

# Brighton and Sussex University Hospitals NHS Trust

## Hove Polyclinic

### Quality Report

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

### Ratings

Overall rating for this hospital

Good



Outpatients

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We inspected Hove Polyclinic on 21 May 2014 as part of our comprehensive inspection of Brighton and Sussex University Hospitals NHS Trust.

Hove Polyclinic provided a safe and caring service, but required improvement in being responsive to patients and being well-led.

Our key findings were as follows:

- We found the outpatient department to be safe, accessible, well-maintained and fit for purpose. The outpatient department had sufficient essential equipment.
- Guidance from the National Institute for Health and Care Excellence (NICE) was speciality-based within the speciality of the division. We saw copies of the relevant guidance for staff to access in the nurse manager's office in the outpatient department.
- Nurses had received additional training to enable them to run nurse-led clinics. For example, Parkinson's disease and cystic fibrosis clinics. Extended roles for nurses were in place in the pain management service.
- Each patient attended the outpatient clinic for long-term management of their clinical condition. On the inpatient notes, we saw the running records that demonstrated how patient care and support had been managed and how patients were involved in the care planning process.

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

Importantly, the trust must:

- Ensure that effective systems are in place through the Hub, so that patients needing urgent referrals for assessment or treatment are dealt with promptly.

In addition the trust should:

- Ensure that there are systems in place to communicate necessary performance data to relevant clinic staff to enable them to more effectively manage the outpatient service at Hove Polyclinic.
- Ensure that there is feedback and communication from the medical records department to Hove Polyclinic.
- Ensure that Hove Polyclinic is part of a wider clinical governance framework for outpatient services across the trust.
- Ensure that staff are supported to attend appropriate internal and external training courses and are provided with time and resources that are fair and equitable to the individual staff member, the department and the trust as a whole.
- Ensure that Hove Polyclinic reviews the directional signage in relation to people who are visually impaired.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

### Outpatients

### Rating

Good



### Why have we given this rating?

Clinic staff were aware of how to report incidents, and while there were few incidents, we saw that these were investigated. Patients told us they felt the outpatient department was cleaned to a high standard. The nurse manager checked the cleanliness of the outpatient department every morning before patients arrived for their outpatient treatment. We found the outpatient department to be safe, accessible, well-maintained and fit for purpose. The outpatient department had sufficient essential equipment. We saw all nursing and support staff were meeting their mandatory training requirements. For example: fire, manual handling, resuscitation and infection control.

Each patient attended the outpatient clinic for long-term management of their clinical condition. We saw that in the inpatient notes, the running records demonstrated how patient care and support had been managed and how each patient had been involved in the care planning process.

A significant number of concerns had been received from patients attending the outpatient department. Incident reports had been completed by the nurse manager and sent to the Hub (a centralised booking system). We noted clinics had been cancelled, or the wrong appointments had been sent to patients.

Local clinical governance arrangements were in place, but there was no overarching clinical governance framework in place for outpatient services. Staff had not been engaged in the implementation of the Hub and there were no formal systems to enable the nurse manager to be involved in leading improvements in outpatient services. Incident reports had continued to be received around the risks to patients caused by delays in referral and treatment times. Plans were in place to address the service shortfalls.

Good 

# Hove Polyclinic

## Detailed findings

### Services we looked at

Outpatients

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# Detailed findings

## Background to Hove Polyclinic

Hove Polyclinic is operated by Brighton and Sussex University Hospitals NHS Trust and offers outpatient facilities for the Brighton and Hove community, as well as patients within the East and West Sussex geographical area.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Sean O’Kelly, Medical Director, University Hospitals Bristol NHS Foundation Trust

**Head of Hospital Inspections:** Mary Cridge, Care Quality Commission

The team of 35 included CQC inspectors and a variety of specialists. These included: a consultant cardiologist, a consultant obstetrician, a consultant paediatrician, a consultant orthopaedic surgeon, a consultant in emergency medicine, a junior doctor, a matron, senior nurses, a student nurse, a non-executive director and an Expert by Experience.

## How we carried out this inspection

We talked to seven patients and nine staff, including nurses, physiotherapists, support and receptionist staff.

We observed care and treatment and we looked at treatment records. We received comments from people who contacted us to tell us about their experiences and we reviewed performance information about the trust.

