North West London Hospitals NHS Trust

St Mark's 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	Requires improvement
Medical care	**Requires improvement**
Surgery	**Requires improvement**
Outpatients	**Requires improvement**

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out this comprehensive inspection because North West London Hospitals NHS Trust had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. We undertook an announced inspection at St Mark's Hospital between 20 and 23 May 2014. St Mark's Hospital specialises in gastro-intestinal services and sits within the main trust location at Northwick Park Hospital.

North West London Hospitals NHS Trust is located in the London Boroughs of Brent and Harrow, and cares for more than half a million people living across the two boroughs, as well as patients from all over the country and internationally. The North West London Hospitals NHS Trust manages three main sites registered with the Care Quality Commission: Northwick Park Hospital and St Mark's Hospital in Harrow, and Central Middlesex Hospital in Park Royal. St Mark's Hospital is an internationally-renowned centre for specialist care for bowel diseases. The trust has a sustainable clinical strategy with Ealing Hospital that improves patient pathways, underpinned by combined ICT and estate strategies, and a vision to establish Northwick Park Hospital as the major acute hospital of choice for outer North West London.

Overall, we found the services provided at St Mark's Hospital require improvement to ensure that they are safe, effective and well-led. All services at this hospital were rated as requiring improvement due to lack of staff and coherent processes.

Our key findings were as follows:

- There was inadequate staffing on Frederick Salmon Ward.
- Patients were transferred out of the high dependency unit (HDU) to wards in which staff did not feel confident to manage their conditions.
- There was a lack of junior doctors, and this affected teaching and appraisal opportunities.
- There were delays in emergency surgery taking place.
- Outpatients clinics in the main outpatients department often ran late and appointments were cancelled, sometimes at very short notice.
- Clinics were often overbooked and the delays were not always clearly explained to the patients.
- Staffing was not always sufficiently organised to support and respond to patients waiting for treatment.

We saw areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that there are adequate numbers of medical and nursing staff on Frederick Salmon Ward to provide care for patients.

In addition the trust should:

- Review the discharge arrangements for patients transferring from HDU facilities, to ensure appropriately trained staff are available to provide safe care.
- Review the availability of elective surgery allocations.
- Review the booking of outpatients appointments to reduce the cancellations and waiting times experienced by patients.

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?
Medical care	Requires improvement		Medical care on Frederick Salmon Ward requires improvements. While patients on Jonson Ward (Intestinal Failure Unit) received care that was safe, effective and responsive, there were concerns about inadequate staffing, management of deteriorating patients, workload pressures on staff, the teaching and appraisal of junior doctors and a lack of compassion to patient needs on Frederick Salmon Ward. There were enough nursing staff on Jonson Ward (Intestinal Failure Unit) to protect people from avoidable harm, but not on Frederick Salmon Ward. Pain management, infection control and medicines management were largely good in both areas. Medical and nursing staff were described by patients as “polite, respectful, friendly and helpful”. Jonson Ward (Intestinal Failure Unit) was well-led and patients said that it had “good management”. Senior nurses told us that they had good support from their line managers. We observed a lack of integration between St Mark’s Hospital and Northwick Park Hospital, despite being part of the same trust and being physically located on the same site. This led one nurse to describe it as being “them and us”.
Surgery	Requires improvement		Patients on Frederick Salmon Ward (FSW) received care that was compassionate and responsive. While the day-to-day running of the department generally provided effective care, the department requires improvement nonetheless. The low number of middle grade doctors and the low number of general surgical lists meant that there were delays in emergency surgery taking place and very limited elective general surgery took place. While these concerns had been raised and plans to improve the department had been drawn up, these changes had not occurred. It was not clear if there was a specific date for when these planned adjustments would be made.
Outpatients	Requires improvement		Patients received compassionate care and were treated with dignity and respect by staff. The

Summary of findings

environment was clean, reasonably comfortable and well maintained. Staff were professional and polite, and promoted a caring ethos. Clinicians gave patients sufficient time in consultations, and patients said that they felt involved in their care.
The trust had taken action to improve the time from patient referral to treatment. Plans were in place to respond to the increased demand for the chemotherapy outpatients service.
The clinics in the main outpatients department often ran late and appointments were cancelled, sometimes at very short notice. Clinics were often overbooked and the delays were not always clearly explained to the patients. Staffing was not always sufficiently organised to support and respond to patients waiting for treatment.

Requires improvement

St Mark's Hospital

Detailed findings

Services we looked at
Medical care (including older people's care); Surgery; and Outpatients

Contents

Detailed findings from this inspection

Background to St Mark's Hospital 6
Our inspection team 6
How we carried out this inspection 6
Facts and data about St Mark's Hospital 7
Findings by main service 9
Outstanding practice 0
Areas for improvement 28

Detailed findings

Background to St Mark's Hospital

St Mark's Hospital is part of North West London Hospitals NHS Trust and is on the same site as Northwick Park Hospital. It has 64 beds. The Hospital is an internationally-renowned centre for specialist care for bowel diseases. This CQC inspection was not part of an application for Foundation Trust status. The trust is currently undergoing a merger with Ealing Hospital NHS Trust, which is scheduled to become effective in October 2014.

St Mark's Hospital was the first centre in London to open for bowel screening, and the programme has now been extended to people up to the age of 75 from an initial age range of 60-69.

The trust was selected for inspection as an example of a 'high risk' trust.

Our inspection team

Our inspection team was led by:

Chair: Alastair Henderson, Chief Executive, Academy of Medical Royal Colleges

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission (CQC)

The team included CQC inspectors and analysts, doctors, nurses, patient 'experts by experience' and senior NHS managers.

How we carried out this inspection

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

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

The inspection team inspected the following core services at this location:

- Medical care (including older people's care)
- Surgery
- Outpatients

Before visiting, we reviewed a range of information we hold about the hospital, and asked other organisations to share what they knew about the hospital. We carried out an announced visit between 20 and 23 May 2014. During the visit we held focus groups with a range of staff in the hospital, including nurses, doctors, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We also interviewed senior members of staff at the hospital.

We talked with patients and staff on the wards and in the outpatients department at the hospital. We observed how patients were being cared for, and talked with carers and/or family members, and reviewed personal care or treatment records of patients. We held three listening events where patients and members of the public shared their views and experiences of the hospital.

Detailed findings

Facts and data about St Mark's Hospital

St Mark's Hospital provides care and treatment for acute and long-term gastro-intestinal and colorectal conditions, and is a national and international referral centre. The majority of surgery is elective, but some emergency surgery is also carried out. St Mark's Hospital has various research interests and an active teaching programme.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.
2. We have only inspected and rated the medical, surgical and outpatients areas because the other core services are not provided by St Mark's Hospital.

Medical care (including older people's care)

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

Information about the service

St Mark's Hospital is a national and international referral centre for gastro-intestinal and colorectal disorders. Medical care at the hospital is provided on Jonson Ward (Intestinal Failure Unit) and Frederick Salmon Ward.

