

# Nottingham University Hospitals NHS Trust

# Ropewalk House

## Quality Report

113 The Ropewalk  
Nottingham, NG1 5DU  
Tel: 01159194488  
Website: [www.nuh.nhs.uk](http://www.nuh.nhs.uk)

Date of inspection visit: 15 September 2015  
Date of publication: 08/03/2016

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



Outpatients and diagnostic imaging

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Ropewalk House is part of Nottingham University Hospitals NHS Trust. Ropewalk House provides outpatient services; diabetic eye screening, audiology, and breast screening services. Diabetic eye screening and audiology were provided to both adults and children.

We inspected Ropewalk House on 15 September 2015 as part of the comprehensive inspection programme.

Overall, this trust was rated as Good. We made judgements about the outpatient service as well as judgements about the five key questions that we ask. We rated the key questions “are services safe, effective, caring and well led as “Good.”

Our key findings were as follows:

### Cleanliness and infection control

- We found the hospital appeared clean. Staff cleaned their hands between patients and adhered to infection prevention and control policies and procedures.
- Equipment was cleaned between use and waste was disposed of appropriately.

### Staffing levels

- Outpatient clinics were staffed with appropriate numbers of staff, this was determined on how many consultants and patients were attending clinics. The skill mix of staff was considered.
- Data from the trust showed staff turnover for medical and nursing staff at Ropewalk House was low. Bank and agency usage was also low. Patients were able to build relationships with staff and receive continuity of care.
- There were enough medical staff employed to run clinics at Ropewalk House. There were no medical staffing vacancies.

### Safety

- Staff knew how to report incidents and these were investigated with actions and learning identified where necessary.
- There was a strong open culture and staff were encouraged and supported to report incidents.
- Learning from incidents was shared through team meetings. We saw examples of changes being made following the learning from incidents.
- Incidents relating to ophthalmology (eyes) were reported to the national eye screening incident board so incidents and performance safety could be monitored nationally.
- Trusts are required to report any unnecessary exposure of radiation to patients. The breast screening service met both Ionising radiation regulations 1999 (IRR99) and Ionising radiation (medical exposure) regulations 2000 (IR(ME)R). Procedures were in place to report incidents to the correct organisation ensuring a review of practices when incidents occurred.
- All staff knew the whereabouts of all relevant procedural documentation including local rules, IR(ME)R procedures and trust policies

### Compassionate Care

# Summary of findings

- Staff were caring and we observed positive interactions between staff and patients. Patients were positive about the staff, and we observed patients who had mobility difficulties being supported in and out of clinics. Patient privacy and dignity was respected, and patient confidentiality was maintained by staff.
- Patients were involved in their care and we saw examples of staff explaining the next steps and when results would be available.

## Service planning

- The environment, despite being old, was adapted to suit the needs of services and patients. There were clear pathways for patients, and patients were able to be referred to services in multiple ways. There were clear processes for patients who did not attend clinics; however, these were not followed with some adult patients. Cancellation rates for the trust were low, and follow up to new ratios were better than the England average.
- Services were responsive to patient needs with specific initiatives designed to improve the experience of young people, and patients living with dementia. Translators and interpreters were available along with limited written materials in other languages.
- There was a clear complaints process and staff were aware of what to do if patients made a complaint. There was information available to patients about the complaints process and patients were encouraged to give feedback about their experience.

## Leadership

- Services at Ropewalk House were well-led, staff felt supported and there was a positive working environment.

## We saw several areas of outstanding practice including:

- Ropewalk House had a 3D printer which printed individual hearing aid earmoulds for patients. Patients were able to receive a fast individualised service that was more financially sustainable for the service.
- The blue box initiative for elderly patients and patients living with dementia. It enabled patients to store hearing aids and alerted staff that a hearing aid needed to be removed overnight. It also alerted staff the patient has hearing problems.

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

## The trust should:

- Consider following up DNA attendances for adult patients in audiology as per the patient management access policy. This includes ensuring sending letters to GP's and ensuring they are aware of patient outcomes.

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Outpatients and diagnostic imaging

### Rating

Good



### Why have we given this rating?

There was an incident reporting culture which focussed on improving and learning from incidents. Equipment was clean, had been checked, and medicines were stored appropriately. The breast screening service met standards and safety requirements as set by Ionising radiation (medical exposure) regulations 2000 (IR(ME)R). Staff were up to date with mandatory training (including safeguarding) meeting the trust target. There were examples of evidenced based care and treatment and patient outcomes were recorded. We saw examples of multidisciplinary working including work with GP and health professionals to identify and screen patients with diabetes. Staff were up to date with appraisals and complimentary about development opportunities within the trust.

Staff were caring and we observed positive interactions between staff and patients. Patients were involved in their care and treatment. Services were responsive with positive actions to reduce 'did not attend' rates for patients. Translators and interpreters were available for patients and there were examples of meeting the needs of young people, patients with learning disabilities, and people living with dementia. Services could be accessed in a number of ways including self-referral. Locally services were well led with leaders and staff aware of the issues affecting services at Ropewalk House. Senior managers felt supported and part of the trust, however, there were examples of where some staff did not feel part of the trust. We saw examples of staff and public engagement, as well as a number of improvement and innovative initiatives.

# Ropewalk House

## Detailed findings

### Services we looked at:

Outpatients & Diagnostic Imaging

# Detailed findings

## Contents

### Detailed findings from this inspection

|                                     | Page |
|-------------------------------------|------|
| Background to Ropewalk House        | 6    |
| Our inspection team                 | 6    |
| How we carried out this inspection  | 7    |
| Facts and data about Ropewalk House | 7    |
| Our ratings for this hospital       | 7    |

## Background to Ropewalk House

Nottingham University Hospitals NHS Trust is the fourth largest acute trust in England and provides services to more than 2.5 million residents of Nottingham and its surrounding communities. It provides specialist services to between three and four million people from neighbouring counties. The trust is based in the heart of Nottingham on three separate sites around the city: Queen's Medical Centre, Nottingham City Hospital and Ropewalk House. Queen's Medical Centre is the emergency care site, where the emergency department, major trauma centre and the Nottingham Children's Hospital are located.

The trust provides specialist services to between three and four million people from neighbouring counties. Twenty eight per cent of the population are aged 18 to 29 and full-time university students comprise about one in eight of the population. Also 35% of the population are from ethnic minority groups.

Nottingham is ranked 20th most deprived district out of 326 in England in the 2010 Indices of Multiple Deprivation. The health of people in Nottingham is generally worse than the England average. Deprivation is higher than average and about 33.7% (18,600) of children live in poverty, and 21.7% of adults are classified as obese. Life expectancy for both men and women is lower than the England average (approx. 8 years). The rate of alcohol related harm hospital stays, rate of self-harm hospital stays, the rate of smoking related deaths, estimated levels of adult smoking and rates of sexually transmitted infections and TB are all worse than average.

