

East Kent Hospitals University NHS Foundation Trust Buckland Hospital

Quality Report

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

Ratings

Overall rating for this hospital

Good



Minor injuries unit

Good



Services for children and young people

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

The Buckland Hospital, Dover is a community hospital that has recently re-opened following redevelopment supported by a £23million investment by East Kent Hospitals University NHS Foundation Trust with the objective of bringing services closer to the local population of the Kent coast.

Services on site include outpatients, renal satellite services, day hospital services and child health plus a minor injuries unit.

Our key findings were as follows:

- With the exception of the reception desk within the MIU the facilities and practice afforded a safe environment for patients.
- The trust has benefited from a highly successful outpatients transformation plan that has led to improved services to patients. The Buckland Hospital is a significant part of that transformation plan.
- Children's services were well designed and met the needs of that patient group and attracted positive feedback from patients.
- Governance arrangements were satisfactory and there was a link with the trust structure.

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.

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.
- Attend to the lack of privacy and dignity that the MIU reception affords patients and mitigate the risk that reception staff do not identify at risk patients.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Minor injuries unit

Rating

Good



Why have we given this rating?

There had been no never events or serious incidents reported and there had been no incidents reported in the first month of the unit being open. Cleanliness, infection control and hygiene were meeting the standards expected. .

The environment was well laid out and organised within the department, however the reception area did not always maintain patients privacy and dignity and nursing staff relied upon reception staff to pick up if a patient's condition warranted speedier attention. Stocks of equipment and medicines were maintained appropriately with evidence of good stock rotation and assurance that equipment to be used on multiple patients was clean, well maintained or serviced. Medication was stored safely and dispensed in line with trust policies and patient group directives (PGDs). Records were held on a computer programme widely used in the NHS. Processes were in place to safeguard patients and staff were well versed with safeguarding and deprivation of liberty standards. Mandatory training rates were good and staffing levels were adequate to cover the unit. Staff were suitably qualified to assess patient risks. Staff had access to training and development and were well supported to carry out their duties. Staff underwent annual appraisal. People had their competencies checked regularly.

The unit used National Institute for Health and Care Excellence (NICE) guidance and there was evidence of local audits being undertaken to monitor quality and patients' outcomes.

Systems were in place to provide patients with pain relief which was offered to patients on arrival at the unit and regularly during the duration of their stay. Food and drinks were available and could be bought when needed.

Staff understood the principles of the Mental Capacity Act 2005 and understood their responsibilities in relation to obtaining consent from patients. Patients were cared for with privacy and dignity with doors and curtains closed. Whilst we saw only one patient being treated and cared for this was done in a professional and courteous manner. The two patients we spoke with

Summary of findings

were very happy with their care. Whilst there was no information readily available about expected waiting times staff would go out into the reception area and tell people waiting if there was to be a delay. Interpreting services were available and there were no complaints about the service since its opening. Staff were spoke with felt they were well-led at departmental level and had regular contact with the matron. Staff were kept up to date via regular meetings and regular practitioner nurse meetings. There was evidence of good team work and staff told us they loved working on the unit. Staff were engaged in developing their service.

Services for children and young people

Good



The children's and young people's service at Buckland Hospital was rated overall as Good.

No never events or serious incidents have been reported. There have been no safeguarding incidents and no complaints have been received. Any incident would be reported through Datix, the online reporting system. The service was well managed.

Parents and children gave positive feedback about the care and treatment provided in the Children's Assessment Unit. Parents felt that both doctors and nursing staff were understanding, compassionate and supportive.

People were able to access the Children's Assessment Unit through their GP, community services and other healthcare providers. Multidisciplinary working was in evidence.

The environment was clean and tidy and there had been no problems with infection control. Equipment had been serviced appropriately and the resuscitation trolley had been checked daily. Medicines had been stored and administered safely. Patients were able to collect their medicines from the pharmacy on site. Staff had completed mandatory training and other relevant training to meet the needs of the community. They had received safeguarding training to the appropriate level for their role. All nurses had been trained in paediatric nursing and all staff had completed Paediatric Immediate Life Support, which included simulation training.

Summary of findings

Staff felt they worked in supportive teams and responded to patients' needs effectively. Staff carried out appropriate observations when a child was being seen and the patient's clinical records had been well maintained.

Care was provided in accordance with evidence-based national guidelines. The service had not been involved in any national clinical audits since moving to the new hospital building. However, local audits had been undertaken such as recordkeeping, health and safety and hand hygiene.

Outpatients and diagnostic imaging

Good



Buckland Hospital had been opened just before our inspection. The hospital was purpose built and provided excellent facilities for patients.

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 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 Buckland 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.

Summary of findings

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.

The diagnostic imaging service at the Buckland Hospital had opened just prior to our inspection. We found that staff were providing safe care and meeting the requirements for Ionising Radiation regulations 1999 and IR(ME)R regulations 2000.

Buckland Hospital

Detailed findings

Services we looked at

Minor Injuries Unit; Services for children and young people; Outpatients and diagnostic imaging.

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to Buckland Hospital	8
Our inspection team	8
How we carried out this inspection	8
Facts and data about Buckland Hospital	9
Our ratings for this hospital	9
Action we have told the provider to take	52

Background to Buckland Hospital

The Buckland Hospital, Dover is a community hospital that has recently opened (June 2015) following redevelopment supported by a £23million investment by East Kent Hospitals University NHS Foundation Trust with the objective of bringing services closer to the local population of the Kent coast.

Services on site include outpatients, renal satellite services, day hospital services and child health plus a minor injuries unit.

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:

- Urgent and Emergency Services
- Minor Injuries Unit
- Children and Young Peoples Services
- 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

Detailed findings

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 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 Buckland Hospital

Buckland Hospital was opened in June 2015 and as a consequence there is little historic data for presentation.

- 1400 patients attended the minor injuries unit in the first month of opening
- The hospital offers outpatient clinics in haematology, audiology, colorectal, ear, nose and throat (ENT), urology, general surgery, rheumatology, respiratory, endocrinology, medicine, neurology, dermatology, diabetes, pain, vascular, and gastroenterology.
- Diagnostic imaging provides both general x ray and ultrasound services.







Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Minor injuries unit

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

Information about the service

The minor injuries unit (the unit) at the Buckland hospital treated people with minor injuries requiring urgent care. The unit was nurse led with no medical cover on the unit. At the time of the inspection the unit had moved location and had been open for one month.

It serves the local population of Buckland and the surrounding area. It treats patients who have sustained a minor injury. Patients with more serious health problems must access other services such as their doctor, or for more serious illness or injury, the Accident and Emergency department at the William Harvey Hospital.

The unit at the Buckland Hospital was part of the emergency care services provided by the trust. Their other services were located on three sites: William Harvey Hospital in Ashford, Queen Elizabeth The Queen Mother Hospital in Margate and the minor injuries unit at the Kent and Canterbury Hospital. These three sites are reported on in separate reports. However, services at all sites were managed by the urgent and long term conditions directorate.

The unit saw both adults and children with 25% of all attendances being from children under 16. The unit had admission criteria which were followed by the ambulance services. Patients also self-presented to the unit. Patients who did not meet the unit's admission criteria but required emergency care were usually transported to the William Harvey hospital.

1,400 patients had attended the unit in the first month of the unit opening.

During our inspection we spoke with the senior manager, two emergency nurse practitioners, one emergency nurse technician and a receptionist. We also spoke with two patients and their relatives to obtain their feedback on the care they were receiving. We looked at controlled drugs records and visited all areas within the unit. We also reviewed some of the trust's own quality monitoring information and data.

Minor injuries unit

Summary of findings

There had been no never events or serious incidents reported and no incidents reported in the first month of the unit being open.

Cleanliness, infection control and hygiene were meeting the standards expected.

The environment was well laid out and organised within the department, however the reception area did not always maintain patients privacy and dignity and nursing staff relied upon reception staff to pick up if a patient's condition warranted speedier attention.

Reception staff may not feel safe as there was no window to protect staff from patients arriving in the reception area.

Medication was stored safely and dispensed in line with trust policies and patient group directives (PGDs).

Records were held on a computer programme widely used in the NHS. Processes were in place to safeguard patients and staff were well versed with safeguarding and deprivation of liberty standards (DoLS).

