East Kent Hospitals University NHS Foundation Trust

Royal Victoria Hospital

Quality Report

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Folkestone
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Date of inspection visit: 13th-17th July 2015
Date of publication: 18/11/2015

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

The Royal Victoria Hospital is a community hospital that provides a range of local services. East Kent Hospitals University NHS Foundation Trust provides outpatient and diagnostic services from this Hospital. As part of the trust inspection we visited the Royal Victoria Hospital site to inspect outpatient and diagnostic services.

Our key findings were as follows:

- The trust approach to planning and improving outpatients services had significantly improved the quality of service to patients and that the Royal Victoria Hospital was part of that success.
- As with other parts of the trust, the inability to meet referral to treatment times were hindering the responsiveness of services.
- Outpatients at Folkestone Hospital were providing safe care to patients. There were systems in place, supported by adequate resources to enable the department to provide good quality care to patients attending for appointments.
- An appropriate framework to maintain a competent workforce was in place and teams had a multidisciplinary basis.

We saw several areas of outstanding practice including:

- The Nurse leadership in outpatients was outstanding with staff inspired to provide a good service to patients. The main outpatient's matron provided knowledgeable and inspirational support to staff whilst working hard to maintain and improve the service.

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

Importantly, the trust must:

- The Trust must ensure that all taps in clinical rooms are working effectively.
- The Trust should ensure that clinical areas are not carpeted. Where clinical areas are carpeted they must be managed with effective risk assessment and cleaning regimes.

In addition the trust should:

- The trust should continue to improve Referral to Treatment times across all specialities to ensure that patients are treated in an acceptable timeframe following referral to the service.

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?
Outpatients and diagnostic imaging	Good	The Outpatient department was well led and had improved since implementing an outpatient improvement strategy. Despite the strategy being relatively new, through structured audit and review the department was able to evidence improvements in health records management, call centre management, referral to rreatment (RTT) processes, increased opening hours, clinic capacity and improved patient experience. Although there was still improvement required in referral to treatment pathways the outpatients department and Trust demonstrated a commitment to continuing to improve the service long term. As a part of the strategy the Trust had pulled its outpatient services from fifteen locations to six. We inspected five of these locations during our visit. Managers and staff working in the department understood the strategy and there was a real sense that staff were proud of the improvements that had been made. Progress with the strategy was monitored during weekly strategy meetings with the senior team and fed down to department staff through staff meetings and bulletins. Outpatients at Folkestone Hospital were providing safe care to patients. There were systems in place, supported by adequate resources to enable the department to provide good quality care to patients attending for appointments. Evidence based assessment, care and treatment was delivered in line with National Institute for Health and Care Excellence (NICE) guidelines by appropriately trained and qualified staff. A multi-disciplinary team approach was evident across all the services provided from the outpatients and diagnostic imaging department. We observed a shared responsibility for care and treatment delivery. Staff were trained and assessed as competent before using new equipment or performing aspects of their roles. We saw caring and compassionate care delivered by all staff working at outpatients and diagnostic imaging department. We observed throughout the outpatients department that staff treated patients, relatives and visitors in a respectful manner.

Summary of findings

Nurse management and nursing care was particularly good. Nurses were well informed, competent and went the extra mile to improve patient's journey through their department. Nurses and receptionists followed a 'Meet and Greet' protocol to ensure that patients received a consistently high level of communication and service from staff in the department.

We found that the diagnostic imaging department at the Royal Victoria Hospital were providing a safe and caring service. The environment and equipment were maintained in line with regulations. There was evidence of multidisciplinary team working.

Royal Victoria Hospital

Detailed findings

Services we looked at ; Outpatients and diagnostic imaging

Detailed findings

Contents

Background to Royal Victoria Hospital

The Royal Victoria Hospital is a community hospital that provides a range of local services. Within those East Kent Hospitals University NHS Foundation Trust provide outpatient and diagnostic services. As part of the trust inspection we visited the Royal Victoria Hospital site to inspect outpatient and diagnostic services.

Our inspection team

Our inspection team was led by:

Chair: Professor Edward Baker, Deputy Chief Inspector of Hospitals, Care Quality Commission

Head of Hospital Inspections: Alan Thorne, Care Quality Commission

Inspection Managers: Elaine Biddle (Planning), Sheona Keeler (Inspection and Reporting)

The hospital was visited by a team of 50 people including: CQC inspectors, analysts and a variety of specialists including consultants, nursing, midwives, radiographers, student nurse and junior doctor. We also included managers with board level experience and experts by experience (lay people with care or patient experience).

How we carried out this inspection

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

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

At this inspection we inspected:

- Outpatients and diagnostic imaging

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, Monitor, Health Education England, General Medical Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We

Detailed findings

held focus groups with a range of staff in the hospital, including doctors, nurses, allied health professionals, administration and other staff. We also interviewed senior members of hospital staff.

Facts and data about Royal Victoria Hospital

Outpatient services are held across the Trust at six locations. We visited five of these locations during our inspection including Royal Victoria Hospital(RVH)

In the last calendar year the trust saw 1,060,985 patients in their outpatients departments 58,284 of these appointments were at The Royal Victoria Hospital. Of these appointments 65% were follow up appointments, 26% were first appointments, 8% were appointments that patients did not attend, and 1% were cancelled by the patient.

Services provided include phlebotomy, haematology, orthopaedics, fracture clinic, ophthalmology, paediatric dietetics, cardiology and rheumatology. had recently opened.

The radiology services at the Royal Victoria Hospital had two general x-ray rooms and one ultrasound room. The radiology department is open from 9am-5pm Monday to Friday for general X-Ray and 8am-4pm Monday to Friday for ultrasound examinations. The service provides x- ray and ultrasound for the outpatient clinics and for the local GP population.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

Outpatients and diagnostic imaging

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

Information about the service

Outpatient services are held across the Trust at six locations. We visited five of these locations during our inspection William Harvey Hospital (WHH), Queen Elizabeth Queen Mother Hospital (QEQM), Kent and Canterbury Hospital (KCH), Royal Victoria Hospital(RVH) and Buckland Hospital. The centralized outpatient appointment centre was located at Kent and Canterbury Hospital. Health Records departments were located at each site.

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Outpatients services were undergoing an improvement strategy which included the reduction of the number of facilities used for outpatient clinics from 15 to six; WHH Ashford, KCH Canterbury, QEQM, Margate, RVH Folkestone, Buckland Hospital Dover and Estuary View Medical Centre. At the time of our inspection Buckland hospital had recently opened. Estuary View opened on the week of our inspection so on this occasion we did not inspect this site.

The outpatient department on this site was on the first and the second floor and were known as clinic A and clinic B. There was pathology out patients on the ground floor. Clinics A and B are used for a variety of speciality Clinics.

Clinic A ran clinics throughout the week in Haematology, Orthopaedics, Fracture clinic, Ophthalmology and Paediatric Dietetics. Clinic B ran clinics throughout the week in Cardiology, Rheumatology and Paediatrics.

During our inspection we spoke with seven patients and 22 members of staff. Staff spoken with included reception and booking staff, clerical and secretarial staff, nurses of all grades, doctors, and consultants. We observed care and treatment. We received comments from our listening events, and we reviewed performance information about the department and trust.

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Outpatients and diagnostic imaging

Summary of findings

The Outpatient department was well led and had improved since implementing an outpatient improvement strategy. Despite the strategy being relatively new, through structured audit and review the department was able to evidence improvements in health records management, call centre management, referral to treatment (RTT) processes, increased opening hours, clinic capacity and improved patient experience.

Although there was still improvement required in referral to treatment pathways the outpatients department and Trust demonstrated a commitment to continuing to improve the service long term.

As a part of the strategy the Trust had reduced its outpatient services from fifteen locations to six. We inspected five of these locations during our visit.

Managers and staff working in the department understood the strategy and there was a real sense that staff were proud of the improvements that had been made. Progress with the strategy was monitored during weekly strategy meetings with the senior team and fed down to department staff through staff meetings and bulletins.

Outpatients at Folkestone Hospital were providing safe care to patients. There were systems in place, supported by adequate resources to enable the department to provide good quality care to patients attending for appointments.

Evidence based assessment, care and treatment was delivered in line with National Institute for Health and Care Excellence (NICE) guidelines by appropriately trained and qualified staff.

A multi-disciplinary team approach was evident across all the services provided from the outpatients and diagnostic imaging department. We observed a shared responsibility for care and treatment delivery. Staff were trained and assessed as competent before using new equipment or performing aspects of their roles.

We saw caring and compassionate care delivered by all staff working at outpatients and diagnostic imaging department. We observed throughout the outpatients department that staff treated patients, relatives and visitors in a respectful manner.

Nurse management and nursing care was particularly good. Nurses were well informed, competent and went the extra mile to improve patient's journey through their department. Nurses and receptionists followed a 'Meet and Greet' protocol to ensure that patients received a consistently high level of communication and service from staff in the department.

We found that the diagnostic imaging department at the Royal Victoria Hospital were providing a safe and caring service. The environment and equipment were maintained in line with regulations. There was evidence of multidisciplinary team working.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good

Outpatients at Folkestone Hospital was providing safe care to patients. There were systems in place, supported by adequate resources to enable the department to provide good quality for care to patients attending for appointments.