Nursing activities include, but are not limited to, supporting the nutrition team with clinical monitoring of patients, teaching and supporting patients requiring stoma or fistula, management of central venous catheters, and making appropriate referrals for patients who require support in the community upon their discharge.

Summary of findings

Medical care on Frederick Salmon Ward requires improvements. Whilst patients on Jonson Ward (Intestinal Failure Unit) received care that was safe, effective and responsive, there were concerns about inadequate staffing, management of deteriorating patients, workload pressures on staff, the teaching and appraisal of junior doctors and a lack of compassion to patient needs on Frederick Salmon Ward.

There were enough nursing staff on Jonson Ward (Intestinal Failure Unit) to protect people from avoidable harm, but not on Frederick Salmon Ward. Pain management, infection control and medicines management were largely good in both areas. Medical and nursing staff were described by patients as "polite, respectful, friendly and helpful". Jonson Ward (Intestinal Failure Unit) was well-led and patients said that it had "good management". Senior nurses told us that they had good support from their line managers.

We observed a lack of integration between St Mark's and Northwick Park Hospitals, despite being part of the same trust and being physically located on the same site. This led one nurse to describe it as being "them and us".

Medical care (including older people's care)

Are medical care services safe?

Requires improvement

The medical service at St Mark's Hospital did not sufficiently protect patients from avoidable harm. Whilst care delivered on Jonson Ward- Intestinal Failure Unit (IFU) was safe, the care delivered on Frederick Salmon Ward (FSW) was not. On the IFU there was adequate staffing, good infection control measures and sufficient equipment to deliver care safely. However on FSW, there were inadequate nursing staff and medical cover, resulting in staff being overworked.

There was also an ineffective process for managing deteriorating patients on FSW. This resulted in difficulty in transferring patients from FSW to the high dependency unit (HDU), and patients being inappropriately transferred to FSW from HDU.

Incidents

- There were no 'never events' reported to the Strategic Executive Information System (STEIS) between December 2012 to January 2014 that were related to medical care at St Mark's Hospital. ('Never events' are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented.)
- Nursing staff used an electronic incident reporting system to report serious incidents, and were able to describe the process.
- Minutes from the intestinal failure forum in April 2014 showed that 17 incidents were reported by the IFU at the hospital between February and March 2014. These included laboratory, patient falls and medication incidents.
- All patient falls were recorded on an electronic incident reporting system, in line with the trust's policy.
- Evidence showed that reported incidents were investigated as appropriate, and lessons learnt were documented.
- Analysis of the National Reporting and Learning System (NRLS) notification scores showed that death, severe harm, incidents and harmful events were within statistically-acceptable levels for the trust as a whole.

Safety thermometer

- Staff monitored the safety thermometer scores for the Intestinal Failure Unit (IFU), including pressure ulcers, venous thromboembolisms (VTE), catheters and new urinary tract infections (UTIs), and patient falls.
- For all patients suffering new pressure ulcers, the trust performed better than the England average throughout the entire year.
- A graphic illustration of safety thermometer scores for April 2014 was displayed in the corridor of the IFU, enabling easy access by patients and visitors.

Cleanliness, infection control and hygiene

- We observed the medical wards to be clean and well maintained. Domestic staff were assigned to individual wards to ensure that the areas were kept clean. Patients described domestic staff as "very thorough" and that they were "always cleaning". Cleaning schedules were displayed outside bays and side rooms, and indicated that all areas were cleaned three times daily.
- The patient-led assessment of the care environment (PLACE) in 2013 scored St Mark's Hospital at 98.8% for cleanliness.
- There were good infection control measures, and a high standard of aseptic technique was observed when nursing staff disconnected a patient's Hickman line. A Hickman line is a central venous catheter most often used for the administration of chemotherapy or other medicines, as well as for the withdrawal of blood for analysis.
- Infection control standards were displayed in the IFU corridor in accordance with national guidance.
- Patients with infectious illnesses, or whose status was unknown, were barrier-nursed in side rooms in order to reduce the risk of cross-infection.
- Personal, protective equipment (PPE), such as disposable gloves and aprons, were available in sufficient quantities.
- Staff washed their hands before and after attending to patients, and hand sanitizers were available and easily accessible to all staff.
- The trust's infection rates for C. difficult and MRSA lie within a statistically-acceptable range, taking into account the trust's size and the national level of infections.

Environment and equipment

- There was adequate space between beds on the IFU for the safe delivery of care.

- Fire safety equipment was available and checked annually.
- Resuscitation equipment, including a defibrillator, suction and oxygen, was available and checked daily by nursing staff.
- Staff told us that the wards had the necessary medical equipment, in good working order, to deliver care safely.

Medicines

- We observed nurses on the Intestinal Failure Unit (IFU) checking, administering and signing for controlled drugs, in accordance with legislation.
- Controlled drugs and other medicines on the IFU were stored safely, with access restricted to authorised persons.
- Medication errors per 1,000 were within statistically-acceptable limits.
- Drug fridges were available, and their temperature checked and recorded daily by staff, to ensure that the relevant medicines were appropriately stored.

Records

- Review of several records on the medical wards showed that patients had risk assessments which helped the medical team decide the nature and level of care that was to be delivered.
- 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were completed for appropriate patients, and filed in their medical notes (green form). Two doctors signed the forms in accordance with best practice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients gave their verbal and written consent to have care, tests and treatment carried out by staff.
- Staff told us that if patients lacked the capacity to consent to treatment, medical staff carried out 'mini-mental state' examinations and involved their relatives in order to make best interest decisions as appropriate. There had been no patients on the IFU in the past year that lacked the capacity to consent to treatment.
- Staff told us that no patient has had to be referred for a 'Deprivation of Liberty Safeguards' (DOLS) assessment in the past year on the Intestinal Failure Unit (IFU).

Safeguarding

- Information on safeguarding vulnerable adults was displayed on the IFU, with the details of who to contact in the event of concerns for a person's welfare.
- There was a policy on safeguarding vulnerable adults in place, which staff knew how to access. Training on safeguarding vulnerable adults was available to staff, which covered how to recognise and report safeguarding incidents.
- Records showed that over 88% of staff on the medical areas had attended safeguarding vulnerable adults training, on a three yearly basis, as per trust policy.

Mandatory training

- Mandatory training was available to all staff, including manual handling, health and safety, infection control, medicines management, safeguarding vulnerable adults and basic life support.
- Records also showed that less than 70% of staff were up to date with some mandatory training, including infection control (FSW: 67.9%), health and safety (IFU: 65.7%).

