinical effectiveness lead, healthcare assistants, domestic staff and receptionist staff. We received comments from our listening events and from people who contacted us to tell us about their experiences. We reviewed performance information about the trust.

Urgent and emergency services

Summary of findings

We rated urgent and emergency services as 'good' overall because;

Incident reporting was good with very low rates of avoidable harm including infections and pressure ulcers. Staff completed patient's records fully and in legible handwriting. Risk assessments were completed fully and measures implemented to minimise risk to patients. The uptake of mandatory training was high in the urgent care centre, where all staff apart from two had undertaken the relevant mandatory training.

Medicines were managed well and staff undertook appropriate checks when administering medication. Medical staffing and skill mix of staff was adequate to ensure safe patient care. The facilities and equipment across the service were well maintained.

Care and treatment were provided in line with national and best practice guidance. Regular auditing of care and treatment was undertaken. Some patients did not receive timely pain relief and the service told us how they were working to improve this issue. Patients were treated with kindness, dignity and compassion and patients and their relatives were involved in their care and treatment.

The urgent care service was responsive to patients needs and provided timely access to care and treatment with minimal delays. The service managed complaints well and responded to them in a timely manner.

The urgent care centre was well led and staff were clear on the divisional vision. Managers and leaders were visible and staff felt able to able approach them. There were areas of innovation including examples of collaborative working with national and local organisations to seek patient's views.

Are urgent and emergency services safe?

Good

We rated urgent and emergency services as 'good' because;

Staff were aware of how to report incidents and all incidents reported for the urgent care centre in the last year resulted in no harm. Feedback from incidents was provided on an individual staff basis and lessons learned from incidents were distributed to facilitate learning. There had been no recent serious incidents reported for the urgent care centre. Safety thermometer data was collected and rates of avoidable harm were within national averages.

The uptake of mandatory training was high in the urgent care centre, where all staff apart from two had undertaken the relevant mandatory training. Of these two staff one member of staff had just started employment and the second staff member was on long term leave at the time of the inspection. Staff were aware of how to raise and manage safeguarding issues. Infection rates were low with no reported cases of methicillin resistant staphyllocous aureus (MRSA) bacteraemia or clostridium difficile infections for a year. Staff observed appropriate measures to protect patients from avoidable infections. The environment was suitable for the delivery of patient care and equipment was well maintained.

Staff managed medicines well and completed patient records correctly, in legible handwriting. Patient records contained appropriate detail and risk assessments. Records were not always stored securely, with some records placed in unlocked trolleys in areas where members of the public could access. We highlighted this to staff who advised that they would look into alternative more secure ways to secure patient records.

Nurse staffing levels were adequate to ensure safe patient care. We reviewed three weeks of rotas for the urgent care centre and found that all shifts where fully staffed.

Medical staffing and skill mix was adequate to ensure safe patient care. Staff were aware of the major incident policy and displayed a good understanding of their roles in event of a major incident.

Incidents

- All staff had access to the trust wide electronic incident reporting system. All incidents reported for the centre in the last year were documented as resulting in no harm to patients. Staff were aware of the types of incident they should report and told us they felt confident in reporting incidents. Staff told us they always received feedback to support future learning from incidents.
- There had been no serious incidents reported for the urgent care centre from October 2014 to October 2015.
- Managers shared lessons learned from incidents with frontline staff through learning logs, communications on notice boards and regular staff meetings. We saw evidence of this in minutes of meetings and example learning logs.
- Staff were able to tell us of recent examples where they had improved their practice because of an incident investigation. One example was the introduction of record keeping audits within the urgent care centre. These audits were completed by the shift coordinators on a regular basis and any issues highlighted as a result were addressed with individual staff. Staff told us they felt that this had improved their approach to record keeping and documentation.
- Strategic data from the service showed that staff reported 52 incidents for the urgent care centre between 1st April 2014 and 15th August 2015. The highest category of incidents between these dates was in relation to shortages in nurse staffing. Two additional full time registered nurses were recruited as a result of this identified issue. There were no further incidents relating to nurse staffing from June 2015 up to the time of the inspection.
- Staff were aware of duty of candour which for hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.
- The matron responsible for the urgent care centre told us that she had daily access to incident information and reviewed incidents and trends regularly. We saw evidence of this in printed trend and themes analysis which was provided by the clinical effectiveness team based at the Trafford site.
- The clinical effectiveness lead for the Trafford site demonstrated how the division analysed trends in incidents. They also explained how the team were attempting to make the trends and data more user friendly for front line staff to read and interpret.

Safety thermometer

- The NHS safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and 'harm free' care. Performance against the four possible harms; falls, pressure ulcers, catheter acquired urinary tract infections (CAUTI) and blood clots (venous thromboembolism or VTE), was monitored on a monthly basis.
- The urgent care centre were recording and monitoring data in line with this initiative using a dashboard system. We reviewed information for six months prior to the inspection and this showed that the urgent care centre performed within the expected range for falls with harm, catheter urinary tract infections and new pressure ulcers.

Mandatory training

- All nursing staff apart from two were up to date with their mandatory training which included subjects such as infection control and prevention and life support. Of the two staff that were not up to date with their training one was on maternity leave at the time of the inspection and the other nurse was due to start work in unit after recently being employed.
- Staff told us that they were encouraged to attend mandatory training and their managers reminded them when their mandatory training was due for renewal.

Safeguarding

- The trust had safeguarding policies and procedures in place. Staff were aware of how to refer a safeguarding issue to protect adults and children from suspected abuse. Staff showed us how they would access the trust intranet page relating to safeguarding and the trust had an internal safeguarding team who could provide guidance and support to staff in all areas. Staff were able to tell us the name of the designated safeguarding matron for the Trafford site. The safeguarding matron visited the centre on most days. Staff were aware of how to recognise the exploitation of children and were able to tell us how they would escalate this through the safeguarding processes.
- Training data viewed during the inspection showed that 100% nursing staff working in the urgent care centre had completed level 2 safeguarding training, which was above the trust target of 90%. Data provided by the trust showed that 74% of medical staff across the trust had

undertaken level 1 safeguarding training and 63% had undertaken level 2 safeguarding training. These figures were lower than the trust target of 90% in respect of level 3 safeguarding 96% of relevant staff had completed level 3 training.

- Staff told us that they received comprehensive feedback and support following safeguarding concerns and referrals they raised. This was cascaded from the trust safeguarding team to frontline staff through their line managers and the safeguarding matron. Monthly safeguarding meetings were also held and were attended by the matron responsible for the urgent care centre. A monthly safeguarding newsletter was also produced and distributed to all staff. This newsletter contained any changes to policy or legislation and also contained the contact details of the safeguarding team.
- Staff were able to explain the application of the law and their responsibilities in relation to female genital mutilation. There was a designated room within the urgent care centre which was staffed by the gynaecology department. Staff in the urgent care centre were able to access this service to seek further specialist advice on any suspected cases of female genital mutilation.
- There were appropriate referral processes in place for domestic abuse victims. The urgent care centre had a nominated champion for domestic abuse and the referral process. The role of this champion was to attend meetings and cascade any important information to other staff.

Cleanliness, infection control and hygiene

- The urgent care centre effectively managed cleanliness, infection control and hygiene. Rates of hospital acquired infections within the urgent care centre infections were low. There had been no cases of methicillin resistant staphyllocous aureus (MRSA) bacteraemia or clostridium difficile infections identified in the urgent care centre between April 2014 and April 2015.
- All clinical areas were visibly clean and well maintained.
- Staff were aware of current infection prevention and control guidelines, and were able to give us examples of how they would apply these principles.
- Cleaning schedules were in place, with allocated responsibilities for cleaning the environment and decontaminating equipment. These were up to date and signed appropriately.
- We reviewed three months of cleaning audits undertaken by the centre and these were consistently scored at 100% compliance.
- There was adequate access to hand washing sinks and hand gels.
- Staff were observed using personal protective equipment, such as gloves and aprons and changing this equipment between patient contacts. We saw staff washing their hands using the appropriate techniques and all staff followed the 'bare below the elbow' guidance.
- We reviewed hand hygiene audit results for a two month period. The scores for these audits were consistently 100%. This meant that 100% of staff observed and audited washed their hands appropriately.
- The centre undertook early screening for infections including MRSA during patient admissions. This meant that staff could identify and isolate patients early to help prevent the spread of infections. There were appropriate facilities including individual rooms to isolate patients with a suspected infection.
- The centre had a comprehensive plan for the recent Ebola health alert. This included detailed plans and triggers for staff to identify and isolate suspected cases of the infection as early as possible.

Environment and equipment

- The facilities were well maintained with appropriate security measures in place for the protection of patients, staff and visitors. These included swipe access for doors and CCTV.
- The admission route for patients was set up so patients arriving by ambulance were seen and triaged immediately in designated bay areas.
- There was a secure RAID (rapid assessment, interface and discharge) suite that was used to assess patients with mental health needs, adjacent to the urgent care centre. This suite offered a secure and private area for patients with mental health issues to be assessed. This suite was staffed by a neighbouring trust under a service level agreement.
- There were ten bays in the major's area of the urgent care centre. Two of those bays were for resuscitation, with one designated for children and young people. There were two bays in the minor injuries area and there was also a designated bay where ambulance patients were assessed.

- There was an x-ray department situated next to the centre for easy access.
- There was ample room in the waiting areas and there was a designated paediatric waiting area which was separated from the main waiting area. The paediatric area consisted of two clinical assessment rooms which could be accessed from the paediatric waiting area.
- Appropriate equipment was available in all clinical areas including all equipment which could be required specifically for children. Equipment was checked regularly with checklists in use for daily checks of the resuscitation trolleys. We reviewed the records for these checklists for a six month period and all checks were fully completed for the period.
- PAT testing was up to date for all electrical equipment we reviewed.
- Security staff were available on site 24 hours a day and were able to be contacted by telephone if needed.
- There were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps. We saw that waste was being segregated and disposed of appropriately.
- Bariatric equipment (specially designed equipment for obese patients) was readily available if required.

Medicines

- Medicines were managed well and stored securely apart from one cupboard used to store fluids which was found to have a broken lock. This was brought to the attention of the managers on site and they discarded all fluids in the cupboard and the lock was fixed.
- There were appropriate processes in place for ordering, stock reconciliation and discarding of medication.
- We observed nurses administering medications to patients and they undertook appropriate checks when administering medication including checking the patient's name, date of birth and allergy status. Staff also ensured patients took their medication and did not leave medication unattended.
- Staff locked and secured medication cupboards when they were not in use.
- Fridges used to store medicines were locked. The fridges were used to keep medication only and no other items were present, ensuring minimal risk of contamination to the medication from other sources. The temperatures of the fridges were within expected ranges and records indicated that staff checked and recorded the temperatures on a daily basis.
- Records indicated that staff carried out checks on controlled drugs on a twice daily basis. Controlled drugs were stored in secure cupboards in line with legislation on the management of controlled drugs.
- We reviewed eight patient documentation booklets including the prescription section and staff had completed all sections including the documentation of allergy status. The prescribing was clear and legible with pharmacist amendments made clearly in a different colour ink.
- Staff received alerts about medication through written communications and monthly learning logs. We observed medication alerts prominently displayed in the staff room and in clinical areas which were used for preparing medication.
- The matron and centre manager reviewed incident data regularly to ensure any medication incidents were investigated in a timely way. Medication incidents were also discussed during monthly divisional meetings.
- Discharge medications and prescriptions were managed well. Prescriptions for these medications were completed legibly and records for take home medications were amended accordingly. Discharge notifications were provided to patients and to their GPs where appropriate.
- Guidelines on the use and preparation of medication were readily available including specific guidelines for children.
- We reviewed five patient group directions (documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions).
- There were specific drug destruction kits and bins readily available for staff to destroy any medications which were not required.

Records

- We reviewed ten sets of patient's records and found that all individual care records were up to date and legible. They contained relevant patient information, clear management plans and appropriate senior clinical reviews. All care interventions and plans were clearly documented.
- The centre used paper based and electronic, computer based patient records. Paper based records were stored in trolleys in the main department area where members

of the public were present. These trolleys were not locked and were easily accessible. We highlighted this to staff who advised that they would look into alternative more secure ways to secure patient records.
- We observed shift coordinators checking the quality of records using a structured audit pro forma and highlighting any areas of concern with staff.

Assessing and responding to patient risk

- On admission to the urgent care centre, staff carried out risk assessments to identify patients at risk of specific harm such as pressure ulcers, self-harm and risk of falls. If staff identified patients susceptible to these risks, they placed patients on the relevant care pathway and treatment plans.
- An early warning score (EWS) system was in use in the urgent care centre. The EWS system was used to monitor a patient's vital signs and identify patients at risk of deterioration and prompt staff to take appropriate action in response to any deterioration. Staff carried out monitoring in response to patients' individual needs to identify any changes in their condition quickly. Patient's observations and EWS were monitored using the 'patient track' system. This system alerted staff when observations were outside of accepted parameters and prompted staff when observations were due to be repeated.
- We reviewed ten sets of patient records and found that all appropriate and relevant risk assessments had been completed in all ten records. We reviewed 14 observation charts and electronic records. We found that all 14 were up to date, fully completed with appropriate EWS documented and legible. In 14 records we found that three patients required some form of escalation of care. In all three of these cases staff had appropriately sought this escalation which included arranging a further medical review and increasing the frequency of observations.
- We saw evidence of sepsis being screened for and considered when appropriate. We also saw that the Trafford division had recently circulated a 'hot topic' communication to all staff on how to screen and identify patients with potential sepsis. The centre had a specific pathway in place for use in patients with suspected sepsis.
- There were specific pathways for patients presenting with challenging behaviour. We also saw evidence in two patient records of staff actively risk assessing challenging behaviour and in both cases staff had implemented plans to mitigate this risk.
- All patients who presented to the centre were seen and triaged by an appropriately qualified and trained nurse. Patients were either then asked to remain in the waiting area or could be moved onto trolleys in the majors or minors areas to be observed more closely. In eight out of ten patient records we reviewed patients had been triaged and seen by a nurse within 15 minutes of arrival to the department. Four of these patients required closer observation on a trolley, in all four cases there were no delays in allocating patients a trolley space.
- There was also a GP out-of-hours service based in the adjacent building that could see patients who met their treatment criteria.

Nursing staffing

- Band 5 nursing staff were assigned to each of the patient areas within the department. There was also a band 6 nurse who coordinated and led each shift. The band 7 centre manager was also on duty Monday to Friday between the hours of 9am and 5pm.
- The urgent care centre did not use a recognised tool to plan nurse staffing levels. The staffing levels were worked out and based on patient numbers in the urgent care centre.
- Staffing levels within the department were displayed on a board. The number of staff on duty was reflective of the duty rota and met the agreed establishment during the time we were in the department.
- We saw evidence that skill mix was considered when planning staffing. One example of this was the planning to ensure that staff trained in triage were available on each shift.
- There were no children's nurses based at Trafford Hospital.
- The centre had low levels of agency and bank usage within the urgent care centre. If bank or agency staff were used on rare occasions this was due to staff shortages at the Altrincham minor injuries unit. The unit manager told us that to mitigate the risk of agency or bank staff they would be placed in the urgent care centre and a permanent member of staff would be moved to the minor injuries unit. This was because there were more permanent staff on duty in the urgent

care centre on a daily basis than in the minor injuries unit. We viewed induction checklists completed for agency and bank staff and these were completed fully. These checklists were audited by senior staff within the urgent care centre.
- Staff told us that they had enough time to care for patients and were able to take their breaks when required.

Medical staffing

- There were sufficient numbers of suitably qualified medical staff within the urgent and emergency care services.
- The medical staffing skill mix was sufficient when compared with the England average. Consultants made up 22% of the medical workforce across the urgent care division which was 1% lower than the England average of 23%. However, there were more registrar group doctors who made up 64% of the medical workforce compared with the England average of 39%. 15% of the medical workforce were made up of junior doctors which was lower than the England average of 24%.
- There were three consultants working within the urgent care centre. They worked on a rota basis to provide cover between 8am and 8pm. From 8pm until 2am the most senior doctor on duty would be a registrar grade doctor (very experienced senior doctor). There was sufficient consultant cover available during the centre opening times of 8am until 12am, Consultant cover after 8pm was available on an on call basis. Medical staff also had access to consultants at the other Emergency Departments within the trust for advice if needed.
- Junior and registrar grade doctors told us that they were well supported by their seniors and consultants and were able to access senior advice and support, as they needed.
- Nursing staff told us that they were able to access medical assistance and advice easily. We saw evidence that patients were seen promptly by medical staff following triage and also when additional reviews were requested by nursing staff.
- All registrar group and consultant doctors had received training in paediatric life support and advanced life support.

Major incident awareness and training

- The centre was not part of the trust's wider response team to major incidents since their change from an emergency department to an urgent care centre. Trauma patients were not seen at the Trafford site and were directed by the ambulance service directly to Manchester Royal Infirmary and other acute sites.
- The centre was however a nominated centre for incidents involving HAZMAT (hazardous chemicals and materials). A recent preparatory exercise had been completed by the department to identify any issues with their current processes. We reviewed the report from this exercise which showed that the exercise was completed successfully with some minor areas for future improvement. One improvement suggested by the report was the ordering of dignity screens for patients who may require decontamination. The centre manager told us that this was being addressed and equipment was being ordered.
- Staff were able to show us how they would access the HAZMAT decontamination and management equipment and showed a good understanding of the process of dealing with HAZMAT incidents.
- The trust had a major incident policy in place which was available on the trust intranet site. Staff were able to tell us how they would access it and showed a good understanding of the policy.
- There was a designated folder on major incident procedures available in the staff offices in the centre.

Are urgent and emergency services effective?

(for example, treatment is effective)

Good

We rated urgent and emergency care services as 'good' overall because;

The urgent care service provided effective care and treatment that followed national clinical guidelines including those from the National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (CEM). The service participated in local clinical audits but did not participate in national CEM audits. Action plans were formulated following local audits and progress on these actions were monitored.

Evidence based pathways were in use and staff placed patients on these pathways as soon as possible. The trust's

policies and procedures reflected national guidelines and best practice. Patients' nutritional and hydration needs were identified and addressed appropriately and there was access to food and drink in the urgent care centre. Some patients did not receive timely analgesia. Mangers within the urgent care centre told us that they had identified this issue and showed that they had taken action to address this through staff training. Data from national surveys showed that patients treated within the trust's urgent care services had outcomes which were similar to patients treated in other trusts in England.

Patients received care and treatment from competent staff who worked well as part of a multidisciplinary team. Staff sought appropriate consent from patients before delivering treatment and care and appropriately considered the Mental Health Act where relevant.

Evidence based care and treatment

- The urgent care centre used both National Institute for Health and Care Excellence (NICE) and College of Emergency Medicine (CEM) guidelines to guide the care and treatment they provided to patients.
- A range of evidence based clinical care pathways were available and put in place for patients with relevant conditions. These included fracture neck of femur, sepsis, stroke and overdose of paracetamol. These pathways included prompts and treatment steps for staff to follow. Patients were placed on appropriate pathways as soon as their condition was diagnosed which ensured that they received timely and appropriate interventions. The pathways were regularly reviewed on a trust wide basis and reflected current guidance from NICE.
- Policies and procedures reflected current national guidelines and were easily accessible via the trust's intranet site.
- The urgent care centre was meeting most of the requirements set out within the document 'unscheduled care facilities- minimum requirements for units which see the less seriously ill or injured'. The unit was in the process of downgrading to a nurse led unit and therefore had not been audited against the standards in accordance with this document.

Nutrition and hydration

- The urgent care centre had facilities for making drinks and food such as sandwiches for patients if needed.
- We observed patients being offered refreshments when appropriate.
- Staff identified patients who were not able to eat and drink. Staff appropriately implemented measures for patients who could not eat and drink to ensure they received hydration. One example of this was the administration of oral care and intravenous fluids in a patient who was unable to eat and drink.

Pain relief

- In the A&E survey 2014 urgent care services across the trust scored about the same as other trusts in England for all indicators relating to timely access to pain relief.
- We reviewed ten patients' records and found that four out of the ten patients presenting with pain were not offered analgesia at the time of triage. We observed a paediatric patient who was visibly distressed and in significant pain who had not been offered analgesia at the time of triage. This patient also encountered a 40 minute delay in receiving any pain relief. The inspection team was approached by the patient's family and highlighted the issue to the senior clinician on duty, who arranged for the patient to receive analgesia.
- The centre manager told us that six staff had received training which allowed them to administer analgesia at the time of triage. She advised that the centre had recognised this issue and had commissioned a bespoke training package for all nursing staff to complete to enable them to administer analgesia at the time of triage.

Patient outcomes

- There was a consultant lead for audit with the urgent care centre.
- The urgent care centre had not participated in the national Royal College of Emergency Medicine (CEM) audits since their change from an Emergency Department to an Urgent Care Centre. CEM audits allow trusts to bench mark their practice against national best practice and encourage improvements. The clinical effectiveness lead told us that they did not participate as the trust had been advised that the unit did not meet the criteria to participate.
- The trust participated in the 2013/14 severe sepsis and septic shock audit. The trust scored about the same or

better than other trusts in England for all standards apart from the standard relating to administration of crystalloid fluid bolus within 1 hour. For this standard the trust scored worse than other trusts in England.
- The unplanned re-attendance rate for urgent care services within the trust within seven days was consistently higher than the England average between September 2014 and October 2015. This meant that more patients re attended A&E in this trust than others in England.
- The urgent care centre participated in the Trafford Division audit of community acquired pneumonia in February 2015. This audit showed that 100% of patients admitted to the hospital with suspected community acquired pneumonia received a chest x-ray as soon as possible. Only 58.9% of patients received antibiotics within four hours of admission against the standard of 100% and 75% of patients had a CURB score (a score used to calculate the severity of pneumonia) documented. An action plan was in place and all actions were documented as being completed. We reviewed one patient with suspected pneumonia and all three standards were met in that case.

Competent staff

- Records reviewed showed that 100% of nursing staff within the urgent care centre had received their annual appraisal this was higher than the trust target of 90%. Appraisal rates for medical staff across the trust were 77% which was lower than the trust target of 90%. The overall appraisal rate for the Trafford division for staff including allied health professionals and excluding medical staff was 84%. This was again below the trusts target of 90%. An appraisal gives staff an opportunity to discuss their progress and any concerns or issues with their manager.
- The nursing and medical staff were positive about learning relevant to their role and development opportunities. Records showed that at least three nursing staff had undertaken additional post graduate training relevant to their role.
- There were nurse practitioners on the unit and adequate supervision requirements were in place for these nurses.
- Medical staff told us clinical supervision was available and they felt adequately supported.

Multidisciplinary working

- There was effective communication and collaboration between multidisciplinary team members within the urgent care services. Staff handover meetings took place during shift changes to ensure all staff had up-to-date information about risks.
- Nursing staff told us they had good relationships with consultants and doctors of different disciplines.
- We saw effective collaboration between the urgent care centre staff and other speciality teams to ensure patient centred, effective care was delivered. One example of this was the collaboration with the gynaecology and obstetrics team who had a base in the urgent care centre. They were able to see patients with pregnancy problems quickly and effectively and refer to specialist centres as required.
- Staff told us they received support from pharmacists, physiotherapists, occupational therapists, social workers and diagnostic support.
- The RAID team who were employed by a neighbouring trust; provided an alcohol liaison service and worked closely with staff at the centre to ensure patients were supported on discharge.
- The urgent care centres worked closely with the ambulance service to direct patients and ensure that patients were directed to the appropriate centre for care and treatment. A 'pathfinder' had been developed by the Trafford division and the ambulance service to help guide ambulance service staff as to which patients could be treated at the urgent care centre.

Seven day services

- The urgent care centre was open to patients between the hours of 8am and 12am, seven days a week. The centre remained staffed until 2am to ensure that any patients still in the centre at 12am were appropriately cared for. Outside of these hours patients would be directed to their nearest A&E department. The Trafford Division had processes in place for staff to follow in the event that patients attended the hospital for urgent care outside of the centres opening hours.
- The x-ray department had the same opening hours as the urgent care centre.
- Pharmacy services were not available 7 days a week, but a pharmacist was available on call out of hours. The urgent care centre held a stock of medications which were frequently required such as antibiotics and analgesia that staff could access out of hours.

Urgent and emergency services

Access to information

- The information needed for staff to deliver effective care and treatment was readily available in a timely and accessible way.
- Staff in the urgent care centre used electronic, computer based system for recording observations. All staff could access these records from tablet devices. This enabled remote monitoring of patient observations.
- The records we looked at were complete, up to date and easy to follow. They contained detailed patient information from admission through to discharge. This meant staff could access all the information needed about the patient at any time.
- Medical staff produced discharge summaries and sent them to the patient's general practitioner (GP) in a timely way. This meant that the patient's GP would be aware of their treatment in hospital and could arrange any follow up appointments they might.
- We saw patients being transferred from the urgent care centre to medical wards and ambulances. The information provided in these handovers was accurate and detailed, which ensured that the receiving staff had all the relevant information they needed.

Consent, Mental Capacity Act and DOL's

- Staff sought consent from patients prior to undertaking any treatment or procedures and documented this clearly in patient records where appropriate.
- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were able to clearly articulate how they sought informed verbal and written consent before providing care or treatment.
- Staff had a good understanding of the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Staff gave us examples of when patients lacked the capacity to make their own decisions and how this would be managed.
- Staff had awareness of what practices could be deemed as restraint and displayed an understanding of the deprivation of liberty safeguards and their application.
- A trust-wide safeguarding team provided support and guidance for staff in relation to any issues regarding mental capacity assessments and deprivation of liberties safeguards during working hours. During out of hours period's staff were able to seek advice and support from the senior nurse on site.

Are urgent and emergency services caring?

Good

We rated urgent and emergency care services because;

Staff treated patients with kindness, dignity and respect. Staff provided care to patients while maintaining their privacy, dignity and confidentiality. Patients spoke very positively about the way staff treated them. They told us they were involved in decisions about their care and were informed about their plans of care.

The patient tracker system used by the trust to measure patient experience showed that most patients were happy with the care they received in the urgent care centre. Data from the NHS Friends and Family Test showed that 96% of patients would recommend Trafford General Hospital to their friends and family.

Staff took their time to support patients and ensure that they knew what was happening. We heard of and observed examples of staff going above and beyond to provide a caring service. Staff showed that they understood the importance of providing emotional support for patients and their families. Patients and their families told us they felt well supported and involved as partners in their care and treatment.

Compassionate care

- Data provided by the NHS friends and family test (FFT) showed 34% of patients responded to this test which was about the same other trusts in England which had an average response rate of 34.5%. This showed that 96% of patients would recommend Trafford hospital to their friends and family.
- Urgent care services across the trust scored about the same as other trusts for all standards related to compassionate care in the 2014 A&E survey.
- The Trafford Division also used a 'patient tracker' system to measure patient experience. This system was based on touch screen stations at the exit and entry points to the centre. These stations took patients through a series of questions about their care and treatment and allowed them to leave anonymous feedback relating to their experiences. An overall score was then calculated and this could be accessed on a daily basis by senior

managers and the centre manager. We reviewed three days scores from patients and this data showed that 18 out of 20 patients were happy with the care they had received when they attended the centre. Information from this initiative was then fed through to matrons and divisional managers in monthly quality reports and dashboards.

- We observed staff treating patient with kindness and compassion. Staff took time to interact with patients and communicated with patients in a compassionate manner.
- We observed that curtains were closed around trolley cubicle areas when staff were providing care. There were private rooms available where staff could speak to patients privately if required, in order to maintain confidentiality.
- We spoke with nine patients, who gave us positive feedback about how staff treated and interacted with them. Two patients told us that they had travelled out of their immediate area to the urgent care centre as they had previously been treated so well on previous occasions.
- We saw that staff interacted with patients regularly including during busy times.
- Staff and patients gave us examples where staff had gone above and beyond their duty to provide outstanding care to patients. Staff members and patients told us that staff regularly stayed after their shift finish times to care for patients who were awaiting transport.

Understanding and involvement of patients and those close to them

- Staff respected patients' rights to make choices about their care and treated patients as partners in their care. Staff communicated with patients in a way they could understand.
- The 'tell us today' initiative was in use in the urgent care centre and across the Trafford Division. This initiative encouraged patients and their families to provide feedback while they were still in hospital. A designated telephone number was prominently displayed and staff aimed to return calls within one working day.
- Patients and their families told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and in the form of written materials, such as discharge information leaflets specific to their condition.
- Patients told us the medical staff fully explained the treatment options to them and allowed them to make informed decisions.
- Trafford general hospital was the highest recipient of compliments across the trust for 2014-2015.
- Staff identified when patients required additional support to be involved in their care and treatment, including translation services. Staff were able to tell us how they would access translation services including sign language interpreters.
- There were also facilities for patient's relatives to stay if required. We observed staff offering patients relative's refreshments.

Emotional support

- Staff understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives. In one particular case a staff member stayed with a patient for over 30 minutes until their relatives arrived, as they had received upsetting news. The patient was then moved into a more private room so they could speak with their relatives confidentially.
- Patients and relatives told us that staff supported them with their emotional needs.
- We observed examples of staff supporting patients and their relatives. One example we observed was a patient with a specific religion and their relative being moved to a private area so they could undertake their prayers in private.
- Chaplaincy services were available on site and staff were able to tell us how they would access these for patients.
- Staff confirmed they could access management support or counselling services after they had been involved with a distressing event. Staff were included in de briefing sessions following traumatic events.

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

Good

We rated urgent and emergency services as 'good' because;

Urgent and emergency services

The urgent care service had provisions in place to meet the needs of the local population. Patients were kept well informed of all stages of their treatment and care. Information including discharge advice was readily available for patients in a variety of formats, which could be adapted to individual needs.

Access and flow within the urgent care centre was good with patient experiencing minimal delays. 99% of patients were seen and treated within four hours of arrival to the urgent care centre. Patients accessing urgent care services across the trust spent less time in services as compared to other trusts in England, however a higher number of patients re-attended urgent services within seven days as compared to the England average.

An escalation policy and process was in place to manage delays in transferring patients and this was followed by staff. Patients were seen within the specified time for their triage category and most patients were seen within 15 minutes of arrival to the centre.

Complaints were managed well and responded to in a timely manner.

Service planning and delivery to meet the needs of local people

- The urgent care centre planned and delivered their services to meet the needs of people using them, the urgent care services used data about the local population to inform service planning.
- The local population using the urgent care centre were patients over the age of 75. The urgent care centre had adapted their services to meet this need by fostering good working relationships with Trafford Carers Centre and local social services. The centre had also arranged for a falls specialist nurse to attend the centre once a week. This specialist nurse was able to take referrals for patients prone to falls and implement measures to prevent future falls and re-attendances to the urgent care centre.
- The waiting area was adequate with enough seating for patients. There was also a separate paediatric waiting area.
- There were adequate facilities to allow access and use by disabled patients. Including wide corridors and rails in disable bathrooms.
- There was also children's height furniture and toilets.

Meeting people's individual needs

- The urgent care centre was responsive to patients needs and organised their services to meet the needs of the patients they treated.
- Information leaflets about services available and discharge advice were readily available in all areas. Staff told us they could provide leaflets in different languages or other formats, such as braille, if requested. Staff told us that they could access a language interpreter if needed and were able to show us how they would do this. They also had access to language line which is a translation facility. The patient tracker system was available in 16 languages.
- Staff received training in the care of patients with dementia. The urgent care centre had a dementia link nurse in place and the centre was working on implementing a designated 'dementia friendly' area within the centre. Staff could also contact a trust-wide safeguarding team for advice and support for dealing with patients living with dementia or a learning disability.
- Staff were aware of how to assess if reasonable adjustments needed to be made for patients with a disability.
- A specific pathway was available for staff to follow if a patient with a learning disability presented to the centre.
- Access to psychiatric support was readily available from the RAID team and staff told us they did not have any issues accessing this support for patients.
- Staff could access appropriate equipment such as specialist commodes, beds or chairs to support the moving and handling of bariatric patients (patients with obesity).
- There were individualised pathways in place for use in patients who frequently re-attended the centre. One example of this pathway in use was in relation to a patient who had recently lost their long term partner. They frequently attended the centre following this event. The staff in the centre recognised the patients need and arranged a multidisciplinary meeting to discuss and assess how best they could support the patient. As a result of this meeting the patient was offered additional support and visits to a day centre. The patient has not re attended the unit since the additional support was put in place.