Mandatory training rates were good and staffing levels were adequate to cover the unit. Staff were suitably qualified to assess patient risks and underwent annual appraisal.

The unit used National Institute for Health and Care Excellence (NICE) guidance and there was evidence of local audits being undertaken to monitor quality and patients' outcomes.

Systems were in place to provide patients with pain relief which was offered to patients on arrival at the unit and regularly during the duration of their stay.

Food and drinks were available and could be bought when needed.

Staff understood the principles of the Mental Capacity Act 2005 and understood their responsibilities in relation to obtaining consent from patients.

Patients were cared for with privacy and dignity with doors and curtains closed. Whilst we saw only one patient being treated and cared for this was done in a

professional and courteous manner. Whilst there was no information readily available about expected waiting times staff would go out into the reception area and tell people waiting if there was to be a delay.

Interpreting services were available and there were no complaints about the service since its opening. Staff we spoke with felt they were well-led at departmental level and had regular contact with the matron. Staff were kept up to date via regular meetings and regular practitioner nurse meetings.

Minor injuries unit

Are minor injuries unit services safe?

Requires improvement



We rated the safety of the unit as requires improvement

There had been no never events or serious incidents reported and no incidents reported in the first month of the unit being open.

Cleanliness, infection control and hygiene were meeting the standards expected.

The environment was well laid out and organised within the department, however, unit was not conducive to maintain the safety for patients at all times.

The reception area did not always maintain patients privacy and dignity and nursing staff relied upon reception staff to pick up if a patient's condition warranted speedier attention.

Medication was stored safely and dispensed in line with trust policies and patient group directives (PGDs).

Records were held on a computer programme widely used in the NHS. Processes were in place to safeguard patients and staff were well versed with safeguarding and deprivation of liberty standards (DoLS).

Mandatory training rates were good and staffing levels were adequate to cover the unit.

Incidents

- There were no never events or serious incidents reported for the unit.
- We found that staff were aware of the process to report incidents and would complete incident reports using the trust's electronic incident reporting system. However, the unit had no incidents to report for the first month of its opening..
- Staff on the unit told us they had access to the trust magazine 'Risk Wise' which included learning from incidents. An example from an incident was included in the autumn 2014 edition where there was a missed case of sepsis in a patient with diabetes. The root cause analysis showed that blood cultures and arterial gases should have been taken earlier. The learning for staff

was that documenting observations and decisions should be clearer in the patient notes and an improvement plan in the management of sepsis was underway.

- All staff we spoke with were aware of the duty of candour and could explain how the process worked. However, staff still needed to attend the training for this area.
- The duty of candour requires healthcare providers to disclose safety incidents that result in moderate or severe harm or death. Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient and any other relevant person within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has or may have occurred.

Cleanliness, infection control and hygiene

- The department reported there were no incidents of MRSA (meticillin resistant staphylococcus aureus) or (C diff) clostridium difficile in the last twelve months.
- Alcohol gel was available for use on admission to the unit and personal protective equipment such as gloves and aprons were available.
- Nursing staff followed bare below the elbows policy.
- Patient trolleys were found to be clean and the main waiting room was also clean. We asked to see the cleaning records which were available and up to date.

Environment and equipment

- As the unit had only been open for four weeks, the environment was clean and the equipment was new. However, the layout of the unit was not conducive to maintain the safety for patients at all times. The nurses' station was based at the end of the area where patients were in bays so when the nurses documented patient care and treatment they would do so with their backs to the patients.
- Staff had plans to improve this situation but this would require some building changes.
- Security arrangements were adequate.
- We checked a range of equipment such as resuscitation trolleys, defibrillators and trolleys. All were in order and checked regularly.

Minor injuries unit

- We were concerned that reception staff may not feel safe as there was no window to protect staff from patients arriving in the reception area. We were told patients would often lean over and get too close to the reception staff. This meant that staff may be put into an unsafe position.
- There were appropriate arrangements for the segregation, storage and disposal of waste.

Medicines

- We reviewed the way medicines were stored, managed and checked. The medicines cupboard was well organised and adequately stocked.
- Controlled drugs were stored appropriately. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential misuse.
- We observed the fridge for storing drugs was locked and the temperatures had been checked daily.
- PGDs were available and processes were in place for the management of these. Medication was stored safely and dispensed in line with trust policies.
- There was a trust policy for the management of medical gases and a matron from the William Harvey hospital would attend the medical gases committee which reported to the drugs and therapeutics committee on a three monthly basis. Feedback would be given from these meetings.
- Medications for patients to take home were in good supply which meant they could be discharged in a timelier manner.

Records

- Records were held on a computer programme. Due to the time spent on the unit we did not observe staff inputting information on to the computer.
- Staff audited one another's records on a monthly basis to ensure they are fully completed and up to date.

Safeguarding

- We spoke with a member of staff from the children's and young people liaison team. A member of the team would visit all emergency departments and minor injuries units every day to review and document every child attendance to ensure there were no safeguarding or child protection issues for each attendance.

- Processes were in place for the identification and management of adults and children at risk from abuse. Staff understood their responsibilities and were aware of safeguarding policies and procedures. All staff had adult and children safeguarding Level 3 training.

Mandatory training

- Data provided by the trust showed nursing staff across all A&E sites completed most mandatory training using e-learning. Compliance with mandatory training for the department was as follows:
- Fire training 76%
- Moving and handling training 95%
- Health and Safety training 64%
- Infection control prevention 85%
- Equality and Diversity 89%
- Safeguarding 77%
- Information governance 63%

Assessing and responding to patient risk

- A see and treat model was used with patients being seen in time order rather than a traditional triage system.
- As part of our inspection, we looked at the process in place for patients to be seen within the department. Patients were registered at the main reception and asked to wait in the waiting area before being seen by a nurse. We were told by receptionist staff that if there were any immediate concerns about a patient's health the receptionist would contact the nursing staff to ask for immediate assistance. Staff were satisfied that this system worked effectively to identify patients at risk. However, there was no protocol for reception staff to follow in the event of a patient's wellbeing deteriorating.
- There was insufficient observation of patients by the nursing staff in the waiting area which may result in not detecting a deteriorating patient as soon as possible.
- Staff were able to explain the procedures for transfer of a deteriorating patient.
- Nurse practitioners were trained in advanced life support.

Nursing staffing

- The unit was nurse led with no medical cover; it was staffed by nurse practitioners who were qualified nurses

Minor injuries unit

with extra training. One practitioner was a trained paramedic with additional training. Staff covered the unit from 9am to 7pm Monday to Friday and 10am to 6 pm at the weekend.

- There were two band 7 practitioners who shared the role, one full time band 6, one 24 hour band 6 and one 18 hour band 6. There were two band 5s one 18 hours and the other 30 hours.
- If there were shortfalls of staff due to annual leave or sickness, staff from the minor injuries unit in Kent would cover. The unit did not use agency staff and had not used bank staff since February 2014.

Reception staff

- There were three reception staff; one full time and two part time working 20 hours and 18 hours respectively. Reception staff told us the reception desk was not always safe as they had their backs to the patients when they entered the reception area. There was no protective glass and so staff would be exposed to patients who may be distressed or angry.
- Staff worked on their own on a 12 hour shift and could only take a meal break or comfort break if the nurses could cover for them. At times this was not possible and the reception staff had to put up a notice informing patients the desk was unmanned in order for them to take a comfort break.

Major incident awareness and training

- Due to the closeness of the channel tunnel, M20 and Dungeness nuclear power station, the trust's major incident procedure was being reviewed and training to support the procedures were in place. However, there was no major incident training for paediatrics.
- 85% of staff in the department had attended major incident training. There had been no major incident exercise for 18 months.
- Staff on the unit had watched a video on major incident procedures.

Are minor injuries unit services effective? (for example, treatment is effective)

Good



Staff were suitably qualified to assess patient risks and underwent annual appraisal.

The unit used National Institute for Health and Care Excellence (NICE) guidance and there was evidence of local audits being undertaken to monitor quality and patients' outcomes.

Systems were in place to provide patients with pain relief which was offered to patients on arrival at the unit and regularly during the duration of their stay.

Food and drinks were available and could be bought when needed.

Staff understood the principles of the Mental Capacity Act 2005 and understood their responsibilities in relation to obtaining consent from patients.