Management of deteriorating patients

- The national early warning score (NEWS) was used by nursing staff to monitor patients' condition and "to provide good care". We found good utilisation of the NEWS system during our inspection. Nursing staff on the IFU told us that if a patient's NEWS score was more than 5, they would escalate the situation by involving the medical and critical care teams. The patient's family would also be notified.
- Staff on Frederick Salmon Ward (FSW; 44 bed, mixed medical and surgical) told us that often the high dependency unit (HDU, in Northwick Park Hospital, transferred patients to them who were not medically fit to be received, resulting in the patients returning to the HDU after a period of time. Staff explained that this was because of "a culture that the nurses on FSW would be competent to deal with those patients".
- Occasionally and in recent times, staff told us that medical staff would go and assess patients on the HDU to determine whether they were fit to be transferred to FSW. However, we were told that even if a patient was medically assessed to be unfit to be transferred to FSW, sometimes the HDU would transfer the patient regardless.
- Staff on FSW also told us that when their patients were assessed to need to go to the HDU, it was sometimes

Medical care (including older people's care)

"difficult to convince the bed managers in Northwick Park Hospital to accept their transfer". This situation of early discharge and difficult readmission meant that patients who were in need of a higher level of care did not receive a level of care that was commensurate with their needs and is potentially unsafe.

Nursing staffing

- On the Intestinal Failure Unit (IFU), four registered nurses (RNs) were rostered on the day shift to care for 21 patients (1 nurse to 5.25 patients). One to two healthcare assistants (HCAs) were also rostered on the day shifts (depending on whether a patient needed to be cared for on a one-to-one basis). Staff told us that this was sufficient staffing to deliver care safely. At night, three RNs and one HCA were rostered to be on duty (1 nurse to 7 patients). These ratios were within the Royal College of Nursing (RCN) guidelines, based on the acuity and needs of the patients.
- There was a vacancy for one nurse on the IFU, and recruitment was in process to fill this post. Bank nurses were utilised to cover staffing shortfalls.
- On FSW there were severe nursing staff shortages. The ward was one nurse short on the day of our visit, due to sickness. This meant that staff were very busy, and a senior staff told us that this was "common". We were told that four beds were closed because it was unsafe to keep them open with the current staffing levels.
- Staff told us that they had difficulty in recruiting nursing staff because some felt intimidated with the "workload and the mixed medical and surgical needs" of patients on Frederick Salmon Ward (FSW). Currently the ward was attempting to recruit one band 5 and two band 7 nurses.
- Senior staff told us that when they were short staffed they could access staff from the Intestinal Failure Unit who were familiar with the work on FSW. If this was not possible, they tended to use staff from other wards or bank staff. However, they said that these staff tended to need considerable support.

Medical staffing

- Medical staff on FSW told us that medical cover was "very thin on the ground" and often junior doctors had to work "very late", often until 10pm at night, because the ward was "so busy".
- Junior surgical doctors told us that their workload was appropriate for them, but felt considerably concerned about the medical patients and the level of their medical cover.
- There was consultant presence daily on FSW, and staff told us that they were approachable.

Major incident awareness and training

Staff on IFU told us that the trust had business continuity plans, but that winter pressure arrangements were not relevant for this unit, due to its speciality and the type of patients that they admitted.

Are medical care services effective?

Requires improvement

The medical service at St Mark's Hospital does not deliver care to patients that is sufficiently effective. Whilst care delivered on the IFU was effective, the care delivered on FSW was not. On both areas, management of patients' pain, maintenance of their nutritional status, and multidisciplinary working, was generally good. However, on Frederick Salmon Ward, there was no formal teaching and no appraisals for junior doctors. Junior doctors were unable to state what the clinical governance arrangements were for the service. Although nursing staff told us that they had been trained with both medical and surgical skills, so that they were are able to care and treat both sets of patients effectively, this posed its challenges.

Nursing staff were unable to assist with the servicing of meals in FSW as the policy on protected meal times was inconsistently applied.

Evidence-based care and treatment

- Policies and procedures were electronically accessible to staff, which they were aware of and which they reported using.
- Care and treatment were reviewed through audits, and we saw evidence of audits on nutrition and pressure area status of patients.
- Patients were provided with information and support to make decisions and choices about their care, treatment and lifestyle.
- The trust has a clinical audit office, which aimed to ensure that the trust was following best practice and monitoring national audits.

Medical care (including older people's care)

Pain relief

- Arrangements for the management of patients' pain were good.
- There was a specialist pain management team for the hospital, who provided advice and support to staff in managing patients' pain. The team included four specialist nurses.
- We observed nursing staff administering pain relief to patients as prescribed.
- Two patients told us that medicines administered by staff were "effective" and "very good" in relieving their pain.

Nutrition and hydration

- There were protected meal times at lunch and supper, to ensure that patients got the nutrition they needed, with as little disturbance and distraction as possible.
- Hostesses were employed on the wards to prepare and serve meals to patients. We observed nursing staff assisting with serving meals to patients. However, catering staff told us that on some wards, when the staff were too busy to assist with serving, the meals would go cold before patients were able to consume it.

Patient outcomes

- Performance information on areas such as equipment, hand hygiene and infection control was readily available to staff, patients and the public, and displayed in the corridor on the IFU.
- Staff we spoke with were able to understand the performance information they received.
- Performance was monitored on the IFU, so that the required changes to practice could be acted upon in a timely manner.
- Staff on the IFU could articulate the plans in place to improve patient outcomes, including working with third party service providers where appropriate. For example, one staff member told us that as the IFU admitted patients from all over the country, they liaised with providers from the patients' local areas, in order to facilitate their transfer or discharge.
- The hospitals performance on the National Bowel Cancer Audit project showed that the hospital was performing worse than expected on three of the five indicators. These included data completion, ascertainment rate (50% v national rate of 95%) and number of cases having a CT scan (8.8% v National rate of 83%). This shows that whilst patients were being seen by specialist nurses and their cases discussed at the multidisciplinary team meetings not all tests were being carried out and the patients care record was missing important items relating to their care.

Competent staff

- Nursing staff on the wards and in focus groups told us that formal supervision of their practice did not take place, but occurred as and when required.
- Nursing staff also told us that they were appraised on their performance on an annual basis, in line with trust policy.
- We were told that junior medical doctors were not employed as trainees, so there was no formal teaching, no appraisals as of yet, and no knowledge of clinical governance.
- Junior doctors felt that the medical handover between doctors on cross-over shifts was appropriate.
- As the wards had a mixture of medical and surgical patients, staff told us that they had been trained with both medical and surgical skills, so that they were able to care and treat both sets of patients effectively. However, one nurse on FSW told us that the nurses considered the ward to be a surgical ward and that they preferred to treat surgical patients. They felt that the nursing staff were "more competent" to care for surgical patients.

Multidisciplinary working

- Multidisciplinary team (MDT) availability was generally good, and included medical staff, nurses, physiotherapists (PHYs), occupational therapists (OTs), dieticians, and speech and language therapists.
- Staff told us that relationships between doctors and nurses were generally good. However, one nurse told us that they sometimes found locum doctors to be "unhelpful". If this occurred, they told us that meetings were arranged with the relevant staff in order to resolve the problem.
- MDT ward rounds took place, involving doctors, nurses and other MDT staff. PHYs and OTs were not based on the wards, but were easily accessible when required.
- MDT meetings took place on a quarterly basis, and staff said that they were "effective".