Nottingham University Hospitals were inspected as one of 18 CQC new wave pilot inspections in November 2013, the trust was not rated at this inspection. The purpose of this comprehensive inspection was to award a rating to the trust for the services it provides. We carried out an announced inspection of ropewalk House on 15 September 2015.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Jane Barrett, Chair Thames Valley Clinical Senate

**Head of Hospital Inspections:** Carolyn Jenkinson, Care Quality Commission

The team included two CQC inspectors and a variety of specialists: a physiotherapist, a consultant radiologist, nurse, and an outpatient's manager (children's services).

# Detailed findings

## How we carried out this inspection

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

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

Before our inspection, we reviewed a wide range of information about Nottingham University Hospitals and asked other organisations to share the information they held. We sought the views of the Clinical Commissioning group (CCG), NHS England, the Trust Development Agency, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges, and the local Healthwatch team.

The announced inspection of the trust took place between the 15 and 18 September 2015. We held focus groups with a range of staff in the hospital, including nurses, junior and middle grade doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists and occupational therapists. We spoke with staff individually as well as in groups.

We carried out an announced inspection to Ropewalk House on 15 September 2015.

We held a listening event in Nottingham on 8 September 2015 where members of the public shared their views and experiences of the trust. We held focus groups with members of the public. Some people shared their experiences of the trust with us by email and telephone.

## Facts and data about Ropewalk House

The Nottingham University Hospitals provided integrated services to a population of 2.5 million patients. It has 1,996 beds: 1,793 general and acute; 134 maternity; and 69 adult critical care beds.

The trust employs: 11,386 whole time equivalent (WTE) staff.

The trust has a total revenue of £874,090 million and its full costs were £873,340 million. It had a surplus of £750,000 thousand.

There were 121,112 inpatient admissions between 1 November 2013 to 31 October 2014;

782,702 outpatients (total attendances) and the A&E department saw 187,892 patients between December 2013 and November 2014.

## Our ratings for this hospital

Our ratings for this hospital are:

|                                    | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------------------|------|-----------|--------|------------|----------|---------|
| Outpatients and diagnostic imaging | Good | N/A       | Good   | Good       | Good     | Good    |
| Overall                            | Good | Not rated | Good   | Good       | Good     | Good    |






# Detailed findings

## Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging



# Outpatients and diagnostic imaging

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

## Information about the service

Ropewalk House is situated in the centre of Nottingham in a section of the old Nottingham Hospital site. Ropewalk House is the smallest of the three Nottingham University Hospitals Trust sites. Services delivered at Ropewalk House include; adult and children's audiology (including a cochlear implant service), breast screening, and diabetic eye screening for adults and children over 12 years of age. The audiology service was one of the largest in the country with additional services delivered at Queens Medical Centre and other outreach venues. Ropewalk House is open 8am to 6pm Monday to Friday.

The outpatient services at Ropewalk House were delivered under different directorates and governance arrangements. For example, audiology and diabetic eye screening were being delivered as part of Head and Neck services. Breast screening was being delivered as part of the cancer and associated specialities directorate. Clinics were accessible and delivered over several floors but all in the same location. Patients using the audiology service could refer themselves or be referred by their GP, consultants, and other health professionals. Between April 2014 and March 2015 almost 60,000 patients attended a appointments at Ropewalk House.

We inspected all the services at Ropewalk House. We spoke with 24 members of staff including managers, administration staff, medical staff, and nursing staff. We spoke with six patients and those close to them. We observed interactions between staff and patients, care and treatment, as well as patients undergoing breast screening procedures. We reviewed seven sets of medical records.

## Summary of findings

Overall we found outpatients and diagnostic imaging services at Ropewalk House to be good.

There was an incident reporting culture with a focus on improving and learning from incidents. Equipment was clean, had been checked, and medicines were stored appropriately. The breast screening service met standards and safety requirements as set by Ionising radiation (medical exposure) regulations 2000 (IR(ME)R).

Staff were up to date with mandatory training (including safeguarding) meeting the trust target. There were examples of evidenced based care and treatment, and patient outcomes were recorded. We saw examples of multidisciplinary working including work with GP and health professionals to identify and screen patients with diabetes. Staff were up to date with appraisals and complimentary about development opportunities within the trust.

Staff were caring and we observed positive interactions between staff and patients. Patients were involved in their care and treatment. Services were responsive with positive actions to reduce 'did not attend rates' for patients. Translators and interpreters were available for patients and there were examples of meeting the needs of young people, patients with learning disabilities, and people living with dementia. Services could be accessed in a number of ways including self-referral. Locally services were well led with leaders and staff were aware of the issues affecting services at Ropewalk House. Senior managers felt supported and part of the trust,

# Outpatients and diagnostic imaging

however, there were examples of where staff did not feel part of the trust. We saw examples of staff and public engagement as well as a number of improvement and innovative initiatives.

## Are outpatient and diagnostic imaging services safe?

Good



Overall we found safety at Ropewalk House to be good. All staff were able to report and enter incidents on an electronic system. There was a strong reporting culture at Ropewalk House with evidence of learning from incidents. There was an emphasis on improvement and learning from what went wrong. The breast screening service met the standards set by the Ionising radiation regulations 1999 (IRR99) and Ionising radiation (medical exposure) regulations 2000 (IR(ME)R).

Equipment was checked and clean and the environment was safe for patients. Medicines were stored appropriately and we observed staff adhering to the trust infection control and hand hygiene policy. Audits were undertaken to maintain standards in infection control. The majority of patient records were available for clinics and there was some use of electronic records particularly within imaging.

Clinics were staffed safely; however there was a high number of staff vacancies in adult and children's audiology. All staff were up to date with their mandatory training including safeguarding. There were policies and processes in place to keep people safe and safeguard them where necessary. There were procedures in place to protect patients who were at risk when receiving diagnostic imaging through the breast screening service.

### Incidents

- All staff we spoke to were able to electronically report incidents and the majority of staff could tell us when they last reported an incident. Incidents were added to an incident risk log and discussed at quarterly meetings. Incidents were investigated with actions and learning identified where necessary.
- Learning from incidents was shared through team meetings. One staff gave an example of incident where two letters to patients ended up in the same envelope. As a result, a piece of equipment was purchased to ensure this did not happen again.
- The audiology department kept an errors log which focussed on 'near misses' which not reportable as

# Outpatients and diagnostic imaging

incidents. We saw from meeting minutes these errors were discussed in team meetings and learning shared with staff. This shows the service was committed to patient safety and learning when things went wrong.

- Managers told us incidents were reported to commissioners and the national eye screening incident board so incidents and performance safety could be monitored.
- Trusts are required to report any unnecessary exposure of radiation to patients. The breast screening service met both Ionising radiation regulations 1999 (IRR99) and Ionising radiation (medical exposure) regulations 2000 (IR(ME)R). Procedures were in place to report incidents to the correct organisation ensuring a review of practices when incidents occurred.
- All staff knew the whereabouts of all relevant procedural documentation including local rules, IR(ME)R procedures and trust policies
- The duty of candour requires all providers to provide patients and other relevant persons with information and an apology in the event a reportable safety incident occurs. The duty of candour was included in the mandatory training DVD for all staff, and briefing sessions and information was available online. Staff were aware of the duty of candour and described a culture of patients being informed about any incidents and accidents. The duty of candour was discussed with staff by managers in staff meetings. Patients would be informed by telephone or by letter depending on their needs.