Evidence-based care and treatment

- There was a range of care pathways which complied with the National Institute for Health and Care Excellence (NICE) and the College of Emergency Medicine's (CEM) clinical standards for emergency departments.
- Staff could access the trust's electronic system to store and access evidence based pathways. In addition, nursing staff had their own PGDs which they updated regularly and were signed off by a consultant working at the William Harvey emergency department.

Pain

- Staff explained to people to ask for pain relief if needed and used pain scoring tools to measure patients' pain.
- We spoke with a patient who had taken a fall and was waiting to be transferred to the William Harvey hospital for an operation. She told us she had been given pain relief when she first attended the unit and had been asked again whether she needed further analgesia. She was very happy with the pain relief she had been given.
- The pain management policy was in draft and was being developed in conjunction with the trust's medication policy.

Minor injuries unit

Nutrition and hydration

- Facilities were available to provide food and drink. There was a water fountain in the reception area and a shop at the entrance of the Buckland hospital where food, drinks and magazines could be bought.

Patient outcomes

- This could lead to the patient being more at risk of returning with the same illness. Both pieces of data were related to the MIU prior to moving to the new site in the Buckland Hospital.
- Nurses undertook their own audits and shared these with the emergency nurse practitioners (ENP) forum when they met every two to three months. They were carrying out an audit on eye care where they were auditing one another's practice.

Competent staff

- There was one nurse prescriber with the other nurses following PDGs.
- All staff had their appraisals booked and clinical supervision didn't take place formally. However staff felt well supported and able to discuss clinical issues openly with colleagues and managers.
- All staff were immediate life support (ILS) trained and staff were either paediatric life support (PILS) trained or were booked to do the training.
- Staff kept up to date via a ENP forum where they met with the other ENPs working at the other hospital sites.
- None of the staff were children's trained however; one of the nurse practitioners had completed a three day paediatric minor injuries course and an eight hour spotting the sick child course.

Multidisciplinary working

- Staff reported good links with the other emergency departments.

Seven-day services

- The unit was open seven days a week and the unit had access to on-site x-ray facilities.

Access to information

- Clinical guidelines and policies were available via the trust intranet. We found that some guidance on the intranet was in need of updating however we were informed that this process was underway throughout the trust.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were confident with the consent process and could explain how consent to treatment was obtained. They accepted implied consent as the patient agreeing to a procedure.
- Staff were aware of the Mental Capacity Act and the deprivation of liberty standards (DoLS).
- There was a trust policy for consent to examination or treatment dated June 2105 which included 'children under 16 – the concept of Gillick competence (also known as the Fraser guidelines).
- There was a trust wide audit of consent for those patients who lacked capacity to consent but the audit did not include patients in the emergency department.

Are minor injuries unit services caring?

Good



Patients were cared for with privacy and dignity with doors and curtains closed. Whilst we saw only one patient being treated and cared for this was done in a professional and courteous manner. The two patients we spoke with were very happy with their care.

Compassionate care

- The results of the 2014 CQC's national A&E survey disclosed that 80% of patients said they had enough privacy and dignity when discussing their health problem with the receptionist. 91% of patients said they were acknowledged by staff and staff did not talk in front of them as if they were not there. 67% of patients felt reassured by staff if they were distressed while in the department
- The trust scored worse than the England average in the NHS Friends and Family Test for the last 15 months (52% response rate) although this was starting to improve.
- However, the unit scored 59% and displayed their results in the reception area.

Minor injuries unit

Understanding and involvement of patients and those close to them

- Patients and those close to them were involved in their care
- We spoke with a patient who had taken a fall and was waiting to be transferred to the William Harvey hospital for an operation. Both the patient and her husband told us they were well informed about what was happening and understood about the care and treatment the lady was receiving.

Emotional support

- We spoke with a patient who had taken a fall and was waiting to be transferred to the William Harvey hospital for an operation. The lady felt that she had been supported.

Are minor injuries unit services responsive to people's needs? (for example, to feedback?)

Good



There was no information readily available about expected waiting times, however staff would inform people waiting if there was to be a delay.

Interpreting services were available and there were no complaints about the service since its opening.

Service planning and delivery to meet the needs of local people

- The recent opening of the unit meant that some patients attended the unit inappropriately. Additionally, some patients were unhappy that the unit was not a full A&E department. The trust had tried to manage the situation by improving sign posting and updating information on their website.

Meeting people's individual needs

- There was no information readily available or visible to patients about expected waiting times. This meant that patients did not know how long they could expect to be in the department. However, staff would go out into the reception area and tell people waiting if there was to be a delay.

- We observed that patients could be overhead at the reception whilst giving their personal information to staff. Staff were aware of this issue and had plans to address this. The trust had access to interpreting services for people whose first language was not English. Staff told us that in an emergency situation they may use a family member in the very first instance, but would try to access an interpreter as quickly as possible. The trust could also access telephone interpreters if necessary.
- Staff also had a translation book which they could use if they had to wait for the translation service.
- The reception area had a corner where there were toys and books for children to play with. There was also a safe seating area outside the reception where patients could wait when the weather permitted.
- We were told patients who were living with a learning disability often would attend with their carer. We were given an example where one patient with a learning disability arrived at the unit with their carer and was so frightened to come into the unit the nurses went and treated the patient in the carer's van.
- Staff told us they would fast track a patient with a learning disability in order to reduce the stress for the patient.
- The staff had access to a dementia matron and could contact her if they needed advice or guidance.

Access and flow

- 1,400 patients were seen in the unit since it opened. Sign posting to the new unit was clear and the trust's website had been updated to ensure people knew about the new unit and that it was a minor injuries unit and not an A&E department.
- No patients had to wait for more than 15 minutes to be seen by a nurse practitioner. Trust data showed 94.3% of patients were seen within one hour and 100% of patients being seen within two hours.
- At times between 55 to 59 patients were seen over a 10 hour shift. We were told this made them feel as if they were overstretched. This often led to staff having no breaks in order to meet their targets.

Learning from complaints and concerns

Minor injuries unit

- There was information about how to raise concerns about the unit or the trust as a whole on display in the department and there were leaflets available for patients to take away with them.
- Staff were able to describe to us the action they would take if a patient or relative complained to them.
- There were no complaints at the time of the inspection.

Are minor injuries unit services well-led?

Good



Staff we spoke with felt they were well-led at departmental level and could access the matron easily. Staff were kept up to date via regular meetings and regular practitioner nurse meetings.

There was evidence of good team work and staff told us they loved working on the unit. Staff were engaged in developing their service.

Vision and strategy for this service

- There was no strategy for the emergency department, this was being developed and in draft format. However, the urgent and long term conditions directorate was contributing to the trust's 'Developing our Future' five to ten year strategy. There was a vision for children's services in the department. However there were no plans for shared paediatric rotas and no plans for shared paediatric governance at this time. This meant that services for children in the department may be compromised.
- Staff we spoke with were aware of the future plans for the whole emergency care departments. They were aware of the increasing number of patients accessing the accident and emergency departments. Work was underway to look at how increased demand could be managed to meet the needs of the population.

Governance, risk management and quality measurement

- Monthly meetings were held to review incidents, complaints, progress on audit activity and other safety issues. This was attended by senior clinicians and managers.

- The divisional risk register detailed the risks associated with poor patient flow, increased activity, delays in the department and staffing levels. These risks mirrored what staff and managers told us.
- There were 12 risks on the division's risk register. They detailed the risks associated with poor patient flow, increased activity, delays and staffing levels within the department. Other risks included the lack of policy and guidance for managing children when they attend the department and the effective management patients with sepsis. These risks mirrored what staff and managers told us. There were actions to address these risks with dates attached for completion.
- The Buckland unit and the minor injuries unit at Kent and Canterbury hospital was managed by the same matron and as such all governance processes were the same for both units.
- Staff from both units would meet every three months where they would review governance arrangements and share learning from complaints and incidents.

Leadership of service

- Staff told us that they had no concerns with their line managers and felt that they could raise concerns and be confident that they would be resolved whenever possible.
- Staff we spoke with felt they were well-led at departmental and trust level.
- We found that the nursing leadership in the department to be good. During our inspection we found that the senior matron would visit every week and was easily accessible over the phone if needed.