Medical care (including older people's care)

Seven-day services

- MDT staff were available seven days a week. PHYs, OTs and other allied healthcare professionals began providing a seven-day service in January 2014. They told us that so far, this relative new arrangement was working well.
- Junior doctors did not often work out of hours, as they were locums and did not follow the normal rota.

Are medical care services caring?

Requires improvement

The medical service at St Mark's Hospital does not deliver care to patients that is sufficiently compassionate. Whilst staff on the Intestinal Failure Unit showed care and compassion to patients and relatives whilst delivering care, staff on Frederick Salmon Ward did not always do so. Call buzzers were not always answered in a timely manner, and on one occasion we observed a staff member ignore a patient's request for assistance.

Compassionate care

- We observed staff on the IFU treating patients with dignity, and responding compassionately to patients pain and discomfort in a timely and appropriate way. However, this was not the case on FSW. Here, we observed that one patient had been ringing the buzzer for several minutes. In the end another patient went to their assistance. The patient who gave the assistance told us that it was "commonplace" that they had to assist other patients because "there was just not enough staff around".
- We observed another patient on FSW explaining to a nurse that a patient next to them had been calling the buzzer for several minutes and really needed assistance, but no one had gone to their aid.
- Also on Frederick Salmon Ward, we observed that when a patient asked a staff member to assist them with moving, the staff replied that they were not allocated to the patient's bay and left. Hence, ignoring the patient's request for assistance.
- One patient on FSW told us that they felt "quite scared" because it was coming up to a bank holiday weekend and they did not know how the ward would cope with even fewer nurses. Another patient said that they did not feel that the nurses were "neglectful"; it's just that they were "so busy".
- Five patients told us that they were satisfied with the care they received on the IFU, with one describing it as "very good". Medical and nursing staff were described by patients as "polite, respectful, friendly and helpful". One patient described nurses as having good "bedside manners", whilst another said that if they were not happy with the care they received they would not have stayed on the ward.
- One patient on the IFU told us that nursing staff showed concern for their welfare, and respected their privacy and dignity by ensuring that the curtains were drawn when providing personal care. We observed this to be the case during our visit.
- The CQC's adult inpatient survey of 2013 showed that out of a total of 60 questions, the trust performed the same as other trusts in 53 questions and worse than other trusts in seven questions. One question where the trust performed poorly was to the question "Did nurses talk in front of you as if you were not there?" However, we did not observe such behaviour on the medical wards we visited.
- St Mark's Hospital had 17 'reviews' on the NHS Choices website. Eight of these reviews were included in the analysis dated March 2013 to March 2014. Nine comments were positive and included: "excellent care", "friendly staff", "lovely team", "nurses put me at ease" and "staff are super". Three comments were negative and included: "never had such poor care", "appalling level of care" and "couldn't wait to get out".
- Fredrick Salmon ward at St Mark's Hospital scored just 53 (national average 73) in the February 2014 inpatient Friends and Family Test.

Patient understanding and involvement

- Patients on the IFU told us that they were involved in their care and given information about their condition. One patient told us that "everything was explained" about their treatment.
- Staff provided verbal and written information that enabled patients to understand their care.
- Patients and relatives were able to contact the service when needed, and speak to someone about their care.
- Patients were allocated a named nurse on each shift.

Medical care (including older people's care)

Emotional support

- Patients were supported to stay connected to their family, friends and community during their hospital stay, so that they did not become isolated during their time in hospital. Visitors were encouraged and supported with visiting hours that suited them.

Are medical care services responsive?

Good

The medical service at St Mark's Hospital provided care that was responsive to patient needs. Same sex accommodation was provided in relevant areas, discharge arrangements were in place, and there was an effective system that enabled patients and relatives to raise concerns and make complaints.

Service planning and delivery to meet the needs of local people

- The trust planned services that met the needs of different groups in respect of their equality characteristics. For example, guidance on the provision of same sex accommodation was complied with.

Access and flow

- Patient access to a hospital bed was not always in a ward that was appropriate for their condition. For example, medical and surgical patients often shared the same wards, resulting in challenging demands for nursing staff in particular, in caring for both sets of patients.
- Bed occupancy on the wards was operating to their maximum capacity during our visit.
- Staff told us that medical staff considered all gastro patients to be "St Mark's patients" and if they came to Northwick Park Hospital they were immediately sent to FSW, regardless of whether this was appropriate for their needs or not.
- Discharge arrangements in place were effective. Staff shared patient information with other agencies, such as social services, GPs and other community services.

Learning from complaints and concerns

- During our previous inspection in February 2014, we found that the St Mark's Hospital was in breach of one of their CQC regulatory requirements in that they did not have an effective system in place for identifying, handling and responding appropriately to complaints and comments made by patients or their relatives. The trust sent us an action plan stating that they would be fully compliant with this regulation by July 2014. We will therefore follow up that the trust has complied with this regulation after that date.
- Nevertheless, we were able to ascertain during this inspection that there was a process in place for the receipt, investigation of, and feedback on, complaints.
- Staff reported that they received complaints as well as positive patient feedback. We spoke with staff about recent complaints, and they were able to describe the actions they had taken to address patients' concerns.
- We found during this inspection that the trust addressed our concerns and now had an effective system in place that enabled patients and relatives to raise concerns and make complaints.

Nutrition and Hydration

- Meals arrived on the wards from the kitchen frozen, and were cooked on the wards by the hostesses. Catering staff told us that this was a better arrangement than the previous system of providing 'cooked-chilled' meals to patients.
- All patients had a choice of meals based on their dietary requirements and preferences. They could choose their meals, from a booklet available on the ward, for up to one week in advance. Staff told us that they were always able to cater for the various nutritional needs of patients.
- Patient told us that they were satisfied with the meals, with one saying that the meals were "very good".
- The patient-led assessment of the care environment (PLACE) scored St Mark's Hospital at 76.9% for food.

Are medical care services well-led?

Requires improvement

The leadership and management of the medical service at St Mark's Hospital required improvement due to the lack of integrated working with staff at Northwick Park Hospital which affected the safety of the patients in St Marks Hospital. Staff commented on the "then and us" attitude of a number of staff. Staffing and clinical pressures on FSW revealed a sometimes "frustrated" workforce. Strategic

Medical care (including older people's care)

objectives were regularly reviewed by the board, senior nurses were supported by their line managers, and there were management systems in place which enabled learning and improved performance.

Vision and strategy for this service

- Strategic objectives were regularly reviewed by the board to ensure that they remained achievable and relevant.