## Cleanliness, infection control and hygiene

- We saw staff clean their hands and using gel before and after contact with patients. This met the trust infection control and hand hygiene policy.
- Regular audits of staff hand hygiene were undertaken for all departments as per the infection control monitoring guidance. Results were inconsistent, ranging from 60% compliance to 100% compliance between April and September 2015. Average compliance was around 80% meaning not all staff were complying with trust policy. Results and learning from audits were discussed and team meetings as well as information for staff available on hand hygiene.

- Quality and performance information was displayed in public waiting areas, for example; infection control and hand hygiene audit results. Patients were able to see the performance of the service and how it met standards around infection control and hygiene.
- Equipment and treatment rooms were cleaned regularly and cleaning checklists identified how regularly they were cleaned. For example, cameras examining patient eyes were cleaned in between each patient. There were policies in place to help staff prevent infections from spreading for example, any patients with conjunctivitis would have their appointment cancelled.

## Environment and equipment

- All equipment we looked at during our inspection at Ropewalk House had been tested and checked as safe to use. Maintenance contracts were in place for specialist equipment for example eye cameras and imaging equipment. There was a regular replacement programme for aging equipment. The imaging equipment in the breast screening service was regularly serviced, and service records for routine and annual maintenance were seen.
- Staff said they were unhappy with the IT system at Ropewalk House. Staff said it was slow and when software was updated it led to problems with other systems on site. There was not an IT technician on site meaning if there were problems this could affect the running of services. One manager told us at times they had to rely on back up laptops if the main ones stopped working.
- The environment was visibly clean and safe for patients. There were clear signs to exits and waiting rooms, and corridors were clear of obstructions.
- Policies and processes were in place for equipment not meeting quality assurance standards to ensure screening does not continue until equipment has been tested by medical physics. Tolerance levels are a robust set of parameters which radiographers know about when testing the equipment weekly so they can inform the correct body if exposures are outside of these defined levels.

## Medicines

# Outpatients and diagnostic imaging

- Medicines for use in the outpatient clinics were stored appropriately in locked fridges and cupboards. Stock was checked and ordered regularly and there were fridge temperature and stock audits which demonstrated this.
- There was not a pharmacy service at Ropewalk House so patients obtained medicines through their GP.

## Records

- Patient records were available on time for clinics. Data from the trust showed 100% of patients were seen with their records available in outpatient clinics across the trust. Consultants at Ropewalk House kept paper and electronic copies of records so records were always available for clinics. There was an electronic records system which contained all letters that were generated as a result of appointments. Should records not be available the consultant had access to the letters which were used to make up emergency notes. This was as per trust policy and meant patients could be treated in a safe manner.
- Records for diabetic eye screening were kept on an electronic system. Records were secure and password protected ensuring the safety and privacy of patient records.
- We looked at seven sets of medical records. The records were in good order and notes were easy to read and written on continuation sheets. However, the name of the clinician was not legible and there was no medical registration number in all of the notes we looked at so they did not meet General Medical Council (GMC) standards. General Medical Council (GMC) standards require the name of the clinician and registration should be included in each entry.
- The breast screening service had a radiology information and picture archiving communication system which held patient images on record. The system was password protected ensuring all images and patient information was securely stored.

## Safeguarding

- Policies and procedures were in place for safeguarding adults and children, these were available electronically

and in policy files located in staff rooms. Staff could tell us where they were and knew how they could access the policy. We saw key telephone numbers were available for staff to use if they needed to get safeguarding advice.

- There were processes in place to alert relevant health professionals if children did not attend clinics. For example, the diabetic eye screening team had a failsafe officer who followed up children and vulnerable adults who do not attend clinics.
- Staff at Ropewalk House had links to the trust safeguarding team. Staff described working with neighbouring trusts on safeguarding concerns. Staff were aware of the safeguarding leads within the trust. There was a governance lead linked to directorates, an adult clinical lead and paediatric clinical lead and staff said they would report concerns to them.
- Safeguarding was part of the trust mandatory training programme. Both the adult and children's teams at Ropewalk House were trained in level three safeguarding. This meant staff were appropriately trained to identify and report concerns should they need to. Staff accessed safeguarding training on the trust e-learning site and manager's ensured staff were booked in to take the training.

## Mandatory training

- All staff we spoke with said they were up to date with their mandatory training. The trust had developed a system of delivering mandatory training annually in the birthday month of each member of staff. Mandatory training consisted of a two and a half to three hour video which staff had to watch. This system had improved mandatory training rates and ensured staff and managers did not forget to complete the training. Managers had access to staff training records to monitor staff completed training as planned.
- Data from the trust showed the outpatient services had met the trust target of 90% of staff having completed their mandatory training. The data did not relate wholly to Ropewalk House however all departments providing services there had met the target. For example breast services had a completion rate of 94%, ENT and Audiology 93%, and Head and Neck 100%.

## Assessing and responding to patient risk

# Outpatients and diagnostic imaging

- The diabetic eye screening service had implemented 18 outreach clinics across Nottinghamshire in order to meet demand. The service located the clinics in GP surgeries which meant more people were able to access care and treatment in their local areas. The service worked with GP's to identify patients who needed eye screening, therefore helping to tackle the risks of some patients with diabetes being at risk of severe eye conditions.
- Images taken of patient's eyes were assessed and rated by screening graders who then prioritised patients according to the rating. The most urgent cases were then prioritised and sent to the appropriate consultant. A second grader reviewed the images to ensure consistency and prevent any unnecessary treatment to patients. This ensured high risk patients received urgent care and treatment.

## Staffing

- Outpatient clinics were staffed with appropriate numbers of staff, this was determined on how many consultants and patients were attending clinics. The skill mix of staff was considered, for example there were more administrative staff to support patients booking in for appointments, as well as follow up appointments and preparing letters.
- There were challenges in staffing levels at times due to vacancies. Data from the trust showed there was a 50% vacancy rate in the head and neck directorate which managed both diabetic eye screening and the audiology service. Staff said there were agreements for overtime and staff from adult services worked with paediatric services to fill gaps in staffing levels. This did not impact on the quality of the service as staff were trained to work with both adults and children. Three members of staff described the pressures of covering the vacancies. Staff vacancies were identified as a key risk on the service risk register and recruitment was ongoing.
- The breast screening service was under staffed according to the 2013 quality assurance report with a shortfall of five whole time equivalents. Data from the trust showed there was nearly a nine percent staff vacancy rate, and a 10% sickness rate meaning there were some challenges with staffing levels. There is a

national shortage of radiographers and the trust were working towards recruiting additional staff across all sites. However, despite shortages and extra pressures this did not impact in the delivery of the service.

- Data from the trust showed staff turnover was between one and two percent across the service areas at Ropewalk House between April 2014 and March 2015. As a result, there was a low bank and agency staff use, this allowed patients to build relationships with staff and receive continuity of care.