Culture within the service

- Staff told us that there was an open and supportive culture within the department. They told us that morale in the department was good and staff worked together as a team.
- Staff felt supported and were supportive of each other. We saw and were told that staff had very good professional relationships.

Public engagement

Minor injuries unit

- The department used the Friends and Family Test to capture patients' feedback and comments cards were handed out to patients as they arrived in the department. Posters demonstrating their performance were displayed in patient waiting areas.

Staff engagement

- Staff were updated by the matron every week and there were regular meetings with the matron to keep staff engaged.

- Staff told us they loved working on the unit and enjoyed the team work and contact with patients.

Innovation, improvement and sustainability

- Whilst the unit was new the layout was not conducive to keeping patients safe at all times. Staff recognised the shortfalls and had plans to rectify the issues.

Services for children and young people

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

Information about the service

At Buckland Hospital children and young people could attend the Children Assessment Unit (CAU) for outpatient appointments and treatment. The children and young people's service at Buckland Hospital was comprised of the CAU and a number of children's outpatients clinics. These were situated within the Children's Assessment Centre. A new hospital building was opened in June 2015. There were also some clinics managed by the community nursing team which were not part of this inspection. The service treated 1091 patients between June 2014 and May 2015.

The CAU provide unscheduled assessments for children to attend when referred by their GP, the community nursing service, or other healthcare providers. The outpatients clinics held in the CAU included: a consultant-led clinic for general paediatric conditions; a registrar-led paediatric baby clinic for babies aged six to eight weeks; and eye clinics conducted by specialists in different eye disciplines.

During the inspection we spoke with five parents, one child, and six staff, including doctors, nurses and support staff. We observed children and young people receiving care; case-tracked two patients; and looked at patients' care records. We reviewed other documentation, including performance information provided by the trust. We received comments from parents and from people who contacted us to tell us about their experiences.

Summary of findings

The children's and young people's service at Buckland Hospital was rated overall as Good.

No never events or serious incidents had been reported in the previous 12 months. There had been no safeguarding incidents, and no complaints had been received. Any incident would be reported through Datix, the online reporting system. The service was well managed.

Patients' records had been well maintained. Medicines were stored safely and patients were able to collect their medicines from the pharmacy on site. There had been no problems with infection control. The environment was clean and tidy. Equipment had been serviced appropriately.

Staff had completed mandatory training and other relevant training to meet the needs of the community. Staff had received safeguarding training to the appropriate level for their role. All nurses had been trained in paediatric nursing and all staff had completed Paediatric Immediate Life Support (PILS), which included simulation training.

Parents and children gave positive feedback about the care and treatment provided in the Children's Assessment Unit (CAU). Parents felt that both doctors and nursing staff were understanding, compassionate, and supportive.

Services for children and young people

Care was provided in accordance with evidence-based national guidelines. Policies and procedures were based on national guidelines. There was good multidisciplinary working within the unit. Local team meetings had been held and staff had received good guidance regarding clinical governance.

Each patient received personalised care and treatment. There had been no complaints received about the service.

People were able to access the CAU through their GP, community services, and other healthcare providers. Multidisciplinary working was in evidence.

Local management and staff teams had regular meetings to address local issues and to ensure lessons were learnt. Risks had been identified and a risk register was in place.

The trust had embarked on an improvement agenda. This included the launch of a culture change initiative in January 2015.

Are services for children and young people safe?

Good



There had been no never events or serious incidents in the children's assessment centre. Staff knew how to report incidents through the online reporting system, Datix.

Patients' records had been well maintained. Medicines were stored safely and patients were able to collect their medicines from the pharmacy on site. There had been no problems with infection control. The environment was clean and tidy. Equipment had been serviced appropriately.

Staff had received safeguarding training to the appropriate level for their role. Staff had completed all mandatory training.

Incidents

- The children's and young people's service had systems in place to ensure that incidents were reported and investigated appropriately. We did not review any serious incident reports during our inspection, as the service had not had any serious incidents (SI) in the period January 2014 to May 2015. The senior matron told us they reviewed all incidents that were flagged as moderate or above on the trust's electronic incident recording system. Moderate incidents would have a root cause analysis (RCA) completed as part of the investigation of incidents. The senior matron told us they monitored incident reports for themes and to ensure incidents were investigated promptly. Identified learning from incidents and lessons learned from incidents would be shared across teams.
- Staff said they had been encouraged to report incidents using the online reporting system, Datix. There had been no incidents reported over the period from 01 January 2015 to 30 April 2015.
- Staff we spoke with told us they would be alerted to patient safety alerts by email. Staff told us children and young people's services would take action to respond to relevant alerts. The senior matron told us alerts would be discussed at departmental governance meetings.

Services for children and young people

Senior staff described how completed actions would be reported to the Department of Health's (DOH) central alerting system, (CAS). We did not see any completed actions during our visit.

- Mortality and morbidity meetings were held monthly as part of the children and young people's audits meeting. All junior doctors, consultants and nursing staff were invited to the meetings. A schedule of cases for each meeting was planned and any actions required were identified and recorded. Learning was shared across the various medical, nursing and other professional scheduled meetings.

Cleanliness, infection control and hygiene

- The CAU at Buckland Hospital was transferred to the new hospital building in June 2015. The new centre was spacious, clean and tidy.
- We noted each clinic and treatment room had a separate hand wash basin and a dispenser for disinfectant gel. We saw staff regularly washing their hands and using disinfectant gel between patients. However, we noted the gel dispenser in the corridor next to the reception area was installed too high and not easily reachable by people of small stature or people using a wheelchair. The child health matron said this issue had been raised and would soon be remedied.
- Staff wore clean uniforms with arms bare below the elbow, as required by the trust's policy. Staff wore personal protective equipment (PPE) such as disposable aprons and gloves when required. Staff changed the paper towel on the bed trolley in-between patients.
- There had been no recent cases of *Clostridium difficile* (C.diff) or methicillin-resistant *Staphylococcus aureus* (MRSA) infection.
- There was a lead nurse for infection control, who ensured staff adhered to the hygiene code of practice and the trust policy on infection control.
- The premises were cleaned daily by domestic staff from a contractual company and there was a regular cleaning audit by their quality officer and a member of staff. Staff said prompt action would be taken to remedy any cleaning problems found. Areas checked included all the clinical rooms, waiting and play areas, staff locker rooms, toilets, bathrooms, sluices and the clinical waste disposal facility.

Environment and equipment

- The environment was secure for patients. Entry to the unit was via swipe cards for staff and there was a telecom system in which patients and visitors pressed a buzzer so that the reception staff could allow them to enter.
- All equipment in use had been appropriately checked and cleaned and had been serviced regularly. The resuscitation trolley was checked daily and staff signed the checklist form after each daily check.

Medicines

- Medicines were stored safely and securely in a lockable medicines cupboard in the treatment room, which was locked when not in use.
- There were no controlled drugs in use. Staff adhered to the trust medication policy and procedures.
- There was a pharmacy based at Buckland Hospital and patients waiting for prescribed medicines to take away would be able to do so without having to wait too long.

Records

- The patients' records had been maintained by both doctors and nurses within the children's assessment centre. We case-tracked two patients' records. Staff used a paediatric medical and nursing booklet with sections for historical information, the doctor's initial assessment, and follow-up review notes. Patient's records also had a section for nursing records and general observation recordings. We were also shown the patients' electronic records.
- All patients' clinical notes and confidential information were kept in locked cabinets within the CAU treatment room.
- For patients requiring transfer to a hospital, risk assessment forms such as for pain management and additional observation charts such as the PEWS charts were used to identify critical conditions needing medical intervention.
- 100% of staff had up to date mandatory training in information governance.

Safeguarding

- The trust worked in partnership with statutory agencies such as the local authority and police to safeguard vulnerable children.
- Both paediatric registrars and nursing staff had received training in safeguarding children and young people to the required level 3. Supporting staff confirmed they had

Services for children and young people

been trained to level 2. We viewed the trust's training spreadsheet and saw that 100% of staff at Buckland Hospital had up to date mandatory safeguarding training.

