

Wrightington, Wigan and Leigh NHS Foundation
Trust

Wrightington 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 
Surgery	Good 
Outpatients and diagnostic imaging	Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Wrightington Hospital specialises in hip replacement surgery, upper and lower limb surgery and hip revision surgery. The services offered are in the orthopaedic centre, day case and private patient unit and include rheumatology services. There are 12,000 elective surgical procedures carried out per year from 10 theatres, with after care on one of three inpatient wards. Wrightington Hospital admissions are 65% day case surgery and 35% elective surgery.

The outpatients department provides a range of clinics in areas such as; rheumatology, occupational health, physiotherapy, podiatry, respiratory medicine, trauma and orthopaedics, surgery, pain management, urology, gynaecology and orthopaedic care. The centre also accepts orthopaedic referrals from out of area.

There is also a radiology diagnostic imaging service which provides a comprehensive range of services including x-ray and bone densitometry.

We inspected the hospital between the 8 and 11 December 2015 as part of the comprehensive inspection of Wrightington, Wigan and Leigh NHS Foundation Trust.

Overall we found the hospital provided good services across all five domains of safety, effectiveness, caring, responsiveness and of being well led.

Our key findings were as follows:

- Incidents were reported, investigated appropriately and lessons learnt shared with staff. There was a low incident of pressure ulcers and infections. Risk assessments were completed and staff implemented measures to reduce risks.
- Staffing levels were sufficient and a safer nursing care staffing tool was utilised to ensure staffing levels were adequate. Medical staff rotas were in place and locum agency staff filled any gaps in cover. Rheumatology medical staffing however was a risk and the trust had taken steps to ensure the safety of patients.
- Records were usually available, of good quality and stored securely overnight.
- The infrastructure was old but some financial investment had taken place to refurbish areas such as re-flooring the outpatient department. Areas were visibly clean and tidy with the exception of two small areas in out patients. Equipment was well maintained and cleaning logs were completed. Medicines, including controlled drugs were managed safely and stored securely.
- Staff followed national best practice guidelines, trust policies and procedures. Referral and discharges generally worked well and staff shared relevant information. Services worked in coordination and appropriately referred to specialist services when required.
- Staff treated patients with respect and dignity, offered support and included them in care planning. Patients received a caring service and staff discussed treatment plans with patients to ensure a person-centred approach. We saw staff deal with patients in a kind and polite manner and they understood the principles of consent and best interest decision making.
- The trust 18 week referral to treatment times were similar to or above the national average of 90% for Orthopaedic services.
- Services were not operating seven days a week at the time of our inspection but evening and Saturday morning clinics occasionally took place.
- Risk registers were in place and discussed at team meetings. Staff were aware of the trust's values and vision and felt well-supported by managers and colleagues.

Summary of findings

- Staff morale was good and they felt well supported. Staff were enthusiastic and proud of the services they provided. However, only 50% of radiology staff at the hospital were up to date with appraisals which did not meet the trust target of 90%.

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

The trust should:

- Review the cleanliness of plaster rooms and toilet areas with a view to improving standards.
- Improve appraisal rates in staff groups which are currently below target.
- Review the storage of disused equipment in x-ray room two.
- Review the safe storage of patient notes trolleys and that these are kept locked

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service Surgery

Rating Why have we given this rating?

Good



Overall, we found that Wrightington Hospital delivered 'Good' surgical services.

Incidents were reported and lessons learnt shared with staff. Staff knew how to access the system and could tell us about incidents they had reported. There was a low incident of pressure ulcers and infections. Risk assessments were completed and staff implemented measures to reduce risks.

Staff were enthusiastic and proud of the services they provided. Staffing levels were sufficient and a safer nursing care staffing tool was utilised to ensure staffing levels were adequate. Medical staff rotas were in place and locum agency staff filled any gaps in cover. Rheumatology medical staffing however was a risk and the trust had taken steps to ensure the safety of patients. Staff morale was good and they felt well supported.

The environment was clean and tidy and staff had access to the equipment they required to do their jobs. Equipment was well maintained and cleaning logs were completed. Medicines, including controlled drugs were managed safely and stored securely.

Staff followed national best practice guidelines, trust policies and procedures. Referral and discharges generally worked well and staff shared relevant information. Services worked in coordination and appropriately referred to specialist services when required. Staff treated patients with respect and dignity, offered support and included them in care planning. Patients received a caring service and staff discussed treatment plans with patients to ensure a person-centred approach.

The trust 18 week referral to treatment times were similar to or above the national average of 90% for Orthopaedic services

Risk registers were in place and discussed at team meetings. Staff were aware of the trust's values and vision and felt well-supported by managers and colleagues.

Summary of findings

Outpatients and diagnostic imaging

Good



Incidents were recorded and investigated appropriately. Areas were visibly clean and tidy with the exception of two small areas. The infrastructure was old but some financial investment had taken place to refurbish areas such as re-flooring the outpatient department. Records were usually available, of good quality and stored securely overnight. Medicines were appropriately stored and were within expiry date. Patient risks were identified and mitigated. Nurse and medical staffing was adequate. Staff received appraisals annually and were given opportunities to develop their skills. Patients received care based on local and national guidelines. Services were not operating seven days a week at the time of our inspection but occasional evening and Saturday morning clinics occasionally took place. Patients told us staff were caring and we saw them deal with patients in a kind and polite manner and understood the principles of consent and best interest decision making. Staff were able to meet the needs of local people with translators available for patients whose first language was not English. There was ample car parking on site. The hospital met the department of health target in providing appointments for patients within 18 weeks. Upon arrival at clinic, wait times varied dependent upon the specialty. Patients attending for plain film x-rays did not have to wait, but there were waits of up to two hours for patients attending orthopaedic clinics. Staff offered patients a pager to enable them to leave the waiting area and any delays were displayed on noticeboards. Service values were evident and staff and public engagement took place regularly. Staff felt that managers listened. Governance was in place and reviewed in monthly meetings. Risk was also managed and mitigated.

Wrightington Hospital

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging

Detailed findings

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Background to Wrightington Hospital

Wrightington Hospital specialises in hip replacement surgery, upper and lower limb surgery and hip revision surgery. The services offered are in the orthopaedic centre, day case and private patient unit and include rheumatology services. There are 12,000 elective surgical procedures are carried out per year from 10 theatres, with after care on one of three inpatient wards. Wrightington Hospital admissions are 65% day case surgery and 35% elective surgery.

The outpatients department provides a range of clinics in areas such as; rheumatology, occupational health,

physiotherapy, podiatry, respiratory medicine, trauma and orthopaedics, surgery, pain management, urology, gynaecology and orthopaedic care. The centre also accepts orthopaedic referrals from out of area.

There is also a radiology diagnostic imaging service which provides a comprehensive range of services including x-ray and bone densitometry.