We found that the environment was safe and the required safety checks were being completed and recorded. The department was visably clean and well maintained. However, we did find taps that were not working as they should in clinic rooms. Equipment was readily available and staff were trained to use it safely. Hand gel dispensers were in situ at the entrances of the outpatient clinics along with other areas of the clinics. Although the clinics were busy, nursing staff provided good and safe care to patients. Treatment records were informative and showed a clear pathway of the care and treatment patients received at the hospital.

Health records management had been addressed as a part of the outpatient's improvement plan. We observed clear systems in place in the department which ensured that management of health records was duplicated across all outpatient locations. As a consequence audit results showed that on average the Trust had 98.7% of health records available for patient outpatient appointments

Incidents

- During the last year there had been one serious incident reported in outpatients between May 2014 and June 2015 this had been around an appointment delay. There had been one serious incident reported in Histopathology during the same period. There had been no Never Events reported between the same periods. We were told that all incidents were investigated and were given evidence of that including action plans and learning from incidents.
- The matron told us they received regular reports of incidents and this enabled them to identify themes and trends and take corrective actions accordingly.
- Incidents were reported as per trust policy via an electronic incident reporting system. They were reviewed at the clinical risk meeting and clinical governance meetings, and also at departmental level. Incidents were also documented in the annual clinical governance report.
- Nursing staff informed us they were encouraged to report incidents which occurred in their working area. All of the staff we spoke with were confident to report incidents via the trusts electronic reporting system.
- We were given examples of incidents which had been reported by various outpatient clinics and diagnostic and imaging departments, staff were able to inform us of the changes which had happened as a result of their report.
- We spoke with diagnostic imaging staff who reported they were happy with the incident reporting process. They reported incidents as per Trust policy via an electronic system. This system automatically sent feedback to the staff member raising the incident.
- Matron wrote a monthly report for staff outlining what incidents had been reported and any mitigation that had been put in place as a result. Staff understood that incidents were monitored, and felt that they consistently received feedback on the outcomes and action taken as a result of their report. We were shown an evidence of learning as a result of incident reported and investigated by the department.
- We saw a breakdown of incidents by category and date that allowed trends to be identified and action taken to address any concerns in a timely manner.
- The matron demonstrated knowledge of duty of candour and their responsibilities around this.

Cleanliness, infection control and hygiene

- The overwhelming majority of staff we observed in the outpatient clinics and diagnostic imaging department were complying with the trust policies and guidance on the use of personal protective equipment (PPE) and were seen to be bare below the elbow. However, we noted that there was one volunteer assisting within the clinical area of the phlebotomy clinic that was not following Trust policy and bare below the elbows.
- We observed staff in the outpatient clinics undertaking hand washing when attending patients and in-between patients. Staff working in the outpatient clinics had a good understanding of their responsibilities in relation to cleaning and infection prevention and control.

Outpatients and diagnostic imaging

- The clinic areas and imaging department were visibly clean and tidy. We saw staff cleaning the areas between use by patients using appropriate wipes, thus reducing the risk of cross-infection or cross-contamination between patients.
- Toilet facilities were located throughout the outpatient and diagnostic imaging departments and these were clearly signposted. We looked at a sample of these and saw they were regularly cleaned with records showing when they were last cleaned. Clinical areas were monitored for cleanliness by the facilities team. Housekeeping staff could be called to carry out additional cleaning, where staff felt it was necessary.
- Nursing staff were responsible for cleaning clinical equipment. We saw that there were checklists in place in each clinic room and observed that these had been completed to provide assurance that equipment and rooms had been cleaned. The equipment that we saw was in good repair we noted that green labels were placed on the equipment that had been cleaned.
- The department audited Sharps bins monthly to ensure that they complied with best practice. Where issues were raised during audit they would be dealt with directly by the nurse managing the audit.
- The tap in room G010A was not working and when we brought it to the attention of staff we were told and saw evidence that the fault had been reported the previous day and the clinic due to be held in that room on the day of our inspection had been moved to another room.
- In rooms G012, G012A, G023,G005, G024, G004, G025, G002 the taps activated when a hand was put in front of the sensor but stopped running during normal hand washing. To reactivate the tap the hands had to be moved to the back of the sink to activate the tap again and this process repeated itself until hands were washed. Hand washing is an integral part of infection control and anything that impedes hand washing potentially could make hand washing ineffective. In rooms G020, G007 the taps worked as expected in that hands could be washed without stopping and the water run continuously whilst washing hands.
- In room 1019 there was sticky tape on the floor which was used to designate a certain distance from a piece of equipment. This piece of equipment was no longer in use. The sticky tape was torn and would impede cleaning and harmful bacteria could harbour and multiply.
- In room 1002 the carpet was worn and had visible dirt and stains. All clinical rooms should have vinyl fitted. The Department of Health (DOH) Health Building Note 00-09: Infection control in the built environment 3.115 states that, 'Carpets should not be used in clinical areas. Risk assessments including Infection prevention Control (IPC) input from the provider's microbiologist must be in place for all carpeted areas.
- In the phlebotomy clinic waiting area we noted that tables had no varnish on them which made the wood porous and with no varnish seal difficult to clean and which could potential lead to harmful bacteria growth. The seats in this area also had deep seated grime on them. We spoke to the Facilities supervisor who at first was unclear whose responsibility it was to clean the chairs. We were then told that the chairs were being attended to. However, when we returned to view the chairs before leaving the site was no apparent change in the cleanliness of these chairs.

Environment and equipment

- We found that, the outpatient and diagnostic imaging department had resuscitation equipment, with appropriate signage directing staff to its location. All resuscitation equipment was checked during our inspection and found to contain automated external defibrillator, suction equipment, and oxygen along with the appropriate emergency drug and medical supplies. Other equipment was visibly clean, regularly checked and ready for use.
- Audits of Resuscitation trollies were completed monthly across outpatients and radiology. Review of these audits evidenced that staff took mitigating action where they found issues during these audits.
- From observation in the outpatient clinic we saw that there was adequate equipment. Staff told us that there was not a problem with the quantity or quality of equipment that was needed at the clinic.
- The Trust had recently changed its management of equipment and staff now accessed equipment through an equipment library. Staff told us that although there had been some initial teething problems the service worked well and they were able to access equipment when it was required.
- Equipment was maintained, checked regularly and given a portable appliance test (PAT) in line with the trust's policy. Labels on equipment stated when the equipment was last checked.

Outpatients and diagnostic imaging

- The matron and sister completed a monthly environmental audit where they inspected the outpatient's environment for suitability and cleanliness. Areas were RAG rated and either given a pass or fail mark. Where areas had failed this audit action plans were in place to drive improvement.
- Main Outpatients audited the number of maintenance requests that had been addressed by the estates team with seven working days. Between March 2014 and April 2015 100% of maintenance requests had been completed within seven days against a target of 80%.
- We inspected the resuscitation trolley which situated in Clinic B on the day of our visit. We checked the records from the 1st July 2015 and all were as expected with each piece of equipment being checked daily. As well as the date check on syringes, the department had in place a colour coded system for double checking dates. There was one defibrillator between the two clinics with clear systems in place at the locations where it was kept on each clinic to advise where the defibrillator was. For example on the day of our visit the defibrillator was in Clinic A and on the resuscitation trolley which was clearly signed. This meant that the department had systems in place to ensure that emergency equipment was safely maintained and easily accessible for staff.
- There were no security guards on this site however if an incident occurs the staff told us they would call the police. We were told that the porter would also be called to help. We asked if there were any patients known to be violent visiting the clinic and if any arrangements were in place to help with any planned appointments. We were told there no patients currently attended OPD that raised concerns and there was no history of any issues in this area.
- The clinic areas were visibly clean and tidy. We saw staff cleaning the equipment between use by patients and using appropriate wipes, thus reducing the risk of cross-infection or cross contamination between patients.
- The Ionising Radiation Regulations Ionising Radiation (Medical Exposure)Regulations 1999 state that designated areas must ensure that levels of ionising radiation are adequately monitored for each area and that working conditions in those areas are kept under review. We observed compliance with radiation regulations during our visit. The department displayed clear warning notices, doors were shut during examinations and warning lights were illuminated when in use.
- We observed that the radiology department had a resuscitation trolley with a check list that was completed and recorded daily. The equipment was checked during our inspection and found to contain the appropriate apparatus, emergency drugs and medical supplies. The emergency drugs were secured in a lockable box.