## Medical staffing

- There were enough medical staff employed to run clinics at Ropewalk House. Data from the trust showed there were no medical staffing vacancies for head and neck and breast services. This ensured high risk patients were able to be seen quickly as well as providing enough appointments for follow up patients.
- Data from the trust showed turnover of medical staff was low. Only Eye Screening and Audiology had a turnover of 10% for the year April 2014 to March 2015. The preceding year however had no turnover of medical staff, or locum use. This meant patients were receiving continuity of care by medical staff.

## Major incident awareness and training

- There was clear information available to patients and staff regarding fire procedures. Fire exits were clearly lit and signposted. Staff were aware of the evacuation procedure and what to do in an emergency.
- The trust had a major incident policy and plan in the event of a major incident. It identified roles and responsibilities of departments, including imaging services and outpatient clinics. It described how imaging services and certain clinics should respond in an emergency, including the cancellation and suspension of outpatient services.
- Ropewalk House did not have a resuscitation trolley in case of an emergency. However, there was an emergency bag and a defibrillator if a patient became seriously unwell. When asked what they would do in an emergency staff said they would call 999.
- The breast screening service met both Ionising radiation regulations 1999 (IRR99), and Ionising radiation (medical exposure) regulations 2000 (IR(ME)R) requirements.



# Outpatients and diagnostic imaging

Medical physics expert support came from Northampton University NHS Trust, and radiation protection advice from Nottingham University Hospitals NHS Trust.

- Staff were trained in adult and paediatric life support. There were dates identified for staff to attend or refresh training. This training meant staff were able to respond appropriately in the event of an unwell patient.
- Local rules and IR(ME)R procedures were available and within their review date ensuring radiation safety for both patients and staff was adhered to.

## Are outpatient and diagnostic imaging services effective?

Patients received evidence-based care and treatment and services worked to national guidelines. Staff were supported by managers and the majority of staff received yearly appraisals. Staff described a culture of learning and development. They were able to suggest ideas and ways they could learn and progress. Patient outcomes were recorded, however; GPs were not informed of patient outcomes in audiology.

There was evidence of multi-disciplinary working between the outpatient services, GPs, and health professionals. Staff had access to information to enable them to provide suitable treatment and care for patients. Staff were aware of the mental capacity act and consent to treatment.

### Evidence-based care and treatment

- The Audiology service at Ropewalk House worked to national guidelines to deliver care and treatment. For example, members of staff would be present to test the hearing of children under the age of three, as per national guidance. The service used national hearing screening programme standards to decide what clinics patients attended, and how often they attended including criteria for discharge. This ensured patients received care and treatment they required in a timely and effective way.
- The diabetic eye screening service had a screening process based on national guidelines and the 19 quality standards. There was a standard operating procedure based on these and the service reported against the quality standards every three months.

- All patients over 12 years of age with diabetes were offered eye screening appointments. The pathways followed initial appointments were based on NHS diabetic eye screening guidelines. These aim to identify diabetes related eye conditions which could cause blindness to patients.
- The breast screening department was governed by the national breast screening programme and all imaging undertaken was in line with national guidance and evidence based practice.
- Local quality assurance audits for breast screening were undertaken and the 2013 external peer review quality assurance audit was evidenced. The audit highlighted a consistently good standard of image quality.
- A peer review system for recalls and repeats was seen, this monitored and evaluated mammography standards. Images were scored and rated from inadequate to good which could lead to training need reviews where necessary and additional competency assessments. Following the 2013 review the technical/recall rates were 1.1% which was better than the 3% national target.

### Pain relief

- Outpatient departments were able to refer patients to the pain team who held outpatient clinics. Patients would be referred to the team for specialist long term management of pain.

### Patient outcomes

- Once a patient had attended an appointment an outcome form was completed which identified the next steps for the patient. In diabetic eye screening patient outcomes were recorded automatically on the electronic system. A letter was then generated which was sent to the patient and GP. Outcomes would be sent to the assistant general manager in each directorate and forwarded to consultants within the specialty. Whilst outcomes were recorded the trust could not tell us how patient outcomes were used by services.
- Diabetic eye screening services were peer reviewed by a national group in 2014. There were 56 recommendations, the majority of which had been implemented. As a result of the recommendations changes in procedures and standard operating procedures had been made.

# Outpatients and diagnostic imaging

- We were told by an audiology manager GPs did not receive letters to tell them the outcomes of treatment or when a patient did not attend clinic. This meant GPs in the community may not have the most up to date information regarding patient's care. The trust patient access management policy stated "We will communicate effectively with patients and GPs at all stages in a patients pathway". Therefore, the service was not acting in accordance with this policy.

## Competent staff

- All staff we spoke to said they received appraisals on a yearly basis. Managers kept accurate appraisal records and all staff appraisals were up to date. Objectives were set and there was input from line managers. There was space on appraisal forms to offer suggestions regarding learning, for example, attending staff service conferences.
- Specific appraisal data for staff at Ropewalk House was not available. However, services based at Ropewalk House were part of Breast and Head and Neck services. Data supplied by the trust showed 78% of nursing staff and non-nursing staff had received appraisals between April 2014 and March 2015. In the Head and Neck directorate 97% of all staff had received appraisals between April 2014 and March 2015. However, data showed that no Breast, ENT or Audiology medical staff had received an appraisal in the same time period.
- Staff at Ropewalk House had access to continuous professional development. Staff told us the trust would fund additional training courses and many courses were delivered at Ropewalk House, for example, courses delivered by the ear foundation. Staff described attending local and regional conferences to develop learning and skills and this was shared with team members at Ropewalk House. However, there were concerns staff shortages within the breast screening service hindered their ability to attend training courses as part of their professional development.
- A hearing aid company ran a course for reception staff which was included as part of the mandatory training programme. This meant mandatory training was designed and being delivered to ensure the needs of patients were met and understood.
- All staff were senior radiographers in the breast screening service and fully trained on the use of the two digital mammography units and were able to demonstrate their training records.
- All staff we spoke with said they felt supported and said clinical supervisions were available if they were requested.
- Screening graders within the diabetic eye screening service had monthly tests of their grading skills to ensure they were continuously competent. Staff told us they had to grade 20 images and if some were wrong they would receive mentoring sessions from the clinical lead. This meant services focussed on competencies in a supportive way to ensure patients received the right care and treatment.

## Multidisciplinary working

- Diabetic eye screening at Ropewalk House communicated with GPs on a regular basis. A new GP referral form had been developed to improve information received at the point of referral. Every six months GPs sent their database to the eye screening service. The database was linked to the screening database so missing patients could be identified. The patients would then be contacted and invited for an appointment. This demonstrates effective communication between the service and GPs to ensure patients get the care and treatment they need.
- The diabetic eye screening service worked with diabetic nurses and GP to raise awareness of the service and the requirement for patients over 12 years old to be offered eye screening.
- Radiographers used diaries to communicate and share issues either with equipment or of a procedural nature. Staff described this as an effective way of communicating with each other because time was limited for discussion. Any clinically significant findings were escalated to radiologists at City Hospital or Queens Medical Centre to ensure fast track results for those patients who needed further tests. This demonstrated there were multi-disciplinary procedures in place regarding communication about patients.