We inspected the hospital as part of the comprehensive inspection of Wrightington, Wigan and Leigh NHS Foundation Trust.

Our inspection team

Our inspection team was led by:

Chair: Bill Cunliffe, Consultant colorectal surgeon with 6 years' experience as a medical director

Acting Head of Hospital Inspections: Lorraine Bolam, Care Quality Commission

The team included a CQC Inspection Manager, a CQC inspector and a variety of specialists including Vascular Surgeon, Matron for Theatres

We did not have any Experts by Experience on the team but held a listening event on 2 December 2015 which was attended by a number of local people who had experienced the services at Wrightington, Wigan and Leigh. It was also attended by the local Healthwatch team who shared information they had received about services.

How we carried out this inspection

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

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

Detailed findings

• Is it well-led?

The inspection team inspected the following two core services at Wrightington Hospital:

- Surgery (Including rheumatology which is part of the “centre of excellence” delivery)
- Outpatients.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. We interviewed

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

We received feedback through focus groups. We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Wrightington, Wigan and Leigh hospitals.

Facts and data about Wrightington Hospital

In 2014, there were 35,277 surgical stays trust wide serving a population of around 320,000 people in the Wigan and Leigh area. Wrightington Hospital admissions are 65% day case surgery and 35% elective surgery.

Between January 2014 and December 2014 the main outpatients department saw 142,826 patients. Sixteen percent of these were first appointments and 56% were follow up appointments.

Our ratings for this hospital

Our ratings for this hospital are:

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

Surgery

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

Information about the service

As part of Wrightington, Wigan and Leigh NHS Foundation trust Wrightington Hospital specialises in hip replacement surgery, upper and lower limb surgery and hip revision surgery. The services offered are in the orthopaedic centre, day case and private patient unit and include rheumatology services.

We visited wards one, five, six, D and John Charnley, which provided day case and in-patient services. We also visited ward seven which is an eight bedded day case ward dedicated to rheumatology treatment.

There are 12,000 elective surgical procedures carried out per year from 10 theatres, with after care on one of three inpatient wards. Wrightington Hospital admissions are 65% day case surgery and 35% elective surgery.

During our inspection we spoke to nine patients, 24 members of staff including nurses, doctors, senior managers, allied health professionals and other clinical staff. We reviewed ten patient records and reviewed data provided by the trust.

Summary of findings

Overall, we found that Wrightington Hospital delivered 'Good' surgical services.

Incidents were reported and lessons learnt shared with staff. Staff knew how to access the system and could tell us about incidents they had reported. There was a low incident of pressure ulcers and infections. Risk assessments were completed and staff implemented measures to reduce risks.

Staff were enthusiastic and proud of the services they provided. Staffing levels were sufficient and a safer nursing care staffing tool was utilised to ensure staffing levels were adequate. Medical staff rotas were in place and locum agency staff filled any gaps in cover. Rheumatology medical staffing had been identified as a risk and the trust had taken steps to ensure the safety of patients. Staff morale was good and they felt well supported.

The environment was clean and tidy and staff had access to the equipment they required to do their jobs. Equipment was well maintained and cleaning logs were completed. Medicines, including controlled drugs were managed safely and stored securely.

Staff followed national best practice guidelines, trust policies and procedures. Referral and discharges generally worked well and staff shared relevant information. Services worked in coordination and appropriately referred to specialist services when required. Staff treated patients with respect and dignity,

Surgery

offered support and included them in care planning. Patients received a caring service and staff discussed treatment plans with patients to ensure a person-centred approach.

The trust 18 week referral to treatment times were similar to or above the national average of 90% for Orthopaedic services

Risk registers were in place and discussed at team meetings. Staff were aware of the trust's values and vision and felt well-supported by managers and colleagues.

Are surgery services safe?

Good



We rated the surgical services as 'Good' for being Safe.

Staff knew how to report incidents and could give us examples of incidents such as pressure ulcers and falls. Staff were aware of 'Duty of Candour' (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided was in practice) and felt confident to practice this.

Staff had infection control training and were aware of trust policies. Audits were completed and appropriate hand washing and use of personal protective equipment was observed.

The environment was clean and tidy. Equipment was available and routinely serviced. Medicines storage was secure and logs were maintained.

There was sufficient staffing levels and staff felt confident to raise issues with management. Rheumatology medical staffing had been identified as a risk and the trust had taken steps to ensure the safety of patients. Mandatory training was provided annually, face to face and via e-learning.

Incidents

- Staff were aware of the electronic incident reporting system and knew how to access it.
- Staff could tell us types of incidents reported and these included pressure ulcers, staffing issues and falls.
- One never event was reported between August 2014 and July 2015, where guide-pegs were not removed from an implant; however this incident was included in an external review that focussed on five incidents reported as never events since October 2012. The review concluded that this incident should be downgraded to a serious incident.
- The division reported a total of 635 incidents; none were classed as serious between August 2015 and September 2015.

Surgery

- Staff understood the term 'Duty of Candour' and could describe the process for openness and transparency.
- The trust commissioned its solicitors to deliver Duty of Candour training in 2014, and this was being rolled out again. An e-learning training module for Duty of Candour was under development but no timescale was given for completion.
- The incident reporting system prompted staff to indicate if Duty of Candour had taken place when reported harms were classed as moderate or above.
- Mortality and morbidity were audited weekly trust wide and a report was produced and distributed to over 1000 staff. The trust aimed to audit 400 deaths per year. The division also conducted mortality and morbidity meetings.

Safety thermometer

- NHS Safety thermometer data for July 2014 and July 2015 showed three falls were reported, one in July 2014 and two in May 2015. Results were displayed on each ward and theatre area. The NHS safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and 'harm free' care.
- Ward areas displayed safety thermometer results at the entrance to the wards.
- Records reviewed confirmed that patients received an assessment of venous thromboembolism (VTE) risk on admission; however it was not always clear if this was reviewed within 24 hours of admission.

Cleanliness, infection control and hygiene

- All theatre and ward areas we inspected were visibly clean and tidy.
- Hand gel and personal protective equipment was accessible on each ward and was utilised by staff and visitors. We observed all staff wash their hands effectively during and between interventions and tasks.
- Theatre staff completed cleaning logs efficiently.
- Staff were aware of the current infection control procedures and guidelines. Arrangements were in place for the safe handling, storage and disposal of clinical waste and sharps.
- Sharps bins reviewed were signed and dated, and partially closed when not in use.

- Staff completed effective hand decontamination in the operating theatre, and utilised personal protective equipment appropriately.
- Hand hygiene audits were completed between March and August 2015 and results showed good compliance on the wards; however some months in theatre showed scores of 88.8%
- Staff reported that all patients had pre-operative screening for methicillin-resistant staphylococcus aureus (MRSA) and no cases were reported between April and September 2015.
- There were no hospital acquired cases of clostridium difficile reported at Wrightington Hospital.