- Staff were able to describe the referral process for alleged or suspected child abuse and knew the names of the safeguarding lead and those within the safeguarding team.
- The children's safeguarding meeting minutes 1 July 2015 recorded that all children's safeguarding policies and procedures had been reviewed and updated. The trust was using the Kent and Medway procedures for safeguarding. The trust informed us that the Kent and Medway procedures had been created following extensive collaboration with all partner agencies, and the trust had participated fully in their compilation and updating. We saw that these were available on the trust's intranet, and were based on best practice and local safeguarding protocols. However, the trust did not have a safeguarding policy that was specific to the trust, that provided trust specific guidance for staff working at Buckland Hospital or across the trust. This meant staff would not have access to a children and young people's safeguarding policy that was specific to the trust.
- The trust employed children's safeguarding lead nurses who worked with wards and departments, raising awareness and offering support, advice and resources where necessary. Each safeguarding lead nurse worked collaboratively with other health and social care organisations.
- We spoke with the trust's safeguarding lead nurse who told us work was in progress in training all staff to an appropriate level as set out in the intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff, 2014'. The trust had an action plan in place to ensure compliance with the intercollegiate guidance. We viewed minutes from the trust's children's safeguarding meeting dated 1 July 2015. These recorded that the trust was in the process of conducting a gap analysis to ensure that staff across the trust received safeguarding training to the appropriate level for their role. The target date for the completion of training was the end of the year. The safeguarding lead told us the gap analysis figures were fed back monthly to the trust's board.
- The trust's safeguarding lead told us the trust's safeguarding training and practice was based upon the Kent Safeguarding Children's Board (KSCB) policies and

procedures. This included recommendations from 'Working together to safeguard children, 2015'. The safeguarding lead nurse told us they were a member of the KSCB learning and development group.

- The trust had recently identified a named consultant for children's safeguarding. The trust's children's safeguarding lead was a qualified midwife and registered nurse. There were also named children's safeguarding leads at all the trust's hospital sites. Staff we spoke with told us they would liaise with the safeguarding lead if they had safeguarding concerns.
- The trust was in the process of rolling out training to safeguard women or children with, or at risk of, female genital mutilation (FGM) and trafficking as part of the trust's child sexual exploitation training. Child sexual exploitation was a standard agenda item at the trust's children's safeguarding meetings. However, the trust did not have specific guidance available to staff on FGM, and were relying on staff accessing information from the Kent and Medway safeguarding children's board website.

Mandatory training

- Members of staff interviewed said they had received mandatory training in topics such as moving and handling, infection control and safeguarding vulnerable adults and children. For new staff these topics were included during the induction period.
- Staff said they were given two days to attend training and were also able to access e-learning to update themselves on topics which included children and young people's safeguarding, moving and handling, fire safety, health and safety, and equality and diversity. We viewed the staff training record for Buckland Hospital and saw that compliance with mandatory training was between 84% and 100%.
- All staff had been trained in Paediatric Immediate Life support (PILS) which included simulation training.

Assessing and responding to patient risk

- The CAU had a paediatric registrar on site Monday to Friday (09:00-17:00 hours) to see patients referred by family doctors, community nurses and other healthcare professionals. This meant that patients had been seen promptly by the paediatrician, who was supported by a nurse.
- When a patient arrived at the CAU, the nurse saw the patient first and carried out general observations,

Services for children and young people

including the patient's blood pressure, pulse, temperature, weight and height. There was regular monitoring using the PEWS chart and pain chart, as required. The PEWS chart used depended on the age of the child: less than 1 year, 1-5 years, 5-12 years and over 12 years. It was used to help staff recognise a deteriorating patient.

- Patients were seen and assessed by the paediatrician registrar, who gave the required treatment accordingly. If the patient required admission to the hospital, arrangements for transfer were made promptly.

Nursing staffing

- The CAU staff consisted of two children-trained nurses (band 5s, one full time and one part-time), a full time healthcare assistant (HCA band 2) and two receptionists, who job shared.
- The CAU was open from Monday to Friday from 09:00 to 17:00 hours. The staffing level per shift comprised one nurse (band 5) and one HCA. They were supported by a receptionist. Some of the staff also worked in Kent and Canterbury hospital on ward duties to make up their hours and to enhance their nursing skills.
- Staff we spoke with said the staffing level and skill mix was adequate for the CAU.
- The child health matron, who was responsible for the general management of the unit, was based at Queen Elizabeth the Queen Mother Hospital. Staff said the matron visited regularly and was contactable by telephone if needed. The matron was present on the day of our inspection.

Medical staffing

- The CAU itself was managed by a paediatric registrar.
- Within the children's assessment centre, a number of children's outpatients clinics were held every week. There was an eye clinic, which, by rotation, was conducted by specialists in different eye disciplines. There were two paediatric clinics; one was for general conditions and was led by a consultant and the other was to carry out the six to eight weeks checks on babies and was led by a registrar.
- The eye clinic was conducted, by rotation, by an optometrist, an ophthalmologist and an orthoptist. The orthoptist dealt with children who had abnormalities of the visual system or developmental problems such as squint or lazy eye.

Major incident awareness and training

- The unit had a copy of the major incident policy, which had been updated in April 2015.
- Staff had watched a seven minute video on major incident awareness the trust had produced. The video showed the types of incidents staff should be prepared for; and staff roles in the event of a major incident.

Are services for children and young people effective?

Good



Care was provided in accordance with evidence-based national guidelines. Policies and procedures were based on national guidelines. There was good multidisciplinary working within the unit. Local team meetings had been held and staff had received good guidance regarding clinical governance.

Parents confirmed their consent had been obtained before care and treatment had been provided.

Staff had been given appraisals and appropriate training to carry out their roles. Nurses had all been trained in paediatric nursing.

Evidence-based care and treatment

- Staff followed the trust's clinical policies and procedures, which were based on guidelines issued by the National Institute for Health and Care Excellence (NICE) and the Royal College of Paediatrics and Child Health (RCPCH).
- Most policies and procedures were up to date but some were currently under review. For example, the Root Cause Analysis (RCA) policy had recently been updated following the latest guidelines from NHS England entitled 'What is a Serious Incident' and 'Never Events Policy'. The trust policy regarding the RCA timeframe for completion was changed from 45 days to 60 days.
- Staff knew where to find policies and local and national guidelines, which were available on the trust's 'Share Point' electronic system.
- Nursing staff confirmed that they had attended monthly staff meetings, where changes to policies and procedures and guidance had been cascaded down and discussed.

Services for children and young people

- Staff showed us the local audits folder which documented the local audits that had been started since moving into the new premises in June 2015. They included infection control, recordkeeping, health and safety, environment and hand hygiene. We were told an action plan would be produced if an audit showed improvements were required to remedy any concerns.

Nutrition and hydration

- Staff had received training on nutrition and hydration and were able to recognise the signs indicating the need to use the Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) and the Malnutrition Universal Screening Tool (MUST) when patients were seen at the CAU. Both tools had recently been implemented by the trust. STAMP is a validated nutrition screening tool for use in hospitalised children aged from 2 to 16 years.

Patient Outcomes

- We viewed the children and young people's audit planner. We saw the service had plans in place to ensure they took part in national clinical audits. Audits that were not in progress had commencement dates. This ensured that the trust had a framework of action in place; including the review of all clinical guidance and the undertaking of gap analyses to ensure all specialist services who provide care for children had a detailed clinical audit programme in place for 2015/16. The service also had a programme of audits that would be undertaken at a local level across children's services to monitor the quality of care provided to children and young people. However, we did not see evidence of how audit results had been fed back to staff to ensure that the results could be used to improve service delivery, this was due to audits either being in progress or awaiting commencement.
- The trust performed worse than the England average in the National Paediatric Diabetes Audit (NPDA) in controlling blood glucose levels. The trust had 15.9% proportion of children with a glycated haemoglobin (HbA1c). This compared with the national average of 18.5%.
- The trust used a balanced score card to monitor services. The balanced scorecard is a strategic planning and management system that is used to align business activities to the vision and strategy of the organization, improve internal and external communications, and

monitor organization performance against strategic goals. This meant patients could be sure that the trust was monitoring the quality of its performance against defined performance measures.

Competent staff

- The nurses working in the CAU were trained in paediatric nursing. They were also trained in paediatric immediate life support (PILS).
- Staff said they had received good support to develop their skills and knowledge. A member of staff showed us how they accessed e-learning, trust policies and procedures and clinical guidelines online. A member of staff showed us their training folder with certificates dated May 2015 which included respiratory disease and diabetes.
- Staff said they had been given annual staff appraisals by their line manager.