Access and flow

Urgent and emergency services

- Data showed that 99% of patients presenting to the urgent care centre over the twelve month period prior to the inspection were seen within four hours.
- The number of patients leaving urgent care services without being seen across the trust was consistently higher than England average from July 2014 to April 2015.
- The total time patients spent in urgent care services across the trust was consistently lower than the England average from November 2014 to May 2015.
- The urgent care centre did not measure how quickly ambulances were able to handover patients to urgent care centre staff. However we observed ambulances arriving and the handover between ambulance staff and the staff in the urgent care centre was completed efficiently with minimal delay.
- All patients we spoke with told us they were seen quickly and expressed no concerns about waiting times.
- Staff told us that availability of beds for patients who required admission to the hospital was good and that they did not experience delays in transferring patients to wards. We observed three patients requiring admission to the hospital. In all three cases patient were transferred quickly and experienced no delays.
- Staff told us that they sometimes experienced delays in transferring patients over to the acute hospitals in particular Manchester Royal Infirmary. We observed three patients who required transfer to Manchester Royal Infirmary and the Royal Children's Hospital. In all three cases the patients were accepted by the acute hospitals quickly and transferred within four hours of their arrival to the centre.
- A transfer policy was in place and this offered guidance on which escorts were required to accompany patients to other hospitals. We observed this being followed correctly.
- There was a divisional and departmental escalation policy in place. This policy guided staff on steps to take if patients were in the centre for longer than expected or were waiting excessive times for an inpatient bed. The policy included clear steps for staff to take and we observed the shift coordinators following this process correctly.
- A winter pressures plan was in place for the Trafford Division and staff within the urgent care centre were aware of this plan.
- We reviewed ten records and all ten patients were seen within their allotted triage time category. However three of the patients were not seen and triaged within 15 minutes of arrival to the centre. Staff within the centre told us that they were aware that this target was not always met and they were addressing this through regular documentation audits.
- Urgent care services across the trust scored about the same as other trusts in England for all three standards relating to access to timely care in the 2014 A&E survey.

Learning from complaints and concerns

- Information on how to raise a complaint and contact details of the PALS team was prominently displayed around the urgent care centre.
- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint from a patient effectively.
- The trust recorded complaints on the trust-wide system. The centre manager and urgent care matron were responsible for investigating complaints relating to the urgent care centre.
- We reviewed three complaint records from the period of April 2014 to April 2015. We saw that all three complaints had been appropriately documented and tracked. The complaints had been responded to in a timely manner in two cases; in one case the response was delayed. In this case the delay had been clearly communicated to the patient and apologies had been offered.
- Information about complaints was discussed during staff meetings to facilitate learning. Key lessons learned from complaints were formulated into lessons learned and 'hot topics'.

Are urgent and emergency services well-led?

Good

We rated urgent and emergency services as 'good' because;

The urgent care service was well led at local and divisional level. The divisional vision was embedded and staff were clear what this vision was. There were robust governance frameworks and managers were clear about their roles and responsibilities.

Urgent and emergency services

Risks were appropriately identified, monitored and there was evidence of action taken where appropriate. There was clear leadership throughout the service and staff spoke positively about their leaders. Managers were visible and staff felt able to able approach them.

Staff told us the culture within the service was open and they felt very well supported. We saw evidence of good staff engagement particularly in relation to the recent changes to services at the Trafford site. Managers made efforts to engage the public when planning services and worked collaboratively with national Charites and local carers groups.

There were areas of innovation and leaders within the services were working to continually improve services.

Vision and strategy for this service

- The Trafford Hospitals division had a formal vision which was prominently displayed around the hospital and urgent care centre. Staff were aware of the vision and were able to tell us what the vision was and how they felt they applied the vision to their daily work.

Governance, risk management and quality measurement

- There was a robust governance framework within the urgent care services and centre. Managers were clear about their roles in relation to governance and they identified, understood and effectively managed quality, performance and risk.
- A risk registers was in place for the urgent care centre. We saw evidence that this register was regularly reviewed, updated the risks were escalated where appropriate. We reviewed action plans which were in place to address these risks. There was a system in place that allowed managers to escalate risks to divisional meetings.
- Audit and monitoring of key processes took place in the urgent care centre to monitor performance against objectives. Senior managers monitored information relating to performance against key quality, safety and performance objectives. One example was the monitoring of hand hygiene audit results. Senior managers had identified an issue with the low compliance rates. As a result they developed a robust audit plan and response process. This response process included formal letters to be issued to any staff found to be non-compliant with hand hygiene standards. Hand hygiene audit results were consistently above 100% since the implementation of this system.
- There was a monthly clinical governance meeting held for the Trafford Hospitals Division and we saw minutes from this meeting. We saw evidence in these minutes of key risks being discussed and actions recommended.

Leadership of this services

- The leadership within the urgent care service reflected the vision and values set out in the divisional vision. Staff spoke very positively about leaders within the services. Leaders were visible, respected and competent in their roles.
- There were clearly defined and visible leadership roles across the urgent care centre and the Trafford Hospitals Division. Staff told us that their mangers and senior leaders were visible and approachable. Staff told us they frequently saw senior managers in the urgent care centre.
- The centre manager, Matron and head of nursing were visible during our visit.
- Medical staff told us their senior clinicians supported them and they had access to senior clinicians when they required. Medical staff were able to tell us who the medical director was and spoke highly of him and the support he offered medical staff.

Culture within this services

- Staff told us they felt respected and valued. One staff nurse told us that she was very happy in her role and she felt that the management and culture within the urgent care centre allowed her to be the kind of nurse she had always wanted to be.
- All staff told us that they felt secure raising a concern or issue with their managers.

Public engagement

- Staff told us they routinely engaged with patients and their relatives to gain feedback from them. Information on the number of incidents, complaints and the results of the NHS Friends and Family test were displayed on notice boards in the centre.
- The urgent care centre participated in the NHS friends and family test, which gives people the opportunity to provide feedback about care and treatment they received.

Urgent and emergency services

- The Trafford Hospitals Division worked closely with the stroke association, AGE UK and the Trafford cares centre to ensure they took patients and carers views when planning service.

Staff engagement

- Staff told us they felt well supported and received regular communication from their managers.
- Staff participated in team meetings on a monthly basis.
- Staff told us that they had felt supported and engaged during the change in the service from an Emergency Department to an urgent care centre.

Innovation, improvement and sustainability

- Leaders within the services were working to continually improve services. We saw evidence in business plans and strategic objectives that leaders assessed the sustainability of these plans and improvements.
- The Trafford Hospitals Division and urgent care centre had implemented innovative initiatives and collaborations. One example of this was the introduction of the patient track system to monitor the observations of patients in the urgent care centre.
- The Trafford Hospitals Division worked collaboratively with the stroke association, AGE UK and the Trafford cares centre to improve services.
- A hot topic initiative was in place where information on a specific topic was prepared and distributed to all clinical staff on a monthly basis.

Medical care (including older people's care)

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

Information about the service

Medicine services at Trafford Hospital include five wards, a Medical Day Unit, a High Dependency Unit (HDU) and an Acute Medical Unit (AMU) which is staffed for 19 beds and ten ambulatory care areas. Ward 1 is a stroke unit with 18 inpatient beds and one triage bed. Patients are admitted for rehabilitation and do not include those requiring the initial 72 hour stroke care who are treated at a designated hyper acute centre. Ward 2 is a new 'complex discharge' ward with provision for 27 beds. At the time of our inspection 21 beds were open, with the remainder due to open when the ward is fully staffed.

Ward 3 has capacity for 30 beds but currently only 28 are open due to staffing vacancies. It provides multidisciplinary intermediate neuro-rehabilitation for patients mostly under 55 years old, with either a long term neurological condition or a life changing traumatic injury. Ward 4 is a 31 bedded acute medical ward where admissions are mainly from the AMU. The frailty unit, Ward 6 is a 32 bedded ward which provides general rehabilitation and some medical care for patients with fragile fractures.

Wards are a combination of single sex bays comprising three to six beds and single rooms with en-suite bathroom facilities.

The HDU has provision for a maximum of two high care beds and one stabilisation bed.

The Medical Day Unit provides a range of services including venesections, blood transfusions, iron infusions and chemotherapy. They offer treatment for Crohn's disease and tests for gastric conditions.

We reviewed the environment and staffing levels and looked at six care paper records and 24 prescription charts. We spoke with two family members, 15 patients and 52 staff of different grades. We observed two medical multidisciplinary meetings, one clinical handover and one nursing handover. We observed one bed management meeting and facilitated one focus group, attended by 11 nursing staff.

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

Medical care (including older people's care)

Summary of findings

We rated as medical care services as 'good' overall. However, we found further improvements were needed in how the service provided care that was responsive to patient needs.

Patients received compassionate care and their privacy and dignity were maintained. Patients were positive about the service, felt involved in their care, and were provided with appropriate emotional support.

There were effective systems in place for incident reporting and investigations led to changes in practice where necessary, and lessons being learned. There were systems in place to keep people safe and staff were aware of how to ensure patients' were safeguarded from abuse. The hospital was visibly clean and staff followed good hygiene practices.

Staff attended mandatory training courses but compliance rates for medical staff were below the trust target. There were good systems in place to ensure patient safety was monitored and maintained. Staffing level challenges were being addressed, with plans in place for further recruitment of both nursing and medical staff.

Care was provided in line with national best practice guidelines and medical services participated in clinical audits. Actions, recommendations and plans to re-audit were in place where appropriate. There was a monthly 'hot topics' training programme and a culture of encouraging professional development; however appraisal rates for staff did not meet the trust's target. Staff had a good understanding and awareness of assessing people's capacity to make decisions about their care and treatment and were able to contact the safeguarding matron for support if required.

The service was experiencing significant challenges with access and flow. Ten ambulatory care areas in the AMU were regularly being used as inpatient beds which was reducing the capacity for ambulatory care and increasing the pressures on staffing on the unit. There were delayed discharges across the service due to a lack of intermediate care and re-ablement beds and waiting for packages of care to be put in place. Some discharge delays were caused on Ward 3 by the wait for specialist community care funding and on Ward 2 by the lack of funding provision for overseas patients. The service was working to address these issues but at the time of our inspection they were ongoing.

There were a number of schemes in place to help meet people's individual needs. People were supported to raise a concern or a complaint and lessons were learned from these. Medical services captured views of people who used the services with changes made following feedback. A survey showed that people would recommend the hospital to friends or a relative.

Staff told us they felt valued and proud of their work. There was good staff engagement and staff were involved in making improvements for services. Staff were committed to delivering good, compassionate care and were motivated to work at the hospital.

Medical care (including older people's care)

Are medical care services safe?

Good

We rated medical care services as 'good' for safe because;

There were effective systems in place for incident reporting and investigations led to changes in practice where necessary, and lessons being learned. People received an apology when something went wrong and were kept informed. Incidences of patient harm were monitored, clearly displayed and there was evidence of actions being taken to strive for continuous improvement. There were processes in place to keep people safeguarded from abuse. The service was visibly clean and staff followed good hygiene practice. There was good monitoring of infections.

Compliance rates with mandatory training competencies were meeting the trust's target. There were systems in place to maintain and service equipment. There were safe systems for the handling and disposal of medicines but staff spoken to were not aware of a ratified self-medication policy and therefore there did not appear to be robust procedures in place to monitor this.Controlled drugs must be stored in steel cabinets but some of the controlled drugs cabinets we saw were made of wood. Fridge temperatures were not always recorded in line with trust policy.

Despite nursing shortages, staffing levels were largely sufficient to meet the needs of patients and there were active plans in place to mitigate the risks. There was evidence from incident submissions of the low nurse staffing impacting on patient care in terms of delaying care; however there was no evidence of harm being caused. Medical cover was adequate.

Incidents

- The service used an electronic system for incident reporting. All staff had access to this and the staff we spoke to provided examples of recent incidents.
- Incidents were graded using a recognised matrix to combine scores for the severity of consequences, and the likelihood of the incident happening again to calculate an overall risk score.
- When an incident was reported it would be automatically sent to the relevant people involved including the ward manager where the incident occurred. Risk scores were validated by senior staff.
- Actions planned as a result of incidents were fed back at the time to the individual staff involved in the incident and to the wider team at the monthly ward meetings. If actions needed circulating immediately they were included as a 'hot topic' in the daily team huddle.
- Staff were able to provide examples of where incident investigations had led to a change in practice, for example blood transfusion processes had been reviewed following an error and more robust checking procedures had been put in place to minimise the chance of a recurrence.
- Minutes from the ward meetings were stored electronically, emailed to staff and on some wards paper copies were also stored in folders in the resource room. We looked at minutes from July and August 2015 on Ward 4 and saw actions from incidents documented.
- There was a monthly divisional mortality committee where mortality reviews and inquests were discussed. The service aimed to review 30% of deaths however information provided by the trust showed that between June 2014 and June 2015 this target was only met in four months, and in four months no reviews at all were carried out.
- Staff knew about duty of candour requirements and gave examples of what it meant in terms of keeping families informed and inviting them in for a meeting where there had been a problem with that patient's care. This was dealt with by the ward manager or a more senior member of staff.
- Information provided by the trust showed that the service was 100% compliant with requirements in terms of being open and sharing lessons learned with patients and relatives following incidents with an actual harm score of 3 and above which occurred between January and November 2015.

Safety thermometer

- The service used the NHS safety thermometer (a tool designed to be used by frontline healthcare professionals to measure a snapshot of specific harms once a month). The safety thermometer looked at four harms: pressure ulcers, falls, blood clots (venous thromboembolisms) and urine infections for those patients who had a urinary catheter in place.

Medical care (including older people's care)

- Safety thermometer results were included in the quality dashboard as part of the Improving Quality Programme (IQP). The quality dashboards were displayed on every ward.
- Between October 2014 and September 2015 there had been 14 new pressure ulcers, 11 falls with harm, and 23 urine infections for those patients who had a urinary catheter in place.
- Venous thromboembolism (VTE) safety thermometer data was not provided at site level, however the Trafford clinical effectiveness dashboard showed that between June 2014 and June 2015 the trust target of 95% compliance was met nine times for completion of risk assessments on coding but only five times for completion of risk assessments on admission. This was for the entire Trafford division.
- There was work going on to reduce the incidences of patient harm. When a Catheter Associated Urinary Tract Infection (CAUTI) was identified a Root Cause Analysis (RCA) was forwarded to the relevant team for completion. Outcomes from the investigations and figures were presented at the local harm free care meeting.
- There was a falls prevention working group which investigated falls and developed and implemented.
- A falls care plan was being trialled and adapted as necessary with input from the specialist falls nurse who worked across the trust and attended Trafford hospital weekly to review and assess patients at risk of falls.
- Pressure ulcer and falls were two of the subjects covered in the monthly 'hot topic' training sessions.
- Pressure ulcer status was identified on the PSAG board, so a gold star indicated that a patient would need two hourly repositioning and a silver star meant four hourly repositioning was required. There was a key next to the PSAG board to ensure all staff were clear on what the symbols meant.
- Grade 3 and 4 pressure ulcers were individually investigated to identify what went wrong and what lessons could be learned. Grade 2 and unclassified pressure ulcers were investigated and presented at the divisional harm free care meetings to facilitate shared learning around pressure ulcer prevention.

Cleanliness, infection control and hygiene

- All of the areas were tidy and visibly clean.
- The Trafford clinical effectiveness dashboard (June 2015) showed no cases of MRSA in the last 12 months and nine cases of clostridium difficile infection between June 2014 and June 2015.
- All cases were investigated and it was found that antibiotics were appropriately prescribed with no evidence of cross transmission between patients.
- Signage with advice for staff and visitors was in place on doors where patients were in isolation for infection prevention reasons.
- Information around infection control was displayed on noticeboards on the wards, for example hand hygiene standards boards. These included photographs identifying the hand hygiene champions on the ward, and a guide showing the seven stages in hand hygiene.
- A hand hygiene audit was completed monthly and if scores were low it was repeated more frequently. The results were displayed on the wards and were sent to the matron, who also conducted spot checks.
- All wards had hand gel at the entrance and in the ward areas, and on some wards there were handwashing areas near the entrance with basins. We observed staff frequently cleaning their hands and patients said that staff wash their hands after seeing them.
- Disposable gloves and aprons (personal protective equipment) were available at the entrances to patient bays. These were for use as a method of barrier protection where necessary, to reduce the risk of contamination from blood, body fluids, non-intact skin and mucous membranes. We saw staff use these.
- Results of patient satisfaction with cleanliness surveys were displayed on the 'proud to care' boards on each ward. The infection prevention and control scores were good, for example in September 2015 97% of patients were satisfied with cleanliness on the Ward 4 and 100% were satisfied on AMU.

Environment and equipment

- Resuscitation equipment was checked at least once daily on most wards and signatures were recorded in books which were up to date with the exception of the Medical Day Unit where there were four days in October with no date or signature to show that this had been completed.

- Locked storage areas where medical devices and IV fluids were stored were tidy and well organised. Shelves and trays were labelled and equipment such as manual blood pressure recorders and nebulisers were bagged and certified with 'I am clean' stickers.
- Electronic equipment was charged and ready for use.
- There were systems in place to maintain and service equipment. Portable appliance testing (PAT) had been carried out on all of the electrical equipment that we inspected and there were stickers in place showing the due date for the next service.
- There were organised storage areas where segregated waste was stored in different coloured bags dependant on the type of waste, for example soiled linen was stored in red bags which disintegrated in the wash, meaning waste did not have to be handled once bagged.
- On AMU the cardiac telemetry monitors were not available due to being sent off for repairs. There were static monitors available in two bays, however this meant bed allocation was less flexible for patients with chest pain or who had a pace maker.
- A fire door on the Medical Day Unit was wedged open to provide access for ambulance staff. As well as creating a potential risk in terms of fire safety, this was a security risk as it allowed direct access from the public car park into a clinical area where vulnerable patients were receiving chemotherapy and other medical treatment.

Medicines

- We reviewed 14 patients' drug charts and found them to be mostly completed appropriately although there were some areas of concern in relation to patients who continued to take their own medication after admission. Staff spoken to were not aware of a ratified self-medication policy and therefore there did not appear to be robust procedures in place to monitor this, such as risk assessments and clear documentation.
- Expiry dates on drugs in the resuscitation trolley on the Medical Day Unit had been highlighted in fluorescent pen which made it easy to check that they were in date.
- Red aprons were worn on medication rounds by the nurse administrating medication to remind staff and visitors not to interrupt them. This was to enable staff dispensing medication to concentrate with fewer distractions and reduce the chance of making an error.
- Some of the controlled drugs cabinets we saw were made of wood. This contravenes the Misuse of Drugs (Safe Custody) Regulations 1973 requirement that controlled drugs must be stored in steel cabinets.
- Safe storage for medication that requires refrigerated storage is essential to ensure that the 'cold chain' is maintained from manufacture, through delivery and storage, to patient administration. Minimum or maximum temperatures were not recorded in the medical day unit because although the fridges could show these, staff did not know how to access them.

Records

- Nursing records were mostly still on paper with the exception of Ward 1 where some were electronic. There were plans in place to move over to EPR when additional computer hardware is in place to accommodate this.
- The nursing and allied health professional notes were stored in files behind the nurses' station on most wards. On Ward 3 some notes were in the bay areas.
- We reviewed six patients' nursing records and found them to be mostly compliant with record keeping standards. One patient had no VTE risk assessment but all other required risk assessments were complete.
- Most medical records created within the service were entered on an electronic patient record (EPR). Allied health professionals were also using EPR, with the exception of Ward 3. Medical staff were positive about the EPR, and described it as "imposing structure" in the records.
- Some medical documentation was still on paper, including do not attempt cardiopulmonary resuscitation (DNACPR) forms, limitation of treatment agreement (LOTA) forms and all drug charts.
- We reviewed two electronic medical records and found them to be comprehensive and complete. They included treatment plans, post take ward information and early warning scores.
- EPR records were printed out when a patient required transfer to another hospital.
- Wards were conducting informal audits looking at five pieces of documentation daily, and addressing there and then any issues found with the record keeping.
- Paper records with pathways in ambulatory care on AMU were locked to ensure confidentiality.

Safeguarding

- All trust staff undertook mandatory level one safeguarding training every year. Nursing staff (qualified and unqualified) undertook annual safeguarding level two training, and the managers and band six staff completed safeguarding level three training every three years in line with their role and competency requirement.
- Safeguarding training was included as an e-learning module in the mandatory training package. Training compliance was built into annual safeguarding and divisional work plans.
- Staff we spoke to had a good knowledge of safeguarding issues and all said they would contact the safeguarding matron if they had any queries or needed support with a safeguarding matter.
- Supplementary training was also available across the trust on topics such as child sexual exploitation and domestic abuse.

Mandatory training

- There were packages of mandatory training available, for example level 1 training was provided for all staff groups and included infection control training, safeguarding training, mandatory and statutory training and major incident awareness training.
- The trust target was 90% compliance for both clinical and corporate mandatory training.
- Information provided by the trust showed that 95% of staff (not including allied health professionals or medical staff) in the Trafford division currently meet the competencies for level 1 mandatory training and 93% for level 2. Allied health professionals were over 90% compliant at both levels, but medical staff did not meet the target with 74% compliant at level 1 and only 63% at level 2. These figures were for the Trafford division.
- Training was recorded on the electronic Oracle Learning Management (OLM) system however at the time of our inspection staff in some areas reported problems with accessing their mandatory training records on OLM and some records were incorrectly showing training was out of date. Managers showed us paper records which they used to keep track of staff compliance.
- Mandatory training for medical staff was coordinated by the medical staffing office and reviewed at appraisal.

Assessing and responding to patient risk

- An early warning score (EWS) is the calculation of a score based on the results of physiological observations including heart rate, blood pressure, respiratory rate, temperature, urine output and level of consciousness. It is intended to help staff identify when a patient is deteriorating.
- There was a system in place called 'patient track' where staff used electronic tablet devices for recording observations which automatically calculated the EWS. A EWS of three or above would trigger a review by nursing and medical staff on the ward, and a score of five or above triggered an automatic call to the duty medical registrar and nursing bleep holder to come and assess the patient. This reduced the risk of a deteriorating patient being missed.
- The service treated a high proportion of elderly patients who were at risk of falling, for example 28 of 30 patients were over 75 years old on one ward we visited, which automatically categorised them as a falls risk.
- Indicators other than age were used to identify the level of falls risk and where appropriate and with their agreement patients were supplied with a falls alarm. The alarm attached to a patient's bed or chair, and would activate if the patient got up. This worked well for those patients who forgot to use the call bell.
- Other measures included a red dot above a patient's bed where there was a falls risk, and adjusting the level of observation by nursing staff, for example if there was a very high risk the patient could be observed on a one-to-one basis so that they were never left alone. There were observation charts to be completed either every 15 minutes, or hourly, depending on the level of risk.
- There had been problems with the bleep system since the switchboard moved over to the central site. This was logged in the form of incidents and included on the risk register. Staff were aware of the problems and testing of the system had been increased.

Nursing staffing

- Staffing levels had been calculated using the Association of UK University Hospitals (AUKUH) acuity tool. This used a set of measures based on patients' care and treatment needs to determine the level of staff required in order to achieve the best patient outcomes. The Royal College of Nursing (RCN) recommendations, Safe staffing for older people's wards was also used.
- The service had determined that patient acuity required a ratio of 1:6 nursing to patient which met with the RCN

guidelines, however on occasions this was falling to 1:10. For example, on Ward 4 there were four teams of two staff, a nurse and a healthcare assistant with each team responsible for eight patients.

- In September 2015 Ward 4 registered nurse hours were filled 88% of the time during the day and 86% at night. Fill rates were similar in recent months, but dropped as low as 73% in July 2015 for registered nurse hours on Ward 4.
- There was acknowledgement from the service that the majority of medical wards were regularly not meeting planned staffing levels. Staff shortages for Ward 3 and Ward 6 were on the risk register. For Ward 3 the establishment whole time equivalent (WTE) for nursing was 22.78 but figures provided showed the actual number was 16.14 in July 2015. For Ward 6 the establishment WTE was 22.9 but the actual number was 17.76. Similarly for AMU the WTE was 21.83 but actual figures were 17.8.
- Incidents provided by the service indicated there was an impact on patient care due to inadequate staffing on at least ten occasions between August 2014 and August 2015. No harm was caused to patients, however medication rounds and observations were delayed, personal hygiene assistance was delayed and call bells were not answered in a timely fashion. In total there were over 400 'no harm incidents' submitted during this period which related to staff shortages, however these included a number related to other disciplines such as phlebotomy.
- Plans in place to mitigate the risks included daily review of staffing levels by the matron and ward manager. Divisional recruitment and retention plans were in progress. Annual leave was planned in advance so there were not suddenly multiple staff on holiday at the same time and agency staff were used where possible.
- Increases in staffing levels had been agreed for some wards, for example an additional band 6 on Wards 2, 4 and 6 to provide greater leadership out of hours. These posts were being advertised at the time of our inspection.Ward 4 had been allocated an additional healthcare assistant in the establishment numbers to allow staff to work in pairs while carrying out personal care for patients.
- Nursing handover was undertaken using a situation, background, assessment, recommendation (SBAR) style which meant appropriate patient information was captured and recorded. Handovers took place at the beginning and end of the shift. As most nursing staff worked long days (7.30am-9.00pm) a further core huddle would be held between 1pm-2pm to update staff throughout the day. On AMU there was another core huddle during the night shift at around 3am.
- We observed a core huddle on AMU and found it informative and thorough. A checklist of 20 alerts was used, identifying which patients they applied to, for example which patients were on cardiac monitors or had a safeguarding alert. These were all reflected on the PSAG board and on the electronic handover sheets which were printed out for staff.
- On AMU there were four teams with one team responsible for the ten ambulatory areas. However, at the time of our inspection these ten areas were all occupied by inpatient beds. This was identified on the risk register, with the potential for the staffing shortfall to impact on the quality of patient care. The controls in place included proactive rostering and identifying shortfalls in a timely manner.
- Staff told us that these controls were in place. When AMU was short staffed the ward manager rang the matron to see if there were other staff available elsewhere in the hospital. Patients were allocated to cohorts so that care could be prioritised to those who most needed it and the nurse to patient ratio was increased to ten patients per team.
- Three new staff nurses had been employed but were still supernumerary in line with the trust's Multi-professional Preceptorship Policy which indicates that the preceptee will undertake a minimum period of two weeks in which they will not be counted as part of the workforce numbers. This allowed new nursing staff to be adequately inducted to the clinical area by experienced staff.
- The high dependency unit (HDU) was staffed with critical care nurses all of whom rotated from the central site to maintain competencies in the care of the critically ill. There were adequate numbers of suitable skilled and competent staff on duty.

Medical staffing

- On AMU there was a consultant of the week on site from 8am to 6pm on weekdays and an on call consultant (off site) between 6pm and 8am on Monday to Thursday nights and from 6pm every Friday to 8am Monday morning. This met with requirements laid out in the Quality Standards for Acute Medical Units (AMUs).

Medical care (including older people's care)

- Medical cover for the service out of hours on site was facilitated by one registrar and one FY1 doctor between 9pm and 9.30am at nights and at the weekend. There was also an anaesthetist available.
- There was an on call twilight shift covered by an SHO between 5pm and 9.30pm on weekdays and a shift between 9am and 2.30pm at weekends.
- Consultant ward rounds were in the morning and evening on Ward 4 and AMU which met Royal College of Physicians recommendations that there should be a twice-daily consultant-led ward round/review of all patients in the AMU, seven days a week, to support ongoing decision making and to review the management plans and results.
- There were regular consultant ward rounds and weekly multi-disciplinary team meetings throughout the service. We observed a multi-disciplinary meeting on Ward 4 attended by a consultant, registrar, senior nurse, three therapists and a pharmacist.
- We observed a morning handover on AMU attended by the night and day teams, consultant of the week, high dependency unit medical team, the bed manager and the nurse in charge. All jobs that needed to be done between 9am and 9pm were entered into a handover book which was signed by all attendees. The jobs were signed off as they were completed throughout the day. This meant that jobs were tracked and there was a reduced risk of actions agreed at handover being missed.
- When locums were used by the service they were provided with a handbook prior to starting which provided information about clinical pathways and policies, as well as how to access the electronic systems.
- The HDU was covered by an intensive care medicine (ICM) consultant (mornings) throughout the week supported by a middle grade anaesthetist 24/7. The unit functioned as a closed unit with ICM consultant cover from the central site outside these hours.

Major incident awareness and training

- Staff were aware of business continuity plans and were able to give examples of what they would do in the event of loss of equipment and evacuation processes, for example prioritising immobile patients.
- They also discussed options available to accommodate winter pressures, for example partially re-opening one of the recently closed wards and donating a member of staff from each ward for a month at a time.
- The policy was held on the computer and some wards also had paper copies.

Are medical care services effective?

Good

We rated medical care services as 'good' for effective because;

Care was provided in line with national best practice guidelines and the service took part in the national stroke audit. The service was not eligible for many of the other national audits, for example their submission to the myocardial ischaemia national audit project (MINAP) was for less than 20 patients so was not eligible. There was a good programme of work in place around improving quality and changes to practice were being implemented when areas were identified as requiring improvement. Pain relief was managed and monitored appropriately.

There was participation in local audits and action plans were in place to implement changes where necessary and re-audit. We saw evidence of good multidisciplinary working in the service with input from a range of different disciplines and specialist nurses.

Length of stay was longer than the England average the trust was sited about this and had identified issues from delayed discharge records and were committed to make improvements. There was a programme of work in place to look at this and understand the reasons better in order that they could be addressed. Re-admission rates for older people were three times higher than the national average. This was being looked at as part of a wider Trafford project which involved a number of agencies including the local authority and other commissioners. There was limited evidence of the hospital providing services seven days a week but there were arrangements in place with central services (MRI) for some procedures to be carried out there.

Appraisal rates did not meet the trust's target. Staff were supported to undertake professional development and the monthly hot topics training was well-received. Access to information was generally good although there were some problems with accessing the different electronic records systems being used by different divisions across the trust.

Staff had a good understanding and awareness of assessing people's capacity to make decisions about their care and treatment and knew to contact the safeguarding matron if they needed help or support.

Evidence-based care and treatment

- We saw clinical pathways based on NICE guidelines, for example the electronic stroke pathway on Ward 1. Medical staff had access to NICE guidelines on the internet, and also via an app on their mobile phones.
- Information provided by the trust showed seven audits had been completed in Trafford during 2015, all of which provided only limited or very limited assurance. Audit reports provided by the trust showed that actions or recommendations and plans to re-audit were in place for all of the audits.
- All of the audits were presented at local divisional meetings and/ or the trust programme of ACE (Audit and Clinical Effectiveness) days four times a year which focused on learning from experience and audit and celebrating good practice.
- There were reminiscence areas in the day rooms on some of the wards with items on display such as old pound notes, vintage radios and photographs of famous people from a previous era. Reminiscence therapy is recommended in guidance from the National Institute for Health and Care Excellence (NICE), Dementia: supporting people with dementia and their carers in health and social care.
- The 'Productive Ward' programme is a set of modules which focus on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency. The service had participated in this and we saw numerous examples of where these practices had become embedded.
- These principles had been transferred into an Improving Quality Programme (IQP) which included ward accreditation, using a white, bronze, silver, gold award system and a quality care dashboard where performance on a wide range of indicators was displayed. The IQP included electronic resource files and modules to improve practice around falls, pressure ulcers, meals and medication rounds.
- Staff gave us examples of changes to practice that had been made as a direct result of these quality initiatives, for example protected time had been introduced while nurses were delivering medication which prevented them from being interrupted by telephone calls, thereby reducing the likelihood of errors being made due to being distracted.
- The IQP data were displayed on all the wards and in some areas, for example on Ward 6, they had included a very clear narrative, explaining what the data meant so that patients and visitors to the ward could understand the charts and graphs.