Environment and equipment

- Wards and theatres were clean and tidy and staff had access to the equipment they required.
- A trust wide equipment service stored, serviced and loaned equipment as required. Staff reported that this was a good and responsive service.
- The trust scored consistency above the England average for patient-led assessments of the care environment (PLACE) assessments. When all of the individual PLACE scores were combined and an overall average percentage calculated, WWL scored 96% which ranks as the 5th highest performing Trust in England.
- Equipment was routinely maintained and serviced, however two pieces of equipment were overdue a service. We alerted staff who took immediate action. Some displayed green 'I am clean' stickers, however this was not consistent.
- Daily checks of resuscitation trolleys and logs were completed and up to date. Equipment was serviced and in date.
- Domestics were mopping floors and wet floor signs were utilised to alert patients, staff and visitors.
- Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines utilised in theatre for checking anaesthetic equipment (2012).

Medicines

- Controlled drugs were stored in a locked cupboard and checked daily. Safe and secure medicine audits recorded monthly identify any areas for improvement. Actions are noted on audit report.
- Recording of daily drug fridge temperatures showed they were within the optimum range of between two and eight degrees.

Surgery

- Prescription charts were completed and signed. Omissions were recorded with reasons for omission.
- There was recording of allergies on prescription and nursing assessment documents.
- Medicine charts were in booklet form and included nil by mouth guidance and a prescribing chart for patients with a Parkinson's disease diagnosis.
- Wards had hypoglycaemia boxes available for the treatment of patients with low blood sugar levels. We checked these and found the contents were within date.
- Staff had access to medicine management training.

Records

- The trust utilised electronic and paper based records. These were in the form of nursing records and medical case notes. The record trolleys that were inspected were unlocked which meant they were potentially accessible to the general public.
- Records were legible, signed and dated, however name and designation was not always clear or printed.
- An hour rounding tool audit completed in August 2015 showed overall good compliance and identified areas for improvement, actions identified and completion of actions noted.
- We reviewed ten patient records. These were of a good standard. Consent forms were completed and signed. A trust audit in November 2014 showed 97% of consent forms were completed on the day of surgery.

Safeguarding

- The trust had safeguarding policies and procedures in place and had allocated leads for safeguarding adults and safeguarding children.
- Online training was available for safeguarding training level one and two.
- Staff knew how to refer to the safeguarding and how to raise an alert. Staff showed us how they accessed the policy.
- Trust data showed that surgical staff had completed between 95-100% of their mandatory training in December 2015, except for basic life support (85.6%) and information governance (94.1%). The trust target for completion was 95%.

Mandatory training

- Staff confirmed they had a trust induction on commencing work and this included temporary staff.

- The trust provided annual mandatory training which included training infection control, fire safety, health and safety and safeguarding.
- Staff told us they were reminded to attend training and were given the time to complete it. Records reviewed on D ward recorded completion dates between 2009 and 2015.
- Trust data showed a mandatory training completion rate of 95%.

Assessing and responding to patient risk

- Staff told us how they escalated risks to patient safety to managers and matrons, these included staffing issues and bed capacity issues.
- We observed completed venous thromboembolism (VTE) assessments on admission documentation. There was appropriate prescribing of medication and days of administration noted.
- Risk assessments completed included falls assessment, bed rail assessment, moving and handling, MUST) and Waterlow (t
- Early warning scores were completed and documented in line with trust guidance of a minimum of eight hourly.
- We observed electronic World Health Organisation (WHO) checklist completion in theatre. The WHO checklist is an international tool developed to help prevent the risk of avoidable harm and errors during and after surgery. These were fully completed.
- The trust undertook audits for the completion of WHO checklists and highlighted any areas for improvement. Between August 2014 and June 2015, 16 audits were completed, 12 of which had a 100% result.
- Trust guidelines were available for the transfer of deteriorating patients to the Royal Albert Edward Infirmary and a pack available on each ward. Staff talked through the process. Senior managers told us around 80 patients were transferred to Royal Albert last year.

Nursing staffing

- The division reported staff vacancies at the hospital of 19 whole time equivalents.

Surgery

- Wards displayed their expected and actual staffing levels at the entrance to wards. These numbers were correct at the time of the inspection.
- The trust data for 1 April 2014 to 31 March 2015 showed sickness levels at the hospital of between 0.1 and 11.44%. The lowest sickness levels were on ward seven and the highest on ward five.
- Use of bank staff was 9.7% in August 2015. The trust utilised a safer staffing acuity tool every 3 months to assess requirements for each ward and clinical area. Daily staffing levels were reported to Matrons and displayed on boards at ward entrances.
- The trust was actively recruiting internationally and held recruitment open days in September and October 2015.

Surgical staffing

- The trust medical staff skill mix showed the proportion of consultants was 38% lower than the England average of 41%. Junior level grades were higher at 23% against the England average of 12%.
- Rheumatology medical staffing had been identified as a risk however the trust had taken steps to ensure the safety of patients.
- There was medical cover at weekends however no middle grade doctors were on duty. A business case was approved at 'Com Cell' and was awaiting review.
- The trust executive performance report for July 2015 highlighted that the division's priority was securing medical cover on the Wrightington site, for the safety of patients as well as to allow achievement of activity plans.

Major incident awareness and training

- Staff told us that they could access the major incident policy via the intranet. Those asked were not aware if a copy was kept on the ward.
- Nurse bleep holders were trained in intermediate life support.

Are surgery services effective?

Good



We rated the surgical services as 'Good' for being Effective.

Staff followed national and local guidelines and policies. The division participated in local and national audits, such as the hip fracture audit. Action plans were formulated and shared.

Patients were assessed for pain relief and pain link nurses were available on the wards. Staff had appraisals and access to training and development. Patient's nutrition and hydration needs were assessed.

Multi-disciplinary team working worked well across theatres and wards, with staff working collaboratively to plan and provide care. Staff obtained consent to treatment and discussed care planning. Trust policies for mental capacity and Deprivation of Liberty Safeguards were in place.

Evidence-based care and treatment

- Staff utilised national guidelines by National Institute for Health and Care Excellence (NICE), as well as local policies and procedures.
- Staff could access local policies and procedures via the intranet.
- Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines were utilised in theatre for checking anaesthetic equipment (2012).

Pain relief

- Staff assessed pain for patients with dementia utilising the Abbey pain score (this tool is used for measurement of pain in people with dementia who cannot verbalise).
- Patients had their pain scores recorded and staff asked if they required pain relief.
- Wards had allocated pain link nurses to support and train staff on the wards.

Nutrition and hydration

- Staff were observed assisting patients with food and drink, where required.
- Wards displayed menus and patients reported they had plenty of choice.
- Fluid balance charts inspected were up to date and fully completed.