Medicines

- Medicines were stored in locked cupboards in the outpatients department. Nursing staff ordered all medicines through the hospital pharmacy. Pharmacy monitored stock levels once a week. Nurses told us that the level of support that they received from pharmacy was satisfactory.
- The ambient room temperature was also monitored in the room where medications were stored. This ensured the efficacy of the medications stored. We found the medications stored in the department were within their expiry date and stored securely.
- Outpatients audited prescription pads monthly to ensure that processes were being followed. Audit results showed 100% compliance.
- The FP10s were kept in a locked room within a locked cupboard. We checked five separate folders that had FP10's in and all had the relevant numbers recorded as well as the last number recorded, and all had been signed by the qualified nurse in the relevant clinic. We asked what the staff would do if they found a prescription missing and they said they would inform the sister and use the electronic reporting system to report the incident. They were also aware that from a previous incident there was a system of informing the local pharmacies.
- There was one refrigerator between the two clinics to store medicines that needed to be stored at specific temperatures. 17 daily Records were checked and noted that on the 3rd July 2015 and on the 6th July 2015 the temperature had been recorded as 11oc (out of range). We were told that in this event the medicines were thrown away although there was no action recorded on the temperature recording chart. The ambient

temperature of the room where other medicines are stored is also monitored and 17 daily records were checked. Each record showed the temperature recorded was within 24.5oc and 25.5 oc which is within range.

- The staff felt they were well supported by pharmacy and the department ordered medicines every Friday and they are delivered on a Monday. The also told us that they could order extra medicines at any time and these were sent by taxi. There was a system in place of highlighting any medicine that is going out of date in the coming 12 months by highlighting the date on the box. We checked six boxes of medicines from each part of the cupboard and all were found to be in date.

Records

- All staff reported a marked improvement in the availability and quality of patient health records. Following our last inspection where this had been highlighted as a problem within the department the Trust had rolled out a 'Your Responsibility' campaign. The campaign targeted all staff and made them responsible for looking after, correcting errors and tracking notes to the right departments.
- Staff within the health records departments were very proud of what they had achieved since our last inspection. The departments were fast paced but calm and organised. Staff were able to work at short notice where needed to source health records for clinic. They spoke about their sense of achievement when they managed this when time was against them. They told us that they worked well in their teams and supported each other when it got busy.
- Between May 2014 and April 2015 audit results showed that on average the Trust had 98.7% of health records available for patient outpatient appointments. This figure excluded availability for short notice clinics. The Trust had a target for availability of health records set at 98%. They had met or exceeded this target for every month in that period.
- The latest audits of health records which covered the three month period of April, May and June 2015 showed that over this three month period health records had supplied 5588 health records for clinics, with 174 of this total being temporary records.
- The department audited the reason why temporary notes had been used in clinic. Over this period 18 were set up because the appointment was at another site, 12 had been requested but not sent, 29 already had a temporary set of notes which were used again, and 46 were for late appointments (less than 48hr notice).
- The Health record management team managed the health records for all the hospitals in the trust. They used identical systems in each hospital. They had a dedicated van that makes two trips to each location including the off-site facility every day. We asked what happened if there were too many notes for the van to take and we were told that they are then sent by taxi if need before the van made its second trip . On the day of our inspection we were told that funding had just been given for a second van. We asked if operation stack (where lorries were parked on the M20, effectively closing the motorway) had any effect on delivery times. We were told the drivers always seem to be able to find other routes.
- The Trust had a Health Records manager responsible for Health records trust wide and then three site leads that covered the individual sites.
- The Health Records team picked and tracked all notes. There were processes in place to do this which started eight days before clinics which ensured that notes were available for clinic. If having followed these processes health records were unavailable for clinics temporary health records were compiled. If notes were off the site the trust had a facility to scan notes 24 hours a day and within 15 minutes the person requesting could read the health records.
- If these notes were off the site the Trust had a facility to scan the notes 24 hours a day and within 15 minutes the person requesting could read the notes. They had a system where by temporary notes were highlighted on the system and when the originals were found they were merged and duplicates destroyed.
- The department were in the process of procuring another off-site storage facility which would store inactive notes. These were notes that have not been used for two years.
- Patient radiology records were stored and accessed using a picture archiving communication system (PACS).

Safeguarding

- Staff we spoke with were aware of their responsibilities and understood their role in protecting children and vulnerable adults. They demonstrated knowledge and understanding of safeguarding and of the Trust's

process for reporting concerns. The Trust had a whistleblowing and safeguarding policy that was known to staff working in the outpatient and diagnostic imaging department. They told us that they would feel happy using this policy to raise concerns if they felt it was necessary.

- There was a safeguarding lead at the hospital and the outpatient and diagnostic imaging staff were encouraged to contact the safeguarding lead if they had any concerns about patients. Staff assured us they knew who the Trust's safeguarding lead was and how to contact them.
- Each outpatient site had a safeguarding link nurse. The link nurse had a special interest in safeguarding and attending regular meeting to ensure they were updated with most recent best practice guidance. They shared their learning with the rest if their team and operated as a resource for the department where questions around safeguarding decisions were made.
- Staff in the outpatient and diagnostic imaging department had completed mandatory safeguarding training to level 3, and child protection level 3 training. They were able to talk to us about the insight and knowledge gained from this training. An outpatient's staff nurse was able to give us an example of when staff in the department had followed the trust safeguarding policy and made an appropriate referral.

Mandatory training

- Staff told us they were given time to undertake mandatory training which was offered in a format of e-learning with some face to face training for training such as manual handling.
- Staff knew how their training was monitored and confirmed that managers reminded them when training was overdue and needed to be completed.
- We saw examples of staff training records showing completed training. We also saw examples of the monitoring that showed that staff had undertaken all mandatory training, such as health and safety, infection prevention and control, moving and handling, safeguarding and basic life support.
- Staff we spoke with were positive about the training provided and were confident they would be supported to attend additional training if requested.

Assessing and responding to patient risk

- The hospital had systems and processes in place for responding to patient risk. Staff were noted to be available in all the waiting areas of the clinics so that they would notice patients who appeared unwell and needed assistance. Staff we spoke with demonstrated knowledge and understanding of patient risk, particularly for people living with dementia or learning disability, and elderly or frail patients with more than one medical condition.
- There were clear procedures in place for the care of patients who became unwell. The department had a policy outlining escalation procedures. Staff we spoke with told us about emergency procedures and escalation process for un-well patients. However they stated these had not been used often as the department did not often have acutely unwell patients.
- There were emergency assistance call bells in all patient areas including consultation rooms, treatment rooms and the x- ray suite. Staff we spoke with told us when the call bells were used they were answered immediately. Staff we spoke with were aware of their role in a medical emergency. Staff provided an example of a patient who had become acutely unwell during a clinic appointment where a cardio-respiratory resuscitation (CPR) team had been called to assist the patient.

Nursing staffing

- The outpatient clinics were staffed by registered nurses and health care assistants. Each clinic was run by registered nurses and was supported by health care assistants.
- Where areas required a trained nurse to be available for clinics, for example breast clinics, they would be provided.
- Doctors that we spoke with told us that they were able to be supported by chaperones where required.

Medical staffing

- Medical staffing was provided by the relevant specialty running the clinics in the outpatient department. Medical staff were of mixed grades, from consultants to junior doctors. There was always a consultant to oversee the clinics, and junior doctors felt supported by the consultants.
- Doctors we spoke with thought they had a good relationship with outpatient nursing and clerical staff. They said they felt well supported and could discuss issues with them.

Outpatients and diagnostic imaging

- Trust's policy stated that medical staff must give eight weeks' notice of any leave in order that clinics could be adjusted in a timely manner. The outpatient department audited compliance with this policy. Where doctors had not followed the policy staff escalated this to divisional leads to be investigated.
- Consultants and registrars provided cover for each other at times of annual leave or sickness whenever possible. All medical staff we spoke with confirmed that cancellation of a clinic was a last resort.
- Where data in the main outpatients departments indicated that clinic templates were not meeting with patient demand for example clinics that were consistently overrunning, matron used this data to discuss changing the templates to reflect this demand with divisional leads and consultants.

Major incident awareness and training

- The trust had a business continuity management plan which had been approved by the management team. The plan established a strategic and operational framework to ensure the hospital was resilient to a disruption, interruption or loss of services.
- The hospital major incident plan covered major incidents such as winter pressures, fire safety, loss of electricity, loss of frontline system for patient information, loss of information technology systems and internet access, loss of staffing, and loss of water supply.
- Most staff we spoke with were aware of the hospital's major incident plan such as winter pressures and fire safety incidents, and they understood what actions to take in the event of an incident such as a fire. The matron and sister demonstrated an in-depth knowledge of this plan and how they would implement it.
- The two qualified nurses we spoke to had both read the major incident policy and had watched the video that is part of the major incident training. They both said that they would help out in whichever way they could however did not know if they had a specific role.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence based assessment, care and treatment was delivered in line with National Institute for Health and Care Excellence (NICE) guidelines by appropriately trained and qualified staff.

A multi-disciplinary team approach was evident across all the services provided from the outpatients and diagnostic imaging department. We observed a shared responsibility for care and treatment delivery. We observed patients received effective care and treatment in line with national guidelines. Patients were provided with sufficient information about their treatments and had the opportunity to discuss any concerns. One stop clinics ran across other outpatient locations in the Trust but not at Folkestone. Outpatient managers were working with divisions to increase the numbers of one stop clinics as part of the outpatient's strategy.

Staff working in the clinic told us their managers encouraged their professional development and supported them to complete training. Appraisals were undertaken annually. Nursing staff completed competency assessments which related to the work that they undertook in each clinic area.