Pain relief

- Pain management was one of the areas included in the IQP. One ward took a snapshot measurement on one day and found patient satisfaction with pain relief was only 45% so measures were put in place to improve this. An audit of pain charts identified that pain relief was being given but follow-up checks with the patient to ensure it had been effective were not always happening. Practice was changed to ensure that the level of the patients' pain after receiving pain relief was recorded. The most recent snapshot measurement showed that patient satisfaction with pain relief had increased to 85%.
- Other wards had undertaken similar initiatives to increase patient satisfaction with their pain relief, for example ensuring that every patient had a pain care plan which was reviewed at least once daily.
- The patients we spoke to said their pain was managed effectively and staff would adjust their pain relief medication when required.

Nutrition and hydration

- A range of hot food of different consistencies and textures was available and there were menus with brightly coloured pictures for patients to choose from.
- Patients could choose their food menu on a daily basis. Meals arrived chilled on the wards and were heated up as required. Alternatives such as sandwiches could be requested.
- There was a red tray system in place which meant that patients who needed extra support at mealtimes were easily identifiable by the colour of the tray their food was presented on. Patients needing assistance were also identified on a board in the kitchen.

- On AMU there were standard operating procedures (SOPs) for how to serve the meals, ensuring consistency for patients so that they always had the right condiments and hand wipes on their trays, regardless of who was on duty.

Patient outcomes

- The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. The latest audit results rated the hospital overall as a grade D score from January to September 2014 with October to December 14 improving to a Level C score. However, since these results there have been changes to the provision of stroke services in Greater Manchester which means patients will be admitted to a hyper acute centre for the initial treatment of a stroke and the service at Trafford Hospital will only be providing the rehabilitation element of stroke care.
- The average length of stay for elective medicine at the hospital was longer (worse) than the England average at 11.4 days. The England average was 4.5 days. For non-elective medicine it was longer (worse) than the England average at 7.5 days. The England average was 6.8 days.
- For the rehabilitation service (non-elective) the average length of stay was 44.7 days compared with national average of 23.5 days and 83.1 days compared with the national average of 30.4 days for elective rehabilitation. Between May 2015 and October 2015 the average length of stay on Ward 3 was 103 days.
- Trafford hospital has historically had an extended length of stay for patients and work was underway to address the reasons behind this. A length of stay transformation group had been set up and met twice weekly to discuss and manage any issues identified around length of stay. Contributing factors included patient demographics (frail older patient group), and delayed discharges from hospital. Actions taken to address this included use of an electronic system to record reasons for discharge delays and assign actions which were escalated to commissioners regularly and discussed at joint Trafford CCG and Trafford divisional senior team meetings.
- Trafford hospital had a lower risk of readmission than the England average for elective and non-elective specialties but for geriatric medicine it was three times higher than the England average. Staff perceived this may be due to the lack of availability of intermediate beds and community care packages, meaning patients were readmitted to hospital because they were not receiving the care they needed in the community. This gap in service provision was being looked at as part of a review and redesign of services for frail and older people in the Trafford area.

Competent staff

- Information provided by the trust showed that 84% of staff at Trafford hospital, excluding allied health professionals and medical staff, were up to date with their appraisals. Trust wide compliance for allied health professionals was 82% and for medical staff it was 77% which did not meet the trust's target of 90%.
- The trust had an electronic appraisal system which tracked every doctor's appraisal where they could store information that would help to demonstrate they met the required standards. It also meant the trust could track where doctors were in the appraisal and revalidation process and monitor appraisal rates.
- There was a culture of supporting professional development. One staff member told us the external leadership course she completed had been informative and constructive and ideas from the course had led to the introduction of a spiritual corner on the ward and a wider variety of food from different cultures.
- There was a 'hot topics' training programme which offered twice daily sessions on a monthly theme. Staff were encouraged to attend and the Head of Nursing and the matrons attended one session each month. The hot topic for November 2015 was oral hygiene and previous topics included falls (acquired head injury and neurological observations), care of the dying, sepsis and adult safeguarding. We saw evaluation from one session and it was very positive, with staff reporting a clear understanding of the session's aims.
- There were different policies in place dependant on where staff were employed at the time of the merger between Trafford General Hospital and Central Manchester University Hospitals, with different contractual obligations. This meant staff may be treated differently when there were protocols to be followed around sickness or performance management.

Multidisciplinary working

- We saw evidence of good multidisciplinary working in the service with input from a range of different

disciplines including a discharge and re-ablement team (DART), social work, speech and language therapy, radiography, pharmacy occupational therapy and physiotherapy.
- There was access to nurses who were specialists for stroke, diabetes, respiratory conditions, dementia, learning difficulties, tissue viability, nutrition, dietetics, continence, Parkinson's disease and infection control.
- Ward 3 had psychology input Monday to Friday, provided by Manchester Mental Health. There was also a social worker provided by Manchester City Council for Manchester patients. There was another social worker based off the ward who took referrals for Trafford patients but patients resident in other localities had to be referred to their own area services by a different process.
- Wards had 'patient status at a glance' (PSAG) whiteboards which were updated at least three times a day at handover and core huddles. These boards allowed all team members to see at a glance the status for each patient, for example whether there were any safety alerts such as a falls risk and when they were due to be discharged.
- Daily multi-disciplinary board rounds were held where team members met around the PSAG boards to discuss the admission and discharge status of patients on the wards. These were attended by nursing and medical staff, the matron and social workers and therapy staff where applicable.
- The Rapid Assessment, Interface and Discharge (RAID) mental health team were commissioned only for Trafford patients so Manchester residents admitted to Manchester Royal Infirmary who were likely to require input from mental health services would not be transferred to Trafford during their admission.

Seven-day services

- A seven day services steering group led by two corporate directors was established in October 2014 to provide a strategic lead on the trust wide implementation of seven day services. A separate implementation group with divisional and corporate representation reported to the steering group. Both met monthly.
- There was an out of hour's team on duty between 8.30pm to 8am on weekdays and for 24 hours at weekends. This comprised three nursing staff (one band 7, one band 6 and one band 3), as well as the out of hour's medical registrar and a junior doctor. An anaesthetist was available if an arrest call was made. A system had been implemented to triage all out of hours calls to the bleep which enabled care to be prioritised and appropriate clinical assessment and management of patients.
- Therapy services were only available Monday to Friday on some wards but on Ward 6 there was either an occupational therapist or a physiotherapist on duty at weekends.
- CT was available at Trafford and was reported on electronically by a consultant from Manchester Royal Infirmary if interpretation was needed out of hours.
- Other procedures such as MRI scans, endoscopy and echocardiography required a transfer to Manchester Royal Infirmary if required urgently out of hours.

Access to information

- Notes from the multi-disciplinary team (MDT) meetings were typed in to the EPR and historical hand written notes were scanned in. GPs entered their information on EPR, with letters, test results and x-rays. Observations and early warning scores were also recorded on EPR. This meant that the EPR provided a wide range of information for staff to access in one place.
- The central hospital site had a different EPR system called Chameleon. Services at Trafford could view this system to access test results, for example blood tests or x-rays, and to see clinical letters.
- Some paper nursing records were kept at the bedside including medication records, fluid and nutrition charts.
- Staff reported problems with accessing some of the information technology (IT) systems used by the central site which meant that they could not see some of the intelligence that should have been available to them, such as dementia audits and patient experience tracker data. This meant that timely opportunities to act on audit outcomes or patient experience feedback could be missed.
- Staff said that IT issues had got worse since the system had been upgraded to the 'Windows 7' operating system.

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

- Staff were familiar with the processes for instigating a Deprivation of Liberty Safeguard (DoLS).Where there was a concern that a patient lacked capacity one of the

medical or nursing staff completed a capacity assessment and if a DoLs was required the ward manager or a band six nurse completed the relevant documentation. Wider members of the nursing team completed the DoLs care plans with family members or carers.

- We reviewed one set of DoLs documentation and found appropriate records including a care plan for the covert administration of medication, daily review of a safeguarding care plan and regular assessments by the best interest assessor.
- Nursing staff in some areas were not confident with undertaking capacity assessments which meant there could be a delay if a doctor was not immediately available. This issue had been raised with the safeguarding matron who would come and complete the capacity assessment herself when needed.
- The trust had identified a backlog of mental capacity assessments for the Deprivation of Liberty Safeguard process on Ward 4. Actions put in place to address this included the delivery of bespoke training regarding MCA and DoLS for the relevant staff who also shadowed the adult safeguarding matron when undertaking capacity assessments to develop their own expertise and competence.
- There were monthly MCA DoLS master classes for staff in the Trafford division.
- Staff reported that there were sometimes significant delays in the time taken by the local authority to come and approve a DoLS application and when this happened, they would submit an incident form.
- Staff were aware of the need to make appropriate adaptations for patients with capacity issues, for example they used low rise mattresses instead of bed rails if a patient was at risk of falling.

Are medical care services caring?

Good

We rated medical care services as 'good' for caring because;

Patients told us staff were caring, kind and responded quickly to the call bells. We saw staff interactions with people were respectful and person-centred. Patients received compassionate care and their privacy and dignity were maintained.

Patients were involved in their care and said that staff knew them well. Friends and family test results were positive and patients were encouraged to provide feedback on all aspects of their admission and care in hospital. Staff provided emotional support and where necessary there was input from other services, for example the RAID team and the Carers' Centre.

Compassionate care

- Medical services were delivered by, caring and compassionate staff. Staff knew their patients well and treated them with dignity and respect.
- All the patients we spoke with were positive about their care and treatment. Comments included, "the staff are marvellous" and "I have been too poorly to talk to staff but what they are doing has made me more comfortable".
- Friends and family test (FFT) results show what percentage of patients who took part in the survey would recommend the service to their friends and family. The response rate for Trafford hospital was 34.8% which was similar to the England average of 34.5%.
- The average percentage of patients who would recommend Trafford hospital to their friends and family was 96% between July 2014 and June 2015. FFT results were on display on the 'Proud to Care' boards on the wards.
- The service monitored patient experience with their own survey as part of the Improving Quality Care Round (this included a range of metrics such as communication, pain relief, cleanliness and feeling safe. Results were displayed on the ward 'Proud to Care' boards.
- Wards had boards showing a selection of thank you cards and letters. On Ward 4 patients had translated 'thank you' into numerous different languages which were displayed and the nursing staff learned how to pronounce it.
- Patients told us they felt safe in the hospital and said there was always somebody available, day or night, and they did not have to wait for help. Call bells were within reach and staff responded quickly.

Medical care (including older people's care)

Understanding and involvement of patients and those close to them

- There were multiple ways for patients to provide comments and feedback to the service. We saw 'how did we do' cards with pens accessible and a post box to put the completed cards in. There was information about the 'tell us today' campaign, encouraging patients to discuss concerns and diffuse them before they escalated and a telephone number was provided for them to call.
- Patient feedback was displayed on all the wards. On Ward 4 there had been 108 responses from patients in September 2015 which indicated a 97% rate of satisfaction with overall quality including patients' involvement with their care.
- As part of the IQP on Ward 4 a snapshot of patient satisfaction had identified that 50% of patients felt they could not discuss their concerns and worries. A programme of work was undertaken to improve this, including the introduction of a patient diary at the bedside. Staff repeated the snapshot after 30 days and at the time of our inspection 85% patients felt that they could share their concerns and worries with staff.
- There were books and magazines available for patients and carers in several different areas.
- Patients told us staff were flexible and accommodating on the Medical Day Unit, for example fitting in around patients' child care arrangements.
- Wards had 'Proud to Care' noticeboards near the entrance with information for patients and carers including planned and actual staffing levels, results of patient satisfaction with cleanliness surveys, and the number of preventable harms such as pressure ulcers and falls. The boards also had pictures of all the different coloured nursing uniforms with an explanation of what they represented.

Emotional support

- Patients needing input from a mental health team could be referred to the Rapid Assessment, Interface and Discharge (RAID) team. RAID were based in Urgent Care and were led by a consultant psychiatrist. The RAID team visited and supported patients during their admission and referred on to the appropriate community services, including alcohol services.
- The local Carers Centre told us they had just obtained an honorary contract to attend Wards 4 and 6 one day per week to link in with families and carers and provide information and support. They offered carer assessments and had access to a crisis fund to help with transport issues.
- Patient feedback displayed on the wards and gathered from patients' diaries indicated that one area of concern for patients was the level of noise on the wards at night time. Staff were aware of this problem and would move patients to quieter beds where possible and refer to medical or mental health staff where necessary.

Are medical care services responsive?

Requires improvement

We rated medical care services as 'requires improvement' because;

The service was experiencing significant challenges with access and flow. Ten ambulatory care areas in the AMU were regularly being used as inpatient beds which was reducing the capacity for ambulatory care and increasing the pressures on staffing on the unit. There were delayed discharges across the service due to a lack of intermediate care and re-ablement beds and waiting for packages of care to be put in place. Some discharge delays were caused on Ward 3 by the wait for specialist community care funding and on Ward 2 by the lack of funding provision for overseas patients. The service was working to address these issues but at the time of our inspection they were ongoing.

Services took into account the needs of the local people. There was a focus on elderly patients with work going on to support them in their homes following discharge, for example the early supported discharge team on Ward 1.

The hospital had implemented a number of schemes to help meet people's individual needs such as the introduction of 'John's Campaign' where the carers of patients with dementia could visit and stay whenever they were needed, including overnight. The nurse in charge on the wards wore a 'dementia friendly' coloured armband to enable patients, carers and relatives to easily identify them.

Medical care (including older people's care)

Rehabilitation services had a range of therapy equipment and ran groups such as art and gardening to prepare patients for discharge. There was access to translation services and leaflets available for patients about the services and the care they were receiving.

There were significant challenges with discharging patients due to a lack of ongoing care which had a knock on effect of causing a bottle-neck in AMU. We had concerns regarding the length of time patients remained in hospital. The length of stay was way above the expected levels particularly for patients who required rehabilitation. Staff had systems in place to manage the delays in discharging patients and were working with partners to reduce delays and facilitate timely discharge. Never the less patients remained in hospital for longer than they needed to.

People were supported to raise a concern or a complaint. Complaints were investigated and lessons learned were communicated to staff and improvements made.

Service planning and delivery to meet the needs of local people

- With the remodelling of clinical services on the Trafford site in November 2013 to scale down the acuity of patients including the redirection of 999 ambulances to central, Salford and University Hospital of South Manchester sites, the requirements for critical care at Trafford were reassessed. The assessment identified the need for the provision of an appropriately staffed and equipped clinical area to support stabilisation and transfer of critically ill patients to the central site. The high dependency unit (HDU) was commissioned for three beds and for the purposes of management and governance sat alongside the adult general intensive care (level 3) and high dependency (level 2) units at Manchester Royal Infirmary in the Clinical and Scientific Services Division.
- The main need for a higher level of care was identified to be orthopaedic patients who may have an epidural in situ or may require monitoring for instance of their diabetes management and sliding scale regime. The other patients were medical patients who have been referred by their GP with an acute medical problem or self-presenters through urgent care. All patients requiring organ support were transferred to the Manchester Royal Infirmary.
- The introduction of the centralised stroke pathway meant from April 2015 every new onset suspected stroke case in Greater Manchester and Macclesfield was immediately taken to one of the three hyper-acute stroke centres - irrespective of where their stroke happened. When specialist emergency treatment was completed at one of these centres, patients were transferred to a local district stroke centre such as Trafford. This meant that during the first crucial days after a stroke everyone was able to receive best practice care processes which are recommended in national guidance.

Access and flow

- AMU was staffed for 19 beds and ten ambulatory care patients (who do not require admission) but at the time of our inspection there were ten occupied beds in the ambulatory care areas. The lack of ambulatory care access could impact on compliance with emergency access targets. The patient administration system was unable to record how frequently this had happened, however the service was aware of the issue and an action plan was in place to address the use of ambulatory areas as inpatient beds.
- Ambulatory patients referred by their GP were seen in treatment room one by the on call team with the exception of returning patients who were seen by the AMU team. There were 13 pathways in place, such as for cellulitis and deep vein thrombosis (DVT).
- Patients were transferred from AMU to appropriate wards when their stay was expected to be more than 48 hours however staff told us that waiting for rehabilitation beds sometimes caused a bottle neck. When this occurred, priority was given to transferring patients who needed to stay in hospital longer.
- A review was underway to identify the blockages in AMU beds and the length of stay across all the medical wards to help improve patient flow. This was to include a review of the Operational Policy for Acute Medical Unit and the development of an Ambulatory Policy and Process model. However, the extended length of stay remained a cause for concern.
- On Ward 1 there were 18 beds and one triage bed which was used for patients being admitted from urgent care to be assessed to see whether or not they had suffered a stroke. Patients who had had a stroke within the past 72 hours were taken to Salford Royal Hospital and local ambulance services adhered to this protocol.

- There were problems with delayed discharges across the service due to lack of intermediate care beds provided by private health care and waiting for packages of care to be put in place. Staff described a lack of 24 hour care beds and no re-ablement beds. Reasons for delayed discharge were recorded on an electronic system and included awaiting assessment or public funding, awaiting intermediate care, or a bed in a nursing or residential home. Delays were also identified in the provision of care packages and equipment. This information was discussed at the length of stay transformation group which met twice weekly, and at joint meetings held between Trafford CCG and Trafford divisional senior team. There was a new early supported discharge team on Ward 1 which identified patients who could be supported at home. This team was having a positive impact on the discharge process, for example they had access to speech therapy which previously had to be obtained through the community neuro rehab team and could take six to eight weeks after discharge.
- The more complex patients on Ward 1, for example those who could not swallow and needed a feeding tube, could be in for several months as they would remain on the ward provided there was the potential for them to be rehabilitated and they were meeting their goals.
- A trust initiative to improve discharge processes had been implemented including a 'my ticket home' checklist filed at the front of the patients' notes as a prompt for discharge actions such as organising district nursing or social work input, ordering equipment or booking outpatient appointments.
- There were challenges with overseas patients admitted on Ward 2 as there was no provision in place for their ongoing care which led to lengthy delays in discharge. There were five patients in this position at the time of our inspection.
- Services on Ward 3 were registered with the UK specialist Rehabilitation Outcomes Collaborative (UKROC) so a patient's proposed length of stay had to be submitted to UKROC on admission. This was usually between four and five months. At the time of our inspection, nine of the 30 patients had exceeded their proposed length of admission. Waiting for specialist funding for community care was the main reason for the delayed discharges.
- The trust reported 89.1% compliance in 2014-15 with an 18 weeks maximum wait from point of referral to treatment (admitted patients). However, errors had been identified by the trust, in the calculation process. This risk to data quality was being monitored via the risk management structures.
- There were two medical outliers (stroke patients) on Ward 6 at the time of our inspection and two medical patients on Ward 1. Staff told us when they had outliers it was usually for discharge planning, for example the Manchester Royal Infirmary (MRI) would repatriate patients from their wards if they lived in the Trafford area.
- Staff on Ward 1 told us they often had two or three outliers on their unit who were reviewed by their own team, for example orthopaedics. They reported having no problems with contacting the relevant teams.
- The Medical Day Unit provided a range of services including venesections (when blood is removed to reduce the risk of developing problems such as a blood clot), blood transfusions, iron infusions and chemotherapy. They offered treatment for Crohn's disease and tests for gastric conditions.
- Patients were referred to the Medical Day Unit by doctors within the hospital or via the GP for patients if they already had a consultant at the hospital to link the episode of care to. There were no waiting lists and the longest patients had to wait was a few days for iron infusions.

Meeting people's individual needs

- There was a specialist dementia nurse who worked across the trust and visited the service once per week. There were dementia champions on the wards who had attended a dementia study day and received training from the specialist nurse.
- All patients over the age of 65 years had a 10 question dementia screen with prompts as to what action to take dependant on the answers given.
- There was a system in place to flag complex needs on the PSAG boards for staff to see at a glance, for example a forget-me-not symbol was used to indicate a patient living with dementia.
- 'John's Campaign' is an initiative where services welcome the carers of patients with dementia whenever the patient needs them, including overnight if necessary. Most of the medical wards at Trafford

Hospital were participating in this campaign so flexible visiting was in place, and there were put me up beds available for relatives to stay either at the side of the patient's bed, or in the dayroom if preferred.

- Staff were aware that open visiting could be disruptive for other patients on the wards and had taken steps to manage this, for example there were posters displayed above every bed with guidelines for visitors, reminding about the importance of ward activities such as medication and ward rounds.
- The nurse in charge on the wards wore a 'dementia friendly' coloured armband to enable patients, carers and relatives to easily identify them.
- Ward 1 and Ward 3 had rehabilitation facilities including an occupational therapy kitchen with a washing machine, cooker and microwave which patients could use with the therapist to prepare for discharge by practising activities of daily living.
- Ward 1 and Ward 3 had therapy gyms with a range of equipment including an exercise bike, parallel bars and steps where patients received therapy for mobility. There were wide therapy couches used for turning and two specialist bariatric wheelchairs.
- Reminiscence groups were held by speech and language therapy on Ward 6 where a key topic such as holidays was introduced to start a discussion amongst patients with mild-moderate dementia. Other rehabilitation therapies included a gardening area and an art group run by Whitworth art gallery who came to the ward twice weekly.
- On Ward 4 patients were encouraged to bring in their own bed covers. This helped to orientate the patients to their environment by making it easy for them to identify their own beds.
- Wards had day rooms with reminiscence resources for elderly patients and where groups were held such as arts and crafts. There were DVD players which allowed patients to watch vintage television shows.
- Noticeboards showed timetables and pictures for ward activities such as group sessions.
- Translation services were available via a telephone system from an external provider and there were posters on the wall with information about how to access this. Where necessary interpreters were booked to attend at the hospital.
- Chaplaincy and spiritual care information was displayed on the wards and there was a bible and a prayer book for patients' use in the AMU day room.A multi faith centre and prayer room in the hospital were equipped for the use of patients, visitors and staff of all faiths and religions as well as those looking for a quiet space for reflection.
- There was information available and on display across the wards for numerous conditions including pain, falls and the stop smoking service. There were also details of how to contact PALS and Trafford Carers. Leaflets included information about translation and interpretation services in a range of languages.
- There was no hoist available on the Medical Day Unit so patients were admitted to AMU for 24 hours if they needed two nurses to assist with mobility.

Learning from complaints and concerns

- Information for patients and carers about PALS and complaints was on display, with a telephone number for the 'tell us today' campaign which encouraged people to try and resolve issues locally.
- The division held weekly complaints meetings attended by their dedicated case manager and case coordinator. At this meeting each open complaint case was discussed and progress to resolution managed. Monthly case coordinator meetings took place chaired by the relevant case manager.
- There was evidence that the service learnt from complaints, for example on AMU there was an end of life board displaying information about the five priorities of care for the dying and contact details for the palliative care team. There was also information about Macmillan nurses and St Ann's hospice. This board was created following a complaint about communication around end of life.
- There had been a problem with the call bell system on Ward 6. Patients had complained about their calls not being answered and staff described it as not fit for purpose. The problem had been included on the risk register with actions put in place to manage the risk and staff told us that a new call bell system had been approved and would be installed in the near future.

Are medical care services well-led?

Good

We rated medical care services as 'good' for well-led because;

Medical care (including older people's care)

Medical care services were well led with evidence of effective communication within staff teams. The visibility of the head of nursing was excellent; however other trust wide senior staff were not so visible. There were numerous examples of information boards which highlighted each ward's performance across a range of different quality and safety indicators.

Risk registers were in place which had actions identified and risks were monitored regularly. The service undertook regular care quality assessments across all ward areas.

Staff felt valued and supported and able to speak up if they had concerns. Medical services captured views of people who used the services. There was good staff engagement with staff being involved in making improvements for services. All staff were committed to delivering good, compassionate care and were well motivated.

Vision and strategy for this service

- The Trafford hospitals vision was to deliver high performing, friendly services with caring and skilled staff who are proud to give the best care in a safe and welcoming environment. Staff were aware of the vision and were proud of their service.
- Brilliant Basics boards were on the wards which displayed information on the topic of the quarter. During our inspection (quarter three) the topic was 'leaving our care' so there was information about the discharge process for patients and carers. The other three core areas were communication, harm free care and care and compassion.
- The aim of brilliant basics was to improve the 'fundamentals of care' provided to patients and the four core areas were aligned to the nursing and midwifery strategy and values. There was a presentation launch at the central site at the start of each quarter, to introduce the next topic.
- Colourful posters were on display on the wards, outlining the nursing strategy and nursing commitments. Staff were engaged with these initiatives which were linked to their appraisals.
- AMU had a poster on the ward describing their philosophy which included a welcome poem written by a member of the nursing staff. The Medical Day Unit appeared isolated both geographically and strategically. Signage to the unit was poor and it was not included on the trust map despite having been open for 18 months. Staff were unclear on the management structure and had not been visited by trust wide senior managers.

Governance, risk management and quality measurement

- Despite there being a number of different record keeping systems in place, staff were clear on where to record information and understood future plans for one unified system to be rolled out across the trust.
- There was an active divisional risk register in place. There was evidence that risks were being effectively managed, for example a problem was identified with poor attendance at medical device training which could have resulted in a risk of patient harm due to user error. Senior staff organised for the different suppliers of the devices to come and provide training on the same day which meant that staff could attend a 'one stop shop' to learn about all the different equipment. This was well received, with 27 staff attending the first session. Two further sessions had been booked.
- The clinical effectiveness dashboard was reviewed monthly at the divisional clinical effectiveness committee meeting and progress against indicators were discussed. Progress was also reviewed at the divisional mortality, clinical audit, quality and directorate committee meetings and, by exception, at the divisional management board. The dashboard was widely circulated within the division via email and was available on the clinical effectiveness shared drive.
- Performance related updates and progress against divisional strategic and service development plans were discussed at the six monthly divisional review meeting.
- There was information on display on the wards about the number of hours per month lost to sickness across the service. This was disaggregated into wards and departments in terms of how many qualified and unqualified nursing hours had been lost, and what this had cost the division. This was displayed in a meaningful way so that staff could see at a glance, the real cost to patient care, in terms of hours lost to staff sickness.
- A new electronic system had been put in place to speed up the recruitment process by sending reminders to managers at certain stages, which reduced the chance of it falling behind schedule.

- Some documentation and clinical pathways still had corporate branding from the previous trust. Staff told us that updating documentation was an ongoing process and that gap analyses were being undertaken in order to reconcile local pathways with the wider trust documentation. However, Trafford Hospital became part of Central Manchester University Hospitals Foundation Trust on 1st April 2012 so it would be clearer if the documentation reflected that.
- The Improving Quality Programme (IQP) used a range of quality improvement tools and methodologies to resolve problems and promote a culture of continuous improvement. The dashboards generated by the programme were reviewed on a monthly basis by ward managers with their teams to identify areas of excellence that could be shared and areas falling below the minimum standard of 85% that required improvement plans.
- Difficulties recruiting doctors to fill vacant posts was identified on the risk register. The service has been using locum doctors to fill these vacancies and a recruitment drive in India has taken place to provide further medical staff. The division of medicine was in the process of appointing four clinical fellows and these posts will rotate through the Trafford division to ease the shortages.

Leadership of service

- Staff spoke positively about leaders within the services. Local leaders were visible, respected and competent in their roles.
- Staff reported that the head of nursing was very visible on the wards but they were not aware of visits by the medical director or the trust board.

Culture within the service

- Staff were proud of their ward accreditation status which rated them as Gold (excellent, achieving highest standards with evidence in data that success sustained for at least six months), Silver (very good, achieving minimum standards or above with evidence of improvement in relevant data), Bronze (good, achieving minimum standards or below but with evidence of active improvement work) or White (not achieving minimum standards and no evidence of active improvement work). Even on a ward rated as White they were enthusiastic about the improvements they were making to address the areas identified as poor.
- Medical and nursing staff told us they felt well supported. Nursing staff were encouraged to undertake higher academic education and there were four nurses with graduate degrees who were on a master's degree pathway. The staff we spoke with said their appraisals were up to date and personal development plans were in place.

Public engagement

- There was a web page accessible to the public with services and contact information for the public.
- Patients were encouraged to share their views of services and there were different initiatives in place to support this, including surveys and patient diaries.

Staff engagement

- The annual survey in September 2014 asked staff for views on their job, managers, health, wellbeing and safety at work, personal development and the organisation. Ten surveys from 29 sent out were completed by staff from the medical division at Trafford. This was a 34% response rate which was below the trust average of 44%.
- In the NHS staff engagement is measured through the NHS staff survey and scores are awarded between one (poor) and four (excellent). High levels of staff engagement are linked to better patient outcomes and better use of resources. The staff engagement score for Trafford hospitals division was 3.69 which was below the trust average of 3.76. The national average for acute trusts is 3.74.
- There were ideas boards or post boxes on some of the wards where staff put forward suggested changes. One example of a change made was on Ward 3 where the handover process had been revised so that information about all patients was delivered to all staff, instead of staff only receiving handover for their own patients. Staff felt this had improved communication and they had a better knowledge when they had to attend to a patient not allocated to them.
- Staff were positive about the trust. One ward reported that they had received five nominations for the internal GEM (Going the Extra Mile) award. These were awards for nursing and midwifery staff with one winner for each of the organisation's values: respect, dignity, compassion, consideration, empathy and pride.

Innovation, improvement and sustainability

Medical care (including older people's care)

- The service had introduced some innovative systems and processes to enhance patient safety, for example the implementation of 'patient track' the electronic EWS alert system for acutely ill patients.
- Carers' passports were in use, which supported John's Campaign by giving key carers a card to allow them 24 hour access to the ward.

Surgery

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

Information about the service

Trafford Hospital carries out a range of surgical services, including elective orthopaedic and general day case surgery this includes urology, gynaecology, ear, nose and throat (ENT) and pain management. The service is made up of nine operating theatres, Ward 12; the Manchester Elective Orthopaedic Centre (MEOC); comprising of 22 inpatient and 13 short stay beds, Ward 11; a general day surgery unit with 20 short stay beds and the pre-operative assessment unit. Trafford Surgery undertook 8653 procedures were undertaken in the past year (October 2014 to September 2015). 13% of those were treated as inpatients and 87% were day surgery patients.

During our inspection we:

- Visited all surgical areas including the operating theatres, MEOC, the day surgery unit, pre-operative clinic.
- Spoke to 18 patients and seven relatives.
- Looked at seven care records.
- Spoke to 61 members of staff from a range of different grades such as doctors, nurses, support workers, administration staff and managers.
- Observed care and treatment and reviewed performance information about the hospital.
- Inspected the environment to check it was appropriate for use patients and staff.

Summary of findings

We rated surgery services as 'good' overall because;

Staff were experienced and had good levels of training and competency to carry out their role. The department was good at identifying and reporting safety issues and worked hard to learn from past experience. They actively sought to improve quality and safety in a supportive and non-judgemental environment. We found satisfactory provision for identification and care of the deteriorating patient. The environment was clean, hygienic with low levels of healthcare associated infections.

Medicines, including controlled drugs, and records were stored appropriately. Staff compliance with mandatory training was 96% and staffing levels were sufficient to meet the needs of patients. The organisation assessed and responded to potential risks in an organised and proactive manner.