Patient outcomes

- Overall the trust was exceeding improvement seen nationally in patient reported outcomes and had a lower proportion of patients deteriorating than the England average

Surgery

- An enhanced recovery programme aimed to improve patient experience and reduce length of stay for primary joint replacement patients.
- The risk of readmission at Wrightington Hospital was lower than the England average for all elective admissions and higher than the average for all non-elective admissions.

Competent staff

- Staff reported having annual appraisals and development needs identified following review.
- Access to training and role specific development was available. Staff felt they had opportunities to develop within their roles.
- Appraisal rates reported for nursing staff between April and September 2015 was 78% and for allied health professional rate of 69%.

Multidisciplinary working

- Staff worked well as a multi-disciplinary team to promote early mobilisation and enhance recovery post-operatively.
- Patient records showed joint documentation from nurses, medical staff and allied health professionals.
- Bed meetings were held to determine capacity across the trust sites and any issues were escalated appropriately.
- Staff had good relationships with colleagues in the Emergency Department at Royal Albert Edward Infirmary and would ring for advice or to transfer of patients requiring more acute care.

Seven-day services

- Medical staffing was on the risk register for out of hours working. A shortage of middle grade cover had been identified and a business case presented to the communications cell for support.
- Staffing rotas showed sufficient levels of cover seven days per week.

Access to information

- Information boards visible in staff areas displayed audit information, link nurse details and trust wide correspondence.
- Staff had access to the trust intranet and access policies and procedures when required.

- Pressure ulcer information and mattress guidance was accessible on the wards and showed clear processes and pathways.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act assessments were appropriately completed by staff and doctors.
- Pre-operative assessments included completion of consent forms.
- The trust had a safeguarding lead in post and a policy in place. Staff were aware of the lead and how to access them.
- Staff knew how to make a safeguarding referral and felt confident to do so.
- Flow charts were displayed in staff areas and resource folders were kept

Are surgery services caring?

Good



We rated the surgical services as 'Good' for being Caring.

Patients felt positive about the treatment and care they received and felt supported to make informed choices. Staff engaged with patients and were kind and considerate. Privacy and dignity was maintained.

Compassionate care

- The NHS Friends and Family Test (FFT) response rate overall for Wrightington was 27.7%, which was worse than the England average of 36.4% from June 2014 to July 2015.
- Patients' responses to the FFT showed they felt positive about recommending the hospital to their friends and families. Those recommending the hospital between April and June 2015 were between 95-100%.
- Staff were observed interacting with patients and relatives in a caring manner, clear explanations were given and opportunities offered to ask questions.

Understanding and involvement of patients and those close to them

- Patients spoken to during our inspection reported good communication with staff and involvement in care planning.

Surgery

- We observed interactions between staff, patients and their relatives which were thorough and opportunities given to ask questions.
- Staff gave verbal advice to patients post-operatively and contact numbers were given prior to discharge from day case.

Emotional support

- Wards have bereavement link nurses to support team members, patients and relatives.
- Macmillan nurses supported staff with end of life care and were available to support patients and those close to them.
- We observed staff offering emotional support and listening to patients' concerns.

Are surgery services responsive?

Good



We rated the surgical services as 'Good' for being Responsive.

Elective and day case surgery was planned on this site. Nursing and therapy staff worked together to improve patient rehabilitation. Service planning and delivery was undertaken to meet the needs of the local population.

Referral to treatment times exceeded the national average of 90%. Private orthopaedic services were also offered on this site.

Individuals had their needs assessed and adjustments were made accordingly. Wards had identified dementia champions and utilised the 'forget me not' symbols.

Service planning and delivery to meet the needs of local people

- The facilities and premises in the surgical services were appropriate for the services that were planned and delivered.

Bed meetings were held every day to review capacity.

- Engagement with other trusts in the area assisted with planning services for the population and supporting neighbouring trusts.

Access and flow

- Between April 2015 and September 2015, the trust exceeded the 90% standard for the proportion of patients waiting 18 weeks or less from Referral to Treatment. The latest figures for October 2015 show the trust's performance at 92%. Two of the eight specialities measured for this core service did not meet this standard.
- The rheumatology service had 180 patients requiring review and intervention required. Back log was reducing and a new staff member had been appointed starting in December 2015 working full time to review patients. Out of area referrals were stopped temporarily until resolved.
- In 2015-16 there was one trauma and orthopaedic patient cancelled and not re-booked for surgery within 28 days on the Wrightington site.
- The latest data (Q1 2015-16) showed that out of the 129 cancelled operations in this trust, 15 were not treated within 28 days. Senior managers confirmed this and action planning discussed to prevent further issues.

Meeting people's individual needs

- Positive feedback had been received on meeting the needs of patients with learning difficulties. We observed that staff met patients' needs and those of the carer.
- Wards had 'forget me not' champions for patients living with dementia and the trust lead nurse and specialist nurse were available for staff to access for support.
- Symbols on white boards behind patient's beds identified patients at risks of falls, patients with dementia, and if assistance was required with feeding.
- The trust utilised interpretation and translation services, this could be face to face, via telephone, written or sign language.

Learning from complaints and concerns

- Wards displayed patient advisory and liaison service (PALS) details and had leaflets available.
- Monthly performance reports included complaints indicators for response and timeliness and complaints partially upheld or upheld by the Parliamentary Health Service Ombudsman (PHSO).
- Staff aimed to resolve complaints locally. The patient relations team triaged all formal complaints.

Are surgery services well-led?

Surgery

Good



We rated the surgical services as 'Good' for being Well-led.

Staff at all levels were enthusiastic and felt well supported. They were aware of the trust values and were proud of the services they provided. Governance meetings were held and incidents and risks discussed.

Staff felt involved in forward planning and service development. The NHS Friends and family test was utilised and results displayed. The trust held an annual awards event to celebrate success and achievements.

Compliments and complaints received were shared. Lessons were shared and discussed in team and divisional meetings.

Vision and strategy for this service

- Staff could access the trust intranet and show us the trust values.
- Staff were aware of the trust values and the aim to be in the top 10% nationally.
- Noticed boards displayed the five point communication board. This highlighted local and trust wide information.

Governance, risk management and quality measurement

- Senior staff discussed current clinical risks and how they worked collaboratively with staff to address them.
- Meeting minutes reviewed showed discussion of governance issues and shared action plans.
- Staff discussed risks that had been reported and escalated including staffing and equipment issues. The divisional risk register recorded all risks reported and the associated mitigating actions taken.
- There were regular team meetings and huddles to discuss issues and wards displayed information on notice boards.
- Quality champions were being developed trust wide and staff could become bronze, silver or gold champions.

Leadership of service

- Staff stated that the executive team and board members were accessible and responsive.

- Appraisals were conducted with staff and one to one meetings could be requested when required.
- Staff felt well supported by their line managers and senior management. Staff felt confident to raise issues with line managers and had access to the trust whistle blowing policy.