We saw evidence from staff training records that clinical staff had completed training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff undertaking procedures were aware of the need to obtain patients' consent and completed appropriate consent documentation.

Diagnostic imaging staff were meeting the requirements with Ionising Radiation regulations 1999, IR(ME)R (Medical Exposure) regulations 2000 and have regular environmental health audits.

Evidence-based care and treatment

- National Institute for Health and Care Excellence (NICE) guidance and the trust's treatment protocols and guidelines were available on the trust's intranet. Staff told us that guidance was easily accessible and was clear and comprehensive. We saw that the outpatients

and diagnostic imaging department was operating to NICE guidance and local protocols and procedures. Staff we spoke with were aware of how this guidance had an impact on the care they delivered.

- We noted that NICE guidelines were in use in clinics. Staff we spoke with described how they ensured that the care they provided was in line with best practice and national guidance. Adherence with NICE guidelines was monitored by the relevant directorates' clinical governance committees.
- National Institute for Health and Care Excellence (NICE) guidance for Smoking cessation had been met within the department. The outpatients assessed each patient who accessed the service to establish whether they would benefit from a referral to the smoking cessation service. Staff would refer patients to the service where a need was established. These assessments had recently been updated to include the use of E Cigarettes.
- Main outpatients audited the number of patients who had been assessed for their smoking status and offered advice. Between March 2014 and April 2015 90.3% of patients had been offered this service against a target of 100%.
- Staff in the department demonstrated a working knowledge of NICE Guidance for recognising and responding to acute illness in adults in hospital. The department used a multiple parameter scoring system to allow a graded response to patients who became unwell in the department. We saw examples of this used correctly during our visit.

Pain relief

- The imaging department had a stock of pain relief and local anaesthetic for use when invasive procedures were been carried out. We saw that pain relief was discussed with patients during their consultation or treatment and analgesia was prescribed as necessary and dispensed by the hospital pharmacy.
- Patients at the outpatients department had access to pain relief when it was needed. Clinical staff reported that patients' pain was assessed and monitored to ensure they received the appropriate amount of pain relief when in clinic. Staff told us that they could give paracetamol to patients if they were in pain, but all other analgesics had to be prescribed before being administered to patients.
- Staff in pain clinic told us prescribed pain relief was monitored for efficacy and where necessary changed to meet patients' needs. This is discussed with patients as part of their on going management of pain.
- Pain clinics were managed by specialist nurses and consultants. Following a 'We Care Survey' in the Trust where pain relief was raised as an area for improvement the Trust had completed some work around making improvements. Pain clinics were held at the three main outpatient sites (WHH/QEQM/KCH). Patients were seen prior to their appointment where they were assisted to complete a pain scoring tool. This allowed patient outcomes to be monitored robustly.

Nutrition and Hydration

- We asked what provision was made for patients requiring a drink and also patients waiting longer than expected with regards to food provision. We were told and also witnessed staff offering drinks of water and flavoured squash. We were told that the patients that had waited longer than expected were offered a sandwich / snack from the friends shop, free of charge; this was confirmed by the staff who worked in the shop.

Competent staff

- Corporate induction training was provided for all staff and was compulsory for all staff to attend. There was also a service specific induction; this was specific to the department staff worked in and their role. We saw records held within the outpatients and diagnostic imaging department which showed the induction records for new staff were comprehensive and up to date. All of the staff we spoke with confirmed that they had received their mandatory training in line with the Trust's policy.
- We spoke with a selection of staff in all departments who told us that they had participated in the annual trust appraisal system. All staff we spoke with told us they were well supported by colleagues and by their managers. 90.19% of nursing staff across outpatients were up to date with their annual appraisal.
- Staff throughout the main outpatients were required to obtain competencies that were relevant to their role. Competencies were in place for clinical tasks, supporting patients, and use of equipment.

Competencies included the knowledge and theory which supported the practice. The department had an education lead that ensured that competencies were in place and up to date for all staff.

- Staff received mandatory training such as infection control, safeguarding and health and safety. They were also provided with training relevant to their specialty such as general surgery, orthopaedics, cardiology.
- We spoke with staff throughout the outpatients who told us there were many development opportunities available for them and that the trust supported staff to broaden their competencies.
- We spoke with health care assistants (HCA's), Sisters, Link Nurses, and Nursing staff who described how the intranet published courses available and contained good information for them to access.
- Of the Trust wide Band four training places offered to Band two nurses four of the seven Trust wide positions were given to outpatient nurses. Matron was extremely proud of this as the feedback showed that the applicants were of a high standard. The band four training gave opportunities for nurses to tag on modules that were specific to their own working environment. Matron was ensuring that these modules would assist with the departments plans to increase the numbers of one stop clinics across all outpatient sites.
- The matron was working alongside divisional leads to establish and train staff in competencies to improve pre-assessment clinics. This was so where a patient was identified for surgery in outpatient's clinics a nurse would be able to take the patient through pre-assessment so that the patient can be prepared for surgery in the same appointment reducing the need for separate appointment in the hospital.
- Staff in radiology told us that their competencies and registration were assessed annually via the staff competencies framework. Staff in the department were required to obtain competencies that were relevant to their role. Competencies were in place for clinical tasks, supporting patients and use of equipment. Competencies included the knowledge and theory which supported the practice.
- Staff told us that their appraisals were up to date.
- Outpatient audited the checking process for trained nurses being updated with the nursing and midwifery council (NMC) registration requirements. They had a 100% target on these checks and had met this target each month over the period May 2014 to April 2015.

Multidisciplinary working

- One stop clinics ran across other outpatient locations in the Trust but not at Folkestone. Outpatient managers were working with divisions to increase the numbers of one stop clinics as part of the outpatients strategy.
- There was evidence of multidisciplinary working in the outpatients department. We were told about a number of examples of where joint clinics were provided e.g. breast clinic, dermatology clinic, ophthalmology, older person's clinic and oncology clinics.
- Many clinics had multi-disciplinary (MDT) meetings, particularly the cancer related specialties, where the team agreed and planned the care for patients and decided which clinician would be seeing the patient in clinic to explain the plan to them. We saw, for example that a member of staff from the outpatient's clinic and breast radiology attended the breast care MDT.
- Specialist nurses ran clinics for some specialties, such as a pain clinic, breast clinic, heart failure clinic and diabetic clinic, among others. We spoke with some of the specialist nurses, who described how their clinics fitted into patient treatment pathways. Nursing staff and healthcare assistants we spoke with in clinics such as orthopaedic and gynaecology clinics told us that teamwork and multidisciplinary working were effective and professional
- We saw that patients were regularly referred to community-based services such as community nursing services and GP services.
- There was evidence of multidisciplinary working in the radiology department. Staff reported that there was good team working between consultant's, clinic staff and radiographers. This was especially evident in the Derry Unit.

Seven-day services

- Part of the public consultation process around the new outpatient strategy along with a need for increased capacity to meet with the increasing workload outpatients had recently increased its opening hours.
- Outpatients across all sites was now opened between 7.30am and 8pm Monday through Friday and on a Saturday morning.
- Opening hours were supported by radiology, pharmacy, and therapy staff.

Outpatients and diagnostic imaging

- The service ran Monday to Friday from 8.30am to 5.30pm. We were told there were no evening or weekend clinics. The fracture and orthopaedic clinic provided Sunday service from 8:30 – 1pm.
- The diagnostic and imaging department offered seven-day services for inpatients and those who attended the emergency department.

Access to information

- We found patient information leaflets throughout all areas of outpatients. The department was able to obtain leaflets in other languages and in large print format when required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw evidence from staff training records that clinical staff had completed training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed they had completed training and undertaken regular updates. However we noted that their knowledge of MCA and DoLS was variable with some staff demonstrating clear knowledge of the act and its implications.
- Patients we spoke with said that they completed consent forms before their treatment, when this had been appropriate. We were told that clinicians asked for consent before commencing any examination and explained the procedure that was to take place. Staff undertaking procedures were aware of the need to obtain patients' consent and completed appropriate consent documentation.
- Where required mental capacity was assessed by consultants and doctors in clinic. Doctors had access to mental capacity assessments, best interest decision checklists, decision making flowcharts, and information on the process including a two stage capacity test.
- Outpatients had leaflets displayed in all outpatient areas which explained decisions around consent for patients. They explained the need for healthcare professionals to gain consent, forms of consent, and commonly asked questions around the consent processes.

Are outpatient and diagnostic imaging services caring?

Good

We saw caring and compassionate care delivered by all staff working at outpatients and diagnostic imaging department. We observed throughout the outpatients department that staff treated patients, relatives and visitors in a respectful manner. Staff offered assistance without waiting to be asked.

Clinical room doors were kept closed, and staff knocked before entering clinic rooms to maintain patients' privacy. Patients and relatives commented positively about the care provided to them by the staff from all the clinics visited. Staff ensured that patients understood what their appointment and treatment involved.

Patients told us they felt involved in their care and treatment, and they thought that staff supported them in making difficult decisions. Patients told us they were given sufficient information about their care and treatment and were fully involved in making decisions about their care and treatment. All the patients we spoke with told us the staff were caring and polite. Patients we spoke with were satisfied with the services provided and stated that doctors and nurses had time to discuss with them their care and treatment.