Governance, risk management and quality measurement

- The hospital participated in the clinical audits for which it was eligible
- The trust's performance was found to be tending towards 'better than expected' for one of the Audit Commission's Payments by Results Data indicators. Payment by Results aims to support NHS modernisation by paying hospitals for the work they do, rewarding efficiency and quality.

Leadership of service

- Nursing staff on the IFU told us that they felt that the unit was well-led, and patients said that it had "good management".
- Senior nurses told us that they had good support from their line managers.
- Staffing and clinical pressures on FSW had impacted on the staff we spoke with, and discussions revealed a sometimes "frustrated" workforce.

Culture within the service

- The trust's overall staff sickness absence rate was below both the England and London strategic health authority (SHA) averages, between April 2012 and March 2013.
- There was a supernumerary nurse in charge (NIC) during the day, for the medical wards. They enhanced the management of these areas.
- We observed a lack of integration between St Mark's and Northwick Park Hospitals, despite being part of the same trust and being physically located on the same site. This led one nurse to describe it as being "them and us". The trust may find it useful to make note of this.
- The trust was rated as better than expected or tending towards better than expected for 10 of the 28 NHS 2013 Staff Survey key findings. Areas where the staff felt the trust performs well include good communication with senior managers, ability to contribute towards improvement at work, and motivation at work.

Public and staff engagement

- We did not see the results of the Friends and Family Test for the medical wards displayed so that they might be easily accessible to patients and visitors.

Innovation, improvement and sustainability

- There were management systems in place which enabled learning and improved performance. Management systems were reviewed and improved.

Surgery

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

Information about the service

Surgical care at St Mark's Hospital is primarily delivered on Frederick Salmon Ward (FSW). This is a 44 bed specialist colorectal/gastro-intestinal ward, where general surgical and medical patients are also admitted. The hospital shares the same governance and senior management as Northwick Park Hospital.

Summary of findings

Patients on Frederick Salmon Ward (FSW) received care that was compassionate and responsive. Whilst the day-to-day running of the department generally provided effective care, the department requires improvement nonetheless.

The low number of middle grade doctors and the low number of general surgical lists meant that there were delays in emergency surgery taking place and very limited elective general surgery took place. Whilst these concerns had been raised and plans to improve the department had been drawn up, these changes had not occurred. It was not clear if there was a specific date for when these planned adjustments would be made.

Surgery

Are surgery services safe?

Requires improvement

The surgical services require improvement to ensure that patients are treated safely. The lack of medical staff, compliance with mandatory training and the problems with transferring patients who were deteriorating require improvement.

The surgical service learnt from incidents and accidents. There were appropriate ongoing checks on the safety of the service. The policies and procedures of the department were suitable for keeping patients safe.

Incidents

- Between December 2012 and January 2014 four 'never events' took place at the trust. ('Never events' are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented.) This was considered to be within the acceptable range. All four of these related to surgical services.
- Staff were able to describe changes that had been made to the way they worked as a result of the review of incidents. We saw records of multidisciplinary committee meetings, where incidents were discussed, including causes and how they would be prevented in the future.
- In addition, the department reported 35 incidents to the National Reporting and Learning System (NRLS). Of these, 24 were classified as 'moderate', three as 'abuse', four as 'severe' and four were deaths.
- Staff were aware of how to escalate incidents within the ward, using an electronic incident reporting system.

Safety thermometer

- The department used a safety thermometer to monitor the safety of the services it was providing. The performance of the department between April 2013 and March 2014 was rated positively at 98.35% harm-free. Results were collected for each ward, so isolated episodes of poor performance could be highlighted.

Cleanliness, infection control and hygiene

- The department undertook regular audits of the standards of infection control. This included aspects of care such as MRSA screening and hand hygiene. In general, the department was compliant with these standards, and the results were presented in a manner that would enable staff to address isolated issues that arose.
- All areas of FSW were clean and tidy. Hand-washing facilities, sinks and personal protective equipment were available throughout.

Environment and equipment

- Appropriate emergency drugs and equipment were available throughout the department. Regular checks were made on these by staff, to ensure that they were in date and in good working order.

Medicines

- All medicines were stored in a secure fashion that made them accessible only to staff. Records were kept of what medicines had been administered.

Records

- We reviewed numerous patient records. All of the records we reviewed showed that basic information and risks assessments were appropriately completed. Patient observations were up to date. Details of daily MDT notes were included, as was discharge data. A recent audit of records showed that this consistent level of completion had been sustained over time.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received mandatory training in Consent, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- There were specific forms to be completed, when a person was unable to consent to surgery, which indicated the reasons for an inability to give consent.
- Departmental staff reported that if they had concerns about someone's capacity to make decisions, they would involve other professionals and the patient's family, as appropriate. Medical staff would undertake any mental capacity assessments.
- In the records we reviewed, patients' consent to surgery was appropriately completed.

Safeguarding

- There was a safeguarding policy and procedure in place.
- Staff received mandatory training in safeguarding vulnerable adults, though take-up of this training was variable across the department.

- There was an internal trust safeguarding team to whom staff could report concerns.
- Staff were able to describe the signs of abuse and the actions they would take if they had any concerns about a patient's welfare.

Mandatory training

- The trust kept a record of mandatory training completed by staff within St Marks Hospital. The information provided showed very variable rates of completion of this training across the department. Staff told us it was difficult to attend training due to the workload pressures they experienced.
- Records showed that staff attendance at mandatory training varied depending on the ward/department and the type of training. For example, only 56.6% of staff on FSW had undertaken mandatory training in the past year.

Management of deteriorating patients

- Staff also reported that, on occasions, due to pressure on critical care beds, they had been asked to accept patient transfers before the patient was well enough, which resulted in them subsequently being readmitted to the critical care unit at Northwick Park Hospital.
- The World Health Organization Surgical Safety Checklist was used by the department to ensure that people were safe prior, during and after surgery. Recent audits of the completion of this checklist did not highlight any risks within the department.
- The department used an early warning score system to monitor the ongoing condition of patients. However, staff on FSW had difficulty in transferring patients who were deteriorating to the high dependency service at Northwick Park Hospital.

Nursing staffing

- General surgical and medical patients were admitted to Frederick Salmon Ward. Staff reported that many of the nurses on the wards had surgical training or experience. They told us that they tried to only admit patients when nursing staff had the skills to be able to care for patients following general surgery. However, they noted that at times, due to a lack of availability of beds throughout the wider hospital, patients had to be admitted to FSW, despite the nursing skill mix not being ideal for treating patients following general surgery. Staff did report however, that they had some scope to move staff with particular skills between wards, and they got extra support from specialist staff if they needed it. Senior staff described this as an ongoing challenge.
- Senior staff reported that they used a workforce planning tool, as well as a recently commissioned report by an external company, to decide on the nursing levels and skills mix of nursing staff that they needed on each ward. However, it was noted that at times, nursing staff numbers were low. At one time for 24 patients there had been only five qualified staff, including some still undergoing induction, with no co-ordinator and only two healthcare assistants (HCA). This placed considerable pressure on staff and risked compromising the safety of patients.