Culture within the service

- Staff were positive and enthusiastic and felt valued by the organisation. They felt they worked well with colleagues and supported each other where required.
- Staff felt encouraged to raise issues and concerns and felt confident to do so. They stated that the executive team and board members were accessible and responsive.

Public and staff engagement

- The in-patient survey had similar results to all questions asked to the national average. An example being 'Do you feel you got enough emotional support from hospital staff during your stay?' The trust scored 7.3 against the national average of 7.1.
- Surgical services participated in the NHS Friends and Family test enabled people to feedback about their care and treatment. Wrightington hospital response rate was 27.7% between July 2014 and June 2015, which was worse than the national average of 36.4%. Ward five showed good performance.
- Staff received regular email communication from the trust providing updates on changes and improvements.
- Policies and procedures were accessible on the intranet and staff knew where to find them.
- There were regular staff engagement meetings and all staff could attend.

Innovation, improvement and sustainability

- Staff reported being encouraged to improve and to forward ideas for improvements and cost efficiencies. They felt their views were listened to.
- A business case had been approved to establish the trust's own bone bank, delivering significant cost savings and supporting specialist status.
- There was a trial taking place in theatre two for 'Day by the Hour', a system for monitoring progress of theatre lists. This was recorded via a board in theatre but will be an electronic 'app'.

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

A range of outpatient and diagnostic services are provided by Wrightington Wigan and Leigh NHS Foundation Trust at Wrightington Hospital under the specialist services division. Wrightington Hospital is a centre of excellence for orthopaedic surgery.

The main outpatients department and the diagnostic imaging service are located on the ground floor. Between January 2014 and December 2014 the hospital saw 142,826 patients. Sixteen percent of these were first appointments and 56% were follow up appointments.

The outpatients department provides a range of clinics in areas such as; rheumatology, occupational health, physiotherapy, podiatry, respiratory medicine, trauma and orthopaedics, surgery, pain management, urology, gynaecology and orthopaedic care. The centre also accepts orthopaedic referrals from out of area.

There is also a radiology diagnostic imaging service which provides services such as x-ray.

During our inspection we spoke with 13 patients and 22 members of staff including senior managers, receptionists, nurses and junior doctors. We reviewed three patient records and analysed information provided by the trust before and after our inspection.

Summary of findings

We rated the outpatient and diagnostic services at Wrightington Hospital as good overall.

Incidents were recorded and investigated appropriately. Areas were visibly clean and tidy with the exception of two small areas. The infrastructure was old but some financial investment had taken place to refurbish areas such as re-flooring the outpatient department.

Records were usually available, of good quality and stored securely overnight. Medicines were appropriately stored and were within expiry date. Risks were identified and mitigated. Nurse and medical staffing was adequate. Staff received appraisals annually and were given opportunities to develop their skills.

Patients received care based on local and national guidelines. Services were not operating seven days a week at the time of our inspection but evening and Saturday morning clinics occasionally took place.

Patients told us staff were caring and we saw them deal with patients in a kind and polite manner and understood the principles of consent and best interest decision making. Staff were able to meet the needs of local people with translators available for patients whose first language was not English. There was ample car parking on site.

The hospital met the department of health target in providing appointments for patients within 18 weeks. Upon arrival at clinic, wait times varied dependent upon

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the specialty. Patients attending for plain film x-rays did not have to wait, but there were waits of up to two hours for patients attending orthopaedic clinics. Staff offered patients a pager to enable them to leave the waiting area and any delays were displayed on noticeboards.

Service values were evident and staff and public engagement took place regularly. Staff felt that managers listened. Governance was in place and reviewed in monthly meetings. Risk was also managed and mitigated.

Are outpatient and diagnostic imaging services safe?

Good



We have rated outpatient and diagnostic services at Wrightington Hospital as good for providing safe care.

Services adopted a culture where incidents were reported and investigated, with action taken to limit recurrence. Staff were open and honest in their approach when things went wrong.

Medicines were stored correctly and were within expiry date. Records were available routinely and of good quality.

There was a focus on safeguarding practice with a dedicated trust team available to support staff. Mandatory training was monitored by managers, and staff were given time to complete training. Ninety seven per cent of staff were up to date with mandatory training which was above the trust target of 95%.

Patient risks were identified and managed with appropriate measures in place to mitigate them. Nurse and medical staffing was adequate. Staff were familiar with major incidents and aware of the process should a major incident be declared.

Incidents

- Staff spoke about a culture of reporting and learning from incidents amongst staff. Between May and August 2015 the Wrightington outpatient department reported 5 incidents. Three of these resulted in low or no harm and two related to patients who were unwell in the department.
- Staff used an electronic system to report incidents. They received email notifications to confirm receipt and outcome of investigations.
- Incidents were reviewed and findings were shared at senior level and disseminated to staff in weekly and daily meetings and on noticeboards in staff rooms which also listed lessons learned.
- Details of patient deaths were circulated within the trust once weekly which provided healthcare professionals with an opportunity to discuss the circumstances.

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- Senior staff had an awareness of the Duty of Candour. This is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Information about Duty of Candour was displayed on the staff noticeboard.

Cleanliness, infection control and hygiene

- Departments were cleaned and sanitised daily. The hospital domestic service attended the department each evening and staff disinfected designated areas such as beds, chairs and desks each morning. We checked cleaning schedules for November and December 2015 which were complete and up to date.
- Hand hygiene instructions were displayed in public areas.
- Healthcare assistants audited hand hygiene and cleanliness on a weekly basis, with the results displayed on noticeboards in clinic areas. In October 2015 the outpatient department scored 100% for hand hygiene and 82.3% for cleanliness. Senior staff explained the cleanliness score was due to a number of rusty bins. Action was taken to purchase new bins and raise the score but the results were not yet available for us to review.
- The sink and sink drainage area in a plaster room in the outpatient department were found to be visibly dirty with remnants of plaster dust and debris.
- We also inspected a disabled toilet in the main waiting area. The area around the toilet was visibly dirty with stains and broken vinyl around the toilet base. The toilet brush and a blind covering the window were stained and visibly dirty. Despite the toilet being labelled as suitable for those with a disability, there was limited space which could make wheelchair access difficult.

Environment and equipment

- Reception areas were situated close enough to patients to enable staff to observe them waiting, but far enough away to offer patients privacy when speaking with receptionists.
- The floor of the main outpatient area was being replaced during our visit. Some floors were uneven because of this, but signage was visible to warn people.
- We examined a plaster room in the outpatient department where we found that equipment was within expiry date and stored in an organised way on a trolley. However, we also found that a bed which used

electricity to raise and lower it was connected to a portable mains supply which was resting on a hot radiator. As soon as we told the manager about this the supply was removed.