Compassionate care

- We observed staff interactions with patients as being friendly and welcoming. We observed some instances where patients that attended clinic regularly had built relationships with the staff that worked there. We saw examples of caring interactions by healthcare assistants. For example, friendly greetings getting down to a patient level to interact with them and maintaining eye contact.
- We saw that staff always knocked and waited for permission before entering clinic rooms. We also saw that clinic rooms had signage instructing people to knock and wait for an answer before entering to maintain people's dignity.
- One patient explained how the consultant had explained in detail their treatment options and ensured they had all the information they required. We observed a nurse explaining paperwork to a patient attending their first appointment, following a diagnosis of their

illness. Everything was explained very calmly and they also ensured the patient and their partner had the correct phone numbers should they need to ring for more information.

- People we spoke with told us they felt listened to and were given sufficient information about their treatment. Patient's confidentiality was respected. Patients and staff told us there were always rooms available to speak to people privately and confidentially.
- Notices were displayed for patients informing them that chaperones were available and offering them the right to have treatment and consultation from same sex staff. An example of this was in the cardiac clinic where information was displayed explaining that patients would be required to remove their clothing to the waist.
- Throughout our visit the outpatient department, we observed nursing, healthcare and receptionist staff interacting in a positive and caring manner with patients. We saw that enquiries made at the reception desks were responded to in a polite and helpful manner. We saw patients being redirected to other clinic locations with a clear and reassuring approach.
- Reception staff told us when patients arrived for appointments their name, date of birth, address, and telephone number were checked with them at this desk. Patients waiting to be seen were signposted to stand back from the desk in order that conversations could be had in private.
- Matron had rolled out a customer service training course for all main outpatients' staff. All nursing staff and reception staff had attended this course which helped staff to deliver a patient centred service, and taught staff how to deal with difficult conversations and challenging situations in the department.
- Main outpatients gathered patient views and reported monthly on the findings. As a part of this survey patients were asked 'Overall, did you feel you were treated with respect and dignity while you were at the Outpatient department?'. The response on this question in 2014 surveys was that 100% of patients felt that they had been treated with respect in the department.
- Outpatients had leaflets to inform patients about what to expect with regards to privacy and dignity. We saw that these leaflets were displayed in all outpatients' areas.
- In radiology we observed examples of staff being friendly and welcoming We saw people being spoken to with respect and their privacy and dignity maintained.
- Staff were expected to use the departments 'Meet and Greet' protocol and competencies related to this protocol were assessed for all staff. This meant that patients were all treated with respect by staff and were kept informed of any clinic delays and the reasons for these. The department audited compliance with these competencies.
- Between May 2014 and April 2015 'Meet and Greet' competencies had been completed by 99.2% of reception staff and 99.71% of nursing staff. The Trust target for completion of these competencies was 90%. Both staff groups had exceeded this target every month.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us they felt involved and informed about their care. Patients told us they were given sufficient information to help them make any decisions they needed to make. We were told that treatment options were clearly explained.
- Main outpatients gathered patient views and reported monthly on the findings. As a part of this survey patients were asked 'Did the doctor explain the reasons for any treatment or action in a way that you could understand?'. The response on this question in 2014 surveys was that 99% of patients felt that this was the case in the outpatients department.
- In radiology we observed staff giving a detailed explanation of the examinations about to be undertaken to a patient and allowing the patient to ask questions. In addition, staff informed patients when and where to get their results.
- In the ultrasound room we saw that there was an extra monitor for patients to be able to see their scan and an explanation could be given if appropriate.

Emotional support

- We were given an example of a young adult with a learning disability who becomes very anxious when attending clinic. The patient was a frequent attender; staff told us that they know when the patient is attending as the patient administration system (PAS) flags this up. When the patient arrives at the system is in place that ensures that the patient was seen immediately. Staff told us that this greatly reduces the patient's anxiety which was exacerbated by waiting.

Outpatients and diagnostic imaging

- Staff explained how they tried to provide support to patients who were given distressing news. One nurse explained how they ensured they were with the patient when the consultant spoke with the person. They would also make sure they stayed with the person afterwards to ensure there was no delayed reaction.
- Patients and relatives we spoke with confirmed that they had been supported when they were given bad news about their condition. Staff explained how they ensured patients were in a suitably private area or room before breaking bad news with them. We were told that it was always possible to locate a suitable room for these discussions. Nurses were always available to help and support patients with information when they were in clinic.
- In main outpatients some Band 5 staff nurses had completed extra training to support patients when they had received bad news. Where bad news was being shared with patients the nurse would sit through the consultation with the patient, be responsible for documenting what was said and how the patient had reacted, and be responsible for supporting the patient through the process. The nurse would take the person to a private room where they would check that the patient understood what they had been told, and establish with them the level of support they required.
- This role had been established as the department recognised that although patients were being supported by the Clinical Nurse Specialist (CNS) some patients required further support through the pathway and the Band 5 Nurse was able to offer this extra help and guidance.

Are outpatient and diagnostic imaging services responsive?

Requires improvement

The outpatient service was not always responsive to patients' individual needs. Overall, not all patients were seen within the national waiting time target for waiting to be seen in a clinic. The department had in place an improvement plan which was designed to improve on the referral to treatment times, however this had been in place for a short time and the long term impact on RTT figures across the Trust could not be evidenced at the time of our inspection. However, the Trust were able to demonstrate that they were making inroads on the backlog of appointments in most specialities.

Ophthalmology had a backlog of follow up appointments which they had a strategic plan in place to address. Follow up appointments were rated by clinicians for urgency, these appointments were then managed through partial bookings and monitored for risk through weekly governance meetings.

We observed some delays in patients being seen at their appointed time throughout the time we were onsite at the hospital in some clinics. Delays in clinics were explained to patients, with staff following a protocol which ensured that they told patients about clinic delays and the reasons for these and that they were kept informed and comfortable with beverages, and when required food. The department audited staff compliance with this protocol.

The centralised call centre which managed referrals across all outpatient locations had been vastly improved since our last inspection. Telephone systems had been updated and improved and staffing increased. The managers in this department were constantly reviewing performance data and had overhauled the referral to treatment pathway management to ensure a fairer system for patients who were now all given appointments in chronological order. The department was rolling out new procedures for the booking of follow up appointments through a partial booking process. The Trust had so far rolled this out in ophthalmology and Cardiology but planned to roll it out to all other specialities by the end of March 2017.

Complaints were being managed in line with Trust policy and staff were able to tell us how they had made service improvements as a result of complaints analysis.

Service planning and delivery to meet the needs of local people

- During our inspection we observed the phlebotomy clinic in operation. This was a "walk in" clinic meaning that patients did not make an appointment but arrived at clinic took a number from a machine and waited for their number to be called. At the time of our visit there were 10 patients and relatives accompanying the patients waiting in the waiting area with space for 22. At this time the department were calling number 16 and the next ticket to be issued was number 23. This would

seem to indicate that 5 patients were waiting. During the 15 minutes we were observing the area the number being called rose to number 21 and the next ticket to be issued was number 27. This indicated that there was an even flow of patients through the department with reasonable waiting times during the time we observed.

- Patients told us they were allocated enough time with the doctors when they attended their appointments, and that their appointments were not rushed. Doctors were well informed about patients' medical history, and patients' medical records were available to doctors.
- The hospital audited the time that patients waited for their appointment and monitored trends in late running clinics. In the latest monthly audit of June 2015 at the Folkestone Hospital site 366 patients were seen in clinic. Of these patients 94.26% of patients were seen within 30 minutes, 4.37% were seen within 30-40 minutes, 1.09% were seen within 40-50 minutes and 0.27% were seen within 50-60 minutes. No patients had to wait above 60 minutes for their appointment. We are unable to compare this to results nationally as this data is not collected at all Trusts nationally. However, across the Trust the Folkestone site performed better than the other sites for patient waiting times.
- Staff in the department followed a 'Meet and Greet' protocol. Staff were required to pass competency assessments around this protocol before running clinics. The protocol told staff at what intervals to advise patients about waiting times and when to offer them refreshments or food. Matron had worked with staff who initially found it hard to go into a waiting room full of patients and explain to them the reasons for the clinic delay. The department demonstrated a commitment to keeping patients informed and comfortable during clinic delays.
- The main outpatients completed audits which recorded how many patients were told about clinic delays. The results of this audit were published each month and fed into the governance report for outpatients. Between March 2014 and April 2015 91.9% of patients on average had been informed about clinic delays of more than 20 minutes. In the same time period an average of 84.8% of patients had been informed of the reason why the clinic was running late.
- The matron met with divisional leads across all outpatient sites and planned capacity eight weeks in advance. They worked to ensure that all clinics were utilised as much as possible across all sites. Matron then communicated with the sisters to ensure that they can support this clinic activity with their staff and worked to ensure that staff were available for clinics that were required. Matron made it clear that their priority was to get the service delivered and to 'worry' about getting paid by the divisions at a later date.
- The audiology outpatients team managed their own referrals which came directly from GP's, internally through wards and via the Cancer pathway, the ear nose and throat(ENT) Team, and GP's with a special interest in ENT (usually symptoms like glue ear are referred this way) .The department also undertakes pre and post-operative hearing assessments where the operation may affect hearing. We were told there were dementia champions in all audiology clinics across the trust. The manager was very proud that the service was the largest provider in East Kent.
- Referrals were triaged by a manager and on the day of inspection the oldest referral they had in the department was dated 21 June 2015. They adhered to the 18 week pathway but actually saw all patients within six weeks. The department had not breached the 18 week referral to treatment pathway since July 2014. They aimed to fit hearing aids within 12 to 13 weeks as an internal standard to keep the 18 week pathway unbreached. Patients were then given a follow up six to eight weeks after the fitting of the aid. If at the appointment the patient seemed fine and was well the follow up could be a phone call however if deemed necessary by the audiologist the patient will be seen in clinic. Audiologists complete the letters to GP's which were sent the same day as the appointment in clinic.
- On the day of our visit there were enough seats for all patients and relatives with spare capacity in the entire main and sub waiting areas.
- In the phlebotomy waiting area there was a television as well as vending machines and a small (six seats two tables) areas where drinks could be consumed away from the main waiting area but still able to see the numbers being displayed to call patients. This showed that the hospital had considered patients comfort whilst waiting in this department.
- The radiology waiting room was shared between the general x- ray rooms and the ultrasound room. Staff told us that during busy periods the waiting room could get very crowded and there were other facilities that people could wait in.