# Detailed findings





## Facts and data about Hove Polyclinic

Services at Hove Polyclinic include 69 specialist clinics a week, with post-operative and early health screening services in addition to a day care unit for pain management treatments. Services include cardiology, respiratory medicine, neurology, rheumatology and orthopaedics.

Our ratings for this hospital are:

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

# Outpatients

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

## Information about the service

Hove Polyclinic offers outpatient services for the Brighton and Hove Community, as well as patients within the East and West Sussex geographical area. Services include 63 specialist clinics a week with post-operative and early health screening services, in addition to a day care unit for pain management treatments. Services include cardiology, respiratory medicine, neurology, rheumatology and orthopaedics.

## Summary of findings

Clinic staff were aware of how to report incidents and while there were few incidents, we saw that these were investigated. Patients told us they felt the outpatient department was cleaned to a high standard. The nurse manager checked the cleanliness of the outpatient department every morning before patients arrived for their outpatient treatment. We found the outpatient department to be safe, accessible, well-maintained and fit for purpose. The outpatient department had sufficient essential equipment. We saw all nursing and support staff were meeting their mandatory training requirements. For example: fire, manual handling, resuscitation and infection control.

Each patient attended the outpatient clinic for long-term management of their clinical condition. By looking at the inpatient notes, we observed the running records that demonstrated how patient care and support had been managed and how each patient had been involved in the care planning process.

A significant number of concerns had been received from patients attending the outpatient department. Incident reports had been completed by the nurse manager and sent to the Hub. We noted clinics had been cancelled, or the wrong appointments had been sent to patients.

Local clinical governance arrangements were in place, but there was no overarching clinical governance framework in place for outpatient services. Staff had not

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been engaged in the implementation of the Hub and there were no formal systems in place to enable the nurse manager to be involved in leading improvements in outpatient services. Incident reports continued to be received around the risks to patients caused by the delays in referral and treatment times. Plans were in place to address the service shortfalls.

## Are outpatients services safe?

Good



We spoke to patients using the service and they told us that they felt safe while attending the outpatient department and undergoing their treatment. We observed patients were cared for in a clean and hygienic environment. We observed that mechanisms were in place to monitor the effectiveness of cleaning and the decontamination of equipment. All staff had received infection control training and infection control expertise was available in the outpatient department. We saw all staff had received training in safeguarding vulnerable adults and children and they knew the steps to take if they suspected abuse.

### Incidents

- Staff in the outpatient department used an online incident reporting tool to record accidents, incidents and 'near misses'. Staff had received training in the system and knew how to report an incident to the nurse manager or the nurse in charge. The level of incident reporting was very low and no 'near misses' had been reported.
- The reporting system was used for all incident reporting. For example, incidents with missing patient referral letters. The nurse manager fed back learning from incidents at the daily handover meetings.
- Once an incident report had been submitted, the person investigating would send an email to the nurse manager outlining the outcomes from the investigation. We saw the nurse manager had advised the medical records department about the missing referral letters, but no response had yet been received from the medical records department.

### Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection. Patients told us that they felt the outpatient department was cleaned to a high standard. The nurse manager checked the cleanliness of the outpatient department every morning before patients arrived for their outpatient treatment. The cleaning of the department was provided by an external cleaning contractor. Any discrepancies in cleaning standards were reported to the cleaning manager and a system was in place for this.



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- We observed all patient treatment and waiting areas, clinic rooms, patient toilets, sluice rooms dirty utilities and corridors were visibly clean and free from unnecessary clutter.
- There was a lead for infection control in the outpatient department and we saw 100% of nursing and support staff had attended infection control training. Hand hygiene audits had been completed in February, March and April and had all been scored 100%.
- Clinical staff were responsible for cleaning the clinic rooms following each patient treatment and we saw evidence of this on the clinic room cleaning schedules.

## Environment and equipment

- We found the outpatient department to be safe, accessible, well-maintained and fit for purpose. The outpatient department had sufficient essential equipment. When equipment failed, staff followed guidance for decontamination and arranged for the medical electronics and engineering department to collect, repair and return the item.
- Equipment was checked daily for cleanliness and to see if it was in good working order by the nurse manager before the start of patient clinics and we saw evidence of equipment checks being carried out. We observed Portable Appliance Testing (PAT) was complete and up to date

## Medicines

- Medicines were stored correctly, including in locked cupboards and fridges, where necessary, in the unit. Patients told us they received adequate information regarding new or changed medication and written information was given. When nurses were required to administer medicines, such as analgesia, these would be prescribed by the clinician and recorded in the patients' records and we saw evidence of this.