Medical staffing

- Surgical medical cover was provided seven days a week on Frederick Salmon Ward.
- Staff reported that there was a lack of junior medical staff since a reduction in the number of trainees following a visit by the Deanery and General Medical Council in 2013. Whilst attempts had been made to mitigate this through the use of nurse practitioners, a second Registered Medical Officer on duty, and recruitment of other staff, this was not sufficient to fill the gaps. It was reported that this put great pressure on junior doctors, and could cause delays in discharge, as medical staff were not available to sign for medicines that patients needed to take home with them.
- Staff reported that whilst they had five emergency surgeons, due to the low number of general surgery lists, there was not enough work for them.

Major incident awareness and training

- There was a major incident policy and procedure in place.
- Staff had training in what to do in the event a major incident and had undertaken simulated exercises.

Are surgery services effective?

Requires improvement

There were trust policies and procedures that were followed by staff to ensure that patients received effective

treatment. Nursing staff received appropriate training and support, and multidisciplinary working was good. However, there was a lack of up-to-date protocols and guidelines for staff to work from.

Evidence-based care and treatment

- Specialist nurses (such as Tissue Viability Nurses) provided specific guidance to staff on any development in their fields. Clinical developments were discussed at handovers.
- Standard risk assessments were used to evaluate patients, and ensure that they were safe whilst within the department. These included Waterlow assessments to check for risk of pressure ulcers, and the MUST nutritional screening tool. There were also specific assessments undertaken to ensure that people were fit and well enough to undergo surgery, which followed national guidelines.
- We looked at a wide number of clinical protocols within the department that related specifically to the care and treatment of patients, such as emergency transfer protocols, analgesia guidelines and fluid management. All of these were out of date, and in the case of the post-operative fluid management guidance, contravened more recent guidance. We were concerned that new students and nurses were referred to these guidance documents to answer any questions they may have.
- Staff undertook audits and checks on medical early warning score charts and malnutrition universal screening tool (MUST) charts, to ensure that they had been completed appropriately. It was noted that St Mark's Hospital's main surgical ward (FSW) scored lower than the wards at Northwick Park Hospital.

Pain relief

- The trust had a specific pain team that worked across the hospital.
- There were specific policies on pain relief within the trust. Staff reported that post-operative pain was discussed with patients at the pre-operative stage.
- Prescribing nurses had specific assessment tools and guidance that they could use to provide pain relief to patients in the absence of medical staff.

Nutrition and hydration

- Patient records we reviewed showed that nutritional assessments and fluid charts had been correctly completed.

Patient outcomes

- The hospitals performance on the National Bowel Cancer Audit project showed that the hospital was performing worse than expected on three of the five indicators. These included data completion, ascertainment rate (50% v national rate of 95%) and number of cases having a CT scan (8.8% v National rate of 83%). This shows that whilst patients were being seen by specialist nurses and their cases discussed at the multidisciplinary team meetings not all tests were being carried out and the patients care record was missing important items relating to their care.

Competent staff

- The trust was currently actively recruiting nursing staff from overseas to make up for a shortfall in UK applicants. Once recruited, they were given more time than UK applicants to adjust to the NHS, and there was a specific induction course for them to complete.
- Nursing staff had access to mentorship programmes. They had annual appraisals, with six monthly reviews. They had supervision, where senior staff assessed their clinical work and provided feedback to them.

Facilities (Only use this subheading if the facilities effects the rating)

- St Marks Hospital utilised the theatre suite in the Northwick Park Hospital site. Of the 13 theatres that were available there were four that were not in use.
- It was also noted that there was limited space within the theatre recovery area. Staff reported that some procedures had to be put 'on hold' until a space was likely to become available in recovery.

Multidisciplinary working

- Nursing staff said that when they requested, surgical staff attended promptly.
- Other healthcare professionals, such as physiotherapists (PHYs) and radiological staff, were available on request from Northwick Park hospital.

Are surgery services caring?

Requires improvement

Some patients we spoke with praised the quality of care delivered by nursing staff. They said that they were well looked after and supported, and we observed this taking

place. However, other patients told us that the medical staff were rushed, and sometimes they did not feel that their care or treatment had been fully explained to them so that they could understand it.

Compassionate care

- The majority of patients were observed to have a named nurse and consultant listed on a poster above their bed. All nursing staff that we observed wore name badges.
- Patients using surgical services told us that they were happy with their treatment and the way they had been looked after. Nurses were described as "caring" and "helpful".
- We observed numerous examples of patients being treated with care and consideration. Their privacy and dignity was respected, with curtains being drawn around their beds when personal care was being delivered.
- The NHS Friends and Family Test results show that Fredrick Salmon Ward was performing significantly below the trusts average score and below the national average.

Patient understanding and involvement

- Some patients said that their time with medical staff had been limited as they were busy. They did not feel that they had received full explanations of their condition/treatment.

Emotional support

- Staff had access to the bereavement services within the trust, as well as different religious persons should relatives/carers require such support

Are surgery services responsive?

Surgical services had plans in place to deal with increases in demand for the service. There were protocols in place to ensure that patients progressed through the department without undue delay, and appropriate discharge arrangements were in place.

Service planning and delivery to meet the needs of local people

- St Marks Hospital took patients from abroad who required gastroenterological surgery. They also received patients from Northwick Park Hospital who required surgical intervention in this speciality.
- Staff reported that the introduction of the Surgical Assessment Unit (Fletcher Ward in Northwick Park Hospital) had made a positive difference to waiting times and patient flow through the hospital.

Access and flow

- On some occasions, a lack of beds available on wards meant that patients spent the night in the recovery room, which delayed the morning surgical lists.
- Discharge planning started pre-admission or on admission, and would involve numerous professionals, including occupational therapists and social services where appropriate. Discharge plans were monitored as part of the daily handover.
- There was a specific risk assessment to be completed before patients were discharged. This looked at what the needs of the patient were, the plans needed to be made, and the resources to be put in place before they were discharged.

Meeting people's individual needs

- There was a range of food options to meet people's cultural or religious needs.
- Translation services were available if people needed them, but staff would also utilise their colleagues who could speak different languages.
- The hospital had a dedicated learning disabilities nurse from the trust.
- Staff received training in caring for, and treating people with, dementia.

Learning from complaints and concerns

- There was a process in place for the receipt, investigation of, and feedback on, complaints.
- Staff reported that they received complaints as well as positive patient feedback. We spoke with staff about recent complaints and they were able to describe the actions they had taken to address patients' concerns.

Surgery

Are surgery services well-led?

Requires improvement

The leadership and management of the medical service at St Mark's Hospital required improvement due to the lack of integrated working with staff at Northwick Park Hospital which affected the safety of the patients in St Marks Hospital. Staffing and clinical pressures on FSW revealed a sometimes "frustrated" workforce. Strategic objectives were regularly reviewed by the board, senior nurses were supported by their line managers, and there were management systems in place which enabled learning and improved performance.