Care was planned and delivered in line with evidence based guidance and practice. There was good multidisciplinary team working with good access to a range of specialties. The surgical team treated patients with dignity and respect and patients told us staff were caring and compassionate; patients said they were kept informed and involved in the treatment they received.

Surgery

The hospital met the national referral to treatment (RTT) target of 18 weeks between referral and surgery. Staff showed a genuine desire to cater to individual patient needs. Reasonable adjustments were made to accommodate individual patient needs.

Theatre utilisation was inefficient; this was contributed to by poor co-ordination of services off-site by Manchester Royal Infirmary (MRI), Royal Manchester Children's Hospital (RMCH) and Salford Royal Hospital, which were largely out of the control of local managers. Whilst locally there was awareness of the issues and attempts to remedy such failings, it was felt that this issue needed to be addressed at trust management level. There were also issues with problems obtaining patients records, most notably those for MRI patients, this caused delays and further affected efficiency in theatre utilisation.

Surgical services were well-led on a local level, but there were concerns about Central Manchester University Hospitals NHS Foundation Trust (CMFT) senior management being visible at the Trafford Hospital site.

Are surgery services safe?

Good

We rated surgery services as 'good' for services because;

The department had a high level of reporting incidents and concerns which was encouraged and supported by managers. Staff were able to demonstrate learning and improvements from such incidents which improved safety. The wards and theatres we inspected were visibly clean and hygienic with effective cleaning programmes and audits.

Medicines, controlled drugs and consumables we stored safely and records were maintained accordingly. Medical and nursing staffing levels were sufficient to keep people safe; they received training in safeguarding and were competent in its application. The department had good systems for identifying, recording and responding to risks.

Incidents

- The department reported one 'never event' between August 2015 and October 2015. 'Never events' are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. This never event involved the carrying out of an aspect of a surgical procedure without the consent of the patient. Managers fully investigated this incident and completed a root cause analysis to uncover contributing causes of the error, which was an effective way to improve safety and quality and reduce future risk of reoccurrence.
- Surgical care staff reported 157 incidents between August 2015 and October 2015. The majority 152 resulted in no or low harm and included communication and staffing problems, two resulted in slight harm and two in Moderate harm. These related to a failure in communication regarding variation in treatment and a failure in consent to treatment procedures.
- We reviewed a number of incident reports and found that managers had appropriately investigated the incidents using a root cause analysis process and successfully identified contributing factors, allocating necessary actions appropriately.

- Incidents were an agenda item on monthly team meetings and safety concerns were discussed as 'hot topics' to promote learning and awareness.
- The managers actively sought feedback from patients, their relatives and staff in order to find ways they can improve safety and the service they offer.
- Mortality and morbidity meetings were held every month. Deaths across the trust were analysed for factors which may impact on patient safety. These were conducted in line with trust policies and were underpinned by policies and procedures. A number of cases were selected randomly and investigated thoroughly by doctors with no involvement in the case. These were closely scrutinised to identify patterns or avoidable contributing factors. The results were used to implement improvements were patient safety could be improved.
- Between August 2015 and October 2015, Trafford surgery department have implemented the 'Duty of Candour' procedures on two occasions. The duty of candour is a regulation introduced for all NHS bodies in November 2014; it encourages hospitals to act in an open and transparent way when things go wrong and sets out what a hospital must do if harm has been caused to a patient. Staff we spoke to understood their obligations and how to go about the process.We observed that these cases were dealt with appropriately and effectively.

Safety thermometer

- The NHS Safety Thermometer is an assessment tool which measures a snapshot of harms once a month (risks such as falls, pressure ulcers, bloods clots, catheter and urinary infections).
- Safety Thermometer information between February 2015 and October 2015 showed that the surgical services had no cases of catheter urinary tract infections or new pressure ulcers.
- The surgical department reported two falls during this period one resulting in very serious harm. This was correctly reported as a serious incident and an investigation is currently in progress.
- The department have demonstrated a commitment to learning from incidents and takes appropriate action to reduce risk where possible.
- The data also shows there was one recorded surgical sight infections during this period, this related to knee surgery.
- Information relating to safety thermometer results was clearly displayed and visible in the wards and theatre areas

Cleanliness, infection control and hygiene

- There were no reported cases of methicillin resistant Staphylococcus aureus (MRSA) in the last twelve months. There were 13 reported cases of Clostridium Difficile across the Trafford Site in the year April 2014 – March 2015.
- Hand hygiene gels were present on the entrance to the ward and inside the ward, including bays and side rooms.
- Hand washing basins were present in bays and side rooms.
- Staff were very knowledgeable about infection control procedures; we saw that staff followed the trust policy on infection control. We observed staff washing their hands and using hand gel between treating patients and that they adhered to the bare below the elbow' policy in clinical areas.
- Clear advice and instructions for preventing and reducing infection was on display for patients and visitors to read.
- Personal and protective equipment (PPE), such as gloves and aprons, were available in sufficient quantities and were utilised by staff appropriately.
- The surgical wards we visited were visibly clean and arrangements for regular cleaning were in place. Hygiene standards were checked by cleaning managers and ward managers to ensure they were maintained.
- We found that the surgical services had one incidence of a surgical site infection in the last 6 months.

Environment and equipment

- Waste and clinical specimens were handled and disposed of in a way that kept people safe. This included safe sorting, storage, labelling and handling.
- We found that resuscitation equipment was being tested and checked daily in line with policy and was found to be clean and well stocked
- Other equipment such as commodes and hoists were seen to be clean and well maintained. When items were used they were cleaned and labelled as clean in line with Trust policy.

- Staff in the theatres told us they always had access to the equipment and instruments they needed to meet patients' needs and confirmed any faulty equipment was either repaired or replaced promptly.
- The trust used single-use, sterile instruments where possible. The single use instruments we saw were within their expiry dates. The service had arrangements for the sterilisation of reusable surgical instruments. There was sufficient storage space in the theatres and items such as surgical procedure packs were appropriately stored in a tidy and well organised manner.
- Bariatric equipment was available to the wards and theatres if required

Medicines

- During our inspection, we found that medicines, including controlled drugs and intravenous (IV) fluids were stored safely and in line with agreed protocols.
- We found that medicines requiring cool storage were stored appropriately and records showed that refrigerators were kept at the correct temperature.
- We found that the system for prescribing and administering medicines was satisfactory
- The ward pharmacist and technician visited wards daily Monday to Friday , and were available in the dispensary on Saturday mornings. The pharmacists were available via on-call system at other times we saw that the pharmacist checked that the medicines patients were taking when they were admitted and these medicines where appropriate were available and that records were correct up to date.
- We looked at the prescription and administration records for four out of the 12 inpatients on MEOC ward. We found appropriate arrangements were in place for recording the administration of medicines. People were getting their medicines when they needed them and any reasons for not giving people their medicines were recorded.
- Any known drug allergy was clearly recorded and patients with an allergy wore a red wristband to highlight this.
- Although there had been recent medication errors, these resulted in low or no harm and it was evident that lessons were being learned from these events. An initiative had been introduced to reduce the interruptions during medication administration and those who had been involved in errors were given additional training and were required to complete medication booklets.

Records

- During our visit we checked seven patient records and found these to be accurate, complete, legible and up to date.
- The records contained the relevant pre-operative information and all relevant risk assessments to assess and highlight individual patient needs and risks.
- However, we noted that during an investigation into a serious incident, the trust found that some documentation was incomplete; since this incident managers have completed regular audits of documentation which has improved completion.
- The system by which patient records were obtained particularly in relation to Manchester Royal Infirmary (MRI) is not effective. During our visit we identified that 30-40% of records for MRI patients were not present when the patient attended for pre-operative assessment. This is not in line with best practice and could result in delays to treatment, increased risk to patients and the potential cancellation of a scheduled operation should additional information come to light.

Safeguarding

- All staff were very aware of their responsibilities regarding safeguarding and the correct procedures to follow and records confirmed training levels were good.
- The hospital has two dedicated safeguarding nurses, one for adults and one for children; they were very visible around the hospital and were on hand for advice and information.
- Safeguarding training for staff excluding medical and allied health professionals for Trafford Hospital was 95% for level 1 and 93% for level 2 training. Information specifically relating to surgical services could not be desegregated further.
- Trust wide data for all medical staff showed training compliance was 74% for level 1 and 63% for level 2 training.
- Trust Wide data for allied health professionals showed training compliance was 92% for level 1 and 94% for level2. It was not possible to desegregate this information any further.

Surgery

Mandatory training

- The surgical services have an excellent record of mandatory training and report that 96% of their staff were up to date with their training.
- The department showed us how they are able to maintain good levels of training as they keep good, visible records of when each member of staff is due for their training updates.

Assessing and responding to patient risk

- The surgical wards used an early warning score (EWS) system to identify if a patient was deteriorating. EWS is a system which 'scores' patients based on their observations readings such as temperature, blood pressure, pulse, consciousness level. The observations figures were entered into a hand held electronic device called 'patient track' which automatically calculated the EWS and if appropriate 'bleeped' doctors if the patients' observations are out of range as met a trigger point.
- There were clear directions for actions to take when patients' scores increased, and members of staff were aware of these and the actions required to alert doctors.
- If a patient's condition deteriorated, procedures were in place for stabilising and managing them. They were escalated to the High Dependency Unit (HDU) on site at Trafford. If they required more intensive management than the HDU could provide, they would be transferred by ambulance with medical and/or anaesthetist escorts in line with Association of Anaesthetists of Great Britain and Ireland (AAGBI) safety guidelines on inter-hospital transfer to a facility able to provide a higher level of care.
- This process was comparable with protocols in place in other hospitals and was considered to be satisfactory.
- The hospital has an 'Out of Hours' team who responded to emergencies and deteriorating patients via a bleep system activated by the patient track or via alerts from staff.
- Risk assessments were undertaken with regards to venous thromboembolism (VTE), falls, malnutrition and pressure sores. These were documented in the patient's records and highlighted if at risk at handovers.
- During our visit, we found the services were compliant with the World Health Organisation (WHO) checklist, which helps to prevent mistakes during surgery, and that this was being completed appropriately.
- Surgery services were found to be compliant with NPSA '5 steps to safer surgery' procedures.

Nursing staffing

- During our visit, we found that although the team had nursing vacancies, they had successfully recruited to these posts and were awaiting the arrival of appointed staff. In the meantime, shortfalls were managed and agency staff were utilised when required.
- We were advised that a nursing acuity tool was trialled but produced inconsistent results and so was it was deemed inappropriate. Patient acuity was assessed on a week by week basis by the surgical matron and ward manager based on the nature of the surgical cases expected the following week. They would then allocate staff to locations as appropriate and felt this was a more effective process than a recognised acuity tool which did not fit with their work structure. Agency staff received an appropriate Trust induction and orientation to the area they would be working in.
- We observed a nurses handover during our visit and found this to be comprehensive and clear. Any risks to the patient were clearly highlighted and it was felt the incoming staff were well informed of the background and the plan for the patient they were receiving.
- The nurse handover was preceded by a 'safety huddle' which highlighted important issues and any safety concerns.
- The skill and experience mix of nursing staff was good, all the staff we spoke to had at least three years' experience of surgical nursing.
- Nursing staff duty rotas were completed at least 6 weeks in advance. Whilst the nurse acuity tool for assessing patients is not formally used in this department, a senior nurse does assess the numbers and characteristics of patients for the coming week and allocates staff appropriately.

Surgical staffing

- There are no consultant led ward rounds at Trafford surgical services, ward rounds were undertaken by surgical registrars with consultants available by telephone if required.
- Consultants do not always see their patients post operatively.
- The department had difficulty attracting junior doctors and therefore the on surgical ward doctors were agency staff. These doctors had worked on the units for two years.

- The ward had 2 advanced nurse practitioners (ANP) and there are plans to move to a nurse led service once their skills have been embedded.
- Out of hours cover is provided by a hospital wide out of hour's team who respond to bleeps and are available by telephone.
- There is no formal handover from the out of hour's team to the ward or theatre doctors, issues are handed over utilising the nursing handover.

Major incident awareness and training

- The surgery services as part of Trafford Hospital and Central Manchester Foundation Trust work with other organisations in Greater Manchester to ensure a multi-agency response to a major incident or emergency.
- Planning for major incidents is coordinated by Greater Manchester Resilience who undertake assessments of potential hazards and threats. Local plans are in place plans which had been practiced recently.
- The hospital has a strategy to deal with the extra pressures faced over winter, such as opening extra wards, however as Trafford Hospital is not an emergency surgical centre and does not undertake unscheduled emergency surgery procedures, this is not practised in this department.

Are surgery services effective?

Good

We rated surgery services as 'good' for effective because;

Surgery services were effective as care was provided in line with national best practice and guidance. The department participated in clinical care audits both locally and nationally and their performance was in line with required standards. Procedures were in place to recognise and care for patients whose condition deteriorated, facilities existed on site for transfer to a high dependency unit or transfer to an intensive care unit at another hospital. The management were aware of issues and risks within the service and action plans had been put in place. Where these had been implemented performance had improved.

Patients were assessed individually for pain relief and their nutritional needs were met. Care was provided by a competent and experienced multidisciplinary team. The team worked well together and were effective at ensuring patients' needs were met. The staff had good rates of mandatory training, received annual appraisals and demonstrated good knowledge of legislation concerning patient care.

During our visit we ascertained that the operating theatres were not effectively utilised and that greater efficiency could be achieved. We also found there were problems obtaining patient records from Manchester Royal Infirmary for pre-operative clinics. Both these issues were known to local managers and attempts had been made to address these issues and some improvement had been made, however the involvement of Central Manchester Foundation Trust management board was required to effect any significant progress.

Evidence-based care and treatment

- The surgical care group used national and best practice guidelines to care for and treat patients.
- The trust monitored compliance with National Institute for Health and Care Excellence (NICE) standards. Surgery was conducted with compliance to Royal College of Surgeons guidelines.
- Staff provided care in line with 'Recognition of and response to acute illness in adults in hospital' (NICE clinical guideline 50) and 'Rehabilitation after critical illness' (NICE clinical guideline G83).
- The surgical care group acted in line with NCEPOD recommendations regarding the care of patients during their surgery.
- AAGBI guidelines were followed with regards to pre-operative assessments and patient risk factors. However, the unit does not comply with some recommendations regarding the facilities within the unit such as co-location of ward and theatres. As the operating theatres are not all located in one block, some patients have to travel a fair distance to and from theatre. Additionally the pick-up and drop-off facilities as described in the guidance are not provided; therefore patients arriving at and leaving the department have to travel a fair distance through the hospital.Some patients told us they found it difficult to find their way and we observed that the signage could be improved upon.
- Nice Pathways for venous thromboembolism (VTE) were followed both within theatre and on the wards.

- NICE quality standard 49 regarding Surgical Site Infection was followed using a surgical site infection checklist.
- NICE clinical guidelines 3 regarding preoperative tests for elective surgery were completed appropriately at the pre-operative assessment clinic.
- Provision of occupational and physiotherapy was provided in line with evidence based guidance for orthopaedic surgery.
- Completion of checklists and compliance with evidence based guidelines were checked by ward managers and was audited regularly. Any shortcomings were highlighted to encourage improvement.

Pain relief

- An acute pain team operates within Trafford hospital led by an anaesthetist and there is a Specialist Pain nurse employed by the trust whose services can be utilised via an electronic request system.
- An initiative was undertaken to assess patients' pain relief provision. As a response and in consultation with pharmacists and doctors pain relief protocols were changed to provide better pain relief to patients. Improvements in outcomes are currently being measured, but staff we spoke to believed patients' pain was being controlled more effectively.

Nutrition and hydration

- Surgical services have access to a dietician if required which was be requested via an electronic referral system.
- Fluid balance charts were kept for patients following surgery and those with a urinary catheter in situ.
- The nutritional needs of patients are assessed and recorded in their notes and are highlighted on a large noticeboard so they can be assessed 'at a glance'. We also heard nutritional needs being discussed at handover.
- Patients were satisfied with the standard of food provided at the hospital.

Patient outcomes

- Performance and clinical effectiveness is measured against recognised measures and the data is monitored and analysed to aid improvements in quality.
- Performance reported outcomes measures (PROMs) data between April 2014 and March 2015 showed the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.
- Central Manchester NHS Trust's performance was comparable to or better than the England average in both the bowel cancer and the lung cancer audits.
- Data obtained from the hip fracture audit indicated that the trust performed significantly better than the England average for patients developing pressure ulcers and for completion of falls assessments. However, it performed worse for patients receiving input from a doctor specialising in the care of older persons and for receiving a bone health medication assessment, which is recommended in order to identify and treat any future fracture risk before discharge from hospital.
- Surgical patients were never placed on other wards within Trafford Hospital so there were no outliers, if day surgery patients required an overnight stay; they were transferred to Manchester Royal Infirmary to an inpatient surgical bed.
- The average length of stay at Trafford was significantly higher than the England average. Surgical services were aware of this and they were looking at ways to improve the figures.

Competent staff

- Newly appointed staff had competency assessments before working unsupervised.
- All staff undergo a comprehensive induction process and are subject to competency related assessments upon joining the surgery department.
- New nurses or those who had experienced a medicine administration error were given additional supervision and utilised a medication booklet.
- Departmental records showed appraisal rates varied between staff types (an appraisal gives staff an opportunity to discuss their work progress and future aspirations with their manager).
- As of November 2015 on average, 93.6% of surgical staff had received their annual appraisal.
- Nursing staff were very positive about their work and their learning and development opportunities. They told us that they were positively encouraged to pursue additional projects and pieces of work. Staff are often asked for their input and ideas in response to patient feedback and encouraged to form focus groups to help improve patients' experience. Projects undertaken and

implemented by staff have been improvements in pain management, medication errors focus group, better sleep for patients at night and welcome signs for patients for whom English is not their first language.
- Nursing staff told us clinical supervision was in place and adequate support for revalidation of their nursing qualifications.
- Doctors told us they found the work at Trafford lacked challenge and opportunity for professional development and it did not provide the range of specialisms and experience to further their careers. It was therefore difficult to recruit and retain junior doctors at the Trafford site. The Trust stated they had plans to extend the services provided at Trafford which would will improve the range of surgery carried out which they believed would attract medical staff to work at the hospital

Multidisciplinary working

- Surgical Services operate good multidisciplinary working. Occupational and physiotherapists work with patients particularly on the orthopaedic ward. They are involved in the pre-operative care of the patient by providing education sessions in order to prepare the patients prior to and following their surgery.
- A pharmacist and technician visited the ward on a daily basis and were on call over the weekend.
- There is access to a range of specialist teams such as the pain team, dieticians and tissue viability specialists.
- Surgical services at Trafford Hospital worked in partnership with Salford Royal Foundation Trust, St Mary's Hospital, Manchester Royal Infirmary and Royal Manchester Children's Hospital to provide some surgical procedures. During our visit, by talking to staff, looking at processes and records and through analysis of data, it is apparent that co-ordination between these hospitals is problematic. We found that theatre time is not being utilised effectively. It appears that procedures are not being scheduled efficiently and that more patients could be accommodated by Trafford Surgical Services.
- Furthermore, the instances of cancelled procedures was high and this was contributed to by the inefficient co-ordination between sites and between teams.

Seven-day services

- Elective surgery services operate Monday to Friday only, there are no unscheduled or emergency surgical procedures undertaken at Trafford. If there is a demand for such services patients must be transferred to another facility usually Manchester Royal Infirmary.
- Orthopaedic inpatients are present over the weekend and the ward is staffed accordingly.
- A surgical registrar from Manchester Royal Infirmary visits on a Saturday and Sunday to conduct a ward round, reviewing every inpatient. Consultant advice is available by telephone. When the registrar leaves the site, medical input can be sought via the out of hour's hospital team. However, there is then no access on site to a surgical specialist or a ward doctor for routine advice or ward duties.
- Occupational and physiotherapist provide a seven day service.
- There is access to radiology and imaging services via an on call system out of ours and at weekends.
- There is access to pathology via an on call system out of ours and at weekends.
- The Ward pharmacist and technician visited wards daily Monday to Friday , and were available in the dispensary on Saturday mornings. The pharmacists were available via on-call system at other times

Access to information

- Staff could access information and data they needed in order to deliver care and treatment in a timely manner.
- They had electronic access to test results, risk assessments, medical and nursing notes.
- Computers were available with access to patient and trust information, this included access to electronic policies and protocols.
- Hard copies of minutes of meetings, relevant protocols, safety and alert information and audits were available.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The surgical services are very much aware of their obligations under the Mental Capacity Act. They have robust systems in place to ensure guidance is followed and have correctly utilised the system.
- During our visit the Deprivation of Liberty Safeguards (DOLS) was the "focus of the month" and staff had a good understanding of how this was relevant to their roles. They understand and have implemented the DOLS process.

Surgery

- During our visit we observed that consent was always gained before any intervention and that consent procedures for surgery were always followed including those whom lacked capacity or whom were unable to consent.
- However, we are aware of a recent incident where a part of a procedure was carried out without the consent of the patient. This has been fully investigated and actions have been implemented for future learning and risk reduction.

Are surgery services caring?

Good

We rated surgery services as 'good' for caring because;

Patients, families and carers were very positive about their experience of treatment and care at Trafford surgical services. They were treated with kindness and compassion and felt they had been involved in decisions about their care. We observed staff actively engaging with patients whilst providing kind, compassionate care. We saw that patient privacy and dignity was maintained and that staff were considerate and thoughtful to the needs of patients and those close to them.

Compassionate care

- During our visit we spoke to 18 patients who without exception stated they had been treated with kindness, dignity, respect and compassion.
- Staff value patients' individuality and are respectful of patient choices.
- We observed caring and considerate interactions between staff, patients and their relatives.
- The areas we inspected were compliant with same-sex accommodation guidelines.
- Curtains and doors were closed during personal care and side rooms were used for patients for requiring greater privacy.
- Staff knocked on doors and asked before entering areas where curtains were drawn round and that privacy and dignity was maintained.
- We saw staff take into account the emotional needs of patients and their relatives.
- During our visit we observed that patients' pain was attended to in a timely and compassionate way. However we note that although there have been improvements in patients reported satisfaction with pain relief it remains an area of concern to patients. For the year ending April 2015, only 88% of patients report receiving pain relief when they need it.
- One patient commented, "It is not just a job to them, they always have a smile on their face, they explained the pros and cons and listened to my views".
- The NHS friends and family test (FFT) is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. The FFT results from July 2014 to June 2015 showed Ward 12 received an average score of 96%, that is, 96% would recommend it; however the questionnaire was only completed by 28% of patients.
- Surgical services did however implement their own patient feedback system whereby the patient completed interactive feedback on their care application using a hand held electronic device. Feedback with regard to the meeting of cultural or disability needs was good, however was some patients felt that their religious and spiritual needs were not met and communication was a concern. Patients felt that staff were friendly and helpful and that they were involved in decisions about their care.
- The trust as a whole performed equal to or better than the England average in all areas of the patient-led assessments of the care environment which looked at cleanliness, food, privacy, dignity and wellbeing and facilities available at the trust.
- The trust performed similar to other trusts in all areas of the 2014 CQC inpatient survey.

Understanding and involvement of patients and those close to them

- During our visit we observed staff engaging effectively with both patients and their relatives and including them in patient care. Relatives told us they were generally updated on the progress of procedures and were supported when nervous or anxious.

Emotional support

- During our visit, we observed emotional support being provided to patients and relatives by a range of staff.
- Trafford hospital has an on-site dedicated bereavement support service for relatives of those who pass away at the hospital.

Surgery

- Trafford Hospital provides a range condition specific emotional support through cancer, cardiac, heart failure, diabetes, colorectal and stoma, pain, safeguarding and palliative care nurse specialist services.
- Assessments for anxiety and depression are conducted at pre-operative clinic. If an issue is identified which may impact on care, this is highlighted and if necessary referred for a reasonable adjustments meeting (see responsive below).
- Whilst there is no general counselling service at Trafford, there is a Patient Advice and Liaison Service (PALS) and chaplaincy and spiritual advice service.

Are surgery services responsive?

Good

We rated surgery services as 'good' for responsive because;

The needs of local people were considered in the planning and delivery of services. The surgical care group listened to and responded to the individual needs of patients and we saw examples of care being tailored and reasonable adjustments made ensuring a person centred approach. The department actively sought feedback from patients which they responded to by initiating projects for improve the service. There were no problems with access and flow at Trafford surgery services, there was always a bed for patients as their admission was pre-planned.

Hospital data showed all patients who had their operations cancelled, had their operations rescheduled and completed within the required 28 days. NHS England data showed national targets aiming that 90% of patients should start consultant-led treatment within 18 weeks of referral were being met. Theatre utilisation was low l, This had been recognised by the Trust and an external consultant had been commissioned to work with staff to develop options for expanding the service and increase the utilisation of the surgical services for Children and young people at the hospital.

Service planning and delivery to meet the needs of local people

- Trafford surgical services provide pre-planned day surgery and elective orthopaedic services on site.
- Local people had been consulted following the reconfiguration of services at Trafford and the establishment of the Manchester Elective Orthopaedic Centre. A listening event was carried out to consider patients views of the service provided. This initiative was undertaken in association with local Healthwatch (a local consumer champion for health and social care), the Clinical Commissioning Group and CMFT and the information was shared to raise awareness of patients' issues.
- The surgical care group did not carry out any emergency surgical procedures and any patients requiring emergency surgery were transferred to other hospitals as appropriate.
- Patients are referred via consultants for planned day surgery, they were only deemed appropriate if it was anticipated that they could be discharged the same day as their operation.
- The services provided at Trafford hospital were not intended to provide a comprehensive surgical service provision for the people of Trafford; services had been reconfigured to provide low risk procedures and ease some of the burden on the main site MRI.
- The only surgical inpatients at Trafford Hospital were elective orthopaedic patients. These included patients from the wider Manchester area who were deemed suitable for treatment at the location.

Access and flow

- There were no issues with patient flow as the department did not undertake emergency surgery, there were always enough beds for patients as their arrival was always pre-planned.
- Patients attended a pre-operation assessment clinic where they received a health check which assessed their fitness for surgery and their relative risk. They would also be asked about discharge arrangements, such as the availability for an appropriate adult to collect them from hospital and someone to stay with them for 24 hours after their surgery.
- Discharge arrangements were initiated upon admission and the department had a robust system for discharge. They ensured that the patient was fully advised and understood the plans. Discharge summaries were sent to the patients' general practitioner (GP) and there were procedures to enlist support from social services and district nurses if necessary.

- Theatre utilisation was 66% on average across all 9 theatres between May 2015 and October 2015, this was based on high cancellation rates and inefficient organisation of theatre lists and was similar across all specialities. This had been recognised by the Trust and an external consultant had been commissioned to work with staff to develop options for expanding the service and increase the utilisation of the surgical services for orthopaedic surgical services at the hospital.
- Hospital cancellation rates were are high and are currently at 8%, but these have improved from 11% in the last three months, Work was ongoing to understand the reasons for the high cancellation rates.
- The number of patients not treated within 28 days of a cancelled procedure was zero for the period April to September 2015.
- NHS England determine that 90% of admitted patients should begin consultant-led treatment within 18 weeks of referral. We found that these targets were being met. The average referral to treatment time was 13 weeks and for some specialties such as Gynaecology, this was as low as five weeks.
- Other than on Manchester Elective Orthopaedic Centre there are no surgical inpatients at Trafford Hospital. Therefore there are no surgical outliers. Should a day surgery patient require an overnight stay, they would be transferred to a surgical ward at another hospital such as MRI. This had happened to 58 patients in the two years since the day surgery ward opened. We have reviewed the circumstances of those transfers and we were satisfied they were appropriate.

Meeting people's individual needs

- Surgery services at Trafford Hospital were good at meeting people individual needs. Where specialist needs were identified, procedures were put in place to assess and implement tailor-made adjustments.
- For example; a pre-operative assessment identified individual needs of a patient with learning disabilities. In response the department arranged a multidisciplinary team meeting involving the patient advocate and family together with a range of healthcare professionals. Reasonable adjustments were put in place to facilitate the patient's care and experience whilst in hospital, including adaptations to the ward and theatre environment. This prevented any cancellation of the procedure due to lack pf planning and proved successful as it made the experience for the patient much less stressful or unpleasant.
- Patients with very complex needs may not be suitable for surgery at Trafford Hospital, higher risk patient were usually treated at MRI as they could provide more intensive care. If a patient required a greater level of care than on the ward, they may be cared for on the high dependency unit (HDU) however more intensive care was not available at Trafford Hospital and patients would be transferred to MRI.
- Trafford hospital through CMFT provide a interpreting and translation service (ITS) to aid communication between health professionals and patients, families and carers who are unable to communicate using English.
- Patients with dementia were identified prior to admission. Side room were allocated and relatives would be allowed to stay if required. The department had a dedicated dementia link nurse who had attended additional training on dementia care. However, parts of the environment and the signage in both wards was not dementia friendly and was not consistent with current recommendations around the use of images, colour, height and size of signage and the use of colour within the environment and patient bathrooms.

Learning from complaints and concerns

- We observed that the surgical care team had a good system for obtaining, monitoring and responding to complaints. They actively sought patient feedback from patients and their relatives and showed a genuine desire to improve services and learn from information that they received.
- Complaints were recorded centrally on the CMFT complaints recording system. Complaints were supported locally by managers and matrons and managed by the divisional governance team. The administration of responses was monitored by the CMFT complaints team, who prompted managers if time limits were pending.
- Information and learning from complaints was openly discussed during team meetings to raise awareness and improve quality.

Are surgery services well-led?

Surgery

Good

We rated surgery services as 'good' for well-led because;

Surgical services at Trafford were well led locally by an enthusiastic, hands-on, supportive and well respected management team. In particular, the nursing, support and administrative staff and therapists were very happy in their jobs and stated it was a very nice place to work. Doctors; whilst happy with local management; were frustrated at the lack of opportunities for professional development. CMFT senior management was aware of the issue and looking at ways to improve development opportunities. We noted that staff were very proud about their hospital and the people they served and that they wanted to provide the best service possible.

Managers locally tried hard to improve local issues such as low theatre utilisation, high numbers of cancelled operations and difficulties with patients' records from other areas. They felt they were unable to effect further change and these issues needed to be by CMFT senior managers.

Vision and strategy for this service

- The vision and strategy for surgical services and Trafford Hospital in general remains unclear, there is reference to on-going reconfiguration of the Trafford site but the specifics of this are not provided.
- There is a willingness locally to expand services and improve efficiency by local managers.
- Trafford based managers and in particular surgical care managers actively seek to make changes for the good and implement strategies for improvement where it is within their power. However they struggle to improve issues which are outside of their control, in particularly those aspects of management that are controlled by the Central Manchester Foundation Trust who are located off-site at Manchester Royal Infirmary.
- Staff feel uncertain of the future of Trafford Hospital and are not clear of the vision and strategy locally.

Governance, risk management and quality measurement

- Clinical governance processes and systems were in place and effective, these allowed risks to be identified and escalated through different committees and steering groups.
- Incidents and risks were monitored.
- Ward manager's sampled cases each month and thoroughly reviewed patient care and records. Any issues were brought to the attention of staff in order to improve quality.
- We reviewed the risk register for the surgical care group at Trafford and noted that risks were documented and escalated by the service appropriately with action plans in place to address the identified risks. The risk register was reviewed at routine clinical governance meetings locally.
- There were regular staff meetings and safety huddles to discuss relevant issues and to share information regarding complaints, incidents, audit results and patient feedback. Important information was also shared on notice boards around the wards and theatre areas.
- CMFT operate a ward accreditation scheme which assesses ward performance and allocates a rating. The day surgery ward had been awarded a gold rating and the MEOC a silver rating.
- Monthly hot topics were designated for areas where issues had been identified. These allowed staff to focus on key issues for improvement.