# Outpatients and diagnostic imaging

- There was open access for radiographers to attend multi-disciplinary meetings in order to discuss patient's clinical care and pathways. Radiographers said they were able to go as part of personal development through education.

## Seven-day services

- Ropewalk House provided services from 8am until 6pm Monday to Saturday.

## Access to information

- The audiology service shared information appropriately with other organisations and relevant individuals. Reports about patients would be shared with GPs, health visitors, school nurses, and the families within seven days of the appointment. This met the paediatric quality standard for audiology.
- The mammographers in the breast screening services had access to both the breast screening database, the trust radiology information, picture archiving and communication systems. This enabled them to cross check imaging and reporting history ensuring they did not unnecessarily invite patients for screening so patients received the correct care and treatment.
- The images and results from patient's previous imaging were readily available to operators, meaning staff were able to access the information they needed to deliver treatment and care.

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

- Staff were aware of the Mental capacity Act 2005 (MCA) and their roles and duties about consent. Mental Capacity Act training formed part of the staff yearly mandatory training programme.
- MCA documentation was available for staff to use if required. Staff we spoke with at Ropewalk House had a good understanding of the MCA. Administrative and booking staff followed procedures relating to people without the capacity to make decisions about their healthcare. These made sure that confidential patient information about appointments was only shared with relevant people.
- Clinical staff asked patients for their consent as part of their initial assessment at clinics. Patients we spoke with

told us staff asked for their consent and kept them fully informed about any procedures and treatments. Consent was recorded in patients' notes and staff used a checklist to confirm consent had been granted.

## Are outpatient and diagnostic imaging services caring?

Good



Overall we found caring at Ropewalk House to be good.

Staff were caring and we observed positive interactions between staff and patients. Patients were positive about the staff, and we observed patients who had mobility difficulties being supported in and out of clinics. Patient privacy and dignity was respected, and patient confidentiality was maintained by staff.

Patients were involved in their care and we saw examples of staff explaining the next steps and when results would be available. The audiology department had a DVD which was available online for patients to watch. This explained their treatment and care and what would happen. There was information for patients about the support that was available to them.

## Compassionate care

- Staff spoke to patients in a caring manner and we saw staff speak directly to children, greeting them, and making them feel welcome. Reception staff greeted patients with a smile, we observed one member of reception staff ask what a patient would like to be called, and then use their preferred name. Staff told us they would do their best to see patients even if they had no appointment. One patient said "I can't fault them" and another said "Absolutely brilliant". Patients said staff were caring. We observed positive interactions between staff and patients and saw one member of staff provide a drink to a parent who was waiting with their child in clinic.
- We observed patients who needed assistance supported to enter and leave clinic rooms. Staff would smile and talk with patients without rushing them in to the clinics. Patients who needed assistance were able to sit in the waiting area and staff would call patient transport staff to come and assist patients back onto their transport.



# Outpatients and diagnostic imaging

- Patients said their privacy and dignity was respected. In the breast screening clinic staff were polite and sensitive to patient needs. There were gowns for patients to wear which protected their dignity. Doors were closed when clinics were taking place and changing rooms lockable so patients could change in privacy. Radiographers identified, and approached patients in a confidential manner.
- Patients from the local prison were treated with dignity and respect. Dedicated clinic rooms were set up so the patient could wait and receive treatment privately. We observed prisoners who were receiving care and treatment arriving at the clinic, and they were dealt with quickly and discreetly to ensure the patients privacy and dignity.
- The NHS Friends and Family Test (FFT) gives every patient the opportunity to feed back on the quality of services. FFT results were displayed in children's audiology waiting area and the service scored 97% (of patients or their family recommending the service to others). For adult patients the auditory implant service the score was 98%. This showed the majority of patients were happy with the service they received.

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

- Staff involved patients in their treatment and care. Staff talked to patients and informed them about what was going to happen and what their procedures involved. Where possible staff provided patients with options regarding procedures and ongoing treatment. One patient said they were involved in their treatment and care, and they were offered a choice about what hearing aid they could receive.
- Patients received copies of letters sent to their GP. We saw a patient letter that informed the patient about the next appointment, and observed staff telling patients when they will receive their results. For example, patient information in the breast screening unit was freely available and staff were informative about access to results, possible next steps, and support if necessary.
- Audiology had a series of videos created to explain the pathways for patients. These were available on DVD and YouTube online. A patient said they were given lots of information including a DVD to watch which explained what was going to happen with regards to their treatment.

## Emotional support

- There was information for patients available in the breast screening service, and staff provided support for patients where necessary. There were private rooms available if patients became upset or distressed. Staff in audiology and eye clinics said they provided support to patients as, and when it was needed. Patients told us they felt supported by staff and said they were "kind" and "reassuring".
- Staff were considerate of patients emotional needs but as all care was delivered in private we could not observe this. Staff provided examples of providing support to patients who were distressed, including patients with learning disabilities or patients who had received bad news. Staff said they would ensure patients were given privacy and time if required.

## Are outpatient and diagnostic imaging services responsive?

Good



Overall we found responsive at Ropewalk House to be good.

The services at Ropewalk House were commissioned to meet the needs of people across Nottinghamshire and the wider area. There were clear pathways for patients, and patients were able to be referred to services in multiple ways. There were clear processes for patients who did not attend clinics; however, these were not followed with some adult patients. Cancellation rates for the trust were low, and follow up to new ratios were better than the England average.

Services were responsive to patient needs with specific initiatives designed to improve the experience of young people and patients living with dementia. Translators and interpreters were available along with limited written materials in other languages. There was a clear complaints process and staff were aware of what to do if patients made a complaint. There was information available to patients about the complaints process and patients were encouraged to give feedback about their experience.