- The outpatient department had a resuscitation trolley which we saw was checked and signed daily.
- We checked a range of equipment including blood pressure cuffs, and chair weighing scales and saw that portable appliance tests for these items were up to date.
- The radiology department had a process for monitoring and maintain equipment. They stored up to date records for each piece of equipment, the level of maintenance cover, the number of times maintenance staff were called out and dates for renewal.
- In one x-ray room we found some equipment being stored which was no longer used (such as lead vests). This extra equipment cluttered the area and produced extra work for cleaning staff to maintain infection control. We raised this with a senior radiographer who agreed that, although some of the equipment was used occasionally (such as ladders, blue tissue rolls), other equipment like the lead vests had not been used for some time, but the department was due to source extra space in the near future, which was expected to resolve the issue.

Medicines

- Medicines were stored correctly and were within expiry date in the x-ray department.
- Emergency drugs were stored appropriately in a box which was accessible should they be required.
- There were no emergency drugs in the radiology department, to treat anaphylaxis (a serious allergic reaction which can be life threatening). When we asked staff about this they immediately contacted pharmacy colleagues who delivered these to the department.
- If required medicines were administered using patient group directives (PGDs). PGD's are written instructions which allow specified healthcare professionals to supply or administer particular medicines when prescriptions are not available. We checked a sample of these and found that they were up to date and authorised appropriately.

Records

- Records were in paper format as well as being duplicated electronically. These were stored securely

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overnight and kept outside clinic rooms on a main corridor when in use during the day. Whilst they were accessible to the public during clinics, staff were able to observe them at all times.

- We reviewed two patient records in the outpatient department. These contained comprehensive detail about patients, including details about x-rays, blood tests, GP referral letters and allergy information.
- Following appointments medical staff dictated patient information which was transcribed by trained staff. Transcribed notes were not available for us to review at the time of our inspection.
- Staff told us that approximately one medical record per month was unavailable. When this occurred staff rang departments to locate them. If the notes still could not be located the appointments did not go ahead.

Safeguarding

- The trust had a team dedicated to safeguarding for children and adults which supported staff with advice if required.
- Staff were trained in both child and adult safeguarding. The trust target was for 95% of staff to be up to date with safeguarding training. We found that 97% of staff were up to date with adult safeguarding training. Child safeguarding training was provided in one of three levels dependent upon how involved staff were with patients. For example, 99% of non-clinical staff were up to date with level one safeguarding training, 93% of clinical staff had completed level one, 88% had completed level two and 92% had completed level three child safeguarding training.
- Safeguarding information was disseminated to staff via a monthly trust bulletin which was emailed to staff and displayed on a staff noticeboard in the main outpatient department.
- The outpatient department did not have dedicated safeguarding 'champions' or leads. However, staff knew how to contact the central team for advice if required.

Mandatory training

- Mandatory training was predominantly completed annually via e-learning modules, accessible via the trust intranet. Topics for mandatory training included basic life support, manual handling and safeguarding adults
- The exception to this was resuscitation, and high risk conflict resolution training which were both delivered face to face.

- Staff received reminders via email that they were due to renew their training.
- Managers were sent details about training progress for each staff member. A 'red, amber, green' rating was used to ensure managers could easily identify staff approaching deadlines for renewing training.
- Data supplied by the trust showed 97% of outpatient staff were up to date with mandatory training. We were unable to obtain figures for Wrightington radiology staff. However the trust did provide us with the percentage of radiology staff across all sites who were up to date which was 97%.
- Senior nursing staff in the outpatient department told us that protected time was provided for staff to complete training.
- All staff completed mandatory basic life support training.

Assessing and responding to patient risk

- There were reliable systems, processes and practices in place to assist in keeping patients safe. For example, the trust had a comprehensive resuscitation policy that defined the levels of competency each level of staff needed in order to manage a patient suffering a cardiopulmonary arrest. Basic life support training was given to any staff who had patient contact whether clinical or non-clinical
- The trust had a policy in place for confirming pregnancy status prior to radiological imaging taking place.
- Guidance was in place for staff should a patient's condition deteriorate whilst under their care. As there was no accident and emergency department on site, staff called 999 if emergency care or treatment was required. We saw records of two incidents where staff had followed this process for patients who became unwell.
- Radiation protection advisers (RPAs) were available in the radiology directorate. An RPA is a legally recognised person who acts as an adviser regarding the Ionising Radiation Regulations (1999). RPAs also produced an annual report. We reviewed the trust's RPA report for 2014 which raised no issues.

Nursing staffing

- Seventeen staff were employed on a full or part-time basis in the main outpatient department. At the time of our inspection there was one vacancy for a 20 hour per

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week post and the senior sister was reviewing how best to fill the vacancy. The senior sister was satisfied that staffing levels were adequate and this was reflected in our observations of staffing during our visit.

- Figures from August 2015 showed funds were in place for 226 allied health professionals such as radiologists and physiotherapists across all trust sites. At the time of the inspection there were 220 in post, resulting in six vacancies across all sites.

Medical staffing

- Medical staffing was organised by each speciality. Senior nurses who ran the clinics told us there were rarely issues with medical staffing for clinics other than unavoidable delays. Unavoidable delays included surgeons delayed in surgery or called to perform emergency surgery.

Major incident awareness and training

- A trust major incident policy and a business continuity plan were in place to support staff and maintain core business should a major incident be declared.
- Staff explained appropriate measures that they would take should a major incident occur, such as transferring to other sites to provide clinical support.
- Staff explained the process, should a patient come into the department with suspected Ebola symptoms. Ebola is a serious virus originating in Africa.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate



Staff used guidelines, procedures and policies to support them when providing care for patients. Radiology staff had access to 'local rules' in line with Ionising Radiation Regulations 1999.

Pain relief was not routinely available in outpatients but staff told us this was not required for patients attending clinic.

Departments regularly took part in audits and presented them to colleagues which promoted learning and improved services. Nursing staff assisted medical staff and patients when collecting audit data. Hand hygiene and cleanliness audits were completed regularly.

Staff received appraisals, and were given opportunities to enhance their learning. They worked together to share knowledge and provide better care for patients. Services were not routinely provided on a seven day basis but clinics were held in the evening and occasionally on a Saturday morning to prevent waiting lists growing.

Staff were able to access the information required to provide services to patients and reported few occasions when information was unavailable.

Staff understood consent and we saw evidence that consent was obtained in writing when required. Staff also understood mental capacity and explained their actions should a patient lack the capacity required to make decisions about their care.

Evidence-based care and treatment

- Staff used local guidelines (such as peri-operative anti-coagulant guidelines) and national guidelines for conditions such as tissue viability and suspected cancer by the National Institute for Health and Care Excellence (NICE).
- Standard operating procedures (SOPs) were in place (for example, ultrasound scans of the abdomen or testes) which were devised by the trust and supported staff providing specific care for patients. We saw evidence that SOPs were reviewed and changed when required.
- Radiology staff used 'local rules' in line with Ionising Radiation (Medical Exposure) Regulations 2000 to ensure they administered radiation safely to patients. We saw evidence that these had been reviewed and updated in 2014. Reviews and updates for 2015 were due in January 2016.
- Trust policies and procedures such as the radiation protection policy were available on the internet and updated when required.