Outpatients and diagnostic imaging

Access and flow

- Hospital Episode Statistics for December 2013 – December 2014 showed that 58,284 outpatient appointments were made at the Royal Victoria Hospital. We noted that 65% of patients attended their follow up appointment, with 26% attending their first appointment. The data showed that the hospital's ratio of follow-up to new appointments was higher than the England average. Out of the total appointments made, 1% had been cancelled by patients and 8% by the hospital. 1% of appointments cancelled by the patient was below the England average of 6%, whereas 8% of appointments cancelled by the hospital was slightly above the England average of 7%.
- Staff managed patients not attending clinics (DNAs) by text reminders. Between December 2014 and December 2015 8% of patients at the Royal Victoria Hospital did not attend their appointments, which is higher than the England average of 7%. We were told by trust managers that the hospitals did not attend rate was continuously monitored to enable changes and adaptations to be made to minimise waste of resources. For example, texting had been used to remind patients of their appointment date and time. Measuring the non-attendance rate is important, because non-attendances mean that resources are not being used well and can have negative impact on patients receiving services at the hospital.
- Part of the outpatients strategy was to improve referral to treatment times (RTT) across the Trust. This had been a problem for the Trust at our last inspection. We were shown data which demonstrated that a robust monitoring and improvement plan was in place. The Trust were able to demonstrate that they were making inroads on the backlog of appointments in most specialities.
- The Trust had also improved their processes to ensure that patients were being given appointments in a fairer way. Previously the system of benchmarking patient pathways had meant that patients that breached the initial pathway could be placed out of date order meaning that patients who had entered the pathway after them could have received appointments before them. The new system ensured that patients on 18 week pathways were seen in strict Chronological order.
- 95% of on non-admitted patients should start consultant-led treatment within 18 weeks of referral and 92% of incomplete pathways should start consultant-led treatment within 18 weeks of referral.
- Latest RTT times published by NHS England published on 9th July 2015 show that overall the Trust performed below the NHS standard of 92% with 88.4% of patients who had started their treatment within 18 weeks. These statistics are reported at Trust level and are not broken down by hospital site.
- More detailed analysis showed that the following specialities were performing below the NHS operating standard of 92%. General Surgery 82.2%, Urology 90.4%, Trauma and Orthopaedics 84.4%, ENT 88.2%, Opthalmology 90.1%, Oral Surgery 88.4%, Gastroenterology 83.8%, Dermatology 89.9%, Thoracic Medicine 91.4%, Neurology 85.5%, and Gynaecology 89.2%.
- Four specialities were performing above the NHS operating standard of 92%. These were General Medicine 98.6%, Cardiology 93.7%, Rheumatology 95.4%, and Geriatric Medicine 89.2%.
- Of these statistics 6,247 patients were on the non-admitted treatment pathway (which involved only outpatient interventions). Of these patients half of them were seen within seven weeks, with 19 out of 20 patients starting their treatment within 20 weeks.
- Ophthalmology was highlighted was a speciality which was struggling to manage the demands on the service The ophthalmology service was struggling to meet the demands placed on it.. As part of the Ophthalmology strategy, the Clinical teams put Ophthalmology forward to be the first speciality to go with partial booking. As part of this programme, recording sub speciality was implemented. This allowed the service to focus on those areas that were in most need of capacity and allow the correct recruitment strategy to be developed to address the gap in clinical skills.
- Due to historic Patient Administration System (PAS), the true follow up capacity gap was not visible. Partial booking has given transparency to the issues facing follow ups which have been included within the ophthalmology Business Case. To date there are approximately 5,500 patients waiting for a follow up appointment outside of their required timeframe to be seen. Follow up capacity currently stands at 11,000 appointment slots from June until December 2015. Following further analysis the capacity is not within the

correct sub speciality and there is now a requirement to reallocate resources within the teams. Additional weekend lists were addressing some of the capacity gap, with the recruitment of an outside company to provide additional nursing and technician support to the medical teams.

- It was anticipated that the Business case would be approved in August 2015. Within this case there were 3 new consultants. Two of these will be recruited to emergency eye care, releasing the current consultants back into their sub speciality clinics. This will give an additional 2,480 appointments back to the sub speciality. In addition, the nature of the emergency eye care presentations will be addressed by consultants sub specialising in cornea conditions which will reduce consultant to consultant referrals as they will be able to deal with the condition on presentation.
- The third consultant will specialise in glaucoma disease which is also a high volume speciality. That Trust had been working in partnership with the clinical commissioning group (CCG) to design a pathway for stable glaucoma which will allow follow up patients to be seen in their community rather than in an acute setting. The CCG are currently working through the implications to the community services.
- With the 2 new emergency eye care consultants will be additional outpatient capacity which will equate to approximately 252 outpatient slots.
- Since the inspection the Trust has confirmed that the business case for opthalmology has been presented to the strategic investment group by the clinical lead where it was approved to be presented at management board in November.
- Part of this business case is to introduce virtual clinics for diabetic medical retina patients. The Trust have written a pathway for the CCG to transfer approximately 4000 stable glaucoma patients into the community.
- In the meantime the Trust have written a specification to go to tender for an external company to integrate with services to provide additional capacity. The department also currently have an outside company assisting with weekend capacity.
- The follow up waiting list was held on a system called EPR. The Trust are in the process of transferring the patients onto PAS and validating as part of the process. Part of this process is providing clinical validation for some of the lists such as orthoptics and contact lens patients.
- For each patient that requires a follow up appointment the clinician indicates the priority whether it is urgent, chronic or routine. The priority selection criteria was decided by the lead clinician.
- The departments governance team are monitoring the follow up list weekly with the operational team prioritising patients from the partial booking list as appropriate with risk being discussed at every governance board.
- The Trust reported on cancer wait times Trust wide. This data could not be broken down by hospital site. In quarter four 2014/15 93.9% of patients given an urgent referral by their GP on suspicion of cancer to The Trust had their first consultation within 2 weeks of the referral as recommended. The Trust was operating above the set operating standard of 93% for the 2 week cancer waiting times however it was operating slightly below the England average suggesting it was not operating as well as other trusts in England.
- In quarter four 2014/15 97.5% of patients given a decision to treat for cancer received their 1st treatment within 31 days of the decision. The Trust was operating above the set operating standard of 96% for the 2 week cancer waiting times it was also operating above the England average suggesting it was operating better than other trusts in England.
- In quarter four 2014/15 75.3% of patients given an urgent referral by their GP on suspicion of cancer to the trust received their 1st treatment within 62 days of the referral. The Trust is operating below the England average suggesting it is not operating as well as other trusts in England.
- All two week referrals went through the central booking office. Any breaches of the two week RTT went on a report that was circulated to divisional leads daily. Performance on cancer targets was also discussed at a weekly key performance indicator (KPI) meeting.
- There was an acknowledgement that endoscopy was struggling to meet with RTT targets. We were told that the Trust had tightened up of the escalation process in order to address the issues. However a lack of doctors in the Trust able to perform endoscopic procedures put a strain on the Trusts ability to meet with the demand for this service. A national advertising campaign had meant that in June 2015 the Trust had 2400 two week referrals which was an increase of 200 on previous month.
- Urology also struggled to meet cancer pathway targets due to several issues within the four separate pathways.

Outpatients and diagnostic imaging

There were Issues with diagnostics within the pathways in particular with biopsies relating to prostate cancers. The Trust had a 10 day target for biopsy which was not currently being met. This Trust was currently breaching the 31 day RTT target by approximately 20 patients per month.