Multidisciplinary working

- There was multidisciplinary working within the service, within the trust and with external healthcare providers, such as GPs, social services and community nursing teams. Patients seen at the CAU and the outpatients clinics were referred by GPs, community nurses, hospitals and other providers.
- On the day of our inspection, we witnessed both the consultant and registrar helping out. They had provided cover while the registrar running the CAU had been taken ill.

Access to information

- Staff demonstrated how they accessed the trust's policies, procedures and guidelines via the intranet. Staff had access to e-learning to complete their mandatory training.

Consent

- Parents we spoke with confirmed that staff explained what they were going to do and asked for verbal consent before they examined their child.
- Staff had received training regarding Gillick competence. These guidelines helped staff to balance children's rights and wishes with the staff's responsibility to keep children safe from harm and to help staff assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.
- Members of staff were aware of the Mental Capacity Act 2005 and, if the situation arose, they would adhere to

Services for children and young people

the Act and take appropriate action in the best interests of the child. Staff confirmed that there had been no young people who had been subject to Deprivation of Liberty Safeguards (DoLS).

Are services for children and young people caring?

Good



Parents were pleased with the care and treatment their child had received in the children's assessment centre.

Parents felt well informed and they had access to information leaflets on various medical conditions and on the complaints procedure and on how to contact the Patient Advisory and Liaison Service (PALS).

Compassionate care

- Parents we spoke with gave positive feedback about the service and were complimentary about the staff working in the children's assessment centre. Both children and parents were treated with respect and dignity. We observed staff were compassionate and understanding.
- One parent said, "The service was quite good. We have no problems whatsoever; we are happy with the doctor's support and care."
- Another parent said, "We have been to the clinic and saw the same specialist. Staff are always helpful; they always listen. We like this clinic; the children's play area is great and there are plenty of seating areas within sight of the play area to watch our child at play while we wait."

Understanding and involvement of patients and those close to them

- In the children's assessment centre there were information leaflets on various medical conditions, including eye conditions, available to parents. There were also leaflets on how to make a complaint and how to contact the Patient Advisory and Liaison Service (PALS).
- Parents we spoke with felt they were well informed and had been consulted before their child was treated. Parents felt involved in the care and treatment of their child.

Emotional support

- We observed staff being caring and supportive; and saw staff offering emotional support to parents and children when they arrived at the CAU.
- The parents of a child said they felt welcomed and reassured by a member of the nursing team as they waited for their child to be seen for the first time. We observed the child was relaxed and playing in the children play area.
- The senior matron told us the hospital chaplaincy service would offer support for parents and others close to a child who had received bad news. The chaplaincy team had access to multi-faith support for children, young people, and their families where there was a need. The chaplaincy service was available 24 hours a day, 365 days a year.

Are services for children and young people responsive?

Good



The CAU provided open access for patients to be treated without having to wait long. Within the centre, there were a number of outpatients clinics provided for the local communities.

The unit had a paediatrician on site during opening hours from Monday to Friday. There was a referral system through direct contact with the registrar on duty. GPs and healthcare professionals of all disciplines could refer a child to be seen.

Each patient received personalised care and treatment. There had been no complaints received about the service.

Service planning and delivery to meet the needs of local people

- Both doctors and nursing staff said they worked well with local GPs, local authorities and other healthcare professionals.
- There was open access to the CAU once a patient had been referred by their GP or another healthcare professional. The child's vital signs checks and other observations were done by a children's nurse (band 5) before they were seen by a paediatrician registrar on site without delay. This avoided the need to go to the accident and emergency department.

Services for children and young people

- The outpatients' clinics within the children's assessment centre served the needs of the local communities. On the day of our inspection, the orthoptist held a clinic from 09:00 to 12:00 hours and saw six patients. There were eye clinics open on other days for different eye conditions that affect children. There was a paediatric clinic conducted by a consultant and a clinic carrying out checks on babies between six and eight weeks old conducted by a registrar. There were referrals by some local GPs who had arrangements with the service.
- One parent said, "We are happy to attend the new clinic at Buckland Hospital instead of William Harvey. The waiting area is spacious and the children's play area and toys provided are fantastic. We will request to come here in future as we prefer the set up. It's also convenient as we live nearby."
- The trust had considered consolidating children and young people's services into a single site. At the time of our visit services were undergoing review and no decisions had been reached about the geographical locations of children and young people's services in the long-term.
- A Royal College of Paediatrics and Child Health (RCPCH) comprehensive review of children and young people's services, 2015, had offered the trust recommendations for improvements. We saw that the trust had implemented or work was in progress to implement some of the recommendations from the RCPCH review.

Access and flow

- There was a steady flow of patients attending the three outpatients clinics and the CAU.
- The registrar for the CAU was taken ill on the day. However, cover was provided by the consultant and another registrar, who were present for their own clinics. They saw the CAU patients in-between their clinic sessions.
- Patients who required treatment did not have to wait very long to be seen.
- Staff said they had had to contact a few parents to rearrange appointments. This was only for non-urgent cases, such as patients requiring routine blood tests or medical checks.
- Staff explained the procedure following the assessment and treatment provided before a child was discharged home using the electronic discharge notification (EDN) method of information transfer. The EDN notified the GP of all information relating to the treatment.

Meeting people's individual needs

- Staff said each patient was given personalised care and treatment.
- The service used personal child health records (PCHR), referred to as red books. Parents were encouraged to bring these books to each hospital appointment in order to facilitate sharing of child health records and hospital appointments.
- Patients and their families did not have to travel far to be treated.
- Translation services were available for patients and families for whom English was not their first language.
- The trust informed us where children had complex needs or multiple diagnoses the management of the child would be at the tertiary centres, (these are large hospitals that provide specialist care), or within the trust's specialist clinics. Each child would have a local paediatrician who would see them when required and was aware of their care management plans. Children who were pre-school age would also have a key worker from the trust's early years support team.

Learning from complaints and concerns

- The child health matron who oversaw the children's assessment centre said they had not received any formal complaints. This was confirmed by the complaints spreadsheet for the period from 01 April 2014 to 17 July 2015.
- The child health matron told us that any complaints would be investigated and responded to within 28 days, in accordance with the trust's complaints policy and procedures.
- Staff said any concerns or complaints raised would be discussed at team meetings so that lessons could be learnt.

Are services for children and young people well-led?

Good



Staff said there had been improvements under the new Chief Executive. There was an effective governance framework in place and responsibilities were defined.

Local management and staff teams had regular meetings to address local issues and to ensure lessons were learnt. Risks had been identified and a risk register was in place.

Services for children and young people

Staff felt well supported by their line manager and the doctors running the clinic. They felt they provided a good service to the local community. People attending for the first time felt welcomed by staff.

The trust had embarked on an improvement agenda. This included the launch of a culture change initiative in January 2015.

Vision and strategy for this service

- The trust had a vision statement and a strategy consisting of a number of priorities. For 2015/16, the first priority of the trust was to focus on delivering the improvements identified in the Quality Strategy in relation to patient safety, patient experience and clinical effectiveness.
- Safety and quality were clearly the top priorities for the management team. However, the trust had undertaken a lot of work on the children's and young people's strategy in regards to a proposed move to a single site with area hubs. Staff told us this strategy had been abandoned in the week prior to our visit due to a central location being required and this being prohibitively costly. Staff told us the trust were now looking at care and treatment to be provided in two locations; but, a decision had not been finalised on the future strategic direction for children and young people's service.
- The nursing and medical management team were aware of how they fitted into the wider management model for the trust. Staff knew who the CEO and board members were. We were shown the organisation chart, which was on the notice board.

Governance, risk management and quality measurement

- There was an effective governance framework in place and responsibilities were defined. There was a monthly clinical governance meeting, attended by the child health matron, at which issues were discussed by senior staff members and decisions were made to improve care and services.
- There were governance arrangements in place that monitored the outcome of audits, complaints, incidents and lessons learnt throughout the service. We looked at copies of governance meetings, risk registers, quality monitoring systems, and incident reporting practices. These demonstrated that there were management systems in place to improve learning and performance; these were reviewed on an on-going basis.