## Records

- The nurse manager completed monthly records audits. We observed that there was a continuing problem concerning missing referral letters. The nurse manager had reported this to the medical records department and the issue was still unresolved. Out of 75 notes audited, six patients had missing reports of their follow-up information. Patients were inconvenienced by the delays and often became anxious, as the outcome of their treatment was unknown.

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

- All staff had a good understanding of the Mental Capacity Act 2005 and were able to apply its principles. For example, if staff highlighted concerns about a patient's capacity to make decisions about their treatment, staff contacted the trust safeguarding lead for guidance. The nurse manager ensured staff checked the notes of patients attending the outpatient department the following day in order to identify if patients had any specific requirements. For example, patients with dementia or cognitive impairment.

## Safeguarding

- All nursing and support staff in the outpatient department had attended adult and children's safeguarding training. Staff attendance was 100%. Where staff required additional support and guidance, the safeguarding team or the learning disabilities nurse were contacted by the nurse manager.

## Mandatory training

- We saw all nursing and support staff were meeting their mandatory training requirements. For example: fire, manual handling, resuscitation and infection control. The nurse manager ensured new doctors and locum medical staff were aware of the health and safety and outpatient clinic arrangements in the department. Comprehensive induction information was made available to medical staff that were also required to attend fire evacuation training.

## Management of deteriorating patients

- If the condition of a patient receiving treatment in the outpatient department deteriorated, they would (depending on the patient's condition) either be referred to their GP or a 999 call would be made and a transfer arranged to a local hospital. The nurse manager showed us the signs and symptoms protocol put in place to enable nursing staff to assess the condition of a deteriorating patient.
- We saw emergency equipment was in place in the form of a resuscitation trolley and oxygen cylinders. We saw procedural guidance for its use was in place and all equipment had been checked daily. This showed that staff were able to respond appropriately to manage the deterioration of a patient's condition in the outpatient department.

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## Nursing staffing

- We observed that there were no staffing vacancies at the time of our inspection. Staff turnover was low and there were sufficient staff on duty to manage the care and support needs of patients in the outpatient department. Patients said that, although the outpatient department was busy, there was always enough staff available to meet their needs.

## Medical staffing

- There did not appear to be any difficulties with medical cover for the outpatient clinics in the outpatient department. Cover for consultant's annual leave and sickness was provided by another doctor from the medical specialism.

## Major incident awareness and training

- Staff were aware of the major incident plan that was in place and had received fire evacuation training in the event of a fire and we saw documentary evidence of this.

## Are outpatients services effective?

Not sufficient evidence to rate

Patients told us they were happy with the effectiveness of the outpatient service at Hove Polyclinic and felt staff went out of their way to meet their care and support needs. Data on performance showed actions had been taken by the provider to address the long waits experienced by patients who attended the pain management service. Concerns were noted in regard to the delays experienced by patients needing an urgent referral to the neurology service, which had resulted in two patients requiring emergency admission to hospital.

## Evidence-based care and treatment

- We saw relevant NICE guidance in place. For example, for the treatment of rheumatology and pain medicine. NICE guidance was speciality-based within the speciality of the division. We saw copies of the relevant guidance for staff to access in the nurse manager's office in the outpatient department.
- Nurses attended competency-based training based upon NICE guidance or Standards for Better Health. For example, compression bandaging and care of patients with dementia and diabetes.

- The updating of outpatient policies was overseen by a dedicated nurse who ensured NICE guidance was incorporated into the relevant policies.

## Pain relief

- The outpatient department ran a pain management service. Pain treatments were carried out for a range of conditions: facet joint injections, cervical, thoracic lumbar and caudal epidural injections. We saw patient information was available for all conditions treated under the pain management service. Patients were provided with clear guidance on how to care for themselves following pain management treatment.

## Patient outcomes

- Patient activity was recorded monthly by the nurse manager for all outpatient clinics. Clinic activity was currently recorded at 100%. We noted there had been a waiting list initiative for the pain management service in 2013 and 2014. This helped patients to achieve good outcomes for their pain management treatment and there were no longer adverse waiting times for the pain management service.
- The epilepsy nurse specialist informed us of two patients who had been triaged (prioritised) by the nurse specialist to undergo urgent assessment by a neurologist. The Hub had not actioned either of the patients' requests for emergency treatment. Both patients had subsequently required emergency admissions to hospital. The nurse specialist had completed incident forms, but had not yet received any feedback.