Leadership of service

- Locally the services were well led by an enthusiastic and encouraging matron and innovative, supportive managers. They worked hard to try to improve safety and care for patients and drive forward improvements utilisation and efficiency where this is within their control.
- There appears to be a disconnect between Trafford Hospital medical staff and the management at CMFT. Staff report feeling isolated from the central site.

Culture within the service

- During our visit the ward and theatre staff told us they felt the culture was transparent and they were comfortable raising concerns, reporting incidents and learning through such experiences.
- There was a tangible positive culture amongst nursing and allied health professional staff, who without exception stated they were very happy in their work and

felt well supported by managers. We found staff were encouraged and had opportunities to develop their skills and pursue interests relevant to their roles. Staff were encouraged to use their initiative to improve performance, safety and the experience of patients.
- There was some discontent amongst medics who felt aggrieved at the limited opportunities they experienced, they felt uncertain of their future and that they were not being listened to at Trust level.
- The surgical care group and Trafford hospital generally had been through a period of change and restructuring over the last five years and there was a sense that whilst issues had improved, but they had not yet been fully resolved.

Public engagement

- Trafford hospital had an effective strategy for public engagement.
- Business and operational plans for CMFT were available online to the public and provided information about performance and future plans for the Trust and Trafford Hospital.
- CMFT employed a dedicated 'patient experience' lead to engage with patients and obtain insight into their experience of care.
- A listening event was held in conjunction with Healthwatch regarding patients' experience of the Manchester Elective Orthopaedic Centre. This was held only a few months ago and captured feedback and patient experience to inform an understanding of the service provided.
- The wards actively sought feedback from patients and acted upon information they received.

Staff engagement

- Staff received regular communications from the CMFT, but this was not always Trafford Hospital specific.
- Staff perceived a lack of visibility and engagement from CMFT senior management and they described a sense of isolation from the central site. They did however feel the local managers were visible, approachable and supportive. The Trafford hospital triumvirate were visible and in particular it was felt that the head of nursing was a positive and engaging leader.
- Monthly local staff meetings communicated key messages were regarding lessons learnt from incidents, complaints, audits, training and education. There was also an award for 'colleague of the month' whose achievements were celebrated. Minutes of the meetings were recorded and disseminated.
- Daily safety huddles were undertaken to highlight relevant issues and improve staff awareness.
- The trust engaged with staff via emails, newsletters and through information displayed on notice boards in staff areas.
- Staff accessed information electronically such as policies and procedures, daily safety alerts and messages such as updates to practices.

Innovation, improvement and sustainability

- On a local level, staff were empowered to use their initiative and were encouraged to improve safety and patient care though innovation and trialling new initiatives.
- For example; staff were involved with a pain medication initiative in response to patient feedback. They came up with changes to the pain medication protocols which were agreed and implemented. The success of the project is currently being assessed.
- In response to patient feedback whereby patients said they found it too noisy to sleep, staff facilitated a working group which implemented the use of ear plugs, provision of hot drinks at night, lights being turned down and an evening sleep walk-around. This improved satisfaction from 62% in March 2015 to 90% in September 2015.
- In response to increases in medication errors a focus group was set up to identify factors leading to errors, issues regarding distractions were identified and actions were implemented to reduce these factors during medication administration.

Services for children and young people

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

Information about the service

Central Manchester Foundation Trust provides a children & young people's service at Trafford General Hospital (TGH).

The provision at TGH includes a twelve – bedded elective day case surgery ward and dedicated outpatient department. Both of these services are located in the Children's Resource Centre (CRC). In addition, children & young people can access out – patients services in other departments including audiology, ENT (ear, nose and throat), orthopaedics and the Diabetes Centre.

Elective day surgery at TGH includes ENT, dental, orthopaedic and general surgery for children & young people aged between two years and sixteen years that fit specified criteria. In addition, there are facilities for day ward attenders for investigations such as blood tests. Outpatient clinics include a nurse led preoperative clinic as well as clinics with paediatricians or surgeons. The centre is open Monday to Friday 8am to 7pm, for patients, with the exception of closing at 5pm on Thursdays.

Outpatient facilities and blood tests are also available in locations including Altrincham General Hospital and community clinics. The community services for children & young people, in the Trafford area, are provided by Pennine Care, although; the office is based within the Children's Resource Centre.

We spoke to eight families as well as observing care and treatment. We spoke with a range of staff of different grades including matrons, ward manager, consultant paediatricians, safeguarding children leads, diabetes specialist nurses, ward nurses (registered & support staff), play specialist, translator, head of audiology, plaster room specialist & student doctors.

We also took into account comments submitted to Healthwatch and NHS Choices and reviewed performance information about the service and trust.

Services for children and young people

Summary of findings

We rated services for children and young people as 'good' overall because;

Families, including children and young people, were positive about the care and treatment provided. They felt supported and reassured as staff actively engaged with them in an age – appropriate manner whilst providing kind and compassionate care.

Staff followed strict criteria for admission of children and young people to access day case surgery at TGH. Any surgery for a child or young person that is not eligible was carried out at the Royal Manchester Children's Hospital (RMCH).

Systems were in place for reporting incidents including safeguarding. Staff were aware of and followed current infection prevention and control guidelines. Equipment was available, clean and well maintained. Medicines were stored securely in locked cupboards in a key pad entry room. Records of administration of any medication were clear and complete. Patient care records were safely stored, structured and clearly documented on the trusts electronic patient record system (EPR).

Staff attended mandatory training and staffing levels were sufficient to meet the needs of the children and young people.

Staff followed National Institute for Health and Care Excellence (NICE) and evidenced based practice in delivering care and treatment to patients. Post-surgery pain relief and nutritional needs were well managed. Staff were competent and well supported.

The CRC had been designed in collaboration with local schools and the local youth parliament, with a music theme. It included a playroom, DVD's, games consoles, free television in the bays and a parents room including drinks & food facilities and leaflets.

Staff allocated the side room for children and young people with an individual need such as Autistic Spectrum Disorder (ASD). Staff positioned older adolescent patients in a bay being aware of the proximity and gender of other children.

Managers were developing the service including plans to increase the numbers of day attenders. This included children and young people who require investigations or treatment in an environment that could be monitored over several hours. Other development plans included increasing the numbers of outpatients seen at TGH for regional referrals and increasing the utilisation of the surgical services.

Services for children and young people

Are services for children and young people safe?

Good

We rated services for children and young people as 'good' for safe because;

Staff were encouraged to report incidents. They received feedback from incidents lessons were learned and applied. Staff understood 'Duty of Candour' legislation (they should act in an open and transparent way). Staff received mandatory training, at appropriate levels, including life support training and safeguarding children training.

The CRC and theatre areas were visibly clean. Staff were aware of current infection prevention and control guidelines and policies. Equipment was available, clean, and well maintained. The medication fridge, in the CRC, was displaying temperatures outside the accepted range, however; this was immediately addressed by staff when raised.

The resuscitation equipment in theatres was checked daily (Monday to Friday), however; there were significant gaps in the record book of daily checks (Monday to Friday) for the resuscitation trolley located in CRC. This was immediately addressed by staff when raised.

Medicines were stored securely in locked cupboards in a key pad entry room. Records of administration of medication were clear and complete. Records were safely stored, structured and clear on the trusts electronic patient record system (EPR). Observations of vital signs records were stored at the bedside.

Staff were compliant with mandatory training requirements. Nursing staffing levels were sufficient to meet the needs of the children and young people. There was no full – time doctor assigned to the CRC, however; policies and procedures were in place to escalate any patient safety issue so that timely medical intervention could be secured from medical staff on site.

Incidents

- Staff recorded Incidents via the trusts electronic reporting system.
- Staff told us the system was easy to complete and reporting incidents was encouraged.
- There were a total of fifty incidents recorded, for the CRC, between August 2014 and July 2015. There were no never events or serious incidents reported. Seven incidents were recorded as a near miss or no harm.
- Many of the incidents were around communication including missing or late arrival of records and cancellations of operations.
- Staff were aware of 'Duty of Candour' legislation that means staff should act in an open and transparent way following an incident.
- Incidents were reviewed at monthly meetings, feedback was given to staff and lessons learned were discussed and applied.
- Staff reported receiving records in a timelier manner since changes to the trusts coding of records.

Cleanliness, infection control and hygiene

- The CRC and theatre areas were visibly clean. Staff were aware of current infection prevention and control guidelines including waste management.
- Staff observed good practice guidelines in respect of the prevention and control of infection. Patients and those close to them were encouraged and supported to do the same.
- Equipment was available, clean, and well maintained.
- Appropriate infection control procedures and gowning procedures were seen in theatre areas.
- Theatre sterile equipment was provided off – site by an externally accredited contractor.
- In theatres, Royal College of Surgeons (RCS) guidance was followed including 'five steps to safer surgery', WHO checklist compliant & NICE guidelines.
- The CRC hand hygiene audits, of health care staff, observed before and after patient contact between July 2015 and November 2105 showed a compliance of 93%.
- An MRSA audit began on 1 October 2015 and will continue until 30 November 2015, therefore; the audit report was not available at the time of our inspection.
- Trafford Hospital was performing better than the England average, in 2015, of the patient-led assessments of the care environment (PLACE) for cleanliness.

Environment and equipment

- The environment in the Children's Resource Centre was free from clutter and child – friendly.

- The treatment room, that included medication (in a locked cupboard), medication fridge and sharp instruments, had a key – pad entry system. Any specimens of blood remained in the treatment room until transported to the laboratory.
- Equipment was well maintained with valid annual Portable Appliance Testing (PAT) stickers present as well as annually calibrated weighing scales.
- Equipment was available indifferent sizes including BP (Blood Pressure) cuffs, oxygen masks, suction catheters and cannulas (for blood tests).
- The medication fridge, in the CRC, was displaying temperatures between four and eleven degrees (maximum of eight degrees accepted level). We addressed the situation on – site. Staff informed us that medical engineering department had been contacted and attended the ward to monitor the situation. In addition, staff informed us that pharmacy had been contacted. Staff reported the response was that the only medication currently stored was topical cream that could be stored outside the fridge for up – to – one month.
- The resuscitation trolley, in CRC, was sealed, with a record book attached that clearly displayed the contents using text and photographs. The records, however; showed that there were significant gaps in the record book of daily checks (Monday to Friday). We addressed the situation with the ward manager. The records showed that record keeping had improved in the week prior to the inspection. Daily routine checks, were recorded on a whiteboard, included testing oxygen, suction, the resuscitation trolley and call bells.
- In theatre, daily checks (Monday to Friday) of the resuscitation equipment, that including paediatric equipment, had been recorded appropriately.

Medicines

- Medicines were stored in a locked cupboard in a key – pad entry treatment room in keeping with the Royal Pharmaceutical Society's guidance.
- Medication charts for five day case surgery patients were reviewed and found to be clearly written and complete.
- Any medication prescribed, in theatre, was recorded on the trust's electronic patient record system (EPR). Staff were able to access the system to determine the length of time for dispensing the medication prior to discharge.
- The trust's policy for storing strong analgesia was requested, however; not received at time of writing this report.

Records

- Records seen were safely stored, structured and clearly documented on the trusts electronic patient record system (EPR).
- Records for five day case surgery patients were viewed and found to be appropriately and clearly completed. Records were available via the trusts electronically and also paper based assessments dependent on location of previous hospital visit.
- Records of patients that have attended pre – operative clinic at the Royal Manchester Children's Hospital (RMCH) were paper – based. These records were transferred to the Trafford's EPR (electronic record system).
- Staff confirmed that a bed rails risk assessment is carried out for each child at admission.

Safeguarding

- The 'Safeguarding Children Practice Guidance for Central Manchester Foundation trust' outlined the processes for safeguarding children.
- Staff were aware of their responsibilities about reporting a safeguarding concern.
- Staff were supported by the Safeguarding Lead for Children, located within the CRC & the clinical Safeguarding Lead who is a consultant paediatrician.
- Between November 2014 and October 2015, a total of twenty three safeguarding children referrals were made, by the safeguarding team.
- Safeguarding referrals were made, on the intranet, via MARAC (Multi Agency Risk Assessment Conference) with staff given feedback about the outcomes. Trust data, for CRC, showed that staff attended Level three Safeguarding Training, following intercollegiate guidelines, with a compliance rate of 100%. The RMCH division, pre–admission questionnaire included questions about any other professionals, for example a social worker that may have involvement in a patients care.
- Entry to the CRC & theatres was via buzzer entry only. The buzzer is controlled at the reception desk, in CRC, that includes a screen to visually identify visitors. Theatre visitors are accompanied into the area by a member of staff.

Services for children and young people

Mandatory training

- Mandatory Training was provided at levels 1 and 2. Completion rates for staff were 100%
- A new employee was supported by a four week supernumerary period and a full induction programme of six to nine months.
- Trust data showed that training of advanced paediatric life support (APLS) had a compliance rate of 66%.
- In theatre, two nurses are currently trained to APLS level with plans to expand the training to other staff.
- A theatre trained nurse, with APLS qualification was always available for the recovery of children in theatre and on the wards. .

Assessing and responding to patient risk

- Staff followed strict criteria for admission of children and young people to access day case surgery at TGH. Any surgery for a child or young person that was not eligible was carried out at the Royal Manchester Children's Hospital (RMCH).
- Children and young people were escorted to theatre by their named nurse, as well as family members.
- Staff followedNICE guidelines including 'five steps to safer surgery' and completing the WHO Checklist (a series of checks performed prior to surgery to reduce the risk to patients).
- The named CRC nurse and family members return to theatre in the recovery area when the operation was completed.
- Observations of the child or young person included the trusts 'Manchews' system (a system to monitor vital signs and guide staff to report any changes in condition promptly to medical staff).
- Prior to discharge, there was a requirement to complete the trusts 'Nurse Led Discharge Form', with the family, ensuring the child or young person has recovered post-surgery and is fit for discharge.
- The CRC is a day case service closing at 7pm (Monday to Friday) except Thursday when it closes at 5pm. Any child or young person requiring an unscheduled overnight stay is transferred to RMCH via an escorted paramedic ambulance following the trust's transfer policy for children.
- Medical staff can be contacted, if needed on – site including the anaesthetist on call, paediatrician attending daily clinics or in the urgent care centre.
- The trust's 'Transfer policy for children from Trafford Hospital to RMCH' was in place for any patient requiring further monitoring including overnight care.

Nursing staffing

- The theatre and CRC had sufficient numbers of trained nursing and support staff with an appropriate skill mix to ensure children and young people were provided with appropriate care.
- The CRC, at Trafford Hospital followed the electronic "Health Roster E-roster programme" acuity tool. The tools allowed nurses to assess patient acuity and dependency to determine the recommended number of staff in accordance with RCN staffing guidelines.
- The expected and actual staffing levels were displayed and updated on a daily basis on notice boards.
- The CRC currently has no vacancies, however; bank/ agency staff were employed for long term sickness cover when required.
- Regular agency staff were employed for continuity and to ensure the necessary competencies and skills were available. A signed induction was required at the commencement of a shift to ensure the agency member of staff was competent and appropriately qualified.

Medical staffing

- There were sufficient and suitable numbers of medical staff in attendance for outpatient clinics each day.
- Should a child or young person needed to be reviewed by a doctor, post –operatively, there were doctors, with the necessary competencies and skills available onsite,

Major incident awareness and training

- Staff were aware of a major incident plan that included participation in a practise drill for the whole of Trafford hospital.

Are services for children and young people effective?

Good

We rated services for children and young people as 'good' for effective because;

Services for children and young people

Children and young people were provided with care that was evidence-based and in accordance with NICE guidance.

Staff were trained and had the necessary skills and competencies to care for children within a family centred, multidisciplinary approach.

Patient's pain was well managed. Nurses provided suitable and nutritious food and drink for patients following their surgery.

Evidence-based care and treatment

- The children's service used a combination of National Institute for Health and Care Excellence (NICE), and the Royal College of Paediatrics and Child Health (RCPCH) Standards to determine the care and treatment provided.
- Learning from Trust wide audits of paediatric care was used to support improvement and address any identified practice shortfalls.

Pain relief

- Parents of children who had been to theatre, told us the staff were "on top of pain" post-surgery.
- A pain scoring tool was in place and used appropriately to assess and manage patient's pain.
- We observed good pain management and regular checks carried out by nurses in respect of patient comfort.
- The trust 'Quality Care Dashboard' presented results, from the trusts 'electronic 'patient tracker system' of feedback from families.In response to the question: 'Are we managing your pain levels?' in September 2015, Trafford scored 100%.
- The trust's 'Patient Group Direction (PGD) Policy' provided outlined staff responsibilities for certain medication. Staff told us that 'Ametop' (a cream for numbing the skin prior to a needle insertion) was applied following a PGD.

Nutrition and hydration

- Children and young people were provided instructions about fasting requirements pre surgery.
- Nursing staff provided children with suitable drinks and nutritious food following surgery, the trust 'Quality Care Dashboard' presented results, from the trusts 'electronic 'patient tracker system' of feedback from families.In response to the question: 'Are we offering good nutrition and hydration?' in September 2015, Trafford scored 100%.

Patient outcomes

- The paediatric surgical division, of which Trafford was a part, appropriately monitored patient outcomes through internal audits and participation in national and international audits. For example, the trust submitted information to the ear, nose and throat (ENT) airway database (AIR). It also participated in the National Tracheostomy Safety Programme, as part of a paediatric multi-centre project and in the Trauma, Audit and Research Network (TARN), which shared data nationally. Using these data sets, the department was able to benchmark its performance. The results showed that the hospital's performance was in line with comparable hospitals.
- Trust data showed that there were no readmissions for children and young people following day case surgery at Trafford the following day between May 2015 and October 2015.
- Trafford children's services performed better than the national average in the 2014 paediatric diabetes audit for young people with controlled diabetes (19%) compared to the England average (17.1%).

Competent staff

- Trust data showed the staff that had completed annual appraisals. There was a compliance rate of 92%. Staff were positive about the process and felt it supported their professional development.
- Doctors were aware of their responsibilities regarding annual appraisals and revalidation and felt supported by the trust in these processes.
- There were clear induction processes for staff which included a competency framework so that staff were assessed as competent before carrying out specified elements of a patients care.

Multidisciplinary working

- There was effective internal and external multi-disciplinary working.
- Staff across all the disciplines worked well together for the benefit of patients.
- Community services for children and young people were provided by Pennine Care by CYPS (Community Young

Persons Service) located within the CRC providing home nursing services for children and young people who have a short term, acute illness or who have longer term complex needs.
- There were good relationships with CAMHS (Child and Adolescent Mental Health Service). Support was readily accessible if a child or young person needed this type of specialist service.

Seven-day services

- The CRC is available Monday to Friday from 8am until 7pm, except Thursdays when it closes at 5pm.
- Outpatient services were available Monday to Friday.
- There are currently no overnight or weekend inpatient services available at Trafford for children and young people.
- Emergency Children's services were available 24 hours a day at Royal Manchester Children's Hospital.

Access to information

- Staff accessed policies or information via the trust's Intranet.
- Guidance, policies and procedures were available for reference.
- Staff received feedback from meetings both at local and division levels in respect of proposed service changes.

Consent

- The trust's 'Policy for Consent to Examination or Treatment' included a section for consent in children and young people and guidance regarding 'Gillick competence' (ability of child or young person to provide voluntary permission for treatment).
- We viewed completed consent records for five surgical patients and found that consent was appropriately, legibly and clearly documented.
- Staff told us that surgical staff regularly obtained consent from the child/young person and the parent or guardian prior to surgery.

Are services for children and young people caring?

Good

We rated services for children and young people as 'good' for caring because;

Staff demonstrated a caring and compassionate attitude towards children, young people and those close to them.

Children and young people were involved and included in their care and treatment. Parents felt they were involved in decisions about the care of their children. Each child or young person was allocated a named nurse for a point of contact and continuity of care that helped to establish a positive relationship.

We observed compassionate and sensitive care of children and young people by staff in all disciplines.

Staff provided reassurance and comfort to children who were anxious or worried. Staff understood that having a sick child was an anxious and worrying time for parents and offered support and reassurance.

Compassionate care

- Children, young people and their families were positive about the care and treatment provided both in CRC and in theatre.
- Each child or young person was allocated a named nurse for a point of contact and continuity of care that helped to establish a positive relationship.
- We observed compassionate care, for both inpatient day cases and outpatients that encompassed a family centred approach.
- Patients and those close to them were treated with compassion, dignity and respect by all staff .Staff provided reassurance and comfort to children who were anxious or worried.
- Families confirmed that staff were very friendly, caring, visible, reassuring, attentive, supportive and respectful.
- Patients and those close to them also told us that all previous experiences were good and grateful to have a local hospital.
- They also told us they liked the ward environment and some had chosen to attend at TGH despite travelling a distance.
- The hospital participated in an internal electronic system for families to leave feedback about their experiences. The system presented questions in formats that were accessible to both adults and children.
- The trust's 'Quality Care Dashboard' presented results from the trusts 'electronic 'patient tracker system' of feedback from families. In response to the question: 'Do

we give you privacy and dignity?' in September 2015, Trafford scored 94.1%. The trust scored about the same as others in all but one question in the CQC Children's Survey 2014.
- Trafford Hospital was performing better than the England average, in 2015, of the patient-led assessments of the care environment (PLACE) for privacy, dignity and wellbeing.
- From NHS Choices (11 September 2015): "….a big thank you to all the staff in the Children's Resource centre ….from the moment we arrived... the staff from receptionist to nursing were friendly, approachable, open and honest with every stage of ...care and treatment...the nursing staff were fantastic and deserve worthwhile praise and recognition for their hard work and caring attitude.."

Understanding and involvement of patients and those close to them

- CRC followed a family centred approach to care with full involvement of the patients and those close to them.
- Staff explained care in an age appropriate way including 'Rees Bear' for younger children. (book about having an operation).
- The named nurse and family members escorted inpatient children and young people through the hospital to the operating theatre. Families were able to remain with their child until asleep in the anaesthetic room of theatre.
- Family members were able to return to theatre on completion of surgery to escort their child or young person back to CRC from the theatre complex, accompanied by their named nurse.
- Families told us that staff were very visible in CRC and responsive to their child's needs.
- We observed positive interaction between staff & families when seeking verbal consent.
- The trust 'Quality Care Dashboard' presented results, from the trusts 'electronic 'patient tracker system' of feedback from families. In response to the question: 'Do we involve you and/or your carer?' in September 2015, Trafford scored 100%.

Emotional support

- Children, young people and their families were supported by a named nurse throughout their stay.
- Staff understood that having a sick child was an anxious and worrying time for parents and offered support and reassurance.
- Children were supported emotionally by staff at all grades.
- Play leaders were used to help divert, engage and help children cope with stressful situations.

Are services for children and young people responsive?

Good

We rated services for children and young people as 'good' for responsive because;

The CRC elective day surgery unit provided services for the local people who met specified admission criteria for TGH. Arrangements for other children and young people with more complex needs were provided at Royal Manchester Children's Hospital (RMCH) or an alternative paediatric surgical unit.

The centre had provided services since August 2015 as part of the RMCH division. There was evidence of good partnership working with the Royal Manchester Children's hospital and community based Children's services.

The 'CRC Delivery Plan' confirmed the trusts plans to further develop the service, including increasing the utilisation of the surgical services, day ward patients and outpatient services.

The CRC was designed in collaboration with children from local schools and the local youth parliament, providing a music-themed unit. The 'drum kit' and 'piano' desks were made by members of the maintenance team.

Service planning and delivery to meet the needs of local people

- The CRC elective day surgery unit provided services for the local people who met specified admission criteria for TGH. Arrangements for other children and young people with more complex needs were provided at RMCH or an alternative paediatric surgical unit.
- The hospital had a dedicated age appropriate theatre area for children, including the waiting area before the operation and recovery area for after surgery.

Services for children and young people

- The CRC also provided a 'nurse led' pre-operative clinic service. CRC provides dedicated outpatient services for children and young people including medical and surgical clinics.
- In addition, CRC provides a dedicated 'day attender' service for children and young people requiring investigations such as blood tests.
- The CRC has provided services since August 2015 as part of the RMCH division. The 'CRC Delivery Plan' provided confirmed the plans to develop the service.

Access and flow

- The CRC was available for children and young people Monday to Friday from 8am until 7pm (except Thursdays when closes at 5pm).
- CRC includes elective day case surgery (maximum twelve beds) & outpatient clinics and day ward attenders.
- Trust data showed that a total of 1149 operations were carried out, for children and young people (18 years and under) between October 2014 and September 2015.
- Trust data showed that a total of 12,856 children and young people (18 years and under) attended out-patient's (OPD) (October 2014 to September 2015). Of these 2,546 were day ward attenders (medical and surgical).
- Trust data showed that the average number of cancelled appointments by the trust was 3.7%, and 3.08% by the patient. The number of patients that did not attend (DNA) appointments was about 9.29%.
- Outpatient services were also available for children and young people in other areas of the hospital including in the orthopaedic clinic.
- Timely discharge was supported by 'nurse led' discharge. The trust's electronic 'Patient tracker system 'was linked to pharmacy. When a medication was prescribed in theatre as a discharge medication the ward staff could access the system, providing them with times when the medication was available rather than needing to contact the pharmacy by phone or delaying the patients discharge by waiting for Medicines.

Meeting people's individual needs

- The trust's Chaplaincy-Spiritual Care Department (CSC) was available across the hospital. It included a members of the Christian, Jewish and Muslim faith communities.
- A Christian Chapel and Muslim Prayer Room was available on site.
- The trust's Interpretation and Translation Service (ITS) provided 24 hour access to face to face and telephone interpreters.
- In addition staff referred to an in house team to help support Children and those close to them when English was not their first language. Child friendly information was displayed on the walls for a range of faiths and language.
- The parent's area 'Friends & family room' included hand wash facilities, a television, tea and coffee making facilities and a fridge. There were also posters displayed including explanation of nurses' uniforms, a comments box and leaflets available such as PALS (Patient Advice and Liaison Service).
- The Playroom was a very colourful environment, including toys and activities for children and young people of different ages. Play specialists were available to help occupy children and their siblings whilst waiting for treatment.
- Children's art work was displayed on the walls including a washing line of 'tops and pants' (care that went well – tops, or not liked – pants). Providing children an opportunity to say and show their feelings about issues of importance.
- In the surgical bays of CRC, the children and young people were able to watch television at the bedside as well as access a range of DVD.'s and games consoles.
- Staff on CRC told us that older children and young people undergoing surgery are nursed in the bays with other children, where it is not always possible to accommodate with similar ages. Older boys and girls are nursed separately.
- A two bedded side room was also available if needed, however; there was no dedicated adolescent area. Staff confirmed that for children with a special need, best practice meetings are held, prior to surgery where a team of health professionals including the safeguarding lead, play specialist, nurses and doctors can ensure the child and family's needs are discussed and met.
- The head of audiology (awarded Audiologist of the Year, 2014) confirmed that out – patient services were available at different locations including Trafford General Hospital and Altrincham General Hospital. The head of audiology also confirmed that they provided support to the hospital if British Sign Language communication was needed.

- The dedicated 'Diabetes Centre' was available for individuals of all ages. The diabetes specialist nurse for children attends the clinic from the Royal Manchester Children's Hospital (RMCH) twice weekly as well as support from staff in CRC.
- The Diabetes Centre also provided a young person's clinic (from sixteen years to twenty five approximately) that included specialist diabetes nurses. Staff demonstrated that records were stored in the trust's electronic system (Diabetes EPR). These records can be accessed by the patient's GP as well as the diabetes centre staff (clinician and nurses) and laboratory services.

Learning from complaints and concerns

- Information on how to raise complaints was displayed in the CRC and included contact details for the Patient Advice and Liaison Service (PALS). Staff told us that any minor complaints are dealt with immediately once brought to their attention.
- The trust's policy is to resolve complaints within twenty five working days, unless there are good reasons for extending this period.
- Staff confirmed a zero tolerance attitude to delayed complaint responses. The complaints process included forwarding the complaint to the appropriate person who worked with the team to create an appropriate response and action plan to prevent reoccurrence.
- One written complaint was recorded between August 2014 and July 2015 that was resolved within the agreed timeframes.

Are services for children and young people well-led?

Good

We rated services for children and young people as 'good' for well-led because;

There was a clear vision and strategy in place for the future with development plans in place to increase the utilisation of both medical and surgical paediatric services at TGH.

The service was led and supported by a visible and accessible local leadership team. Staff felt supported by their managers. There was a positive open culture throughout the service that encouraged staff to be involved in decision making. Staff were proud of the service and proud of the hospital.

Children and young people had been consulted about and had actively participated in the design of the service environment.

There was a positive response to patient feedback that led to service changes and improvement.

Vision and strategy for this service

- The vision and strategy for the service was aligned with the trusts wider vision and the vision for the Royal Manchester Children's Hospital. "To be a leading global children's hospital".
- Staff were understood the plans and developments for the service and were positive about its future.

Governance, risk management and quality measurement

- The governance of the Children and young people's service at Trafford Hospital was part of the Governance Framework for the RMCH division: The 'Clinical Effectiveness Committee' monitored areas including infection control, medicines management and safeguarding.
- Feedback was provided to individual teams following monthly and bi-monthly divisional governance and performance meetings.
- There was a paediatric risk register, however there were no risks recorded for the CRC.
- The Children and Young People's Standards Steering Group included staff across the RMCH division.

Leadership of service

- The service was well led by a visible and accessible local leadership team.
- Staff were positive about the leadership and felt heard and supported.
- The delivery plan for the service was well known throughout the service and its implementation was locally owned and led.
- There were trust led focus groups to facilitate discussions with staff regarding their experiences of working in the service and what improvements could be made.

Services for children and young people

Culture within the service

- There was a positive open culture within the service .Staff told us they felt supported by managers and were supported to develop their skills and competencies.
- Nursing and medical staff were proud of the service, they liked working the working environment and felt part of a good team.
- Paediatricians said it was a pleasure to work there and felt that the morale and attitude of the nurses helped the service run well.

Public engagement

- The trust, including CRC staff had consulted the local children's community when the unit was designed. Staff visited local schools and the youth parliament who agreed on 'music themed', child friendly environment.
- Information about how children and families could provide feedback was clearly displayed in different formats.
- The hospital has engaged with Healthwatch including 'drop ins' in December 2014 and February 2015 to obtain feedback from patients and visitors.
- Matrons attended staff and patient experience meetings. There was evidence of service changes and improvements in response to patient feedback.

Staff engagement

- There was evidence of good staff engagement and involvement.
- The trust's weekly newsletter was available, for staff to keep up to date with activities via the trusts intranet.
- Staff could attend and contribute to the 'meet the matron' monthly meetings.
- Staff were encouraged to participate in review meetings where high level incidents (HLI) are discussed providing an opportunity to share and learn from incidents.
- Staff were able to attend trust board meetings or received regular feedback from managers. The trust recognised staff achievements at the 'we're proud of you' awards annually.

Innovation, improvement and sustainability

- The development plans included the delivery of 'gold standard' clinics.
- A 'satellite' service was proposed both for paediatric medicine and surgery.
- Plans included increasing the utilisation of surgical services at TGH for children.
- Staff were planning to increase the utilisation of CRC by developing the unit as a 'satellite' site. This will include increasing the numbers of day ward attenders for children who require monitoring or treatment over a period of several hours.
- There are plans to increase the number of paediatric outpatient children as a regional clinic with expected shorter waiting times for treatment.

End of life care

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

Information about the service

We visited Trafford General Hospital as part of our announced inspection on 3-6 November 2015 where patients with end of life (EOL) care needs were nursed on the general wards.

On the 4 November we met with the specialist palliative care team (SPCT), the newly appointed team leader and the palliative care consultant to gain an overview of the palliative and EOL service.

End of life care services are provided by a palliative care team based at Manchester Royal Infirmary and they provided specialist advice and support two days a week at Trafford General Hospital for patients on the general wards. In addition the team advise, educate and provide a supportive role. The nursing team gain advice and support from the consultant in palliative medicine. The team also coordinates and plans care for patients on the wards who are at the end of their lives.