- Local management and staff teams had regular meetings to address local issues and to ensure lessons were learnt. Staff confirmed information had been cascaded down to them at the local staff meetings.
- Risks had been identified and a risk register was in place. For example, there was a risk associated with a large rocking horse in the play area. Staff had to ensure children were properly supervised by their parents when using the rocking horse.

Leadership of service

- Staff said there had been improvements under the new CEO.
- A member of staff said, "Things have been put in place. We never used to have meetings for band 5 nurses; now this has been incorporated since the new CEO came."
- Another staff member said, "We now have a buddy system which staff can access if they feel bullied or harassed. It's good for staff who need help."
- The child health matron was based at Queen Elizabeth the Queen Mother Hospital and managed children and young people's services at four locations, including Buckland Hospital. This meant the matron was monitoring services at Buckland Hospital from a distance for most of the time. Staff told us the matron was supportive and could be telephoned for advice.

Culture within the service

- The trust had embarked on an improvement agenda. This included the launch of a culture change initiative in January 2015.
- Staff said the child health matron was approachable, supportive and very encouraging. Staff said they had been given tasks to do to improve their auditing and recordkeeping skills.

Public engagement

- Patients' families were complimentary about the CAU service and the staff who cared for and treated their child. People attending for the first time felt welcomed by staff.
- The new service was opened in June 2015. Surveys through the Friends and Family Test (FFT) had yet to be established.

Services for children and young people







Staff engagement

- Staff said they enjoyed working in the new unit. They felt they provided a good service to the local community. We found staff interacted well with patients and their families.
- The senior matron told us the trust had held a number of staff focus groups in the past 12 months as part of the trust's change agenda.
- The trust had introduced a culture change programme, 'let's make our trust a great place to work.' The trust outlined to staff that the programme was the beginning of a long-term and sustainable change at the trust to ensure staff felt supported and inspired about working for the trust.
- Staff working in the new unit strived to ensure the service was well maintained, with a good standard of practice.

Innovation, improvement and sustainability

- The Children's Services Improvement and Assurance Board met regularly to discuss possible risks and any actions needed to improve the service.

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 and Buckland Hospital. The centralized outpatient appointment centre was located at Kent and Canterbury Hospital. Health Records departments were located at each site.

In the last calendar year the Trust saw 1,060,985 patients in their outpatients departments.

Outpatients services were undergoing an improvement strategy which included the reduction of the number of facilities used for out-patient 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 (15th June 2015). The hospital had been rebuilt on the same site as the previous hospital, during the building project some services had been relocated to other Trust locations. Estuary View opened on the week of our inspection so on this occasion we did not inspect this site.

Buckland's hospital had one reception area in the entrance to the hospital and 17 treatment/clinic rooms on the ground floor.

The Trust offers outpatient appointments for all of its specialties where assessment, treatment, monitoring and follow up are required. The hospital offers clinics in

haematology, audiology, colorectal, ear, nose and throat (ENT), urology, general surgery, rheumatology, respiratory, endocrinology, medicine, neurology, dermatology, diabetes, pain, vascular, and gastroenterology.

During our inspection we spoke with nine patients, two relatives, and 35 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.

Buckland Hospital radiology department had one general x ray room and two ultrasound rooms. The department is open from 9am to 5pm, seven days a week. During our visit we spoke with four of the five staff that were working in the department.

Outpatients and diagnostic imaging

Summary of findings

The new Buckland Hospital had been opened just before our inspection. The hospital was purpose built and provided excellent facilities for patients.

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 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 Buckland 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.

The diagnostic imaging service at the Buckland Hospital had opened just prior to our inspection. We found that staff were providing safe care and meeting the requirements for Ionising Radiation regulations 1999 and IR(ME)R regulations 2000.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good



Outpatients at Buckland Hospital were 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 spoke with staff of all grades and disciplines across the outpatient areas and were told that the majority felt the department was adequately staffed to meet patients' needs.

We found that the environment was safe and the required safety checks were being completed and recorded. The department was visibly clean and well maintained. 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.

Diagnostic imaging services were providing appropriate and safe care. Staff within this department showed understanding of incident reporting processes and there were effective infection control systems in place. Equipment was also well maintained in line with appropriate legislation and guidance.

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.

- At The Buckland Hospital site there had been 12 incidents reported in OPD. four for patient falls, two for overbooked clinic templates, two around health record delays, two for the late arrival of doctors, one for communication between staff, and one for a patient injury.
- There had also been four incidents in radiology three regarding communications between staff, one around report coding in IT systems and one regarding a patient injury.
- There had been one reported incident in pathology around the quality control testing of products.
- 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.
- 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 a knowledge of duty of candour and their responsibilities around this.

Outpatients and diagnostic imaging

- Radiology staff told us that they had received training in reporting incidents. Staff were aware of how to record and report incidents on the electronic reporting system. Staff demonstrated an awareness of what types of incidents needed to be recorded and who they needed to be reported to for example, the Radiation Protection Advisor (RPA) or CQC as appropriate.

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. 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.
- 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. Within the imaging department staff took active measures to ensure that infection control issues were appropriately dealt with.
- 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 diagnostic imaging areas we visited were found to be clean. We were shown a cleaning log which had been

completed every day since the hospital opened. The log was divided into specific areas and was completed by the radiographer working in that area on that specific day.

- We noted that all staff in clinical areas complied with the 'bare below the elbows' guidance and adhered to the hospital's infection control guidance. We observed staff adopting hand hygiene techniques in the areas we visited.

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. All equipment we saw had been checked within the last year.
- 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.

Outpatients and diagnostic imaging

- 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%.
- The radiology reception desk was isolated and removed from the radiology waiting area and examination rooms. Patients initially arriving were observed knocking on examination doors, whilst an examination was in progress. There was not always a member of staff in the reception area to provide guidance to patients.
- The radiology waiting area had some facilities for children. The toilet facilities and changing areas available to people were clean with a patient call bell available in both.
- Equipment was new and serviced in accordance with the Trusts medical devices contract. We saw that service reports were stored electronically for each piece of equipment in Radiology. Equipment was serviced annually and the last service had been within the last 6 months.
- In diagnostic imaging, quality assurance checks were in place for equipment. We saw examples of recent audits for medical devices certification and quality management systems certification. These were mandatory checks based on the ionising regulations 1999 and the ionising radiation (medical exposure) regulations (IR(ME)R 2000).
- Specialised personal protective equipment such as lead aprons for staff and lead shields for people were available in the radiology department.
- We saw that the resuscitation trolley checks were complete and recorded.
- Staff told us that at weekends they work alone in the department. There is an emergency bell in the general X ray room, but not in the ultrasound rooms. This could be an issue if an emergency situation arose, though there are security staff available in the Hospital.

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.
- A lockable medicines fridge was in place, and daily temperature checks were recorded. Temperature

records that we looked at were completed and contained minimum and maximum temperatures to alert staff when they were not within the required range. We also found evidence in of prompt and appropriate action that had been taken when the Fridge had been found to be outside of the recommended temperature range.

- 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.
- Prescription pads were stored in a locked cabinet. When clinicians wrote patient prescriptions the clinic kept a log which identified the patient, the doctor prescribing and the serial number of the prescription sheet used. This ensured the safe use of prescription pads.
- Rigorous checking procedures had alerted staff quickly where a prescription pad had gone missing. Staff demonstrated that they had followed correct procedures where this had occurred.
- Outpatients audited prescription pads monthly to ensure that processes were being followed. Audit results showed 100% compliance.

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

Outpatients and diagnostic imaging

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 made 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 seemed 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.
- Examination results and reports are stored securely on a picture archiving communication system (PACS). Staff can access previous examination results on this system which enables them to identify and prevent recurrent exposure to radiation in accordance with IR(ME)R 9(Medical Exposure) regulations.

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 of 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.
- Staff in radiology told us that there had been no safeguarding incidents to date, and policies were

Outpatients and diagnostic imaging

accessible in both paper copy and online. We were able to see that staff knew where to find both. Staff demonstrated a good knowledge of what to do if a safeguarding issue arose.

- Staff had completed safeguarding training to the required level as part of their mandatory training.

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. 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.

- We observed good radiation compliance during our visit. The department displayed clear warning notices, doors were shut during examinations and warning lights were illuminated. We saw Radiographers referring to IR(ME)R (Medical Exposure) regulations during examinations.