## Competent staff

- We found that patients were cared for by confident and competent staff, who were supported by their nurse manager to acquire further skills and qualifications. We saw that all support staff had a level 3 diploma in health and social care. Staff had annual appraisals and we saw evidence of this. The staff appraisal rate was 100%.
- Staff were well supported by the nurse manager and we saw evidence of clinical supervision sessions being recorded in staff files. This demonstrated that there were clear systems and processes in place to ensure nursing and support staff were well trained and competent to fulfil their roles.

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- Nurses had received additional training to enable them to run nurse-led clinics. For example, Parkinson's disease and cystic fibrosis clinics. Extended roles for nursing practice were in place in the pain management service.

## Multidisciplinary working

- Referrals were made to other disciplines to support patients in the outpatient department. For example, the learning disabilities nurse, the dietician and translation services. We noted that the translation service was particularly responsive to the needs of patients where English was not their first language. A referral would be ascertained at the point of booking an appointment. A request for support was then made and checked to ensure the service would be available at the time of the patient's outpatient appointment. The outpatient service had good relationships with the GPs in the Brighton and Hove area.

## Seven-day services

- The main outpatient department was open five days a week and there were no plans to develop seven-day services.

## Are outpatients services caring?

Good



We observed patients were care for by staff who were kind, caring and respectful. They ensured patients' privacy and dignity needs were met. Patients told us they were involved in planning their own care and we saw examples of this in patients' notes.

## Compassionate care

- Staff interactions with patients were friendly and welcoming. It was evident that some patients were well known to staff. We saw staff greeting patients, using their full names and giving clear explanations to patients about their outpatient appointment if there was a delay in the waiting time of their clinic. We noted at 3.30pm that the clinics were running to time. A patient said, "All the staff are wonderful and helpful and I really look forward to my outpatient appointments, as I know I will be well treated."

- A relative said, "This is a good, well organised facility which usually runs to time. The service is always very good and the staff are very kind. I have never had any cause to complain and would certainly recommend it to others."
- We saw medical staff greeting patients who had difficulties with their mobility in a calm and unhurried manner, which gave patients sufficient time to walk unaided to the clinic room. We observed all clinic room doors were closed during consultations. This ensured that patients' privacy was respected.

## Patient understanding and involvement

- Patients attended the outpatient clinic for long-term management of their clinical condition. We observed, in patient notes, the running records, which demonstrated how patient care and support had been managed and how the patient had been involved in the care planning process. A patient said, "I have to come here for lots of tests, which is all part of how my clinical condition is managed. The nurses and doctors always tell me what is going to happen and we plan everything together." This demonstrated that patients were supported and involved in the planning of their care.
- In staff records we reviewed, we saw competencies had been completed for answering the telephone. The nurse manager said it was very important that staff were aware of the importance of effective communication with patients, as the telephone was often a lifeline when involving patients in planning their own care arrangements.

## Emotional support

- The Brighton and Hove area reported a high level of domestic abuse. In the outpatient department we saw information to support patients who may be suffering from domestic abuse and information was displayed in confidential areas (patient toilets) to help protect patient confidentiality. Nursing staff had been trained to discuss the signs and symptoms of potential abuse with patients and knew how to refer patients to the appropriate agencies.
- A patient who had undergone a number of tests on the day of our inspection said, "I was very nervous about having the tests done and the nurse sat and held my hand throughout the procedure, which really helped me

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to get through it.” Another patient said, “The doctor sat and explained everything about my condition to me. He spent a long time with me and answered my questions, which made me feel so much better.”

## Are outpatients services responsive?

Requires improvement



We saw some good examples of where services had been responsive to patients and the general needs of the service. These included increased numbers of clinics and extended opening hours and ‘walk in’ services. However the initial problems with clinic and appointment bookings arranged by the Hub had resulted in a backlog of 5,000 referrals across all the Trust outpatient departments and delays in pathways of up to six weeks. As a result patients had expressed their frustrations and concerns. There was a lack of a robust systems and processes associated with the Hub to address waiting list management and improve the access for patients and users. There were plans in place to address the service shortfalls but incident reports had continued to be received around the risks to patients caused by the delays in referral and treatment times.