- The outpatients booking office managed calls and referrals for all of the outpatient locations in the Trust and dealt with 76% of the Trusts referrals with some specialities managing their own booking processes.
- The outpatients booking office had four main functions It operated as a call centre Monday through Friday 8am until 4pm, and was about to start operating as a call centre on a Saturday 8am until 4pm. It operated as a referral and booking centre for all the outpatient sites which included 'Choose and Book' referrals. It had a rapid access team which dealt exclusively with two week and cancer referrals; and it managed the clinic maintenance team who set up clinics on the patient administration system (PAS), amended clinic templates, and cancelled and rebooked clinic appointments.
- Choose and Book referrals were directly bookable by patients who could access and book appointment slots by phone or online. They could also be booked indirectly by outpatient's booking office staff. If Choose and Book referrals could not be managed within 18 week timescales the system would alert staff who would go to the referrer and obtain a paper referral that could be managed outside of the Choose and Book system.
- Once paper or fax referrals were received, clerks would date stamp the referral before booking the patient onto the system and sending the referral to the relevant consultant for triage. Managers told us that the expectation was that consultants would triage referrals within 48 hours; however this was not always happening. The manager of Outpatients booking was working on a service level agreement which was a draft stage at the time of our inspection. They hoped that once completed and agreed by specialties that this document would have clear protocols and key performance indicators (KPIs) around the timeframes for triaging referrals.
- During triage referrals would be rated for urgency and then forwarded to the Outpatients booking team to make the appointment. Urgent appointments were made within two to four weeks unless they were on the cancer pathway when an appointment was given within two weeks, and routine appointments were made within eighteen weeks. Central booking staff then booked appointments using the urgency scale. We were told that they would escalate to divisional leads if they could not make appointments within the agreed timescale.
- Where booking staff had escalated patients who they were unable to book within the timescales required, divisional managers would steer staff on how to manage these bookings. We were told that this would be addressed by providing extra clinics, converting follow up appointment slots into new appointments, double booking clinic spots or by agreeing breaches in the RTT.
- The call centre monitored the length of time it took for calls to be answered, the length of time calls took, and the number of people who ended the call before it was answered. By doing this they were able to monitor trends and ensure staffing levels in the department met with the demand. The telephone systems had recently been upgraded to improve the services. The upgrade had created some initial snagging issues but these had been resolved.
- Main Outpatients audited the number of referrals that had been scanned and registered on the electronic system within five days of receipt. Between March 2014 and April 2015 100% of referrals had been processed within five days against a target of 100%.
- In radiology we observed organised patient flow when a patient attends the Derry Unit. The consultant examined them and if required they walked to the radiology department for a different type of examination. The result of the examination was reported on immediately and the patient returned with the result. The patient then returned to Derry Unit to see the Consultant.
- At the time of reporting the average waiting time for an X-ray was less than one day and for non obstetric ultrasound was 16 days. There were 10 diagnostic tests awaiting report.
- We saw a sign in the reception area stating that if any person had been waiting for more than 10 minutes, they should be report back to reception.
- At the Derry Unit, they were able to refer patients directly to ultrasound, where they would be seen and have their examination reported on that day. The patients then returned to the consultant clinic which prevented them from having to make another appointment for an ultrasound, or the consultant.

Meeting people's individual needs

Outpatients and diagnostic imaging

- Staff ensured that patients who may be distressed or confused by the outpatient environment were treated appropriately. Patients with a learning disability or diagnosis of dementia were moved to the front of the clinic list. The outpatient staff liaised where needed with ambulance transport staff to ensure that this process ran smoothly.
- We were told that translation services could be accessed through language line for people whose first language was not English.
- Patients we spoke with were positive about the outpatient services and told us they were satisfied with the treatment they received. Patients made positive comments about nursing staff, healthcare assistants, receptionists and doctors.
- In radiology staff ensured that patients who may be distressed or confused, living with a learning disability or a diagnosis of dementia were treated appropriately. Staff told us that dementia training was mandatory and was given at the radiology governance days which happened four times a year.

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Initial complaints would be dealt with by the outpatient matron, but if the matron was not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service (PALS). Staff explained the complaints procedure to us.
- Complaints were discussed at departmental level and also at Directorate Clinical Governance Group meetings. There was evidence to show that lessons learned were shared with staff. Most of the staff we spoke with were able recall when actions from complaints were shared with them.
- Matron encouraged staff to contact them where a patient was complaining. They told us that they preferred this as they always got the 'whole picture' where they managed complaints like this, and that they could often resolve the problem far quicker if they could deal with it straight away. They gave a recent example of what appeared to be a simple complaint about the length of time it took to get an appointment but was in fact a far more complex complaint which matron was able to deal with within an hour of meeting with the complainant.
- As a whole the Trust had received 239 contacts through the Trusts PALS between April 2015 and June 2015, six of these had been at the Folkestone site. We looked at the reasons for these contacts but saw no apparent trend.

Are outpatient and diagnostic imaging services well-led?

Good

Outpatients had implemented an improvement strategy, and a special measures action plan following our last inspection. Managers and staff working in the department understood the strategy and there was a real sense that staff were proud of the improvements that had been made. Progress with the strategy was monitored during weekly strategy meetings with the senior team and fed down to department staff through staff meetings and bulletins.

Staff were keen to show us areas that had been improved and this was particularly evident in outpatient's central booking and the health records management team.

Staff felt that outpatients were an area that the Trust board were interested and invested in. Matron described the department as a progressive and important place to work, and had leased with Occupational Health to ensure that nurses who were not fit to work elsewhere in the hospital were not sent to outpatients believing it to be a less strenuous department to work it. Matron said, "I only want committed nurses in this department, who want to embrace the opportunities to learn and progress, it is such an interesting place to work".

The nursing care and management of nurses in the department was exceptional. The matron and sisters were very well thought of by their staff. Nursing staff were very clear on their roles and responsibilities and the direction that the department was going in.

Matron was very proud of her staff and the department's successes, but equally keen to drive improvement in the patient experience throughout the department, and share good practice in outpatient areas that were not directly managed by them.

Outpatients and diagnostic imaging

There was an open culture in the department and we were given examples where Band 2 HCA's had challenged doctors and stopped clinic appointments where they were not happy with an aspect of care.

Vision and strategy for this service

- The Trust had implemented a Special Measures Action plan following our last inspection. The action plan identified where issues had been raised during inspection and outlined actions to be taken by the Trust along with an agreed timescale. This action plan had been RAG rated on delivery of objectives.
- Outpatients had implemented an improvement strategy. The outpatient clinical strategy objectives as approved by the board in June 2014 following public consultation were to reduce the number of facilities used for out-patient clinics from 15 to six; WHH Ashford, KCH Canterbury, QEQM, Margate, RVH Folkestone, Dover and Estuary View Medical Centre. To offer a wide range of services across most specialties including diagnostic support. To extend clinic hours from 07.30 -19.00 and Saturday mornings to improve patient choice and access and make more effective use of staff time. To increase the number of people who are within a 20 minute drive of out-patient services. To invest in the clinical environment to support high quality clinical services and an improved patient experience. To develop a one-stop approach more widely than is currently seen in services. To expand the use of technology to reduce follow up appointments and support patients, monitoring their progress at home or in Primary Care; and to invest £455,000 in extending / modify public transport routes provided by Stagecoach.
- Progress with the strategy was monitored during weekly strategy meetings with the senior team.
- Outpatient had a business plan in place for 2015/2016. This outlined the streamlining of services from 15 outpatient locations to six, a review of 18 week and two week pathways with a strategy for meeting a rise in demand, a review of current work streams and their purpose, a market assessment and planned developments.
- Outpatients had a Patient Administration Review Project Group whose main objectives were to review all patient administration services in order to deliver an efficient patient pathway that complied with national and Trust access standards, and delivered an improved experience and access for patients. We were shown examples of improvements that had been made to the service as a result.

Governance, risk management and quality measurement

- Risk and Governance meetings were held monthly which were attended by managers throughout the outpatients departments. The outcomes from these meetings were shared with staff during staff meetings and matron devised a monthly highlight report for staff which summarised the clinical governance report and highlighted learning from incidents and complaints. This went to all departments and was pinned on staff notice boards.
- We saw local risk registers for directorates that included the outpatients and diagnostic imaging department, which enabled the Corporate Governance Group to understand the most significant risks and approve action to mitigate those risks.
- There were regular team meetings to discuss issues, concerns and complaints across the division.
- The Trust undertook clinical audits such as hand hygiene, infection control, sharps, resuscitation equipment and records of the audits showed a high percentage of compliance with good practice.
- The Trust also audited referral to treatment pathways, call centre statistics, meet and greet protocols and clinic waiting times in order to monitor patient experiences through the department.
- The results of these audits were fed back through leadership meetings, clinical governance meetings, staff meetings, and patient user groups to ensure that service improvements were made where indicated.