Vision and strategy for this service

- Whilst staff had an idea of the performance of the department, where improvements were needed, and the general plans for making them, staff were not clear on how or when these improvements would be made.

Governance, risk management and quality measurement

- The department collected suitable information on both the safety of the service and the quality of outcomes of treatment.
- There were regular meetings of senior staff, both nursing and medical, where performance was discussed and plans made to address any issues.

Leadership of service

- Staff spoke positively about the current senior management of the trust, and said that they retained the confidence of senior medical staff.

Culture within the service

- Staff we spoke with, at all levels, described friendly and supportive relationships within the surgical services team. However, numerous staff remarked about the pressure that they, and their colleagues, were under.

Public and staff engagement

- The department obtained feedback from patients and relatives via the Friends and Family Test (FFT). However, aside from this and the spontaneous feedback provided by patients and their families, the department did not employ a method to obtain systematic in-depth feedback on the quality of the service they were providing. Senior staff reported that they had plans to introduce a more in-depth patient questionnaire in the near future.

Innovation, improvement and sustainability

- Senior staff reported that they had raised numerous concerns with senior management about the risks they saw throughout the department relating to capacity, resources and the pressures currently being experienced. They said that these concerns were often noted and plans were developed to mitigate them, but despite this, little had improved within the department.

Outpatients

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

Information about the service

St. Mark's Hospital specialises entirely in intestinal and colorectal medicine, and is recognised as a centre of excellence by the World Endoscopy Organisation. It runs a surgical and a medical outpatients clinic from one central location. There is also a chemotherapy outpatients clinic located in a different part of the hospital.

During our inspection we visited the main outpatients area, and also the chemotherapy outpatients clinic. We met with 15 staff including receptionists, nursing staff, healthcare assistants, consultants and administration staff. We spoke with five patients and two relatives.

Summary of findings

Patients received compassionate care, and were treated with dignity and respect by staff. The environment was clean, reasonably comfortable and well maintained. Staff were professional and polite, and promoted a caring ethos. Clinicians gave patients sufficient time in consultations, and patients said that they felt involved in their care.

The trust had taken action to improve the time from patient referral to treatment. Plans were in place to respond to the increased demand for the chemotherapy outpatients service.

The clinics in the main outpatients department could often run late and appointments were cancelled, sometimes at very short notice. Clinics could be overbooked and the delays were not always clearly explained to the patients. Staffing was not always sufficiently organised to support and respond to patients waiting for treatment.

Outpatients

The patient outpatients areas were clean and well maintained. Infection control procedures were followed, and regular audits were completed. Patient notes for the individual clinics were kept securely. Medication was securely stored, and regularly checked and audited.

Staff had completed their mandatory training as required. Patients we spoke with told us that they thought the outpatients department was a safe place to visit for treatment.

Incidents

- There had been no serious incidents reported in the outpatients department, and there were no recorded 'never events'. However, in the chemotherapy outpatients clinic, staff told us that they thought there was an under-reporting of incidents using the electronic incident reporting system. We were told that the electronic incident reporting system was not a quick system to use, and staff did not have the time to complete it when they were already stretched.
- The matron told us that they always discussed incidents with staff and shared any learning at the time. They kept a full record of incidents, and any learning was discussed at weekly meetings. The matron assured us that incidents relating to patient safety would be reported.

Cleanliness, infection control and hygiene

- Both the main outpatients department, and the chemotherapy outpatients area, appeared clean and well maintained. The toilet facilities were regularly checked and cleaned.
- Daily infection control audits were completed by the nursing staff, as well as monthly audits by the infection control lead for the hospital.
- Staff adhered to the principles of 'bare below the elbow' in the clinical areas.
- Hand hygiene gel dispensers were provided at the various clinics, with reminders about their usage for patients and staff. We observed these being used by patients and staff.
- Staff completed infection control training as part of their core mandatory training.

Environment and equipment

- We saw that equipment used in the clinical areas was correctly serviced and maintained, and that records were kept. Equipment that had been serviced was labelled and dated. Audits were completed on the servicing of equipment.

Medicines

- Medicines were stored correctly in locked cupboards or fridges where required. The cupboards were checked daily by the nursing staff, and inspections were also carried out by the pharmacy department.
- Patients we spoke with told us that they received appropriate information about the medication they were prescribed, and that changes to their medication were explained to them.
- Written information about medication was only available in English. This could mean that for some patients there could be difficulties in understanding the directions for usage.

Records

- Patient records were protected by being stored securely and confidentially. Records were prepared in the administration room, and then transferred to the main clinic reception ready for the appointments.
- Staff told us that if the full set of patient records were not available, they would occasionally prepare temporary records, so that patients could be seen on the day. However, they said that generally the full set of patient records were available for clinics.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients gave their consent to care and treatment appropriately and correctly. Patients we spoke with told us that the clinical staff asked for consent before commencing any examination or procedure.

Safeguarding

- All nursing and healthcare staff we spoke with confirmed that they had completed safeguarding vulnerable adults training, and were aware of the procedure they were to follow should they need to report a concern.
- Information about safeguarding was displayed in the outpatients area.
- Patients we spoke with told us that they thought the outpatients department was a safe place to visit for treatment.

Outpatients

Mandatory training

All staff were required to complete a range of mandatory training, which included fire safety, safeguarding vulnerable adults, moving and handling, and infection control. Staff we spoke with told us that they had completed these training initiatives, and also any required updates. Mandatory training was checked as part of the staff annual appraisal process.

Are outpatients services effective?

Not sufficient evidence to rate

We report on effectiveness for outpatients below. However, we are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients.

Evidence-based care and treatment

- Staff told us that guidelines such as those issued by NICE were followed where appropriate.

Competent staff

- Staff we spoke with told us that they had annual appraisals on their performance completed by their line managers. During staff appraisals, any mandatory training that a staff member needed to complete was highlighted.
- We spoke with two consultants, and they were positive about the support they received from the healthcare and nursing staff in the department.
- Some staff we spoke with did not feel that they had enough support to manage the difficulties in the department, and that staffing shortages added to the problems.

Multidisciplinary working

- In the chemotherapy outpatients department, there were weekly multidisciplinary meetings between nursing staff, consultants and other professionals, such as pharmacy staff, to discuss patient treatment and progress.
- Staff worked closely with the palliative care team in order to care for people who were receiving chemotherapy. Staff also did liaison work with district nursing services, for people receiving care in their own home, or in a hospice or care home. The department worked closely with the Macmillan nursing service.

Are outpatients services caring?

Good

We found that the outpatients department at St Mark's Hospital was focused on patients, and committed to providing a positive experience of treatment. We observed staff interacting with patients in a caring and respectful manner. All patients we spoke with told us that the staff were caring, respectful and polite.