From April 2014 –March 2015 982 patients had been referred to the specialist palliative care team. This was an increase in 33% from the previous period April 2013-March 2014.

We visited wards looking specifically at EOL and reviewed the medical and nursing records of patients. We visited ward 6 (frail elderly), ward 4 (elderly/stroke rehabilitation) ward 3 (neuro rehabilitation) and AMU (acute medical unit).

We talked with staff from a variety of disciplines, including porters, chaplains, mortuary and bereavement staff, ward clerks, healthcare assistants, consultants, doctors, nurses and senior managers.

End of life care

Summary of findings

We rated end of life care services as 'requires improvement' overall because;

Staff delivered end of life care that was caring, compassionate and supportive of patients and their families. However, there were significant areas for concern.

The advanced care plan document developed to replace the Liverpool Care Pathway in July 2014 was in the process of being implemented at the time of the inspection at the Trafford site, however this was not fully embedded across the hospital.

Improvements were required to ensure that the services were safe and responsive to patients needs. The hospital did not provide seven day access to specialist palliative care other than an advice line provided by the local hospice.

Consultant staffing levels relating to palliative /end of life care across the trust were below the recommended national level.

There was a need to identify and formalise a clear strategy for end of life care throughout adult services to provide an impetus to develop end of life care.

The trust had identified a senior manager to lead end of life care for the trust three months prior to our inspection who was to coordinate the implementation of the strategy once ratified.

Are end of life care services safe?

Requires improvement

We rated end of life care services as 'requires improvement' for safe because;

The lack of sufficient specialist palliative care staff to meet the demand for the service had been identified by the trust for example lack of sufficiently trained numbers of staff to support the use of syringe drivers at Trafford Hospital. This was on the end of life risk register and a business case had been submitted to seek investment in services to enable staff to respond in a timely manner to patient's needs.

Records were completed legibly and were up to date. SPCT were able to describe safeguarding procedures and provided us with examples of how they would be used.

Staff we spoke with were aware of how to report an incident or raise a concern. We saw some examples of how learning was shared and practice had changed with other disciplines providing end of life care services.

Staff took part in mortality and morbidity meetings where individual cases of patient deaths were presented and discussed. Mortality reviews and inquests were discussed at a monthly divisional mortality committee. The service aimed to review 30% of deaths however information provided by the trust showed that between June 2014 and June 2015 this target was met only four times and four occasions no reviews at all were carried out. Mortality reviews are an opportunity for learning and increasing awareness for staff to say that care is safe, that patients receive the right treatments, and that people are not dying unnecessarily.

Incidents

- Staff reported incidents of harm or risk of harm using the trust-wide electronic incident reporting system. Staff understood their responsibilities with regard to reporting incidents. Learning from incidents was shared with staff at handovers or team meetings. In addition, the trust included a summary of lessons learnt in the staff newsletter.
- Staff said there was an 'open culture' about raising concerns. The most recent serious incident in the specialist palliative care service was in August 2015 and

it was fully investigated. The incident involved a delay in administering analgesia for a patient in the palliative phase of their illness. Nursing staff were not adequately trained to support the use of syringe drivers at TGH and the SPC nurse was forced to make arrangements for sub-optimal palliative care. This incident has resulted in additional training for staff in the use of syringe drivers at TGH.

- The mortuary staff were encouraged to report incidents and they were able to give us examples of where practice had changed as a result of this. Two examples included the handling of deceased patient in August 2015 whereby a patient was received in the mortuary in an unclean and undignified state and where the transfer policy for deceased patients with an infection had not been consistently adhered to. This was a potential infection risk to both patients and staff. Nursing staff on the wards and mortuary staff told us how practice had improved since these incidents had been investigated and addressed.
- Mortality reviews and inquests were discussed at a monthly divisional mortality committee. Two consultants confirmed these meetings were held but not as frequently as they possibly should. The service aimed to review 30% of deaths however information provided by the trust showed that between June 2014 and June 2015 this target was met in four months, but on four occasions no reviews at all were carried out. Mortality reviews are an opportunity for learning and increasing awareness for staff to say that care is safe.
- Mortuary staff gave us an example where practice had changed following an incident for hospital porters when transferring and storing deceased patients due to the width of the fridges. A patient's deceased body was damaged on transfer, all patients were now transferred into a wider fridge and mortuary staff then move the deceased patients so they are confident the patients are handled safely. TGH had no bariatric storage facilities. Patients would be transferred to Central Manchester if the need arose.
- SPC staff reported they found the system user friendly if they were to report incidents when visiting patients on the wards and were able to show us how they would access and submit an incident report. They told us they did not always receive feedback on the outcome of incidents they had reported.
- Staff took part in mortality and morbidity meetings where individual cases of patient deaths were presented and discussed.
- Staff were aware of their responsibilities regarding the duty of candour regulation. This identifies specific action to be taken to notify the relevant person, as soon as is reasonably practicable after becoming aware that something has gone wrong. Incident reports included a prompt to remind staff to send a duty of candour letter where appropriate. The aim of the regulation is to ensure trusts are open and transparent with people who use services and inform and apologise to them when things go wrong with their care and treatment.
- By monitoring the incidents relating to end of life care, the SPCT were able to monitor themes and influence training and policy to improve the quality of end of life care across the trust.

Cleanliness, infection control and hygiene

- There was only one patient in the mortuary at Trafford at the time of inspection. Mortuary staff were aware of current infection prevention and control guidelines. We observed that the mortuary was visibly clean, well ventilated and free of odours. Mortuary services were licensed by the Human Tissue Authority (HTA).
- We noted that the service had undergone a HTA inspection in February 2014 and the HTA certification was on display.
- Policies for the prevention and control of infection and hand hygiene were available on the trust's intranet and staff could show us how to access them.
- Staff were observed to be using personal hand sanitising equipment when entering wards to visit patients and personal protective equipment was available for the SPC team if required.

Medicines

- Two of the five specialist nurses were nurse prescribers who are This was an example of good practice as it enabled nurses to give symptomatic relief without delay. We reviewed 11 medication administration record charts in a number of wards we visited and found appropriate prescribing.
- Medical staff followed the trust's clinical guidelines on anticipatory medication prescribing. In addition they

were provided with advice and support from the specialist nurses. Information was included in a handbook on prescribing guidelines, and staff confirmed these were useful.

- However, we were not assured that medications were always being administered and managed safely in end of life care. There were issues around the use of two types of infusion pumps/syringe drivers and the lack of staff competencies in using these. These issues were immediately highlighted to the trust executives. They have acted to assess this and have provided us with a training plan and an update on progress since the inspection to address these issues further. We will continue to monitor the situation. At TGH since October 2015, 39 staff had been trained in the use of syringe drivers on a medical devices training day.
- Four staff confirmed they were aware of how to use the syringe drivers effectively. Ward 4 had a nurse who had completed the train the trainer course and was able to update staff around use of syringe drivers; however a training program for staff had not started at the time of the inspection.
- Records included a syringe pump monitoring checklist which included four hourly safety prompts and checks of the needle site, battery and volume of infusion remaining in the syringe. The use of syringe drivers had not been supported by regular and on-going staff training this was being dealt with by the trust.
- The trust had an up to date policy on the management of controlled drugs. This policy was accessible to staff electronically.
- Medicines, including controlled drugs, were stored securely and in line with legal requirements. We observed two staff on AMU follow the policy and procedure and managed controlled drugs in accordance with the controlled drugs regulations 2013.
- The wards we visited held the appropriate sedatives required for syringe driver use (a method of continuous delivery of medicines) as stock. A pharmacist confirmed these drugs would be made readily available so there would not be delays in treatment.

Records

- The trust used both electronic and paper based patient records. Most medical records were entered on an electronic patient record (EPR) whilst nursing records remained paper based.
- The nursing assessments in the current care plans for patients who were EOL were structured, generally legible and were kept up to date. However, the following shortfalls were identified; detail around management of pain, oral care, spiritual or religious needs or nutritional needs and risk assessments and there was limited evidence of patients' involvement.
- Assessments were not always fully completed and did not always provide sufficient information for staff to deliver care in accordance with the patient's individual preferences and wishes.
- Recording systems were in place in the mortuary to ensure patients were admitted and kept appropriately. The mortuary records we reviewed, which included body release forms, were accurate, complete, legible and up to date.
- We were told the trust resuscitation department carried out an annual audit of 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms.
- The trust acknowledged the need to ensure training was ongoing to ensure staff were consistent in their approach to end of life documentation including DNACPR (do not attempt cardio pulmonary resuscitation). The community team had reported through the end of life steering group in June 2015 that there was a lack of standardised end of life documentation shared between the community and the acute wards which may impact on the ability of the provider to provide high quality care in a timely manner.

Safeguarding

- Staff were knowledgeable about their role and responsibilities regarding the safeguarding of vulnerable adults and were aware of the process for reporting safeguarding concerns and allegations of abuse within the trust.
- Staff received mandatory training in safeguarding children and vulnerable adults that included aspects of the Mental Capacity Act (2005) and Deprivation of Liberty safeguards.
- There were appropriate trust wide protocols for safeguarding adults and children, and staff on wards where palliative care took place were aware of the requirements of their role and responsibilities in relation to safeguarding and knew how to refer a safeguarding issue to protect adults and children from abuse.

End of life care

- The trust induction and mandatory policy identified that children's and adults safeguarding level 1 and 2 were provided as part of the corporate or clinical annual mandatory training.
- Records supplied by the trust indicated that 100% of staff in the specialist palliative care team had completed level 2 safeguarding training for adults and children, against a trust target of 90%.

Mandatory training

- Staff in the specialist palliative care service were up to date with their mandatory training which was undertaken on an annual programme. Packages of mandatory training were available for staff, for example level 1 training was provided for all staff groups and included infection control and prevention, safeguarding, health and safety and major incident awareness training.
- End of life care training for registered nurses across the trust consisted of a one day introduction to palliative care course; this was part of the trust mandatory training programme.
- An e-learning module was included as part of the trust induction process for new registered nurses.
- Staff held 'hot topics' in June 2015 to raise awareness of the 'five priorities of care'. Sessions were delivered twice a day throughout June and overall 227 staff attended this training.
- However, we found that not all nursing staff were aware of how to safely use equipment used in end of life care such as syringe drivers An audit had recently identified there were areas for improvement needed in EOL care training in the hospital.
- Training was recorded on the electronic Oracle Learning Management (OLM) system. Staff reported this system was not always effective as information was not always accessible and some records showed as being out of date. Ward managers showed us paper records which they used to keep track of staff compliance.

Assessing and responding to patient risk

- We reviewed 10 care records of recently deceased patients in the bereavement office and found that in nine of these cases risk assessments such as nutritional assessment, pressure ulcer risk assessments and bed rails assessments had been undertaken and were documented fully.
- We also reviewed four care records of patients currently receiving end of life care. In all four cases, documentation was seen which showed assessment of patient risk and an appropriate response taken.
- The trust had in place an electronic flagging system within the Patient Administration System (PAS) on the Trafford site.
- A system was in place to assist staff in identifying patients when their condition is deteriorating. An early warning score (EWS) is the calculation of a score based on the results of physiological observations including heart rate, blood pressure, respiratory rate, temperature, urine output and level of consciousness.
- There was a system in place called 'patient track' where staff used electronic tablet devices for recording observations which automatically calculated the EWS. A EWS of three or above would trigger a review by nursing and medical staff on the ward, and a score of five or above triggered an automatic call to the duty medical registrar and nursing bleep holder to come and assess the patient. This reduced the risk of a deteriorating patient being missed.
- Patients were not formally assessed as to the appropriate use of these charts at the end of life. The charts were not always accurately or consistently completed and staff therefore did not have accurate assessments of a patient's condition, such as if they were properly hydrated. Staff were confident the introduction of the new advanced care plan would assist them in using charts appropriately or whether to withdraw their use.
- Patients' documentation would be transferred to a care of the dying care plan when it was recognised that the patient was expected to die within hours or a few days.
- We reviewed 17 care records and found the majority of these showed assessment of patient risk and an appropriate response taken. Risk assessments such as nutritional assessment, pressure ulcer risk assessments and bed rails assessments had been undertaken and were documented fully. However, patients were not formally assessed as to the appropriate use of these charts at the end of life. Five of the charts were not fully completed and staff therefore did not have accurate assessments of a patient's condition, such as if they were properly hydrated. Staff were confident the introduction of the new advanced care plan would assist them in using charts appropriately or whether to withdraw their use.

End of life care

- Pressure-relieving equipment, including mattresses, were available for patients requiring them. We saw these mattresses in use on AMU where an end of life patient was being nursed on an air mattress.

Nursing staffing

- Staffing for end of life care was the responsibility of all staff across the wards where end of life care was provided and was not the sole responsibility of the SPCT. Staff on the wards told us their work load was manageable. Ward staff told us they always prioritised care for a patient who was at the end of life and did what they could to ensure a staff member was with them.
- The team comprised 2.8 clinical nurse specialists, 3.00 wte associate band 6 nurses and 1.2 wte allied health professionals.
- The team had recently undergone some changes and had filled a long term vacancy for the team manager who was due in post after our inspection visit.
- The lack of sufficient specialist palliative care staff to meet the demand for the service had been identified by the trust and was on the end of life risk register. A business case had been submitted to seek investment in services to enable staff to respond in a timely manner and provide access seven days a week and out of hours.
- Staff within the SPCT team told us they were very busy. Some staff within the Macmillan team told us that they felt understaffed and unable to focus on other parts of their role such as providing training.
- The SPC team worked across the trust, as part of the multidisciplinary team which also included the rapid discharge team, consultant in individual specialities, nursing staff and community staff.
- The service managers told us that in line with best practice clinical champions for end of life should ideally be identified on all the wards where end of life care is provided the wards. However we found the majority of wards lacked named end of life nurses. This lack of named links may impact on the trust's ability to ensure staff receive up to date information on end of life care.
- Staff in the mortuary worked in pairs to safely carry out a number of activities.

Medical staffing

- For patients with palliative/end of life needs, medical cover was provided on the general wards at Trafford Hospital.
- There was no specialist consultant with a responsibility for palliative/end of life care at TGH. This was below the recommended staffing levels outlined by the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care guidance, which states there should be a minimum of one WTE consultant per 250 beds. This trust has 1080 general and acute beds which equates to in excess of 4.0 WTE consultants.
- Weekend and out of hours on call advice was obtained via an advice line provided by a local hospice. The SPC team would phone the consultant out of hours; however this was done on 'good will'. Staff told us he "would come to see a patient if desperate."

Major incident awareness and training

- The trust had an emergency planning policy which detailed circumstances that could affect the delivery of services. This policy identified the roles and responsibilities of staff to ensure continued service provision in the event of a major incident.
- In the event of a major incident the mortuary staff had a policy in place for staff to follow including how to arrange for additional refrigerated mortuary space.

Are end of life care services effective?

Requires improvement

We rated end of life care services as 'requires improvement' for effective because;

We were not assured that the trust had made sufficient progress to meet national guidance following the removal of the Liverpool care pathway nationally in 2014.The trust initially introduced an individualised care plan produced by the local strategic clinical network but this was withdrawn following feedback from nursing staff at the beginning of 2015. Despite being ratified in August 2015 the revised documentation had not yet been fully implemented across the trust and plans showed that the implementation would not be mandatory for every ward. As a result, this lack of a consistent approach to end of life care planning may impact on the ability of the service to provide high quality end of life care.

A priority recommendation from the national care of the dying report states that hospitals should provide face to

End of life care

face specialist palliative care from at least 9am-5pm, seven days per week to support the care of dying patients and their families, carers or advocates. This was not available at Trafford hospital

In the NCDAH 2013/2014 the trust performed better than average for eight out of the ten clinical key indicators and achieved four out of the seven organisational key indicators. As a result the trust had developed an action plan to detail how the recommendations made would be achieved. The service still had a number of key actions to complete, in particular access to specialist support for care in the last hours of life and formal feedback processes regarding bereaved relatives/friends views of care delivery.

Evidence-based care and treatment

- The palliative care team based the care they provided on the NICE Quality Standard 13- End of Life Care for Adults.
- Regular clinical audits took place in relation to end of life care including pain management and a three monthly review of all expected deaths at Trafford Hospital.
- The trust initially introduced an individualised care plan to replace the Liverpool care pathway for the dying patient which was removed in 2014.The care plan had been produced by the local strategic clinical network but this was withdrawn following feedback from nursing staff at the beginning of 2015. The lack of a consistent approach to end of life care planning may impact on the ability of the service to provide high quality end of life care.
- The trust had developed an action plan to detail how the recommendations made from the national care of the dying audit 2014 (NCDAH) would be achieved.

Pain relief

- The service had performed within the England national average for the provision of protocols for the appropriate prescription of medicines for the five key symptoms at the end of life.
- Two of the five specialist nurses were nurse prescribers and were able to prescribe medication for This was good practice as it enabled nurses to give symptomatic relief without delay.
- We reviewed 11 medication administration record charts in a number of wards. Nursing staff said they felt end of life medication was well managed and patients received effective symptom control.
- There was an analgesia ladder to show to the patient was asked about their pain level.
- The wards we visited stocked the appropriate medication required for syringe driver pumps (a method of continuous delivery of medicines). A pharmacist confirmed these drugs would be made readily available so there would not be delays in treatment.
- In 2011, the National Patient Safety Agency recommended that a particular range of syringe drivers should be removed by the end of 2015. Replacement syringe drivers were provided in accordance with this guidance. Staff reported syringe drivers could be secured if required as part of the patients' treatment package.
- We were not assured that medications were always being administered and managed safely in end of life care. There were issues around the use of two types of infusion pumps/syringe drivers and the lack of staff competencies in using these. These issues were immediately highlighted to the trust executives. They have acted to assess this and have provided us with a training plan and an update on progress since the inspection to address these issues further. We will continue to monitor the situation.
- Records included a syringe pump monitoring checklist which included four hourly safety prompts and checks of the needle site, battery and volume of infusion remaining in the syringe. The use of syringe drivers had been supported by regular and on-going staff training however this was not mandatory and ad hoc dependent on wards being able to release staff.

Equipment

- Records included a syringe pump monitoring checklist which included four hourly safety prompts and checks of the needle site, battery and volume of infusion remaining in the syringe.
- We looked at all the incidents relating to end of life care in the trust and found ten incidents in the last twelve months when syringe drivers had not been available on a ward when required. During our inspection we found on three wards that syringe drivers were either unavailable or in one case was broken. We reported this to senior staff at the time of our inspection.

End of life care

- Information we received from the trust confirmed that a maintenance process was in place to ensure that medical devices were fit for purpose. Data showed that as of August 2015 fifteen percent of equipment related to end of life care such as syringe drivers had not been serviced in the last twelve months. This was being addressed by the medical devices committee and an improvement plan was in place

Nutrition and hydration

- The trust participated in the National care of the Dying Audit (NCDAH), which showed for 2013/14 the trust scored 52% for the "review of the patient's nutritional requirements indicator" which was better than the national average of 41 %.
- Ward staff showed us the new hydration pathway. We were told that all patients should be assessed for factors influencing hydration within six hours of admission. The trust was due to audit the new pathway early 2016.
- We observed that 'food charts' didn't state what had been offered or refused which hindered the ability of staff to monitor a patient's food intake.

Patient outcomes

- The results of the NCDAH published in 2014for Trafford hospital were predominantly positive. The trust performed better than average for eight out of the ten clinical key indicators and met four out of seven key national performance targets for organisations providing end of life care. As result the trust had developed an action plan to detail how the recommendations made would be achieved.
- The service still had a number of key actions to complete, in particular roll out of the final replacement of the Liverpool Care Pathway, access to specialist support for care in the last hours of life and formal feedback processes regarding bereaved relatives/friends views of care delivery.
- The trust did not participate in the Gold Standards Framework accreditation scheme.

Competent staff

- We found that not all nursing staff were aware of how to safely use equipment used in end of life care such as syringe drivers. Staff training for the use of syringe driver pumps was available however this was not mandatory. Attendance at training was ad hoc dependent on wards being able to release staff. The SPCT had recently held medical device training days and were continuing with a rolling programme of drop in sessions for staff to attend.
- In addition to mandatory training. The specialist palliative care team (SPCT) held a "hot topic" in June to raise awareness of the 'Five Priorities of care' for end of life. Sessions were delivered twice a day for the month. Data provide by the trust showed that 227 staff attended these awareness sessions.
- Band 6 nurses told us they had undergone 'train the trainer' courses. In some ward areas they told us they used the 'Alaris' 24 hour infusion pump. End of life drugs should not be used in these devices. Staff were aware of the need to generate an incident report if they used an 'Alaris' for end of life medications. Senior managers confirmed that the issue of syringe drivers was on the risk register and data provided by the trust confirmed this.
- Staff training and education for managing care of patients at the end of life had been provided on an ongoing basis by the SPCT and junior doctors had training on end of life as part of their induction by the adult consultant for palliative care. Training and updates in DNACPR, advanced communication skills, palliative care and oncology were available. This training was mandatory for junior doctors and band 5 nurses.
- 100% of the eligible SPCT had completed an appraisal in the last twelve months prior to our inspection. The use of appraisals is important to ensure staff have the opportunity to discuss any developmental needs or support required to help them carry out their role.
- Staff had access to a wide range of resources to support them caring for people at end of life care.

Multidisciplinary working

- The trust has developed Rapid Discharge Guidelines which promoted effective communication between all relevant parties, ensure appropriate documentation is completed to facilitate effective, safe management of the dying person and those identified as important to them.
- The consultant in palliative care also worked in the local hospice which ensured close working links between the two organisations.
- We saw evidence of joint working between the community and acute palliative care teams.

End of life care

- Multidisciplinary team (MDT) meetings were held at the MRI site this meant it was not always possible for patients at the end of life to be included in the discussion
- The SPCT had regular meetings to discuss individual patients. Staff told us they supported other health professionals to recognise and consider when patients may be approaching end of life. The different individual clinical multidisciplinary teams worked well together to coordinate and plan the care for patients at the end of life.
- The local ambulance trust was a key player within the rapid discharge plan and was an active part of the multidisciplinary team.
- The palliative care consultant was not able to routinely to attend "board round" every day on wards where end of life care was routinely provided.

Seven-day services

- There was no consultant presence out of hours at Trafford Hospital. Ward staff told us the specialist palliative care team was a responsive, supportive service.
- The specialist palliative care team were available at Trafford Hospital 9am to 5pm, Monday to Friday. Out-of-hours advice was provided by the hospice. There was a risk that over bank holidays and weekends patients' needs may not be met.
- The specialist palliative care team told us that they ensured patients referred to them had a plan of care to meet their needs over weekends.
- Medical cover at the weekend was provided by the on-call doctors from other specialities who were not necessarily familiar with the patients.
- Radiology services were led by a consultant and were available on Saturday and Sunday until 6pm and was then on call over the weekend.
- The pharmacy was open on Saturday mornings until 1pm. Outside those hours, there was an on-call pharmacist to dispense urgent medications. Staff told us this sometimes meant there were delays in discharging patients.
- We were informed that on two recent occasions staff had called patients' own local ministers as the hospital chaplaincy service was unable to attend to their needs.

Access to information

- Staff had access to the information they needed to deliver effective care and treatment to patients in a timely manner including test results, risk assessments and medical and nursing records.
- Staff had access to a wide range of resources to support them caring for people at end of life. The on line documentation included information on current best practice including symptom management, spirituality guidelines, clinical pathways and pain management. The resources also included a signpost to the "principles of care framework" produced by the local strategic clinical network to guide staff in their decision making around end of life care.
- When a person died staff had access to online information that may be required following the death of a person for example information on referral to the coroner and information about the bereavement service.
- Trust managers told us that they had started a project to introduce an electronic palliative care coordination system (EPAACS) in line with national good practice. However this was in an early stage and we did not see evidence of a rollout plan with timescales for implementation.
- Training was recorded on the electronic Oracle Learning Management (OLM) system. Staff reported this system was not always effective as information was not always accessible and some records showed as being out of date. Ward managers showed us paper records which they used to keep track of staff compliance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients who did not have the capacity to consent to end of life were treated appropriately. We requested data from the trust on any audits or review of the DNACPR process in the service. The most recent audit provided was from 2012. The inspection team felt this was not current enough information to be included as part of the inspection. We found some informal monitoring of the completion of the DNACPR documentation through the end of life steering group but we were not assured that DNACPR procedures were being monitored effectively to ensure that patients were identified as end of life appropriately and in line with national guidance.

End of life care

- We saw a sample of DNACPR forms that had been completed appropriately in wards areas. A trust DNACPR audit of 88 forms in January 2014 showed that the decision had been made and recorded in 95% of cases, and by an appropriate clinician in 91% of cases.
- Assessments of a patient's mental capacity to make decisions were not consistently completed or documented before best interest decisions were made.
- We looked at five patient records and found some examples of documented discussions with patients and relatives about treatment decisions. However, the patient records we looked at showed that patients were not consistently involved in DNACPR decisions. They also demonstrated that patients were not consistently informed of their prognosis before medical staff had discussions with family members.
- Staff were knowledgeable about their role and responsibilities regarding the safeguarding of vulnerable adults.
- MCA and DoLS is part of mandatory training. Social workers complete capacity assessments regarding preferred place of care.

Are end of life care services caring?

Good

We rated end of life care services as 'good' for caring because;

We observed that specialist palliative care staff interacted with patients in a sensitive, caring and professional manner, engaging well with patients and their relatives in a respectful way. Care was planned in a way that took into account the wishes of the patients.

The patient's complex symptom control needs were being met and the supportive needs of both the patient and their relatives were being addressed.

Ward staff at Trafford General Hospital provided compassionate care to patients. Staff were sensitive to the needs of patients who were seriously ill and recognised the impact this had on those close to them. Staff were enthusiastic and passionate about providing good EOL care. They told us patients for EOL care were always their priority.

Patients' confidentiality and privacy and dignity were respected and maintained wherever possible.

Patients felt their individual needs were met in a professional, sensitive way. Staff were observed spending time talking with patients and relatives and people were encouraged to be involved in their loved ones care. The staff recognised the importance of the fact that the earlier the identification of patients nearing the end of their life took place the more likely they would receive a positive experience.

There was a purpose built dedicated bereavement office providing a bereavement care service. The SPC team were committed and enthusiastic about improving end of life care.

Compassionate care

- Throughout our inspection we observed patients being treated with compassion, dignity and respect. Patients we spoke with told us 'the staff were so kind and understanding'.
- There was a 'relative's room' on the wards where patients /families and staff could meet in private.
- There was no formal mechanism for collating feedback from families and carers about their experience of our end of life care in adult patients.Ward teams receive a number of compliments from families, which are shared with staff and reviewed as part of our overall commitment to responding to feedback.
- There were examples of staff treating patients and relatives with dignity and respect. For example, a pathology technician reminded staff about the need to check if relatives were present before entering the mortuary viewing area.
- Normal ward visiting times were waived for relatives of patients who were at the end of their life and facilities for families to stay overnight arranged if needed.
- Wards had developed comfort packs which included memory boxes which were added to by staff, patients, friends and families.
- There was limited patient feedback regarding the hospital specialist care team.

Understanding and involvement of patients and those close to them

- The trust had introduced 'carer passports' which stated 'I am the carer" and if a relative/friend wanted to be involved in care they could be.

End of life care

- Families were encouraged to be involved in care, mouth care and helping people get dressed.
- Training in communication skills was provided through the 'Sage and Thyme' programme, a foundation level communication skills workshop developed in response to NICE guidance. The SPCT had attended advanced communications training.

Emotional support

- The specialist palliative care team, the chaplaincy, nurse specialists and psychologists provided emotional support to patients and relatives.
- Nursing staff told us they had concerns about the impact of the absence of a replacement for the Liverpool care pathway. They felt that it was difficult to meet patients spiritual care needs, when there was no framework to work towards.
- Chaplains carried out ward rounds within their respective divisional areas. Referrals to the chaplaincy spiritual centre (CSC) were made by phone, email, letter or personal visit and followed up within 24 hours. Urgent or emergency calls were made through the trust switchboard to the chaplain on call, operating 24 hours a day, seven days a week. We observed in two sets of notes where the family had chosen to request their local minister as the staff had been unable to access the hospital minister in a timely way.
- The NCDAH 2013/14 reported that the trust was slightly above the England average for access to information relating to death and dying.
- Bereavement information booklets 'When someone dies' were available for relatives or loved ones to use with advice on both practical support such as registering the death and where to seek further emotional support .
- The hospital scored 55% in the 2013/14 NCDAH for assessment of the spiritual needs of a patient and their nominated relatives or friends. This was better than the England average of 37%.
- Patients at the end of their life did not always have access to side rooms.
- Staff in all ward and outpatient areas told us they were short staffed at times, which had an impact on providing end of life care, particularly on the time available to give emotional support.

Are end of life care services responsive?

Requires improvement

We rated end of life care services as 'requires improvement' for responsive because;

End of life care was not always responsive to the needs of the local population.

The month prior to our inspection the trust had started to collect information on people's preferred place of death and other basic data to inform both service planning and monitoring of the care provided. This was in line with national data sets for palliative care.

Patients were not always seen by the specialist palliative care team (SPCT) within 24 hours of referral. Data provided by the trust showed that in the three months at the beginning of the year 75% of patients were seen within 24 hours of being referred to the SPCT.

The trust had a rapid discharge service for discharge to a preferred place of care (PPC). There was open access for relatives to visit patients who were at the end of life, and free car parking for those visiting.

Results from an internal audit carried out at the beginning of 2015 highlighted the need to ensure holistic care assessment and planning, documentation and communication for individuals identified as potentially being in their final hours/days of life. The audit also showed that of individuals recognised as dying only 48% had an individual plan of care based on the five areas considered central to end of life care. The standard expected to be completed was 100%.

Service planning and delivery to meet the needs of local people

- The National Care of the Dying Audit of Hospitals (NCDAH) 2013/14 reported that the trust was below the English average for formal feedback processes regarding bereaved relative /friends of care delivery.
- We were not able to identify from information from the trust the preferred place of death or percentage of patients discharged within 24 hours for Trafford hospital as we were told that this was usually carried out in the community and that the service had only started to collect details of this at hospital site level in the weeks prior to our inspection.

End of life care

- The Specialist Palliative Care Team from April 2015 to date December 2015 a total of 646 patients of which 235 died which equates to 36.5% which was similar to the national average.
- The trust had a close working partnership with neighbouring hospices. The palliative care consultant also worked at the local hospice which assisted the patient's transition from acute to community/hospice care.
- The trust also had representation on the palliative and end of life strategic clinical network for the North West which enabled good practise to be shared and challenges discussed in a consistent format.
- Normal visiting times were waived for relatives of patients who were at the end of their life as well as support with car parking for those visiting.

Meeting people's individual needs

- Ward staff told us where possible end of life patients were nursed in a side room to provide dignity and privacy for them and their loved ones. However there were no designated EOL are beds at the hospital.
- However two nurses told us they had concerns that the absence of the LCP has had a negative impact on patients spiritual care needs, expressing concerns this area of care could be neglected when there was no framework to work towards. We saw in one patient's notes where the family had chosen to request their local minister as the staff had been unable to access the hospital minister in a timely way.
- When admitted through the emergency department, patients would be identified if they attended with the Limitation of Treatment Order (LOTO) or Do Not Attempt Resuscitation (DNAR) paperwork from home, and this informed the decisions for treatment and where their treatment would occur, for example home or hospital. Other patients were identified through the clinical decision making process.
- Mortuary staff demonstrated their awareness of and sensitivity to cultural and faith practices.
- The Specialist Palliative care team (SPCT) outlined how they dealt with patients with complex needs. They carried out a full holistic assessment on all patients referred to the team.
- Staff had access to a telephone interpreter service for people and carers whose first language was not English. Information gathered when patients were admitted to the ward identified who would need this service and translators were booked when staff needed to explain any treatment or procedures.
- Staff told us told us they wouldn't use family members to translate for consent which is in line with best practice guidance.
- Information was available for patients throughout the hospital via information leaflets and displayed on noticeboards.
- The trust had information readily available for staff to alert staff to patients living with dementia who may require more support and time due to their condition.
- The bed management system was utilised at ward level on admission and regularly on a daily basis. The flagging system had a series of trigger questions which prompted staff to ensure that discussions took place regarding the individual needs of the patients and carer and to ensure on-going reasonable adjustment care planning.
- We noted that patients on the general wards who were at end of life had easy access to call bells.