Leadership of service

- We found competent staff managing each of the clinical areas visited. Staff told us that they had confidence in the people managing them and that leadership within the outpatients. Staff showed a good understanding of the values and vision of the trust and felt able to raise concerns.
- The matron had worked hard to ensure that processes were identical across all main outpatient locations. This meant that nurses could work across sites as there was consistency in both processes and expectations of them. Other outpatient clinics which were run by other

divisions such as Opthalmology who had recently started to use the meet and greet competencies that had been used in main outpatients. The matron was starting to work with matrons in other clinics to share good practice and encourage joint learning.
- The matron and sisters were spoken of very highly by staff who felt well supported by them.
- There were clear lines of accountability and responsibility within the outpatients and diagnostic imaging department. Staff in all areas stated that they were well supported by their managers, that their managers were visible and provided clear leadership.
- Staff felt optimistic following the arrival of the new Chief Executive.
- Band 7 sisters had been offered places on the leadership programme. This programme assisted them in their development as managers.
- Matron took part in a 360 degree appraisal programme which they used to improve on their ability as a leader. Due to the success of this approach matron was planning to implement this style of appraisal for the Band 7 sisters in the department also.

Culture within the service

- There was a positive culture amongst staff; staff were committed and proud of their work. Quality and patient experience was seen as a priority and everyone's responsibility.
- All the staff we spoke with in outpatients told us that communication between different professionals was good and that it helped to promote a positive culture within the department. Staff described a very positive working environment. Clinical staff we spoke with told us they felt able to raise concerns and discuss issues with the managers of the department. All staff we spoke with were professional, open and honest, and were positive about working at the hospital. Staff acted in a professional manner, they were polite and honest and respectful.
- Matron was very proud of the department and the staff who worked there. They had worked hard to ensure that staff saw it as a progressive and innovative place to work and learn. Matron had worked with Occupational Health to ensure that nurses were no sent to the department with health related problems, wrongfully believing that it was a quieter place to work.
- We were given examples of where staff had felt able to speak out and raise concerns. We were told that a Band 2 HCA had stopped two new doctors from accessing the computer systems when they didn't have ID on them. We were also given an example of a Band 2 HCA stopping a clinic where they felt someone with a learning disability did not have the understanding to consent and didn't have an advocate with them to assist with the situation.
- All staff in main outpatients had been involved in the 'Wellbeing Programme'. Staff attended sessions where they were involved in discussions around subjects such as weight loss and stress. From this staff were able to self-refer themselves for further assistance.
- Staff were aware of the confidential staff counselling service available to them.
- Matron and sisters were mindful of the stress that staff could be under in particular with the changes to the services. They had encouraged staff to complete stress awareness assessments and had referred staff to occupational health where these had established the need for further assistance.
- One module of the customer care training attended by all main outpatient staff was entitled, 'Our customer, our responsibility'. This ethos was fed in part throughout each module of the programme. The training taught staff to see all people entering the hospital as their customers and their responsibility. Staff therefore did not ignore the needs of patients or visitors attending other areas of the hospital.
- We saw evidence that this ethos was embedded in the way that staff treated people entering the department throughout our visit. Matron gave an example where one of the outpatient nurses had found a patient alone waiting for transport, and had stayed with them until they had been collected at 9pm. This was despite the patient not being an outpatient's patient on that visit.
- Matron also described reception staff noticing an increase in patients attending the hospital because they had been unable to access the call centre. Staff had raised this and matron had contacted the call centre immediately to get the issue resolved.

Public engagement

- Outpatients held quarterly user group meetings where people who had used outpatients were able to involve themselves in improvements to services. The group had

been involved for example with collecting patient views around facilities and had as a result of this obtained some higher back chairs for improved comfort of patients attending clinics.
- The current survey being managed by the group was around how long patients would wait after hearing that their appointment had been cancelled, to contacting the department if they hadn't received an appointment to replace it. From this survey the group will look at the wording in appointment letters to reflect their findings.
- Patient user group members were involved in the walk the floor audit where they were able to monitor the care and environment and make suggestions for improvement.
- The users group was currently advertising for more patient representatives. Matron actively recruited patients who had made a complaint about the department to join the group, and gave an example of a patient representative with hearing difficulties who had greatly improved the facilities and awareness in the department around this disability.

Staff engagement

- In order that staff felt included and well informed about the strategy each member of staff had received a letter which included a description of the strategy and how it affected them**.** Staff were able to confidently discuss their progress on service improvements along with areas that had been identified as still requiring improvement.
- Staff we spoke with said they felt engaged with the trust and could share ideas or concerns within their peer group and with their managers. Staff were given trust messages directly via email, and through bulletins and on screen savers. Staff we spoke with said they felt well informed of developments and issues within the hospital and the wider trust in general.
- Matron in main outpatients produced an annual survey for consultants and doctors asking how they felt about the service and any service improvements they felt could be made. In this year's survey they had included questions about working out of normal clinic hours in order to get a gauge on which consultants may be prepared to manage clinics outside of outpatient hours.
- The results of the 2015 Consultants survey showed that 124 consultants responded to the survey Trust wide. 98.3% were satisfied with Nursing support in the department, 95.1% were satisfied with nursing investigations prior to clinic, 67.4% were satisfied with their clinic template, with 42.7% being prepared to work extended hours to assist with capacity issues such as overbooking of clinic templates.
- In the most recent staff excellence awards the first three places were awarded to staff from the OPD. 1st place was awarded to an HCA, 2nd place to an associate practitioner, and 3rd place to an administrator. The staff were proud of this achievement and felt that it was reflective of staff commitment within the department to deliver a high standard of patient care.
- Staff we spoke with in radiology felt that they didn't see management in the department very often, but knew who to go to if there was a problem. They told us that they felt well supported in their roles.

Innovation, improvement and sustainability

- Ophthalmology were a service that had been identified by the Trust as experiencing difficulties meeting patient demand and requiring improvement. As a results a teams was formed for each of the services who worked to develop recommendations that increased capacity, efficiency and flexibility. The overall vision for the service transformation that would be driven by the ophthalmology strategy was expressed as, "An agile service with the capability and capacity to meet demand pressures, whilst providing excellent and sustainable care for our patients"**.**
- From the respective teams output an overall transformation strategy for the whole ophthalmology service was developed. The transformation strategy involves an increase in staff numbers and new equipment to support these staff. The strategy takes advantage in the changes to outpatient facilities being driven by the outpatient clinical strategy, and new facilities at Dover hospital and Estuary View, ensuring efficient use of these facilities and maximising patient throughput.
- The strategy also recommends the introduction of an electronic patient record system in the form of 'software which will drive both efficiency increases and cost savings. The system can also be rolled out to, and integrated with, community services to support the flow of patients in and out of acute services. Ophthalmology was successful in obtaining external funding to commence this project commencing this financial year.
- In order to improve patient experience and choice the outpatient improvement team had made changes to

the ways in which follow up appointments were being made in some speciality groups. The changes were made to enhanced patient experience by reducing the number of times follow up appointments are cancelled and rebooked, to optimise capacity, and improve on outpatient efficiency. On the 15 December 2014 Outpatients launched partial booking within the Trust with the Ophthalmology specialty. In June 2015 Cardiology started partial booking with a full evaluation and lessons learnt exercise being undertaken at the time of our inspection. The Trust had set itself a target to complete roll out of partial booking by end March 2017.

- As a result ophthalmology had started to use a partial booking system to book patients for follow up appointments. The Trust had produced a flow chart for staff to follow when booking these appointments which included the escalation system where appointments could not be booked within the timescales required. Secretaries told us that the initial issues with the system were an increase in calls from regular patients who didn't understand the changes in the way that their follow up appointments were managed.
- The outpatient's improvements programme had also recently instigated changes to the follow up booking Protocol for out-patient Cardiology. Any patient leaving clinic whose clinician had requested they be seen again in outpatients within the next 8 weeks would have their appointment made prior to them leaving the hospital. Any patient leaving clinic whose clinician had requested they be seen again in outpatients any time after 8 weeks would be added to a waiting list. The clinician would also have to identify (via the outcome form) the category of the patient. Category 1 – urgent pathway, category 3 – routine, and category 4 – sos (discharge but can ring if in problems within 6m). The protocol described the process and included a flow chart for staff to follow.
- Outpatients were piloting the accredited Ward /Department developed by Professor Kim Manley in collaboration with the Trust wide Ophthalmology Matron. The programme helped staff to look at critically at their service along with celebrating good patient care. This programme was being piloted at WHH and QEQM but was about to be rolled out to other outpatient locations across the Trust.

Outstanding practice and areas for improvement

Outstanding practice

- The outpatient improvement plan had improved the service for patients. The team managing these improvements had regular meetings to establish their progress whilst ensuring staff were informed about improvements being made and the reasons behind any changed to the service.
- The management of health records and the central call centre had improved at a fast pace since our last inspection and we felt assured that these improvements would continue.
- The Nurse leadership in outpatients was outstanding with staff inspired to provide a good service to patients. The main outpatient's matron provided knowledgeable and inspirational support to staff whilst working hard to maintain and improve the service.

Areas for improvement

Action the hospital MUST take to improve

- The Trust must ensure that all taps in clinical rooms are working effectively.
- The Trust should ensure that clinical areas are not carpeted. Where clinical areas are carpeted they must be managed with effective risk assessment and cleaning regimes.

Action the hospital SHOULD take to improve

- The Trust should continue to improve Referral to Treatment times across all specialities to ensure that patients are treated in an acceptable timeframe following referral to the service.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.