Compassionate care

- All patients we spoke with told us that the staff were caring, respectful and polite.
- We saw a selection of thank you cards which had been sent to the oncology department. These included comments such as "you are wonderful people and together you make a caring, professional and excellent team", and "thank you for being there and keeping up the banter and laughter no matter how bad I was feeling".
- Patients we spoke with were very positive about the care, treatment and advice they received from all the staff. We were told "the doctor was brilliant, everything was explained calmly and they answered all my questions", and also "the knowledge of everyone is excellent, you know you are in the right place".

Patient understanding and involvement

- Patients were able to get information about medical issues and treatments in leaflets available in the reception area. Patients told us that they were involved in their care, and that the staff discussed all relevant information with them.
- Patients we spoke with told us that they were allocated enough time with staff when they attended their appointments. They said that clinicians were informed about their medical histories, and that staff provided them with detailed information about their conditions and treatment.
- Patients were referred to the outpatients department for investigation or surgery. Patients told us that they had sufficient time to discuss their operation and treatment with a consultant. Two patients told us that they had a

meeting with a specialist nurse following their initial meeting with a doctor. One patient said “it (my treatment) was explained very clearly and carefully and I was told what I needed to know”.

Emotional support

- Information was provided to patients about support groups that may be of benefit to them; for example, the stoma support group. Details of a patient helpline were also displayed.
- In the oncology outpatients department, volunteers were available to provide emotional support to patients.

Are outpatients services responsive?

Requires improvement

The trust had taken action to improve the time from patient referral to treatment. Plans were in place to respond to the increased demand for the chemotherapy outpatients services. However, the clinics in the main outpatients area often ran late, and patient appointments were cancelled, sometimes at very short notice. Clinics were often overbooked and the delays were not always clearly explained to the patients. Staffing was not always sufficiently organised to support and respond to patients who were waiting for treatment.

Service planning and delivery to meet the needs of local people

- In February 2013, the trust identified a shortfall in the 18 week patient referral to treatment (RTT) pathway. Following an internal review, action was taken by the trust. A support team from NHS England were engaged to review processes and pathways underlying the 18 week RTT.
- The team undertook a diagnostic review in June 2013, and it established that in some cases, patient pathways were being incorrectly recorded. Three areas for action were identified. These were systems and processes, capacity and demand, and culture. An action plan was implemented that included updating of data input, recording and reporting, the developing of common pathways that were clear to all members of staff, and the rewriting of the trust patient access policy.
- The department had also set up additional clinics and operating lists to meet a target of treating 95% of patients not requiring an admission, and 90% of patients who do require an admission, within 18 weeks of referral from their GP.
- The trust undertook a review of the patients who had missed the 18 week target, and established that treatments for patients requiring urgent care had not been delayed, and those requiring urgent cancer treatment had not been affected either.

Access and flow

- Patients and staff told us that clinics in the main outpatients’ area often ran late. On the morning we visited there were two clinics running in the main outpatients department, and both were running between 30 minutes to an hour late. Information about the delays was not displayed for patients. One patient we spoke with told us that they were not told how late the clinics were running, and that they always had to ask staff.
- One clinic had been rearranged and brought forward from 11am to 9am, but the patients had not been informed of the change. This meant that there were no patients for the consultant to see when the clinic started. We spoke with two consultants, and both told us that they thought the booking system could be improved. Clinics were often overbooked, with several patients having the same appointment times.
- Staff told us that the department could become very busy, with long queues at the main reception desk, and patients having to wait to speak to receptionists.
- An audit of clinic start times across the whole trust had shown that 98% had started on time or within a 15 minute margin.
- Two patients we spoke with said that they had had appointments cancelled at short notice. Reception and administration staff told us that patients often attended the clinic before being informed that their appointment had been cancelled. Staff told us that they regularly had to deal with patients who were upset or angry at appointments being cancelled, or at clinics running late.
- Two staff said that they were regularly shouted at by patients who were frustrated by waiting times or cancelled appointments. We were told that some mornings could be very “chaotic”. One staff member described a recent morning as being “mayhem”, because appointments had been cancelled without

some patients being informed, and clinics were running late. One patient explained how they had had to keep returning to the car park to extend their ticket as they did not know how long they would have to wait.

- In the chemotherapy outpatients, it had been identified that demand was outweighing capacity. A service review had been done in conjunction with the Macmillan nursing service, to increase capacity and staffing. Short-term measures had been implemented, including increasing the number of staff. The long-term plan was to move to another part of the hospital which had more space.

Meeting people's individual needs

- Access to the main outpatients department was via a lift. The area was open, and accessible to patients with mobility needs. Directions to the department were clearly signposted.
- Written information was only provided in English, but could be requested in other languages. There were systems in place for staff to use an interpreting service. On the morning we visited, we saw that one patient had had this service arranged for them. This had been at the request of the consultant, who was concerned that the patient should fully understand their treatment.
- In the chemotherapy outpatients, most medicines were prepared on the day, and this had the potential to cause delays for patients' treatment. Staff were looking into providing the pharmacy staff with a list of prescriptions required for the following day. We were told that the e-booking system being used for colon-rectal and lung cancer patients had speeded up the prescribing process. The system was being extended to include prescribing for other types of cancer.
- There were also a wide range of leaflets that were downloadable from the hospital's website.
- Patient closure meetings were not available in the chemotherapy outpatients' clinic, and a patient survey had shown that only 30% of patients were happy with the information they received after treatment. In response to this, the hospital was about to pilot closure meetings for colon-rectal services.

Are outpatients services well-led?

Requires improvement

Staff were clear about the management structure and the lines of accountability. Administration staff felt that at times, there was a lack of support from management, and that their concerns were not always listened to.

Vision and strategy for this service

- There was no evidence of a vision and strategy for the outpatients department.

Leadership of service

- In the chemotherapy outpatients department staff said that there was strong leadership from the matron. Some staff felt supported and able to approach senior staff for advice or guidance.
- In the main outpatients, healthcare assistants and nursing staff said that they were well supported by the matron, and were clear about their areas of responsibility.
- Administration staff told us that they did not always feel listened to, and there was a lack of support at times from managers. They said that this was particularly true when staffing numbers were low.
- We noted that staff worked well together as a team to co-ordinate patient care.

Culture within the service

- Staff we spoke with were patient-focused, and were positive about providing and improving the service.
- Staff told us that they felt able to comment about their role and the department, and make suggestions, but felt that at times these were not always listened to.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Ensure that there are adequate numbers of medical and nursing staff on Frederick Salmon Ward to provide care for patients.

Action the hospital SHOULD take to improve

- Review the discharge arrangements for patients transferring from HDU facilities, to ensure appropriately trained staff are available to provide safe care.
- Review the availability of elective surgery allocations.
- Review the booking of outpatients appointments to reduce the cancellations and waiting times experienced by patients.