Access and flow

- Patients were not always seen within 24 hours of referral to the SPCT particularly if they were referred at the weekend. Data provided by the trust showed that in the three months at the beginning of 2015 75% of patients were seen within 24 hours of being referred to the SPCT. However the data provided did not give information about how long the 25% not seen in 24 hours waited to be seen by the team.
- Ward staff had contact details for the SPCT and confirmed the team responded promptly following a referral or when needed for advice by phone if necessary.
- Staff carried out daily meetings to maintain patient flow and to identify and resolve any issues relating to patients at end of life.
- Patients in the last days or hours of life were brought to the attention of the SPCT through the end of life flag on the patient track system. These patients were then reviewed by the SPCT who supported the healthcare professionals in providing individualised care based on the five priorities of care, developed by the national leadership alliance for palliative end of life care.
- The SPCT also undertook regular ward walk rounds to proactively identify patients approaching end of life.

End of life care

- All wards had access to the rapid discharge team, including members of the palliative care team. The team followed the rapid discharge policy to enable patients to go home after an immediate decision for end of life at home (or in a care home).

Learning from complaints and concerns

- The trust had a complaints procedure that staff had access to on the trust internet. Staff were able to tell us how they would respond to a complaint on the ward and were able to show us the complaints policy. However we were unable to assess the effectiveness of the process for end of life care and any learning as no complaints had been received in relation to adult's end of life care service.
- Mortuary staff were able to describe how they had responded to complaints from families about the reception area which involved new furniture and improvements to make the area more user friendly and dignified.

Are end of life care services well-led?

Requires improvement

We rated end of life care services as 'requires improvement' for well-led because;

There was a general governance framework in place for the trust; however there was no trust wide vision or strategy for adult end of life care services in the trust. Data provided by the trust showed that there was an action plan for end of life care for adults which had been developed in response to the national care of the dying audit (NCADAH). This identified three key actions that were due to be completed by September however at the time of inspection in November these had not been fully actioned.

Trust managers told us work had been started to review baseline performance in end of life care in the month prior to our inspection. Staff on wards where end of life care was provided measured quality locally including ward accreditation processes and quality performance dashboards.

Some of the risks identified on the risk register for end of life services had not been closed or did not have clear plans in place to mitigate the risks identified, such as the use of syringe drivers. This meant there was no clear, easily accessible overview of the ongoing risks within end of life care services or how they were being managed.

The specialist palliative care team (SPCT) had been proactive in auditing its service delivery and data provided showed there were overall concerns in the quality of service provision. We were not assured that the trust was able to assess how they were currently performing in regards to the process of identifying, monitoring and reviewing people identified as at end of life.

The trust had nominated an executive nurse lead for adult end of life care services three months prior to our inspection. However, the lack of capacity and recent vacancies in senior posts had impacted on the ability of the service to move forward with service improvement and development.

Vision and strategy for this service

- The trust "vision and values" were displayed throughout the hospital. However there was no vision or strategy for adults at end of life However, the lack of an overarching vison or strategy meant that staff across the Trafford Site, did not have a clear understanding of what plans were in place for end of life adult's services.
- We viewed the annual report summary for the trust 2014/15 and found no reference to end of life services indicating the performance of the service had not been considered by the trust as part of the improvement agenda.
- We met with the non-executive lead and executive lead for end of life care who confirmed that the trust had started to review end of life care s and acknowledged there was some improvement to be made to improve service delivery. Following the inspection we received the draft strategy dated 19 November 2015.

Governance, risk management and quality measurement

- End of life care services at Trafford Hospital for the purpose of governance reported through the acute medical and community services division.
- Trust managers told us work had been started to review baseline performance in end of life care in the month prior to our inspection. Staff on wards where end of life care was provided measured quality locally including ward accreditation processes and quality performance

dashboards. However, there was no overarching performance quality dashboard to assess service provision for end of life care. This meant best practise may not be shared and consistency of service not guaranteed.

- Some of the risks identified on the risk register for adult end of life care services had not been closed or did not have clear plans in place to mitigate the risks identified, such as the use of syringe drivers. This meant that there was no clear, easily accessible overview of the ongoing risks within all of end of life care services.
- Central Manchester University Hospitals NHS Foundation Trust (CMFT) had an end of end life steering group which was responsible for the development of the service including the strategy and implementation of the strategic action plan. This was predominantly for adult end of life care and reported through a quality committee up to the board.
- There was a robust governance structure in place within the individual clinical speciality units which fed into the trust risk management committee. Monthly governance meetings were held and attended by key professionals. There was an overarching divisional risk register and local risk registers held by each ward.
- The trust had identified improvements were required in the end of life service for Trafford and had an action plan identify three key actions to be in place by September 2015. At the time of the inspection in November 2015 these were only partially completed.

Leadership of service

- The trust had an identified executive director with responsibly for end of life. The trust had nominated an executive nurse lead for both adult and children's end of life care services three months prior to our inspection. However, the lack of capacity and recent vacancies in senior posts had impacted on the ability of the service to move forward with service improvement and development in a timely and effective manner.
- Staff reported that local managers were visible and supportive. Recent changes in leadership roles meant that the trust had initiated a review of end of life care across the whole trust including children's services. We met with senior adult's managers who confirmed that the service needed to have clear leaders to act as champions for end of life care for Adult's services. The lead palliative care consultant was seen as a key figure in leading palliative and end of life care throughout the trust but was limited in his capacity to drive the leadership of the service

Culture within the service

- Staff were proud of the work they did and were committed to doing their best for patients and their families.
- Results of the 2014 NHS Staff Survey from across the trust showed that 75% of staff were satisfied with the quality of work and patient care they were able to deliver compared to the average of 77% for acute trusts.
- Throughout our inspection we met a number of very passionate staff who were trying to improve and champion end of life care at Trafford Hospital.
- The SPCT felt valued and respected, and ward staff felt the SPCT contributed to providing a quality service to patients at the end of life.
- There an open culture that supported learning and improvement, however some members of the SPCT told us that the constraints on the time they could spend at the Hospital working with ward staff meant that progress to implement the key actions from the end of life review had not been as timely as planned.

Public and staff engagement

- The SPCT is not a member of the strategic network for greater Manchester and Cheshire.
- The community service team's work with the public to collate patient and family stories in relation to end of life experience and then these are used by the SPCT as part of training and feedback at meetings.
- The bereavement service had identified there was no current monitoring of the service. The service is working with patient services to develop a questionnaire.
- Ward staff told us they felt listened to and they had access to the intranet which was a useful resource for information.
- Staff told us the trust held monthly 'meet the executive team' events when staff could have "tea with the executives". The trust had eight positive findings within the NHS staff survey and the remaining 22 questions were within expectations.
- Ward staff told us they felt listened to and they had access to the intranet which was a useful resource for information.

End of life care

Innovation, improvement and sustainability

- The SPCT were keen to engage in research and had been proactive in reviewing the quality of service delivery. The lack of capacity and leadership meant that they had not been able to drive forward key service improvements.
- The increase in activity was not sustainable in the long term and the trust acknowledged the need to review service delivery particularly in light of service reconfiguration across other sites.
- The SPCT submitted data to the National Minimum Data Set, which allowed the team to benchmark their service nationally and could be used as a service improvement tool.
- The trust had started to look at the use of electronic palliative care coordinating system (EPACCS) but we did not see any formal plans for implementation.

Outpatients and diagnostic imaging

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

Information about the service

Trafford General Hospital offers 36 different outpatient clinics. The outpatient's clinics are mainly at ground floor level. The hospital runs the Outpatients Department hand in hand with Altrincham Hospital and 24 of these clinics are also run at Altrincham Hospital, usually on different days and many using the same nursing staff and Consultants who work across both locations.

From August to October 2015 there were 3912 outpatients clinics held at the hospital, an average of 1304 per month. Specialities holding the most clinics are trauma and orthopaedics; diabetic medicine; ear, nose and throat (ENT) and general surgery that generally hold over 100 clinics per month.

In the 18 months from January 2014 to June 2015, there were 205,089 outpatients' appointments at Trafford General Hospital, an average of 11,394 per month. There has been a 4.17% drop in outpatient attendances from the first six months of 2014 compared to the first six months of 2015, an average of 483 patients per month.

The hospital offers a combination of consultant and nurse-led clinics for a full range of specialities. The clinics include General Surgery; Colorectal Surgery; Pain Management; Gastroenterology; Endocrinology; Haematology; Diabetic Medicine; Dermatology; Ear, Nose and Throat (ENT); Speech and Language Therapy; Physiotherapy; Dietetics and Retired. There is also a Phlebotomy service.

The hospital also offers a range of diagnostic services to patients, these being: Diagnostic Physiological Measurement (audiology (hearing assessments) and cardiac physiology (ECG)); Diagnostic Endoscopy (colonoscopy, gastroscopy, sigmoidoscopy and bronchoscopy) and Diagnostic Imaging (Radiology) (general radiography (x-rays), fluoroscopy, CT (computerised tomography) scanning, MR (magnetic resonance) scanning, angiography (pacemaker insertion) and ultrasound).

The Radiology Department carried out 72,421 examinations from April 2014 to March 2015, an average of 6035 per month. Approximately half of the procedures carried out were x-rays.

We visited several outpatients' clinics at Trafford General Hospital, including: Gastroenterology/General Colorectal; Rheumatology and the Diabetes Centre where Vascular; Podiatry; Gestational Diabetes Ante-natal; New Patients and Endocrine clinics were being held. We also visited the Diagnostic Imaging (Radiology) Unit, Endoscopy Unit and Physiotherapy Unit.

During the visit we spoke to 21 staff in the clinics, including Nurses, Managers and Clerical Staff, Doctors, Consultants and Radiographers. We also spoke to 10 patients. We reviewed several electronic medical records and observed direct care in clinics. We also held special meetings for staff called Focus Groups which were attended by 45 staff, including staff working in outpatient clinics and diagnostics.

Outpatients and diagnostic imaging

Summary of findings

We rated outpatients and diagnostic imaging services as 'good' overall because;

Staff were confident about raising incidents and encouraged to do so. Staffing levels were appropriate to meet patient needs although increased demand on the radiology services meant that a high proportion of reporting on diagnostic imaging was outsourced to meet reporting targets.

There were appropriate protocols for safeguarding vulnerable adults and children and staff were aware of their roles and responsibilities in regard to safeguarding. Staff were up to date with mandatory training, including level 2 safeguarding.

The departments inspected were visibly clean and staff followed good practice guidance in relation to the control and prevention of infection. Medicines were stored and checked appropriately.

Most departments were of an appropriate size and well set out, although the physiotherapy unit lacked space in the gym facility. Equipment was clean and in good working order. An excellent electronic patient record system allowed the filtering out of relevant information and facilitated information being available to different teams very quickly. As a result, instances of patient notes not being available at a clinic were minimal.

Outpatient and diagnostic services were delivered by caring, committed and compassionate staff who treated people with dignity and respect. Care was planned and delivered in a way that took patients' wishes into account. Their confidentiality and privacy were respected whenever possible. We saw instances of service planning and delivery to meet the needs of local people.

We saw good examples of assessing and responding to patient risk. The hospital was performing at better than the England average for "did not attend" rates and patients waiting more than six weeks for a diagnostic test. They were slightly worse than the England average on referral to treatment times.

Departmental managers were knowledgeable and supportive and had vision to expand and improve their services. There was a trust wide out-patient transformation programme group. The aim of this was to develop and implement service standards for OPD clinic. The group also led on improving patient experience across all the trust sites. The standards would deliver a consistent, reliable and quality clinic experience to patients and their families.

Staff in outpatients and diagnostic services enjoyed working at the hospital, demonstrated good team working (including multidisciplinary working) and were competent and well trained. They felt respected and valued. However, there was little feeling of inclusion in the trust as a whole and rather an affiliation to the Trafford Hospitals (Trafford General Hospital and Altrincham Hospital).

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good

We rated outpatients and diagnostic imaging services as 'good' because;

There was a clear process for reporting incidents on an electronic system and staff were encouraged to report them and were given feedback.

Actions were taken in response to incidents to minimise further instances.

The environment was visibly clean and staff adhered to infection control procedures.

Mandatory training for staff was above the trust target and in most departments, 100% of staff were up to date with their mandatory training.

Equipment and medicines throughout the departments were stored safely and checked daily.

Staff were aware of their role in safeguarding and knew how to access advice and escalate concerns.

The trust has an electronic medical records system and historic medical records are scanned prior to any first outpatient appointment. As a result there were very few episodes where a patient notes were not present at a clinic, in most instances where this did happen, it was because a patient had been transferred from Manchester Royal Infirmary where electronic records are not available.

Clear policies and procedures were in place in Radiology to support the safe use of equipment and there are Radiation protection Supervisors in place to exercise close supervision of the work with ionising radiation to ensure that the requirements of the Ionising Radiation Regulations 1999, Approved Code of Practice and local rules are adhered to.

Staffing levels were appropriate to meet patient needs although increased demand on the Radiology services meant that a high proportion of reporting on diagnostic imaging is outsourced to ensure that turnaround times for reports are within national guidelines. The department is actively recruiting to reduce staffing gaps and reduce the amount of work that it is necessary to outsource.

Incidents

- There were no 'Never Events' (very serious, wholly preventable patient safety incidents that should not occur if the relevant preventative measures are in place) reported in Outpatients or Diagnostics in the 12 months before our inspection.
- In the Endoscopy Unit the WHO (World Health Organisation) Surgical Safety Checklist is now in use and this is in response to a 'Never Event' that occurred at Manchester Royal Infirmary (MRI).
- There was one Serious Incident reported by the trust involving Outpatients and Diagnostics in the 12 months before our inspection.This incident required investigation as to the cause. The incident involved a patient who had undergone a transthoracic echocardiogram (TTE) in December 2014 and the procedure failed to identify a number of pre-existing conditions. Subsequently, the patient underwent an operation at MRI and the operation was unlikely to have gone ahead if the facts were known. The incident was investigated and causes identified and an action plan put in place.
- The Radiology Unit has a duty to protect patients from radiation exposure under the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. They reported 15 radiation incidents from 1 November 2014 to 31 October 2015.All of these caused no harm to the patient. The number of incidents was not significantly high in comparison to other units within the trust.
- The Endoscopy Unit demonstrated that they reacted to the 30-day mortality and readmissions checklist audit where the cause is investigated when a patient is readmitted to hospital or dies within 30 days of an endoscopy procedure. From January to August 2015 four patients died but the endoscopy procedure was found to be non-contributory in all four cases.
- There was an open and honest culture within the Outpatients and Diagnostic Units and all staff (including reception staff) spoken to felt encouraged to, and able, to report incidents. Staff demonstrated that they knew to contact a manager if incidents needed immediate escalation.
- The Health and Social care Act (2008) Duty of Candour Regulation requires that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out

some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. Staff were aware of their responsibilities to be open and honest with patients and demonstrating duty of candour.

- The Physiotherapy Unit was able to identify a good example of where duty of candour was applied and the patient had been directly informed of an element of treatment that had gone wrong. The information was shared as a learning event with all relevant staff.
- The lead radiographer was able to give clinical examples of when treatments or care had not gone as they would have liked and how the department had been open and honest with patients and relatives and how staff learned from these events. For example, for inaccurate reports, an immediate addendum is added and notification of the error sent to the referring physician and patient. A manager will then sit down with the staff member involved in the error and go through a process of reflection and education with them to ensure learning from events.
- Staff received details of incidents on team brief in Radiography and they receive feedback on near misses. They also apologise to patients immediately where a patient may have felt discomfort or pain because of a procedure such as cannulation.
- We spoke to a consultant who reported that there is a good incident reporting culture within the hospital with feedback on investigations, an action plan and lessons learned.There was a trust wide publication of lessons learned from incident investigations with examples of learning from across the trust. Details of serious incidents were presented at the Patient Safety Forum and safety one-liners picked elements from investigations.

Cleanliness, infection control and hygiene

- All outpatients and diagnostics departments inspected were visibly clean and staff followed good practice guidance in relation to the control and prevention of infection.
- We saw that staff were bare below the elbow in clinical areas, in accordance with the National Institute for Health and Care Excellence (NICE) guidelines on infection control.
- We saw that hand gel dispensers were plentiful and full in all departments and appropriately placed for use by patients and staff.
- 'Sharps' boxes in Outpatients were sealed properly to minimise infection control and were signed and dated.
- We saw extensive use of "I am clean" stickers in Outpatients and the Endoscopy Unit on all equipment, including computer monitors and keyboards.
- The hospital uses in-house cleaners who were very responsive to incidents.
- In two areas checked, curtains were clean and in date. They were disposable and changed regularly. When soiled they were changed immediately.
- We found that Endoscopy Unit, which is four years old, is built with infection control in mind. All treatment rooms have two doors, one of which lead onto an enclosed corridor, which is only accessible to authorised personnel. The corridor leads to the decontamination room where endoscopes are cleaned. Clean endoscopes are brought in one door of a treatment room and used endoscopes are taken out through the other and straight to the decontamination room, suitably tagged, to indicate that they have been used. Clean scopes have a different coloured tag to avoid cross-contamination.
- Staff in the Endoscopy Unit attend regular decontamination group meetings within the trust. They lead in decontamination training for the trust and staff recruited at Manchester Royal Infirmary in Endoscopy have been sent there for training.
- The Radiology Unit has separate waiting areas for inpatients and outpatients to keep persons at risk of infections safe.
- There is an infection control manual in place in Radiology that is available to all staff. In addition there are three infection control "Champions" across the Trafford and Altrincham sites who can advise staff on risks and who carry out regular audits.
- All staff spoken to were up to date with mandatory infection control training.
- The hospital has a comprehensive hand hygiene audit programme with monthly audits carried out. Triggers, such as compliance of less than 85%, mean that daily audits commence. Staff are reminded of the importance of hand hygiene and the matter is escalated where a staff member refuses to comply, repeatedly fails to comply or questions the validity of the policy. Staff are commended with a letter of recognition when they have

demonstrated excellent hand hygiene practice. The hospital also has a comprehensive action plan to establish a culture of excellence in hand hygiene and infection control with most actions completed or in progress.

- In a quality care round dashboard conducted by the trust in June 2015, 100% of patients said that the environment was clean and that they were doing their best to control infection in the Endoscopy Unit. The trust target is 95%.
- Of the eight patients interviewed in the Radiology Unit, six (75 %) said that the unit was clean; two (25 %) thought that it could be cleaner, for example, that the floor needed cleaning. Only two patients (25%) saw staff wash their hands or use hand gel.

Environment and equipment

- The outpatients and diagnostic services at Trafford General Hospital were easily accessible and at ground floor level.
- The Diabetes Centre is a purpose built building that is light and airy, comfortable and well set out. The previous consultant and patients raised money to build the unit.
- The Endoscopy Unit is four years old and purpose built. It was a modern and spacious environment and rooms are allocated for different purposes along the patient pathway, such as waiting areas, changing areas, consent room, cannulation room, treatment rooms and recovery rooms. Changing areas and recovery areas are single sex. Transport of used equipment is not through patient areas, minimising infection risks.
- We examined the resuscitation trolleys located throughout the departments and found that they were clean and in good order, with all the required equipment available. The trolleys were checked on a daily basis
- In the Endoscopy Unit, rooms where compressed gases are kept are locked and there is appropriate signage on the doors. In the decontamination area there was a locked chemical storage room. It had appropriate signage on the door and an inventory of the chemicals within for stock control and in case of fire. There were warning notices about Haz Tabs (hazardous effervescent chlorine cleaning tablets) and Control of Substances Hazardous to Health (COSHH) information was on view for all appropriate substances, in accordance with the COSHH Regulations 2002. Haz Tabs were not kept near a water source. There was a chemical spillage kit outside the chemical storage room.
- The staff member working in the decontamination unit was suitably dressed in personal protective equipment (protective suit, visor and gloves).
- Also in the Endoscopy Unit, for any cleaning staff who may be working out of hours, there were local induction procedures for dealing with the chemicals to ensure safe usage if there are no staff available to carry out an induction.
- Any external maintenance operatives entering non-patient areas in the Endoscopy Unit are required to sign in and to complete a 'permit to work' so they maintain a record of work carried out on equipment and by whom.
- The hoists and suction machine in the Radiology Unit was in good working order and with up to date maintenance contracts. The equipment was clean and the suction machine was fully charged and ready for use.
- The Christie centre in Manchester supports radiation protection guidance in the Radiology Unit. Areas where there were MR scanners and high power lasers are controlled and access is restricted by use of a swipe card system and additional locks. There were enough gowns, gloves and lead aprons in each treatment area.
- In a quality care round dashboard conducted by the trust in June 2015, 100% of patients said that they felt safe in the environment in the Endoscopy Unit. The trust target is 95%. Over the hospital as a whole, the figure was 94.7%, which is slightly short of the 95% target.
- In Outpatients, training on medical devices takes place for staff quarterly. We saw a record of the devices trained on and those who had attended the training.
- The environment in the Physiotherapy Unit is currently on the risk register due to issues with the ceiling. The building is restrictive and there is a clear lack of space within the gym facility.
- The washers in the Endoscopy Unit decontamination room are nearing the end of their life cycle. This is highlighted on the risk register.
- One of the MR scanners and a CT scanner was installed in 2005 and is four years older than the recommended replacement cycle. Parts are becoming more difficult to source and the risk of breakdowns has increased. This is highlighted on the risk register. The casing and software

packages are being updated imminently, though the magnet is remaining. The fluoroscopy room at Trafford is 15 years old and spare parts are no longer guaranteed.

Medicines

- Drugs fridges in each department and were locked. Temperatures were recorded daily, except for one fridge in the Endoscopy Unit that was only being checked when the room was used, which was every three days. Immediate remedial action was taken to ensure that the fridge temperature is recorded daily. Fridge temperatures were found to be within the recommended range.
- Other drugs and medical gases in the Endoscopy Unit were stored appropriately in locked cupboards or rooms. A check on the controlled drugs Fentanyl and Midazolam (both sedatives) that are kept in the department found that stocks were recorded accurately and were appropriately stored.
- Chemotherapy and controlled drugs are not stored in the Outpatients Department. Other medicines were stored in locked cupboards in clinic rooms and the rooms all had keypad entry.
- The Endoscopy Unit undertakes local audits in the use of Flumazenil and Naloxone which are used if a patient is over-sedated. There were no instances in the period January to September 2015.

Records

- Trafford General Hospital has adopted an electronic health records system. Historic case notes were still in the process of being scanned.75% of records were now on the system. There was a process of weeding and culling records for those patients who are now deceased, adults who had not attended the hospital for over eight years or children who had not attended for over 25 years.
- Historic records are prepped and scanned on demand for those patients who have a new outpatient's appointment at Trafford General or Altrincham Hospital. The target is to scan on demand, three weeks in advance of the appointment but there is capacity to scan at very short notice, even whilst the patient is waiting in a clinic, if the notes are short.
- As a result, there are few reported issues with Trafford patient notes not being available when the patient is present at a clinic.
- Paper records may be used, for example, when a patient attends a 'rapid access clinic' or has been transferred to Trafford General from Manchester Royal Infirmary (MRI). MRI still has a paper-based system but is moving to an electronic system called Chameleon. There are plans for this system to integrate with the Trafford Hospitals electronic patient record system.
- Although quite rare, when patient notes are missing at a clinic, it is generally because they are a patient transferring from Manchester Royal Infirmary. On these occasions, the health records team are able to print off the appointment letter and discharge letter from the MRI Medisec patient appointment system, which they have access to, so details of why the patient is attending are known.We found no missing records in clinics at the time of inspection.
- We looked at the electronic patient record system and several sets of scanned notes. Notes are scanned such that the system can filter out the notes from different hospital departments and medical episodes. There is a 'patient alert' facility, which means that allergies, infections such as C-Diff or where the patient has cancer are added and when the notes are opened an alert pops up on the screen, which cannot be bypassed until the information has been acknowledged. This helps to keep patients safe. For outpatients, the first page of the notes identifies the patient and their GP so reception staff are able to question them on all details to minimise the risk of the wrong patient notes being used. A barcode sticker, which is a unique identifier to link the notes to the correct record when scanned, is added to all new handwritten notes or forms.
- We spoke to a consultant who said: "The Trafford patient notes are brilliant". They showed us a patient's notes with a cancer alert and scanned notes dating back to 1976. They described how the system allows them to raise the urgency of patient appointments, view diagnostic scans, write observation notes and notes for the patient to be able to take back immediately to their GP.

Safeguarding

- Staff were aware of their roles and responsibilities and were able to describe how to raise matter of concern appropriately.

- Staff are trained in safeguarding as part of their mandatory training. In all departments in outpatients and diagnostics that we visited, all staff had received Level 2 safeguarding training.
- There is a safeguarding lead at Trafford and Altrincham Hospitals. Staff were aware of who this is and described them as very knowledgeable and proactive.
- Relevant policies and procedures were available electronically on the trust intranet.
- Managers were supportive of staff in escalating concerns.Although adult outpatient staff are only required to have Level 2 Safeguarding training, there is a commitment to ensure that all staff receive Level 3 training.This is a rolling programme and 29% of staff have received this so far.

Mandatory training

- Staff receive mandatory training in areas such as infection control, fire safety, basic life support, patient handling and information governance. Training is delivered by e-learning or face to face.
- Staff were supported by managers and given time in work to undertake training, for example, if a clinic finishes early or is cancelled. We were shown evidence that in the Endoscopy Unit, 100% of staff were up to date with mandatory training. In the Outpatients Department 95% of staff were up to date with mandatory training and one nurse was in the process of completing their training. We were informed that staff in Radiology were up to date with mandatory training.
- The Mental Capacity Act (MCA) was in place to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. The Deprivation of Liberty Safeguards (DoLS) aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. Training on both was available to all staff in Outpatients.
- A risk had been identified in outpatients where staff were not trained in paediatric resuscitation. All staff will receive basic training in paediatric life support though this will initially be rolled out at Altrincham Hospital.

Assessing and responding to patient risk

- We saw good evidence of assessing and responding to patient risk in the Endoscopy Unit. For example where some biopsy forceps appeared to be removing too big a test sample. All of the biopsy forceps were immediately withdrawn from use and replaced, as there was a concern for patient safety.
- The WHO (World Health Organisation) checklist identifies three phases of a procedure, each corresponding to a specific period in the normal flow of work: Before the induction of anaesthesia or other drugs ("sign in"), before the commencement of the procedure ("time out") and before the patient leaves the procedure room ("sign out"). In each phase, a checklist coordinator must confirm that the team has completed the listed tasks before it proceeds with the procedure. It is designed to minimise patient risk whilst undergoing a procedure. The Endoscopy Unit are using the WHO checklist.
- The WHO checklist was expected to arrive in the Radiography Unit for immediate implementation on the day that we inspected. The 'pause and check' procedure currently in place is taken from best practice guidance from the Society and College of Radiographers.
- In accordance with best practice, the trust has appointed radiation protection supervisors for each clinical area within all radiology departments. They exercise close supervision of the work with ionising radiation to ensure that the requirements of the Ionising Radiation Regulations (1999), Approved Code of Practice and local rules are adhered to. They will also raise any concerns that cannot be readily resolved with the departmental manager and radiation protection adviser for the trust.
- The Radiology Department has a policy in place for the rapid notification of a suspected cancer diagnosis other urgent and unexpected finding. Staff are aware of the policy and were able to describe how the urgency is raised to enable an urgent report to be produced based on the diagnostic imaging. In addition, at Trafford Hospital, the initial findings are communicated immediately to the referring clinician's secretary by way of fax marked 'for immediate attention'.
- Reporting on CT scans within Radiology is triaged, based on patient risk. The turnaround levels are set at routine; two to four weeks; two weeks and within 24 hours for inpatients.
- Early warning scores for deteriorating patients are not used in outpatients and diagnostics. Staff in Radiology said they would consult a radiologist if they had

concerns about a patient and they would not send a patient away where they had concerns or had seen something unexpected on a scan, as they may need to be admitted or attend the Urgent Care Centre.
- The outpatients department responded to incidents of staff not filling in specimen forms correctly by ensuring that they now have two people checking the specimens. This has resulted in a reduction of specimens returned by the pathology laboratory.
- Reception staff were observed checking patient identity and the name of their GP, to ensure that they had the correct patient record.
- The reception in the Diabetes Centre is staffed by nurses rather than receptionists so they are able to better advise patients.
- Specialist foot ulcer clinics are run daily in the Diabetes Centre and there is good multidisciplinary team working with vascular consultants and good links to the vascular services and microbiology department.
- The Radiology Department will only scan those patients with a renal function of 50(egfr) or above. Higher risk patients, those with a renal function between 40-50(egfr), are referred to Manchester Royal Infirmary as Trafford General is unable to treat higher risk patients if anything goes wrong.
- There is an issue in Radiology with reporting turnaround times but this is being addressed by outsourcing the work. For example, in September 2015, 57.12 % of MR scans; 65.48% of CT scans; 69.78% of plain imaging and 5.53% of fluoroscopy scans were outsourced for reporting in order to reduce the turnaround times. In the last six months, 35.40% of MR scans and 31.06% of Fluoroscopy scans have exceeded a 14-day turnaround. However, Trafford Hospitals also show that in all diagnostic imaging, less than 1% exceeds the six week breach limit. This compares favourably to the rest of the trust.
- There is an issue with diagnostic urodynamics (pressures and flows) where, in the six months from April to September 2015, 60.43% of reports breached the six-week time limit. This appears to be a trust wide problem although Trafford Hospitals carry out the majority of procedures in this specialism. It is not known what action is being taken to reduce the reporting times for urodynamics diagnostics.

Nursing staffing

- Data from the trust shows that there are no qualified nurse vacancies in outpatients at July 2015.Outpatients at Trafford General Hospital is currently run with 34.60 whole time equivalents (WTE) nursing staff, including 8.44 staff nurses; 3.66 assistant nursing practitioners; 20.50 health care support workers; one nurse manager and one sister.
- Trafford and Altrincham Outpatients has a dedicated matron and operational manager who has recently transferred from the central Manchester site. They act as a link between the Trafford Hospitals and the hospitals on the central site, improving shared learning.
- Some clinics are speciality nurse-led, for example, in the Diabetes Centre and nurses are rotated between the Trafford and Altrincham sites to cover temporary staffing gaps. Where bank staff were used, they were generally from the hospital bank staff and had worked in the department previously. Use of bank or agency staff is not the norm and is usually to cover short term temporary absences. No clinics were cancelled due to a shortage of nurses.
- We were shown evidence of a morning core huddle in the Diabetes Centre, which was documented and signed. The handover covers staff absences, checking of the resus trolley and hypo box (for hypoglycaemic episodes in patients) and the identification of any safeguarding issues for patients due to attend a clinic and the identification of any vulnerable patients. Any incidents or complaints from the previous day are reviewed and incidents remained as an item at the huddle for two weeks. Agency or bank staff were fully included in the handover huddles.
- The Endoscopy Unit use the 'local hot topic' to disseminate any urgent information to nursing staff on a daily basis.