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

# Outpatients and diagnostic imaging

- The audiology department was one of the largest in the country and provided care and treatment to patients from all across England. This was due to Ropewalk House being a national centre for cochlear and bone conduction implants. Some services were delivered at Queens Medical Centre, and other health centres across the city to meet the needs of local people. The audiology service provided visits to care homes and vulnerable people in their own homes.
  - The diabetic eye screening service was commissioned by NHS England and covered four clinical commissioning group areas meaning the service screened adults and children across Nottinghamshire.
  - Café facilities were situated near the main reception area at Ropewalk House so patients who were spending a long time attending clinics or waiting for family members were able to access food and drink. One patient said if they were there for the whole day they were able to have a cup of tea and a sandwich.
  - There was sufficient seating in the children's waiting room which had a play area with toys for young children. There were books and areas where children could read and draw. The waiting room was decorated appropriately for children; bright, and visibly clean. There was a television for older children and games to play.
  - The information provided to patients before their appointments was clear so patients could read and understand it. We saw an information letter sent to a young person that was in an accessible and easy to read format. There was information on how to get to Ropewalk House, what the appointment was for, how to self-book patient transport, and how to cancel or change an appointment.
  - The Patient Tracking List (PTL) is a management tool which provides information for operational staff, for example; staff booking appointments or admissions for patients. The PTL provides crucial performance management information which showed when patients were approaching their breach time for their appointment date. This allowed staff to manage appointments to help ensure patients were treated in a timely manner.
- imaging appointments. The percentage of new appointments was 53% which was more than the trust average of 28% and the England average of 25%. This was due to the fact a high proportion of patients were referred for imaging and screening services, and therefore classed as new patients.
- The number of follow up appointments compared with first appointments influences how many newly referred patients can be seen and meet the waiting times standards. A lower ratio improves patient flow. The percentage of follow up appointments between January 2014 and December 2014 was 22% which was lower than the trust average of 44%, and the England average of 55%. The average follow up to new ratio for Ropewalk House was 0.4 which was better than the trust average of 1.6 and national average of 2.4 between January 2014 and December 2014. These figures meant services at Ropewalk House were well accessed and people were getting the right care and treatment sooner by being referred on to other services/clinics.
  - Patients should start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral. The trust were better than the national standard and England average (both 95%) for referral to treatment times. Between June 2013 and April 2015 between 97% and 99% of patients received consultant led treatment within 18 weeks. Services at Ropewalk House were part of this pathway. This meant the majority of patients received treatment in a timely manner.
  - Adults in audiology were referred by GPs through the NHS e-referral system which replaced the 'choose and book' in June 2015. The e-referral system allowed GPs to book appointments for patients and allowed patients to amend or choose the date and time of the appointment themselves. Adults could be referred by ear nose and throat consultants, or self-refer, meaning there were numerous ways for patients to access the service.
  - Three patients said they had been waiting between two to three weeks for an appointment. Another patient said they had been "Waiting no longer than a month". One patient described the referral process as being "Quick and efficient".
  - Patients were able to book in for clinics electronically through a check in kiosk. This was a touch screen device with different language options. Therefore, patients whose first language was not English were able to book

## Access and flow

- Ropewalk House had nearly 60,000 visits to clinic between January 2014 and December 2014. Many patients attended Ropewalk House for screening and

# Outpatients and diagnostic imaging

in easily and quickly. The kiosks allowed patients to book in without queuing at reception and having to verbally disclose personal information to the receptionist.

- New referrals for children were mostly taken by phone. Referrals were accepted from GPs, health professionals and parents/guardians. The service accepted walk-in referrals from parents/guardians. Therefore the service was responsive and able to provide appointments for children quickly.
- Pathways were clear and based on national guidelines and best practice from referral, treatment, and discharge. Staff were aware of different types of pathways for patients and could demonstrate their knowledge.
- There were regular screening programmes for audiology and diabetic eye screening including criteria for discharge processes
- Women aged between 50 and 70 are invited for mammograms every three years as part of the NHS Breast Screening programme. All the women who accessed the service were seen within the three yearly time frames for screening services. The screening uptake for women between 50 and 70 was high amongst the local population, which meant it was a service women valued and trusted.
- A smart booking system was available in the breast screening service which identified patients who had previously undergone a symptomatic examination. Therefore, they did not require a standard recall to the breast screening service. If a patient was identified as having a recent mammogram and had no requirement for breast screening this can be highlighted to prevent patients from returning unnecessarily.
- The trust had a patient access management policy which included the procedure for when a patient did not attend (DNA) an appointment. DNA flow charts were visible and available to staff. Staff were able to describe the process for when children did not attend clinics. Staff worked with agencies involved in the child's care to ensure they were contacted and followed up if they did not attend.
- Adult DNAs were not always followed up and letters were not sent to GPs informing them that an adult patient had not attended an appointment. This did not meet the requirement of the trust policy which stated "A patient who DNAs a follow up appointment will be referred back to the care of their GP". This meant there could be many patients requiring treatment who have not accessed it without the service knowing why. The lack of communication with GPs meant the GP was not able to follow up with the patient in the community. A senior manager told us an information pack for adults was in development and work to follow up adult DNA's would start in late 2015.
- Patients (adults and children) were sent text and email reminders for their appointments to try to improve attendance rates. This contributed to keeping the DNA rate for Ropewalk House better than the England average. Four per cent of patients did not attend clinics at Ropewalk House which was better than the trust average of six per cent and England average of seven per cent. This meant the majority of people were attending clinics and receiving treatment and care.
- Services at Ropewalk House measured how long people were waiting for appointments. If patient waiting times were longer than 15 minutes for their appointment they would be advised of this by a member of staff. We observed staff informing patients of the waiting times. Data from the trust showed nearly 13% of patients were waiting longer than 30 minutes for an appointment. During our visit all patients we spoke to had been waiting less than 30 minutes for their appointment which was the trust standard.
- Patient waiting times were not routinely reported or monitored formally within directorates. Staff told us this used to happen and a new dashboard was being developed but for the time being waiting times were only monitored at clinic level. This meant managers and leads for the service were not able to identify problem areas and provide direction to staff on reducing waiting times. Services at Ropewalk House were only able to monitor their performance through patient feedback and address issues if feedback was negative.
- Almost no clinics were cancelled at Ropewalk House. The cancellation rate between February 2015 and June 2015 was 0.3%. These meant patients given an appointment were seen on their arranged appointment the majority of the time. .
- The new to follow up ratio measures how many follow up appointments patients require to access treatment and care after a new appointment with a service. The ratio depends on the type of service being offered. The new to follow up ratio for Ropewalk House was 0.4 compared to a England average of 2.4 meaning the

# Outpatients and diagnostic imaging

majority of patients were accessing treatment and care quickly. Ropewalk House performed better than Queens Medical Centre and Nottingham City Hospital with regards to follow up to new ratios.

- The audiology service at Ropewalk House used a partial booking system for follow up appointments. Partial booking is when a patient receives a target appointment date and is then contacted nearer the time of the appointment to arrange the exact date and time. This helped to reduce DNAs because the time and date of clinics are booked to suit the patient and acts as a reminder to the patient about their appointment. Staff told us partial booking allowed clinics to be flexibly managed and reduced numbers of patients having clinics cancelled. Staff gave an example of being able to bring forward a patients appointment at their request because of their symptoms. One patient said they were able to change their booking at short notice due to a family emergency. This demonstrated a flexible and responsive appointment service, allowing patients to access the service when it suited them.
- The service had recently redesigned its vestibular pathway. The vestibular system is the sensory system that contributes to balance and spatial orientation. Due to the redesign of this system this had led to greater flexibility and allowed patients to access the service more efficiently. Patients were able to receive the right treatment, at the right time, depending on their symptoms. .

## Meeting people's individual needs

- Ropewalk House were able to produce individually moulded hearing aids for patients as part of their audiology service. An impression of the ear would be scanned onto a computer and individual earmoulds produced using 3D printing technology. This allowed earmoulds to be reprinted and produced very quickly. Lost or broken hearing aids were repaired and replaced within hours instead of days. This meant patients were receiving an efficient, individualised service and had hearing aids tailored to their needs.
- The audiology service had one specialist paediatric consultant running a specialist clinic for children with Downs syndrome and cleft palates. This ran weekly and was a specialist service offered only at Ropewalk House.
- Patients with learning disabilities were identified to staff by an alert system on the referral form. Staff explained children would be invited to a separate session where

they could get used to the people and environment before their main appointment. Paediatric quality standards state children and families should have access to appropriate information prior to appointments to reduce stress and anxiety. The British Association of Teachers of the Deaf guidance for children with complex needs states the environment for audiology testing needs to be familiar to the patient. Therefore the approach taken met these guidelines and demonstrated the needs of children with complex needs and learning disabilities were taken into account.