Pain relief

- Analgesia was not provided for patients attending clinics. Senior staff told us there was no requirement for pain relief during appointments.

Patient outcomes

- Audits were completed by each speciality such as radiology and gastroenterology. For example, a

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consultant radiologist audited the efficacy of Imaging Guided Musculoskeletal Injections in March 2015. This showed 85% of patients who received treatment had a successful outcome.

- Some audits used patient data collected from clinics across multiple sites in the trust. For example, anticoagulant staff audited patients with elevated **international normalised ratio (INR) levels in 2015. The audit identified the causes and symptoms of raised INR levels, as well as the need for good communication to enable effective monitoring and management of patients.**
- Radiology staff across all sites adopted a practice where standardised monitoring helped identify any areas of poor practice before feedback was given to promote positive learning. For example, the work of radiographers was assessed by a core group of peers. Where staff identified scans that could be improved, these were labelled and discussed with the staff member. Staff involved in this process reported the benefits of the process and we saw that the numbers of scans reviewed as 'poor' were less than 0.07% between June and August 2015.

Competent staff

- Staff received annual appraisals where performance and development were discussed with a manager. New staff received appraisals within three months of starting work. We reviewed three staff files and saw that their appraisals were complete and up to date.
- An outpatient manager told us that one nurse appraisal was outstanding but that this was unavoidable because the staff member was on long term sickness absence. However, only 50% of radiology staff at the hospital were up to date which did not meet the trust target of 95%.
- Staff had the opportunity to enhance their skills. For example one staff member received funding to complete degree modules relevant to her role.
- There were plans in place to support nursing staff with revalidation. Sessions were planned in the New Year for staff going through the process.
- Some staff also received advanced life support training. Two staff in the main outpatient area had received this training

Multidisciplinary working

- Staff from different specialties worked together to learn and provide services for patients. For example, outpatients and specialist service staff worked together to provide 162 extra dermatology and plastic surgery clinics between January and March 2015.
- Regular meetings were held which involved different specialities. An example of this was the clinical haematology specialty held monthly meetings which, in addition to haematology specialist staff, were attended by gastroenterology and oncology staff.

Seven-day services

- At the time of our inspection clinics were not routinely provided seven days a week. However clinics were organised on Saturday mornings if waiting times for appointments were becoming a concern.
- Some clinics such as urology took place in the evenings to make it easier for patients to attend.

Access to information

- Staff reported having access to information such as scan results, blood test results and GP referral letters. If information was missing, staff accessed the electronic patient record (EPR) system to obtain as much detail as possible.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff worked under the assumption of implied consent, where appropriate. For example, plain film x-ray was performed under implied consent if the patient followed instructions without refusal.
- Staff used a questionnaire to assess mental capacity if they had concerns about a patient. These were included in the medical record.
- Written consent was requested for patients taking part in clinical research.
- Should a best interests decision be required staff liaised with a manager and used documentation to record the details.

Are outpatient and diagnostic imaging services caring?

Good



We rated services as good in the caring domain.

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Patients told us staff cared for them in a polite and respectful way and were happy with the care and treatment received.

Outpatient services used set standards to ensure levels of service were maintained and these were displayed for patients and visitors.

Clinical leads were available to provide specialist advice and support to patients and those close to them. Patients felt supported by staff during appointments.

Compassionate care

- We saw the trust's chaperone policy displayed for patients and visitors to read. The trust described chaperones as a way of ensuring patients were treated with dignity and respect, in accordance with their human rights. Patients we spoke to were happy with the care they received and we saw staff take a sensitive approach in their approach to care.
- Staff interacted with patients in a polite and respectful way and were positive in their approach with patients and visitors.
- Patients described staff as 'friendly' and 'approachable'.

Understanding and involvement of patients and those close to them

- Service standards were displayed for patients. One of the standards pledged that staff would always keep people informed about their care, in a way that they could understand and we saw evidence of this in the sonography department. Here patients described staff explaining processes and telling them what was happening.

Emotional support

- Clinical nurse specialists or 'leads' were available in areas such as haematology, oncology and venous thromboembolism. These staff provided support and information to patients and helped them cope emotionally with their condition.
- Patients described x-ray staff as being 'reassuring' during appointments.

Are outpatient and diagnostic imaging services responsive?

Good



We rated services as good in the responsive domain.

Services were provided for local patients as well as patients referred from other services. Pagers were available, enabling patients to leave waiting areas while waiting for their appointment.

Access and flow was monitored in a number of ways. The hospital met the Department of Health target in providing appointments for patients within 18 weeks. Waiting times in clinic varied depending on the type of appointment. For ultrasound scans and plain film x-rays patients waited an average of 14 minutes. Fluoroscopy patients waited an average of 108 minutes, which included patients in theatre. Patients attending orthopaedic clinics told us that two hour wait times were not uncommon.

Reporting times for diagnostic scan results varied between one hour and 8 days. The trust undertook approximately 400 x-ray reports on a daily basis however, in September 2015 they reported a three day backlog to report these results across all five sites. Action to recruit extra staff was in progress to reduce this.

Translation services were available and staff knew how to provide this service for patients if required. Dementia care was promoted on notice boards.

The majority of complaints related to waiting times. Verbal complaints were dealt with at the time of complaint if possible and we saw this take place during our visit. Complaints were monitored and reported to senior management on a monthly basis. They were also shared with staff to promote learning.

Service planning and delivery to meet the needs of local people

- The outpatient department saw patients from the local community and beyond. Patients told us that their travel distance was taken into account when organising appointments.
- The x-ray waiting area was spacious and tidy with magazines and a television available for people waiting. We did not see any facilities for people to get a drink or

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any food, however there were shops on site selling these if required. Ongoing refurbishment in the main outpatient department meant that refreshment facilities were less accessible than they would normally be.

- Pagers were available for those waiting, enabling them to leave the waiting area until their appointment time. There were 15 available which were advertised on noticeboards in the main outpatient department.
- Car parking was available for patients and visitors. One patient told us the cost of parking used to be static but was now being charged per time spent on site. This could result in higher car parking charges for visitors if clinics ran late but the car parking conditions did meet Department of Health guidance. Whilst the carpark was situated adjacent to the outpatient department, the ground was sloped which visitors told us was difficult to walk on, particularly as some had orthopaedic problems. Those with disabled parking passes were able to access spaces which were closer to the department.