Medical staffing

- The Radiology Directorate across the trust has a planned consultant staffing rate of 28.71 WTE. At July 2015, there were 24.31 WTE consultants in post. At July 2015, there were 11.9 specialist registrars in post against a planned figure of 17.
- There were three consultants in post and two consultant radiologist vacancies at Trafford and Altrincham. There was a plan in place to mitigate for these shortages by recruiting an additional consultant and introducing a consultant rota across the trust. This was on the risk register with a review date of October 2015.

Outpatients and diagnostic imaging

- At the time of our inspection, there was not always a radiologist on site at the hospital, prior to the inclusion within Central Manchester NHS Foundation Trust there had been five radiologists on site. Radiographers are able to ring a radiologist at the central Manchester site for advice but there is not always a radiologist available. Receiving opinions from a radiologist on urgent scans has been raised on the risk register as this can affect discharge rates.
- The reporting turnaround times in the Radiology Directorate are adversely affected because of a consultant on sabbatical, an inability to recruit due to a national shortage of radiologists and an inability to recruit locums to support maternity leave and vacancies. The trust is mitigating this by seeking support for locum sessions internally and externally and continuing active recruitment of additional consultant staff.There are plans, in the interim, to increase the outsourcing of plain imaging and increase the use of outsourcing companies for CT and MR imaging to reduce reporting times.
- The Diabetes Centre has a consultant vacancy and the consultant currently employed also works in Endocrinology.Consultants on short-term contracts, locums and GPs with a special interest in diabetes have covered the staffing gap. The centre has a speciality doctor for patients with diabetic foot problems.

Allied Health Professionals

- Staffing numbers for radiographers across the trust at July 2015 was 123.16 whole time equivalents (WTE) against a planned staffing level of 130.66 WTE.
- Also at July 2015, there were 16.6 sonographers in the trusts against a planned level of 23.8 WTE.
- Staff are rotated regularly to maintain skills and knowledge in all types of diagnostic imaging.
- A new sonographer has been recruited and is due to start in January. There are two sonographers currently in training; however, due to the need of them being able to carry out scans for antenatal and gynaecology work, they are shared posts with St Mary's Hospital. An agency sonographer is currently covering the vacancy on a long-term contract.
- The department has recently seen a number of allied health professionals retire but there are plans in place to recruit two local students from Salford University who will train at Trafford as a placement site.

Major incident awareness and training

- The trust had an emergency planning policy in place and this identifies the roles and responsibilities of staff to ensure that there is business continuity and continued service provision in the event of a major incident.
- Radiation incidents are recorded in accordance with national guidelines.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Departments in outpatients and diagnostics were adhering to best practice guidelines to deliver care and treatment. Policies and procedures were readily available on the intranet and staff were able to explain safety protocols for use of equipment.

Pain relief and sedation was available to patients where appropriate.

Outpatient's clinics standards have been developed by the trust, which contain 12 clinic standards and a set of standards for patients, practitioners, and outpatient-engaged staff. They are split into behavioural operational and environmental standards.

Departments regularly partake in local and national clinical audits to assess themselves against other similar services in the local area and nationally.

Staff were supported in learning and development opportunities to enhance their knowledge and skills and there was robust in-house training and induction.

All staff had received an appraisal and the majority were up to date with mandatory training.

There was good evidence of effective multidisciplinary working to improve patient experience and outcomes and pre-empt adverse events.

There was a willingness to work flexibly to reduce waiting lists and planning for seven-day working where appropriate.

Outpatients and diagnostic imaging

There were no issues with access to patient information because of the electronic patient record system and patients were generally discharged with some information about findings in order that they could initiate a discussion with their GP at the earliest opportunity.

We saw no issues with obtaining patient consent for procedures and departments were aware of how to assess mental capacity and the involvement of carers or relatives in discussing the best interests of the patient.

Evidence-based care and treatment

- Care and treatment followed evidence-based national guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- When new guidelines were published they are issued and disseminated in a timely way.
- The Radiography Unit carry out risk assessments and have a policy in place to prevent contrast-induced nephropathy (leaking of the contrast liquid injection into the tissues). The policy is reviewed every two years and at the time of our inspection it was under review and a new draft policy and patient information leaflet was being discussed at risk boards.
- The use of diagnostic reference levels (DRL) to optimise radiation exposure are in place, which are regularly audited.
- Staff were able to explain safety protocols for use of equipment and knew how to access relevant policies and procedures on the intranet.
- The Endoscopy Unit has received JAG accreditation from the Joint Advisory Group on GI Endoscopy. In order to achieve this they had to demonstrate agreed levels in clinical quality; quality of the patient experience; workforce; training; provide a safe environment for patients and staff and meet the requirements for decontamination.

Pain relief

- Staff were able to access appropriate pain relief for patients based on patient needs
- Entonox pain relieving gas and oxygen was available and administered in the Endoscopy Unit.
- Patients in the Endoscopy Unit are sedated in response to patient direction in order to ensure that the procedure is as pain-free as possible. A pain assessment is used for patients and scores are recorded.

Patient outcomes

- Diagnostic reference levels (DRLs) audits took place to ensure patients were being exposed to the correct amount of radiation for an effective, but safe, scan on each body part.
- The trust does not participate in the Imaging Services Accreditation Scheme (ISAS).
- The trust has developed a set of Outpatients clinics standards, which contains 12 clinic standards and a set of standards for patients, practitioners, and outpatient-engaged staff, which are split into behavioural operational and environmental standards. We have seen a gap analysis conducted against the standards in the hospital and a resulting action plan for improvements. An outpatient's governance group now meets on a monthly basis to monitor the action plan and improvements to meet the standards.
- The Outpatient Department participated in audits, such as hand hygiene, record availability and cleanliness. The ENT clinic recently participated in a national clinical audit on Tonsillectomy and the participating consultant reported that Trafford Hospitals had received some of the best results nationally.
- The Diabetes Centre takes part in national clinical audits, such as, paediatrics, insulin pumps and diabetes in pregnancy.
- The Endoscopy Unit participated in audits on 30-day mortality and readmissions, sustained drop in oxygen saturations and use of Flumazenil and Naloxone. There were no instances of any of these four indicators in the period January to September 2015.
- We found that the ratio of follow up to new appointment rates in the six months from April to September 2015 was an average of 2.5:1 Trafford General had demonstrated rates lower than the England average between January and June 2014.
- We saw radiation protection committee meeting minutes at which matters to improve patient outcomes are discussed.

Competent staff

- In the Physiotherapy and Radiology Departments, staff rotate around different activities across sites in order to gain a good mix and variety of skills.
- There are currently five staff in Physiotherapy on master's level courses relating to service development. There is an in-house training and monitoring within the department that staff said they valued. There is a peer support system in place for junior staff.

Outpatients and diagnostic imaging

- In Radiology staff said there were a number of them working towards post-graduate studies, such as a post-graduate qualification in MRI scanning at Lancaster University. Staff said there were many opportunities for development and shared learning.
- There is good support for new staff in Radiology and they go through a preceptorship to achieve a series of competencies before they can carry out certain tasks such as CT scans or be on-call.
- Assistant practitioners in radiology are able to administer radiation and have been accredited by the Society of Radiographers. The accreditation is equivalent to the first two years of a Radiography degree. The department has protocols for the administration of radiation in order to keep patients safe.
- In all outpatients and diagnostics departments we visited 100% of staff had received their appraisals.
- Staff in outpatients received bespoke training once every three months on things such as medical equipment use and we were shown a record of the training given and those staff who had attended.
- 'Hot topics' were also a source of training throughout the departments on themes such as acute kidney problems.
- The hospital holds revalidation drop-in events and there is information on revalidation on display in the staff canteen.
- Staff in Endoscopy and Radiology were happy to take on new responsibilities and increase skill levels. Health care assistants in Radiology and band 3 nurses in Endoscopy were able to cannulate patients and this enhanced the patient pathway.

Multidisciplinary working

- There was evidence of good multidisciplinary team working in the outpatient and diagnostic imaging departments. Doctors, nurses and allied health professionals worked as team.
- Staff in all departments were clear about their roles and responsibilities and could interchange between specialities to meet work pressures. For example, a band 3 nurse in Endoscopy was able to cannulate patients and work in the decontamination area.
- The diabetes specialist nurse works as part of a multidisciplinary team providing diabetes service to the elderly and housebound or those in care homes. They work closely with the Trafford District Nursing Service and staff in nursing and care homes so that pre-emptive action can be taken to avoid adverse events, such as visits to Outpatients or admissions
- Other specialist nurses worked in outpatient clinics such as a rheumatology specialist nurse and a specialist ear care nurse in ENT clinics who carries out tasks such as grommet insertion.
- We spoke to a consultant who was able to describe how the electronic patient record system facilitated multidisciplinary working, for example, details of drugs required for the patient are put on the system at the time of treatment, the pharmacy team are then notified of the requirements and by the time they are out of recovery, the medication is ready for the patient.
- The Radiology department ensures that it meets clinical guidance for turnaround times for diagnostic imaging reports by outsourcing a high percentage of the work to private companies or individuals though this places financial pressures on the department.
- The electronic patient records system allowed clinicians to access other pathways that the patient may be on which allowed ongoing care to be co-ordinated and communication between different teams.
- The Rheumatology team described how they work effectively with occupational therapy and physiotherapy teams. They had multidisciplinary team meetings and effective email communication.
- The Diabetes Centre reported that they had good multidisciplinary team working with the midwives at St Mary's Hospital for patients with diabetes who are pregnant.

Seven-day services

- A quality review of outpatient services had been undertaken in 2015 to look at offering greater flexibility and choice to patients. The trust considers that this may also reduce the number of patients who do not attend their appointments.
- The Radiology Department provided x-rays out of hours and at weekends to support the Urgent Care Centre (that is open until midnight) and inpatients requiring x-rays. There were no outpatient out of hours or weekend lists for CT scans but there was a 24/7 urgent CT service. MRI scans were provided for 12 hours on a Saturday as well as Monday to Friday clinics 8am to

8pm. Ultrasound are currently carrying out extra clinic sessions in order to keep waiting lists down and these are often carried out by locums. Urology has a rapid access clinic for GP or self-referral.
- The Endoscopy Unit runs clinics from Monday to Friday and the clinic is left open on a Friday to ensure that all inpatients requiring a procedure have been seen before the weekend.
- Orthopaedic Physiotherapy runs until 8pm on Monday to Friday and there are plans to move to seven-day working.
- In the Diabetes Centre, the vascular/foot ulcer clinic is able to run late if there are a number of complicated patients.
- Other clinics in the Diabetes Centre started at 7:30amand a number of clinics ran in the evening

Access to information

- Patient records are electronic and there were very few instances where clinical notes were not available at an outpatient appointment. Where they were not available, the hospital would ensure that the appointment and discharge letter was available to the clinician prior to the consultation so that they had information about the patient's condition and any inpatient procedures they had undergone.
- The electronic patient record system held full historic patient notes and diagnostic images. They had been scanned such that details of relevant medical conditions could be filtered out and were easily accessible to the clinicians.
- There was no evidence of appointments requiring cancellation due to information not being available to the clinician.
- In anti-coagulant clinics, patients were generally telephoned later the same day if a change to medication levels was required.Patients were aware of how they would be notified.
- In the Endoscopy Unit, patients were given a discharge letter with a report of immediate findings before a longer report was prepared for the referring clinician.
- The 'NHS Choices' website holds up to date information on referral to treatment (RTT) times for each department in outpatients and diagnostics, details the type of clinics held in each department, and enables patients to make an informed choice about their care and treatment.
- The Radiology Department has leaflets about the different types of diagnostic imaging patients may undergo and has started to provide "what to do if" leaflets such as "what to do if the contrast (liquid) injection leaks out into the tissue (extravasation)".
- We looked at an appointment letter from the Radiology Department, which was clear and informative.The letter explains clearly to the patient how and when to get to the department, anything they need to do before the appointment, what the procedure is, why it is necessary and what will happen during and after the appointment.
- There were two individual picture archiving and communication systems (PACS) across the trust. One of them was at the central site and the other at Trafford/ Altrincham. As a result, there were multiple patient image transfers between the sites on a daily basis so images may have been at the wrong site for viewing or for reporting. This meant that there could have been a delay in patient treatment. An interim system, "Broadview", is in place that allows viewing of the past imaging history across the trust. The risk register records this and the desired action is to get a combined PACS system across the trust. The latest review date for this risk, to assess progress, was 1 November 2015.
- The PACS system is a nationally recognised system for storing and reporting on patient images.The same system is used across a North West consortium of 10 trusts so there is local and regional access to images
- **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**The Mental Capacity Act (MCA) is in place to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. The Deprivation of Liberty Safeguards (DoLS) aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. Training on DoLS was available to all staff in Outpatients and Mental Capacity Act training is part of mandatory training.
- Staff that we spoke to were able to escalate concerns where they were unsure about the capacity of a patient to make an informed decision.
- We spoke to a consultant who was able to describe how they would carry out a capacity assessment for a patient living with dementia. This would involve a "best

interest" meeting involving relatives of the patient, consultant, surgeon, anaesthetist and often the safeguarding lead to decide the best course of action for the patient.

- In the Endoscopy Unit we were shown the consent room, a room specifically for assessing capacity and for the patients to give written consent for the procedure. By having a separate consent room the patient is clear that they have given consent for the procedure to take place. The Unit would generally be aware in advance if a patient has dementia or reduced capacity and ensure that a full mental capacity assessment takes place. Treatment would not necessarily be refused if a patient lacked mental capacity but measures would be put in place to ensure that it is in their best interests and sedation can be given.
- We saw that patient consent was recorded in the electronic case notes.

Are outpatient and diagnostic imaging services caring?

Good

We rated outpatient and diagnostic imaging services as 'good' for caring because;

Kind, caring and compassionate staff delivered outpatient and diagnostic services in Trafford General Hospital. They were observed to be polite, friendly, helpful, and made efforts to alleviate patient fears.

The hospital had a number of clinical nurse specialists who were knowledgeable and available for patients and relatives to discuss their condition.

Compassionate care

- All patients that we spoke to said that that staff were helpful and kind and treated them with dignity and respect. Most said that staff always introduce themselves. We noted that in the Endoscopy Unit, staff wore "Hello My Name Is…" badges.
- We observed that staff were friendly and supportive and reception staff were knowledgeable and able to help patients with queries other than about their outpatient appointment.
- We were told about one patient who travels from Blackpool to be treated at Trafford General Hospital because they were so pleased with the care and treatment we received. Patients we spoke to spoke warmly of the hospital and some had been attending there for many years.
- All consultations and examinations took place in a closed examination room. There was appropriate signage on doors to indicate where a room was in use. In the Endoscopy Unit, in addition to a "room in use" indicator on the door, the door way was also curtained off inside the room to maintain patient dignity should the door be opened during a procedure.
- Outpatient surveys, known as quality care rounds, are completed on a regular basis. We examined the Quality Care Round for the Endoscopy Unit from June 2015.100% of patients said that they were given privacy and dignity; had their equality and diversity requirements met; were involved in their treatment plan; had their pain levels managed; felt safe and received effective documentation.95.7% said that communication from the unit had been effective.
- The trust has a chaperone policy to allow patients to be accompanied and supported during their treatment. Not all patients spoken to were aware of the policy but all were aware that they could be accompanied by a relative, carer or friend during their treatment. For unwell patients in Radiology who were waiting to be scanned, a health care assistant was always available to look after the patient whilst they waited.
- On our tour of the Endoscopy Unit, we noted that there was a sign near to the reception desk that asked patients to "follow the footsteps" away from the desk if there was someone already at the desk. The footsteps on the floor led the patient away from, and out of earshot, of the desk. This maintained patient privacy and minimised the risk of personal information being overheard.
- In the Radiology Unit the reception desk was very close to the waiting area seat and there was a lack of privacy. Similarly, in orthopaedic outpatients, the desk was far enough away from the seating area to allow privacy but there was no barrier or signage to prevent other patients from standing very close behind a patient already at the desk. We observed this happening.
- We found that clinic rooms in the older part of the hospital were not very well sound-proofed and there was a risk of confidential information being overheard.
- The hospital had recently conducted an audit against standards and key performance indicators in the trust

outpatient clinic standards. The outpatient governance group have identified, from the audit, key success areas, areas for development, quick wins and long-term plans in order to maintain and improve outpatient services to patients.

- A staff member in the Radiology Unit said that they had not received any feedback from Friends and Family or other patient surveys for more than five years. Feedback on comments and compliments is given in staff meetings but nothing in between.

Understanding and involvement of patients and those close to them

- Patients that we spoke to in the Radiology Unit mainly said that they would know who to contact if they were worried about their treatment or condition and that their condition and treatment was always explained to them. Most said that they had never had to be informed about a planned change of consultant as this had not happened. Most patients knew when they would next receive an appointment if further appointments were required and understood when they would receive their test results.
- A less positive response came from patients when questioned about whether they get a copy of the letter or report is sent to their GP. Only 50% stated that they do receive this.
- One carer said that the hospital goes out of their way to facilitate a patient attending two different clinics on the same day by coordinating appointment times.
- Each patient that we spoke to was clear about what appointment they were attending, what they were to expect and who they were going to see.

Emotional support

- The patients that we spoke said they had received adequate emotional support at the hospital whenever they needed it.
- The Endoscopy Unit had listened to patient fears about what the treatment may entail and how they could be sure that endoscopes were clean. Picture pathway cards have been developed that show photographs of different stages of the treatment with a brief explanation of what will happen. These are available in five languages. A large poster of the endoscope reprocessing (cleaning) process is displayed in the reception area. This helps to assure patients that a previously used endoscope will be clean and sterile.
- Patients are told in advance how long their treatment or procedure is likely to take so that they do not worry about the length of time that it is taking.
- We were told by staff in the Endoscopy Unit that they will frequently ask if a patient is suffering discomfort, requires a break or wishes to continue and it is made clear that they can withdraw consent at any time during the procedure.
- The hospital had a number of specialist nurses in the clinics who were able to talk to and advise patients on their diagnosis and condition.

Are outpatient and diagnostic imaging services responsive?

Good

We rated outpatient and diagnostic imaging services as 'good' for responsive because;

Service planning of clinics met the needs of the local people. There was some flexibility in clinic times and numbers in response to waiting lists. There were rapid access clinics and good communication with local GPs.

Waiting areas were comfortable with enough seats and there was free parking at the hospital. Clinics were easy for patients to find.

Forward planning meant that few clinics were cancelled due to consultant absences.

The percentage of people waiting more than six weeks for a diagnostic test and the numbers of patients failing to attend an appointment was better than the England average.

Numbers of patients waiting longer than 18 weeks from referral to treatment (RTT) was slightly worse than the England average.

If a referral was made for a patient with a learning disability or autism, a pre-visit was arranged. This meant that patients were reassured about their treatment A double appointment was booked and the patient would be first on the days list. Transport was organised if necessary.

Complaints were handled appropriately and lessons learned from them.

Outpatients and diagnostic imaging

Service planning and delivery to meet the needs of local people

- We found that the outpatients and diagnostic imaging departments were clearly signposted and patients that we spoke to all agreed.
- All but one patient that we spoke said they found the waiting area comfortable. There was sufficient seating in all the departments that we looked at and water fountains were available for patients use.
- Trafford General Hospital offers free parking to patients and visitors. There were dedicated parking spaces for blue badge holders. Appointment letters detailed how to book an ambulance to the hospital if required.
- There were a number of nurse-led clinics and specialist nurses in consultant-led clinics.
- Consultant clinics worked on a 42 week rota to take into account training, annual leave and study days. If a consultant missed a clinic they had to make time for another clinic in the schedule. This meant that few clinics were cancelled.
- If there was pressure on clinic waiting lists, extra clinics can be run. An example of this was seen in Urology where extra clinics were being run to shorten the waiting list.
- Some clinics started early in the morning or ran later to meet the needs of local people. Some clinics were run on a Saturday in Radiology.
- The diabetes specialist nurse collaborates with the multidisciplinary team and they have developed a diabetes service for the elderly and housebound or those people in care homes. Staff in care homes have telephone access for advice and this enables the specialist nurse to take pre-emptive action to prevent adverse events or admissions. They work closely with the Trafford District Nursing Service.

Access and flow

- From August to October 2015 there were 3912 outpatients clinics held at the hospital, an average of 1304 per month. Specialities holding the most clinics are trauma and orthopaedics; diabetic medicine; ear, nose and throat (ENT) and general surgery that generally hold over 100 clinics per month.
- In the 18 months from January 2014 to June 2015, there were 205,089 outpatients' appointments at Trafford General Hospital, an average of 11,394 per month. There has been a 4.17% drop in outpatient attendances from the first six months of 2014 compared to the first six months of 2015, an average of 483 patients per month.
- The hospital offers a combination of consultant and nurse-led clinics for a full range of specialities. The clinics include General Surgery; Colorectal Surgery; Pain Management; Gastroenterology; Endocrinology; Haematology; Diabetic Medicine; Dermatology; Ear, Nose and Throat (ENT); Speech and Language Therapy; Physiotherapy; Dietetics and Retired. There is also a Phlebotomy service.
- The hospital also offers a range of diagnostic services to patients, these being: Diagnostic Physiological Measurement (audiology (hearing assessments) and cardiac physiology (ECG)); Diagnostic Endoscopy (colonoscopy, gastroscopy, sigmoidoscopy and bronchoscopy) and Diagnostic Imaging (Radiology) (general radiography (x-rays), fluoroscopy, CT (computerised tomography) scanning, MR (magnetic resonance) scanning, angiography (pacemaker insertion) and ultrasound).
- The Radiology Department carried out 72,421 examinations from April 2014 to March 2015, an average of 6035 per month.Approximately half of the procedures carried out were x-rays.
- Patients use the 'choose and book' system, which gives them choice when booking and outpatient appointment.
- In February 2015, the Endoscopy Unit was able to offer 61% of patients a choice of appointment times on the day of their procedure. When we inspected, this figure had dropped to 20% and this was because patients referred from Manchester Royal Infirmary were filling up clinics. This is increasing patient flow at the Trafford site. The Endoscopy Unit was about to start using a third treatment room on a daily basis as patient numbers referred from the other site increased.
- In the period April 2015-September 2015, 93.6% of patients at Trafford had started outpatient treatment within 18 weeks of referral (referral to treatment (RTT)). This was worse than the NHS operational standard of 95%.
- The percentage of people waiting over six weeks for a diagnostic test at Trafford General Hospital was 0.8%. This was better than the England average.

Outpatients and diagnostic imaging

- On the days that we inspected the services, we saw that patients were seen promptly and well inside the 30 minutes recommended in national guidelines. When we spoke to patients, they reported that they had never had a long wait in the clinic before their appointment.
- The percentage of patients who did not attend their appointment (DNA rate) between April and September was an average of 8.0%. This is better than the England average for the same period of 8.8%.

Meeting people's individual needs

- Trust website information was available in numerous languages and we saw that interpreting services were available. As far as possible, interpreters were booked in advance of an appointment as the medical records system alerted staff to those patients with language needs.
- There were picture pathway cards available in the Endoscopy Unit, which assisted patients, especially those with language difficulties. They were available in five languages.
- The Endoscopy Unit had responded to patient requests and installed chairs of different heights and chairs with arms in the waiting area.
- The families or carers of patients living with dementia were involved in meetings and discussions about the patient's care and treatment so that a decision could be reached that was in the best interests of the patient.
- If a referral was made for a patient with a learning disability or autism, a pre-visit was arranged. This meant that patients were reassured about their treatment A double appointment was booked and the patient would be first on the days list. Transport was organised if necessary.

Learning from complaints and concerns

- Complaints were handled in line with trust policy and were resolved locally wherever possible. Patients were initially directed to the Patient Advice and Liaison Service (PALS).PALS leaflets were available in departments. Complaints were discussed in team meetings and morning huddles and lessons learned from them.
- There was no evidence of Friends and Family tests being available in the Radiology Unit. There was a cardboard box on the reception desk for comments but no sign of any pens and paper being available to service users.
- There was a pedestal in the unit housing a tablet where patients could partake in an outpatient tracker survey to express their views on the service. However, this was not well signposted and required patients to stand up to use it so may have been bypassed by wheelchair users or patients who could not stand for long periods.

Are outpatient and diagnostic imaging services well-led?

Good

We rated outpatient and diagnostic imaging services as 'good' for well-led because;

The divisional management board for Trafford and Altrincham Hospitals report directly to the MRI trust management board.

Outpatients and diagnostics across both Trafford and Altrincham Hospitals was managed by a Matron who reported to an operational manager.

We saw excellent departmental management with managers who were supportive, had vision, embraced and were prepared to push for service improvements and expansions.

The development of the outpatient standards and the baseline assessment had focused staff and managers to look at the positive and negative aspects of the service. Staff knew what they needed to do to improve their service and were committed to achieving improved services for patients.

Staff held the view that members of the trust senior management team were not visible in the hospital and rarely went there. Most said that they did not feel part of the trust as a whole but rather as part of Trafford Hospitals.

Vision and strategy for this service

- We observed that many policies, procedures and strategies are only just in the process of being updated or written, despite Trafford General Hospital becoming part of Central Manchester University Hospitals NHS Foundation Trust (CMFT) some three years ago.

Outpatients and diagnostic imaging

- The trust's vision and values were displayed within the hospital. Staff at the hospital knew about the vision for their hospital but were not fully engaged in the vision of the wider trust.
- The development of the outpatient standards and the baseline assessment of the service had driven service development for outpatient services. Managers and staff knew what they needed to do to improve services and had developed plans for specific service areas.
- There was a clinical radiology five year strategic plan for the trust, this included role extensions for radiographers to address some of the current issues about recruitment and retention of staff in the diagnostic imaging service.

Governance, risk management and quality measurement

- The outpatient standards were monitored for compliance by the outpatient governance committee. This was one of a number of committees that fed into the divisional clinical effectiveness committee.
- There was a risk register for outpatients and diagnostic imaging across the trust with review dates and actions to be taken to reduce the risks.
- There was a radiology clinical effectiveness group across the trust.

Leadership of service

- The local Trafford hospitals leadership was effective and visible at the Hospital sites.
- The outpatient's operational manager is quite new in post and transferred from the trust's central Manchester site. They provide a good link between the two sites and are facilitating shared learning and working.
- Staff at a focus group described the outpatient clinic matron as being very supportive.
- The manager of the Physiotherapy Unit demonstrated good leadership, was very aware of what was going on and identified where there were areas for improvement within the department. They were prepared to fight for contracts to keep services at Trafford General Hospital and expand the unit.
- The manager of the Endoscopy Unit demonstrated excellent leadership skills and a very well run service. The JAG Accreditation achieved by the service reflected this. Staff were up to date with mandatory training and encouraged to upskill and we saw evidence of patient centred care.
- We had a very positive interview with the lead radiographer, who is up to speed with current issues and where problems lie. Items added to the risk register for action reflect this. They were very positively engaged and enthusiastic about the service that is provided. They demonstrated caring and professionalism and were aware of the need for forward planning and recruiting to meet the demands of the service.
- Staff that we spoke to did hold the view that members of the trust senior management team were not visible in the hospital and rarely went there. Most said that they did not feel part of the trust as a whole but rather as part of Trafford Hospitals.

Culture within the service

- All staff that we spoke to described the hospital as a nice environment to learn and work within with close knit and supportive teams. They all said that there was a very positive culture within the hospital and no bullying.
- Staff reported that they feel respected and valued and this is reflected in the longevity of service in the hospital from many staff with some having worked there for many years.
- Staff held a sense of pride in the hospital, it being the first NHS hospital in England.
- Staff said the merger of Trafford hospitals with the Central Manchester Foundation trust (CMFT) in 2012 had not been easy but they felt positive about the future. They acknowledged that there was still much work to do on harmonising policies and procedures across the trust and this work was ongoing.
- There were low sickness absence rates within the services.

Public engagement

- The Endoscopy Unit demonstrated good patient-centred care by holding a patient focus group meeting. The meeting was held in the evening so that patients could attend after work. Views of the patients on privacy and dignity; patient information; the answering of frequently asked questions; after care; pain relief; the timeliness of the test and aftercare refreshments were sought. A tour of the unit was given to patients and they were able to view a colonoscope and a gastroscope.
- The Endoscopy Unit had a "you said and we did…" policy whereby patient views taken into consideration

and acted upon. Examples of this are a clear display of the endoscope cleaning process to alleviate patient fears and a choice of chair heights in the waiting areas to increase patient comfort.

- The hospital sought the views of patients by use of a patient experience tracker, which allowed patients and their families to submit feedback electronically. It was available in a variety of languages.

Staff engagement

- At a local level staff felt engaged and able to offer views on the planning and delivery of services. They felt that their opinion was valued.
- At consultant level some staff in focus groups felt that they had not been engaged in the merger with the central Manchester Hospitals to become the Central Manchester University Hospitals NHS Foundation Trust which felt like a takeover rather than a merger. They spoke of not being supported in the process and plans and promises not being honoured. They were particularly unhappy about the removal of trainee staff from the hospital, which they feel is damaging the reputation of the hospital.

Innovation, improvement and sustainability

- There were a number of rapid access clinics held which GPs were able to refer patients to as a matter of urgency or patients could carry out self-referral.
- The use of reporting radiographers on the Trafford/ Altrincham sites provided a rapid reporting service 9am-5pm Monday–Friday. X-rays for patients attending A&E or the minor injuries unit were reported in in a timely fashion that facilitated diagnosis and discharge.
- The development of the outpatient standards across the trust was improving the service. The baseline assessment of service areas had identified positive and negative issues; action plans had then been developed. The continuous self- assessments and quality reviews would ensure that improvement continued and that improvements were sustainable for the future.

Outstanding practice and areas for improvement

Outstanding practice

- Multidisciplinary work with other agencies to manage frequently attending patients.
- Collaborative working with AGE UK, Stroke Association and Trafford Carers Association.
- Patient tracker system and 'tell us today' initiatives to improve patient experience feedback.
- Staff approach to patient care and commitment to providing outstanding, compassionate care to patients.

Areas for improvement

Action the hospital SHOULD take to improve

Action the hospital SHOULD take to improve

In urgent care services:

- All records within the urgent care centre should be kept in a secure location.

In medical care services:

- Ensure that all medical staff receive the correct level of mandatory training within the required timescales to ensure they have the right level of skills and competencies to safely fulfil their roles.
- Nurse staffing levels should be increased to meet the minimum day time requirement of 1:8 nurse patient ratio recommended by NICE (Safe staffing for nursing in adult inpatient wards in acute hospitals).

In surgery:

- Consider improving the inpatient environment for people living with Dementia as it is could be made more 'dementia friendly'.
- Improve the theatre utilisation and theatre list compilation efficiency.
- Investigate the high rates of patients not attending for scheduled procedures with a view to reducing the rates of non-attendance.
- Improve the system for obtaining patients records for pre-operative assessment clinics.

Children and young people's services

- Monitor the integration of the services with RMCH, including development of Standard Operating Procedures (SOP's) and audits of care to demonstrate effective care.
- Develop the service and be able to evidence safe care e.g. risk assessments and training data.
- Ensure facilities are suitable and responsive for children and young people of all ages in the local community.

End of life

- The trust should have in place a vision and strategy for end of life care services for Trafford Hospital
- The trust should ensure that it fully implements the national recommendations following the removal of the Liverpool Care Pathway
- The trust should ensure that it has sufficient specialist staff to support the demand for end of life care in the trust.
- The trust should review its access to specialist palliative care over 24 hours (seven days) in line with national guidance for end of life care.
- The trust should review the leadership for palliative care at Trafford Hospital to reflect the needs of people at end of life and their loved ones.
- The trust should ensure that robust audit of end of life care is in place particularly the use of the DNACPR process and documentation.

In outpatients and diagnostic imaging services:

- Consider what actions can be taken to reduce the reporting turnaround times for Urodynamics.
- Consider how privacy can be improved at reception areas in Radiology and Orthopaedic Outpatients.
- Consider improving facilities for patients to comment on their care and treatment (Patient Tracker pedestals and Friends and Family forms).