- Patients living with dementia were identified by an alert system on the GP referral form so staff were aware and able to provide dedicated support to patients. All staff we spoke to had received training on dementia and how to care for people living with dementia. There were appointments every week reserved as dementia friendly clinics, led by staff who had received dementia care training. Five members of staff had specialist dementia training including three audiologists and a dementia lead within the diabetic eye screening service.
- There were no dedicated areas for patients living with dementia to wait for appointments. We were told by audiology staff there were plans for a separate clinic room and waiting area for patients living with dementia and this was in development.
- The audiology department had implemented a 'blue box' initiative. The blue box was a small box with the audiology department name and telephone number on. It was given to elderly patients and patients living with dementia to store hearing aids in. The box when placed on bedside cabinets alerted staff that hearing aids needed to be removed overnight. Where a patient did not have the capacity to do so themselves staff would be able to remove it. It alerted staff that patients hearing problems.
- Chaperones were available for vulnerable patients where required. There were posters highlighting to patients that chaperones were available and could be requested if required.
- The Audiology service had a waiting area dedicated to teenage patients. This waiting area was separate from the main waiting area and was age appropriate meaning teenage patients had their own space. Teenage patient stories were visible on the walls of the waiting area along with advice and information.
- Translation services were available for patients at Ropewalk House. Face to face interpreters were the

# Outpatients and diagnostic imaging

preferred option for patients with hearing impairments. Telephone translators were also used as staff stated they preferred impartial translators where possible unless patients insisted on using family members. However, the clinical lead for audiology told us patients were not always aware of the availability of translation services. We did not see any patient information regarding the translation services available.

- Reception staff said interpreters were normally booked through GPs; however, they could book interpreters on the same day if required. Staff told us they had never had problems booking interpreters or translators when required, and the service was responsive.
- There was limited information available for patients in other languages at Ropewalk House, however, staff said information was available or could be translated on request. When asked how long this took a senior manager replied “I don’t know I’ve never tried it”. This meant there was limited information for patients where English was not their first language.
- A hearing loop is a sound system used by people with hearing aids. Hearing loops were available and used in Ropewalk House for patients who had hearing difficulties or were deaf. This enabled patients who had hearing difficulties to talk to staff about their treatment and care.
- Ropewalk House had an eye clinic liaison officer. The eye clinic liaison officer supported patients by demonstrating and showing examples of equipment, and providing information about helping patients to stay in work. Patients could be signposted to the welfare rights service, and be supported to apply for bus passes. The eye clinic liaison officer provided patients with the information they needed to support them in daily life.
- There was lots of information available to patients in the form of leaflets and posters. The information related to the services at Ropewalk House, for example, information about cochlear implants. A cochlear implant is a surgically implanted electronic device that provides a sense of sound to a person who is profoundly deaf or severely hard of hearing.
- There was information for patients who required further support after their appointment.

## Learning from complaints and concerns

- There were clear processes for handling complaints. The complaint team liaised with the investigators for evidence, and agreed actions were completed. These

were saved on the incident reporting system. Examples of learning from complaints were presented from the patients view and were available on the intranet and internet. Examples of learning were collated and circulated to directorate management meetings. Case studies from complaints were used in group training discussions to promote investigation skills and learning.

- There were posters and leaflets displayed to inform patients and relatives about the complaints and patient advice and liaison service (PALS) available. There were complaint leaflets available in Urdu and Punjabi meaning patients who spoke those languages were informed about the complaints process.
- Staff were aware of the trust’s complaints policy, and were able to describe what they would do in the event of a patient making a complaint. Staff highlighted they would try and support the patient to resolve the issue immediately at a local level. In the event of a complaint staff were aware of information they could provide the patient with to help them make a complaint, including knowledge of the PALS service.
- Learning from complaints and concerns was shared at team meetings. Staff were able to give examples of learning from complaints at team meetings. We requested copies of team meetings from the trust, however, we were not provided with any.

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

Good



Overall we found the leadership at Ropewalk House to be good.

Staff were aware of the vision and strategy for the services at Ropewalk House. There was information about annual plans available and staff involvement was encouraged. Staff felt connected to the trust and part of their directorates, however, there were some staff who said they felt “left out” by the trust. Staff and leaders were aware of risks within the service but there was no individual risk register for Ropewalk House, meaning risks were kept in individual directorate risk register. This meant there was no overall oversight and coordination of risks for Ropewalk House.



# Outpatients and diagnostic imaging

Leaders were visible and aware of the challenges facing the service. We saw evidence of staff engagement and staff felt listened to and able to raise concerns. There was a patient centred culture with examples of changes being made as a result of patient feedback. Staff felt proud to work at Ropewalk House and described a collaborative culture. There were several examples of innovation and projects to improve services for patients.

## Vision and strategy for this service

- The strategy for outpatient services as a whole was around the development of governance and performance frameworks for outpatients. At the last inspection, CQC identified there was no clear governance framework and clear responsibility for outpatient services, and therefore work streams had been developed in response to this. The strategy was led by the diagnostics and support directorate management team, and project managers had responsibility for developing and implementing the strategy. We saw from meeting minutes this linked into the overall emerging trust strategy for 2016 to 2021.
- Visions and priorities for individual services were shared through team meetings. Staff said they were kept informed about plans for their own services.
- Services based at Ropewalk House belonged to different directorates and there was a lack of strategic oversight for Ropewalk House as a location. The trust were in the process of several large projects to address this issue which included work to bring all outpatient departments under one location and one directorate. We saw actions plans for this and managers spoke about their ambition for outpatient services to be more cohesive.
- There was information about annual plans visible to staff. Each directorate and service developed annual plans which set priorities for the coming year. These were linked in to the development of the trusts strategy to ensure the trust and its directorates had linked work streams.

## Governance, risk management and quality measurement

- Currently there was no overall governance of outpatient services due to the fragmented management arrangements of the various outpatient services. The diagnostics and support directorate managed the main outpatients departments at QMC and City Hospital.

However, there were many other outpatient clinics run by other directorates such as cancer, surgery, and general medicine. This meant there was no overall oversight, strategic and performance management of outpatient services.