Access and flow

- Access and flow was measured in a number of ways. These included; the percentage of patients referred for treatment within the department of health target of 18 weeks, waiting times in clinic, and reporting time for diagnostic imaging results. The number of patients who did not attend appointments was also monitored.
- Between January 2015 and October 2015 the trust performed better than the England average for referral times, with between 97.7% and 98.5% of patients seen within 18 weeks. Patients waiting for non-obstetric ultrasound scans waited an average of 52 days for appointments between March and August 2015. Patients waiting for magnetic resonance imaging (MRI) appointments waited an average of 30 days, fluoroscopy patients waited an average of seven days and those waiting for plain film x-rays waited an average of one day.
- The trust performed better than the England average for the percentage of patients seen within two weeks following urgent referral for cancer investigation. Between April 2013 and October 2015, a minimum of 97% of patients were seen within two weeks.
- Waiting times in clinics varied. Fluoroscopy patients waited an average of 108 minutes for their appointment, between March and August 2015. However, these figures also included patients from theatres. Patients waited an

average of 14 minutes for non-obstetric ultrasound appointments and 11 minutes for plain film x-ray appointments. Patients attending clinics described regular delays of up to two hours. We saw waiting times displayed on noticeboards which were updated regularly. A senior nurse told us that some appointments covered complex problems such as pelvic injuries. Despite longer time slots being allocated in advance the appointments sometimes took longer than this.

- The trust told us that the average time taken to report scan results (across all sites) varied from two days for plain film x-ray to within one day for fluoroscopy scans. However a radiology report dated 20 August 2015 highlighted a significant backlog of 1,867 reports waiting to be reported. It was noted that the number of plain film x-rays undertaken per day by the Trust was in excess of 400. The trust took action to reduce the delay by recruiting another staff member which reduced the number of outstanding reports to 1,367 in September 2015.
- The radiology department assisted with access and flow in the hospitals by prioritising patients ready for discharge. They also provided training to allow radiographers to report on specific scans usually done by consultants. This increased consultant availability for patient appointments.
- Outpatient clinics were organised at least a month in advance but further checks were done the day prior to clinics to ensure any issues were addressed.
- The outpatient service were looking to implement nurse led post-operative clinics which would free up consultant time and improve access and flow

Meeting people's individual needs

- Translation services were available for patients whose first language was not English. Staff knew the procedure for arranging this by telephone or face to face.
- Dementia 'champions' worked in the outpatient department. Champions have extra knowledge and act as a point of contact for other staff.
- The trust safeguarding team was available to assist staff with queries or complete capacity assessments for patients when requested.
- Notice boards in the main outpatient department provided details about dementia care and travel

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services as well as leaflets about various procedures such as knee and hip joint replacements. However, the leaflets were only displayed in English with explanation for how to obtain them in other languages.

- Senior staff told us patients with learning disabilities were usually accompanied by relatives or carers who attended appointments with the patient.

Learning from complaints and concerns

- Senior nurses told us formal complaints were rare and records confirmed this, with only two formal complaints received for outpatient and diagnostic services at the hospital between September 2014 and December 2015.
- Complaints were usually dealt with at the time they occurred. We saw a patient complain about their waiting time in the department. Staff apologised, and provided a pager which allowed them to leave the department until paged to return in time for their appointment.
- Where complaints could not be dealt with at the time, staff made telephone contact to try to resolve concerns.
- Actions were taken following complaints. These included offering apologies, explanation and further consultations to reassure people where necessary. Further actions to limit recurrence were also taken such as periods of supervised practice for staff where appropriate.
- Complaints were shared with staff during meetings to enable learning to take place.

Are outpatient and diagnostic imaging services well-led?

Good 

We rated services as good in providing well led services for patients and those close to them.

Senior staff were passionate about the department's strategy and the trust values were evident in the places we visited. Governance meetings were held monthly. Risk was managed through a local risk register which contained information about mitigation, risk scores and review dates.

Staff felt supported by managers and safe to raise issues. The outpatient department engaged with the public, holding group meetings and obtaining their thoughts

about services through the use of questionnaires. They also liaised with a local school to promote cleanliness, and local art work produced by the children was displayed in the waiting area.

The trust had a department dedicated to staff engagement and produced reports which demonstrated improvements annually.

Vision and strategy for this service

- Staff were aware of the trust's vision and values which were promoted through the trust intranet system.
- Senior radiology staff were enthusiastic about their strategy for improvement. A strategic plan was in place to help the department achieve goals such as reducing reporting times, improving service delivery at weekends and succession planning.
- The radiology department was part of a regional initiative called 'Healthier Together'. This project, managed by commissioning bodies aimed to link regional hospitals together to improve the standard of care for patients.

Governance, risk management and quality measurement

- Monthly staff meetings were held in different specialities such as urology.
- Team meetings were held daily, weekly or monthly depending upon the department. Senior staff told us that minutes were taken at these meetings and emailed to staff or available to view on the trust intranet. Copies were also displayed in staff rooms and on notice boards.
- The radiology department had a local quality improvement process in place. Here, initiatives which focused on improvement were put forward, such as standardising the way radiology worked, monitoring processes and devising ways of learning through practice.
- There was a divisional risk register in place which recorded risks for each specialism. The register included a description of the risk, a risk score, current and additional mitigation action, a named person responsible for dealing with the risk and a review date. Risks corresponded with the issues senior staff highlighted to us and their action plan for addressing those risks.

Leadership of service

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- Staff felt supported by senior managers. For example, staff had requested new flooring to improve infection control within the department. This had been approved and was being fit at the time of the inspection.
- Staff described line managers are being approachable.
- Senior nurses told us that executive staff members were visible and operated an open door policy.

Culture within the service

- Staff described being happy in their roles and proud to work for the trust.
- Staff were comfortable to raised issues under the trust's 'whistle blowing' policy and were supported when issues were identified. We saw this in place in the rheumatology department.
- Outpatient nurses described a culture of peer support amongst colleagues.

Public engagement

- The outpatient department held patient forums and took part in the 'friends and family' test to capture the views of those using services.
- Although we found comment cards present in the main outpatient areas, there were no pens and no box to confidentially place completed questionnaires.
- The outpatient department worked with local schoolchildren to promote cleanliness and hand hygiene. The children then completed art work which we saw displayed in the main waiting area.

Staff engagement

- A 'staff engagement' department employed practitioners to support teams in engaging with staff. The department also produced staff engagement reports. We reviewed the anticoagulation team staff engagement survey report dated August 2015 which showed improvements in aspects of staff engagement such as work relationships and staff mind set, since February 2015.
- Staff told us the Chief Executive Officer engaged with them through weekly podcasts and emails. He also met with staff groups every few months.
- Twenty two staff were recruited for a project to improve the outpatient service in June 2015. Here staff met with thirty two patients and carers to review their personal experience of services. Key themes were then identified of aspects of care that should always happen such as offering appointments to suit patients and making sure that whiteboards are updated regularly to highlight delays. We saw both of these in practice during our inspection. Further review of the themes was due to take place to measure the efficacy of the actions.

Innovation, improvement and sustainability

- Services contributed to innovative research undertaken in the orthopaedic department which enhanced the hospital's reputation as a regional Centre of Excellence.