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 speciality 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.
- 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

Outpatients and diagnostic imaging

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.

- 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.

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.

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 Buckland's Hospital. 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 regulations 2000 and had 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

Outpatients and diagnostic imaging

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 most 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 OPD 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.
- During our visit we saw that local rules were displayed, reviewed and within date in the controlled X ray room which is compliant with Ionising Radiation Regulations 1999.
- We saw that radiographers were following IR(ME)R regulations during examinations.
- The trust had a radiation protection advisor who leads on the development, implementation, monitoring and review of policies and procedures in order to comply with IR(ME)R regulations.

Pain relief

- The imaging department had a stock of pain relief and local anaesthetic for use when invasive procedures were being 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 ongoing 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 (WH/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.

Facilities

- The hospital had a large reception area with a manned desk and automated check in machines. The automated check in service was a new initiative being trailed at the Buckland site. Staff were hopeful that the system would be rolled out to the other outpatient's sites in the Trust.
- Once seated in the waiting areas patients would be called through to their clinic via a television screen and audio system. Important messages were also displayed on the screen for patients such as clinic delays.
- Signage was poor in the hospital. Staff were aware signage was inadequate but had been told that they needed to give the walls time to settle before signs could be erected. We saw that signs had been purchased and were ready to be displayed once staff were given permission to do so.
- There had been some snagging issues with the new building but these had been reported by staff and were awaiting rectification. There was a steering group which included patient representatives which met monthly and took forward snagging issues around the new build.
- There were vending machines and a shop on the ground floor of the hospital where patients could buy food and beverages.

Outpatients and diagnostic imaging

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 OPD 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 who 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 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 OPD 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 OPD 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.
- We saw an equipment competency log for all staff working within the radiology department. This had been completed for all staff in the team within the last month.
- All radiographers working in the NHS are required to be registered with the Health Care Profession Council (HCPC). The registration of radiology staff is checked each year along with an assessment of their skills.
- 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 Buckland's Hospital. Outpatient managers were working with divisions to increase the numbers of one stop clinics as part of the outpatient's 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.

Outpatients and diagnostic imaging

- We saw that patients were regularly referred to community-based services such as community nursing services and GP services.
- Good internal team working was reported in radiology between services. For example, between the minor injuries unit and diagnostic imaging services. The staff reported that they had good relationships with the local GP's and were able to discuss a person's care if needed.

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.
- Two extra nurses had been employed on the three main sites (WHH, QEQM, KCH) and one extra nurse on the two smaller sites.
- Opening hours were supported by radiology, pharmacy, and therapy staff.
- 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.
- Staff in radiology were able to access a person's previous diagnostic imaging examinations via PACS. This is important to ensure that people did not receive an overexposure to radiation following IR(ME)R guidance.

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

Outpatients and diagnostic imaging

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.

We observed staff being friendly, approachable and caring in the radiology department.

Compassionate care

- We observed all 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 the two days we visited 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 saw examples of staff being friendly, approachable and professional. We witnessed people being spoken to with respect at all times.
- Staff made sure that patient privacy and dignity was respected at all times. During intimate examinations staff reported that they always lock the door, however chaperone's were not always available. This led to staff feeling that both themselves and patients were left in a vulnerable position.
- We saw that there was a secure viewing area for staff looking at a persons examination details. This ensured confidentiality and allowed staff to discuss findings with colleagues without being overheard.

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.

Outpatients and diagnostic imaging

- 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.
- 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 saw staff giving clear explanations to people about the examinations they were going to receive. However there were no patient advice leaflets available in the radiology patient waiting area.

Emotional support

- 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.
- In radiology during obstetric examinations partners were encouraged to be in attendance. However, we noted that there was no separate room available should bad news need to be broken.

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.

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.

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.

Outpatients and diagnostic imaging

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

- Buckland hospital was a new build and had excellent facilities for patients. At the time of our inspection these facilities were underutilised however managers were confident that now that the site was opened clinic there would start to build.
- The self-check in service at the hospital was a new initiative for the Trust and staff hoped to roll this out to other outpatient locations. The project manager had run audits to identify its effectiveness and patient's experience of the system. The system gave patients a choice of languages and the service monitored the take up on these choices to determine whether the languages were appropriate to the demographic.
- Data collected showed that patients took an average of 53 seconds to check themselves into clinics. We noted that staff were present to assist patients with this process as it was a new system.
- We observed seven patients using the system. It was noted the confidentiality of the patient could be compromised as we were able to see patient's personal details including their address, appointment type, age and telephone number. We spoke with the project manager for the system who acknowledged that this was an issue and had been looking at solutions for this. Options being considered were the machines were put into booths similar to the type used for public telephones in buildings, and a filter screen on the monitor so as no one else could see the details unless

you were standing directly in front of the machine.

Patients waiting in the reception queue were encouraged and in some circumstances assisted to use the system.

- We observed one patient using the system who was 20 minutes late for their appointment; the system rejected their appointment with a message to go to reception. When the patient presented at reception the receptionist telephoned the department and asked if the patient could still be seen. The department agreed to this. When we asked the receptionist how this would impact on other patients we were told that as the patient had 10 minutes of their appointment remaining their appointment would be shortened from 30 minutes to the ten minutes.
- Physiotherapy and speech and language therapy provided an outpatients service at the hospital as well as supporting the Day Hospital and community staff. Physiotherapy outpatients saw urgent appointments within 48 hours. Other routine appointments were seen within eight weeks, although the department aimed to meet with their target of four weeks from referral to treatment.
- 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. However, because this hospital site had only recently opened we are unable to report on these results.
- 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

Outpatients and diagnostic imaging

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 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.

Access and flow

- As Buckland Hospital had only just opened we were unable to analyse any data regarding appointment bookings for this hospital.
- Staff managed patients not attending clinics (DNAs) by text reminders. As stated above we were unable to

analyse data for this hospital at the time of this inspection. 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%, ophthalmology 90.1%, Oral Surgery 88.4%, Gastroenterology 83.8%, Dermatology 89.9%, Thoracic Medicine 91.4%, Neurology 85.5%, and Gynaecology 89.2%.

Outpatients and diagnostic imaging

- 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 as a service which was struggling to manage the demands on the service. 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. The Trust had

been working in partnership with the 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.
- 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.

Since the inspection the Trust has confirmed that the business case for ophthalmology 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.

Outpatients and diagnostic imaging

- 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.
- 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. 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

Outpatients and diagnostic imaging

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%.
- The radiology department was open from nine to five, seven days a week which meant that there is no waiting list for GP patients. At the time of reporting the average waiting time for an X-ray was less than one day. The waiting time for a non obstetric ultrasound was 24 days. There were reporting radiographers at the Buckland, so any incidental findings could be reported quickly.

Meeting people's individual needs

- 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.
- From the hospital entrance towards the radiology department, signage was clear but only written in English. This included a notice asking women to inform the radiographer if there is any possibility they may be pregnant. This may put patients at risk if they did not understand the signage.

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 Patient Advice and Liaison Service (PALS) between April 2015 and June 2015, five of these had been at the Buckland Hospital 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

Outpatients and diagnostic imaging

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.

There was an open culture in the department and we were given examples where Band 2 HCAs 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 6; 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.

Outpatients and diagnostic imaging

- 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 ophthalmology 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.
- Staff in radiology told us that members of the executive team had attended a recent team meeting and intended on making this a regular occurrence.

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 not 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.

Outpatients and diagnostic imaging

- 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

- The hospital had run a patient survey on the usage of the new electronic booking system. The survey showed that 96.3% of patients found the system easy to use, with 94.2% saying that they would use it again.
- 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.
- 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.
- Some radiology staff felt that a lead sonographer should be available for supervision and training. They told us they didn't feel well supported without this assistance.
- Radiology staff told us that meetings occurred twice a month at present as the service was new, in order to identify and monitor how the service was running.
- A staff room was available in the hospital for team building and training. Staff told us that this was accessible to all.

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

Outpatients and diagnostic imaging

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). The protocol described the process and included a flow chart for staff to follow.
- Outpatients were piloting the accredited Ward /Department developed 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 WHH.

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 changes 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 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.
- Attend to the lack of privacy and dignity that the MIU reception affords patients and mitigate the risk that reception staff do not identify at risk patients.

This section is primarily information for the provider

Requirement notices

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.

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.