- Services at Ropewalk House were situated within different directorates with each having their own risks, governance arrangements and quality measurements. Whilst services were delivered and led locally there was no coordination of services at Ropewalk House by one individual or directorate. We were told by senior managers at the trust there was a general manager and clinical director for Ropewalk House however staff we spoke to seemed unaware of this.
- Overall staff felt they were connected to the trust and felt part of their directorates. They were involved in governance and risk meetings within their directorate.
- Three managers said some parts of the trust "Forget about Ropewalk House". For example; Ropewalk House had reported issues with IT, however these had not been resolved by the company managing the IT systems.
- Staff were clear about what the risks were within their own department and these risks were reflected on the directorate risk register. We saw there were risks such as administrative staffing and the IT issues had been identified but not yet added to the risk register. This meant that some risks were not able to be addressed and formally reviewed by managers.
- There was no joint risk register for Ropewalk House which meant there was no strategic overview of risk for the location. We were told by a senior manager there were meetings between the joint clinical leads which discussed location related issues. We saw risks relating to Ropewalk House were on individual directorate risk registers.
- Individual services measured the quality of their services through their own patient feedback and audits. However, there was no formal monitoring of patient waiting times for appointments, and senior managers were unaware of any information regarding their cancellation rates at Ropewalk House. One manager said their cancellation rate 'felt low'. A lack of monitoring regarding patient access meant the services were generally unaware of their performance in comparison to other sites and services. They would also be unable to respond to trends and implement sustainable long term changes as a result of a lack of data.

# Outpatients and diagnostic imaging

- As part of the work to develop outpatient services a new performance dashboard was being piloted at the time of our inspection. The performance dashboard included patient waiting times, DNA rates, and cancellation rates which would assess the quality of services. The dashboard included other information including performance data which would influence financial measures and contractual arrangements with commissioners such as the friends and family test scores, and planned versus actual activity. The implementation of the dashboard would allow managers to have a better overview of how outpatient services were performing and be more responsive to risk.

## Leadership of service

- Leaders encouraged appreciative and supportive relationships. Staff at all levels felt supported by their managers and said they could go to them if they needed to raise any concerns. Leaders were visible, and managers of the services were based at Ropewalk House. This meant they were accessible by staff members should they need support or to meet with managers.
- Despite staff feeling some parts of the trust forgot about Ropewalk House senior managers felt connected to leaders at the trust. One senior manager said the chief executive was good at including Ropewalk House.
- Leaders understood the challenges to the services they managed at Ropewalk House. They were able to identify the key issues and the actions that were needed to address them. For example we were told by senior staff in audiology about a telemedicine project starting soon where tablet devices would be used to deliver speech therapy using Skype. This would allow patients to receive treatment in their own home without having to travel, and potentially increase the number of patients receiving speech and language therapy

## Culture within the service

- There was a patient centred culture at Ropewalk House. Staff told us they enjoyed the contact and relationships they built up with patients. Two members of staff said it gave them a lot of satisfaction seeing patients grow up from babies to teenagers.
- Staff described a family atmosphere and the clinical lead for audiology described the domestics, porters,

and security staff as being loyal. Most of the staff we spoke to had been at Ropewalk House for many years and were happy working there. Staff told us they were proud to work at Ropewalk House.

- There was a supportive culture across Ropewalk House. Staff described a network of support and staff learning from each other. We observed staff working together in a friendly manner and communicating well with each other. Staff said they had regular team building meetings as a multi-disciplinary team which helped to create the supportive culture.
- Staff at Ropewalk House felt respected and valued. Managers at Ropewalk House implemented a team member of the year award to recognise and support staff achievements. Staff valued the awards and said this was a good way of recognising the work they had done.

## Public engagement

- Audiology services had developed a paediatric feedback tool which was a visual display poster outside paediatric clinics. Children were encouraged to write their feedback on a sticker, or draw something to indicate if they had a positive or negative experience. Children used smiley/sad face stickers to let the service know how they felt.
- The children's audiology service undertook a postal survey of the whole patient group every three years. In the intervening years they conducted smaller, targeted surveys to explore specific areas of interest. Results of the audit were very positive and we saw changes had been made as a result of findings. For example; the introduction of partial booking, and a free of charge 'spares and repairs' service.
- Ropewalk House had developed a specific waiting area for teenagers after they said they did not like waiting with other patients. The waiting area was separate from the main waiting area and was age appropriate meaning teenage patients had their own space.
- The clinical lead for audiology told us there was an event for stakeholders to improve the dementia clinic room. This would improve the experience for patients living with dementia when receiving care and treatment in clinics.
- There was a board in the children's waiting area which provided information, courses, and events for patients to get involved in. Patient survey feedback was visible as

# Outpatients and diagnostic imaging

well as a 'You said, we did' board highlighting what patients said and how the service responded. This meant patients were able to see their comments were able to shape how services ran at Ropewalk House.

- There was information available to patients about how they could feedback. There were posters encouraging patient feedback and suggestion boxes were visible in patient waiting areas. One patient said they had fed back about the service and had filled out a comment card. There were comment boxes and posters saying 'Post your comments here' but there were no comment forms.

## Staff engagement

- At the time of our inspection a project to redesign and centralise administration services was in progress. This affected receptionists, secretaries, booking clerks, and staff who prepared records for clinics. There was a clear process of communication and consultation with staff. The majority of staff said they had been kept informed by attending meetings, and had one to ones with their manager. However, at a focus group for administrative staff they highlighted despite being talked to about the process they felt the trust were not listening to them. Specifically a concern was raised about loss of experience and patient relationships if staff were moved around. The project leads were aware of this issue and told us they would ensure there was clear communication to staff. They assured us the majority of staff would remain within the specialties within which they worked.
- Staff at Ropewalk House said there was constant communication which flowed up and down through managers. Therefore staff felt informed and communicated with by leaders. Staff received regular newsletters from the trust, and therefore they felt they were in touch with what was going on.
- Regular monthly team meetings took place within the audiology service, this included administration staff, ensuring all staff were aware of key messages and issues. There were project team meetings such as tinnitus and balance. These looked at improving and

developing particular services related to specific conditions. The most recent example we were told about was the development of the adolescent/teenage waiting area which involved different staff including the transition team.

- There were posters for staff regarding how they could get involved in developing the directorate and service annual plans. Annual plans set out the priorities for the service and were linked to strategic objectives.

## Innovation, improvement and sustainability

- Ropewalk House had a 3D printer which printed individual hearing aid earmoulds for patients. The use of the printer has increased the production of moulds. For example, the technician told us it used to take two people to make 40 earmoulds per day. The use of this technology allowed one staff member to produce 50 per day. The cost of producing earmoulds had reduced significantly from £10 each if a manufacturer produced them, to on site production cost of 25p each to make. The technician said he "Was achieving much more". Therefore, patients received a fast individualised service that was more financially sustainable for the service.
- The trust was undertaking several projects to improve services to ensure their sustainability. This included a project to centralise administrative services, a move to digitalised health records, and an outpatient redesign project. These projects were linked at a strategic level and were to improve patient access to services, consistency regarding access to records and appointments, and patient experience. These projects were at an advanced stage and due to be implemented late 2015 and early 2016.
- In addition to the above work was under way to centralise all outpatient services within one building, and potentially under one directorate. This included the services delivered at Ropewalk House. A scanning exercise was being undertaken to establish how much space would be required to deliver all clinics from one location. This would benefit patients with regards to being able to access several services in one location.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **SHOULD** take to improve

- Consider following up DNA attendances for adult patients in audiology as per the patient management access policy. This includes ensuring sending letters to GPs and ensuring they are aware of patient outcomes.