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

- The Hub, a centralised booking system for all outpatient services, was put in place across the trust in October 2013. The implementation of the Hub was monitored by the delivery unit, to manage its intended improvements to both service provision and associated savings. A significant number of concerns had been received from patients in the outpatient department and incident reports had been completed by the nurse manager and sent to the Hub. We noted clinics had been cancelled or the wrong appointments had been sent to patients. Patients’ letters were unclear as to which hospital/ outpatient service patients were required to attend. Three to four issues concerning the Hub were reported each week by the nurse manager.
- Referrals received by the Hub were not scanned into the Referral Management System (RMS) for triaging (prioritising) within 48 hours. The delay led to a backlog of 5,000 referrals across all of the trusts outpatients departments, at the Hub and a delay in pathways of up to six weeks. The issue was addressed in January 2014.

Patients were added to the waiting list once scanned at the date the patient’s referral was received and therefore their waiting time was accurate. This led to pressure on the service to treat patients in 18 weeks. Referrals were subsequently scanned for triage and registered within 48 hours. A dedicated team had been put in place since January 2014 to manage this.

- Each outpatient clinic had a template, which set out the number of appointments. Until the services provided the booking hub with up to date templates and booking guidance at sub specialty level, some patients were booked into incorrect specialty clinics. Sometimes requests from the services fell outside the leave policy resulting in clinics being under booked or overbooked. Therefore outpatients would see an inappropriate booking which may have appeared to be hub orientated but was the responsibility of the service. This led to the over and under-booking of outpatient clinics.
- The minutes of the Executive Safety and Quality Committee for April 2014 clarified the actions being taken to address the ongoing concerns surrounding the safety and efficiency of the Hub. These included:
  - A dedicated email address with a 24 hour response time.
  - A new process to allow software systems to ‘speak’ to each other.
  - A new process for managing follow-up appointments (six weeks plus).
  - Improved ongoing communication with service managers to ensure that clinic templates and clinical pathways guidance were accurate and representative of demands.
  - A data-cleansing exercise of the waiting list to ensure it accurately reflected the numbers of patients waiting for surgery.
  - Lists of who to contact if a patient could not be booked into the required clinic.

Incident reports continued to be received by the Hub relating to the ongoing concerns affecting the care and safety of patients.

### Access and flow

- The nurse manager did not receive feedback on meetings about the referral to treatment time (RTT), the ‘did not attend’ (DNA) rates or the progress with the Hub. Many attempts had been made by the nurse manager to approach the Hub management team, but there had been no response.

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- We were unable to ascertain if there were delays relating to specific clinics (apart from the pain management clinic), but we were told that there were long waits in neurology and rheumatology. For example, neurology patient cancellations by speciality were 45.9% and DNA rates for speciality were 10.94%. For rheumatology patient cancellations by speciality were 24.4% and DNA rates were 9.75%.
- The trust continued to achieve the 18 week RTT standards with 96.6% of patients complying with the outpatient standard. The NHS operational standard for the outpatient department is 95%. However, orthopaedics was unable to achieve compliance in March 2014 due to operational issues within the Hub. Performance against the six week target for 'diagnostic tests' was within the required standard.
- A specific request was made to the Hub management team by the nurse manager concerning a patient with learning difficulties. This was not acted upon and was reported as an incident by the nurse manager.
- A patient who had been waiting to attend the pain management service said, "I had real difficulties getting my first appointment for the pain service and there was a long wait for my second appointment as well. The staff were very good and did everything they could to help me, but as the appointments were booked through the Hub, staff were limited in what they could do."
- Patients told us about the x-ray 'walk in' service at the outpatient department was "excellent". One patient said, "I was referred by my GP and I only waited 45 minutes for an x-ray."
- A physiotherapist who was running the outpatient clinic told us that all physiotherapy appointments were managed by the outpatient department, but the waiting list was managed by the Hub. We saw a back class for five patients was in progress. A patient said, "It is a fairly good appointment system to get a physiotherapy appointment and mine came through quite quickly." Another patient said, "Nothing is ever too much trouble and I would recommend the service to anyone. My GP made the referral for my physiotherapy appointment and I waited for eight weeks for my first appointment. I received a text reminder the day before my appointment, which I thought was really helpful."
- We noted there had been a waiting list initiative for the pain management service in 2013 and 2014. The waiting list initiative had run over five months and patients had been offered an outpatient appointment during the

week or at weekends. This demonstrated the provider had made arrangements to ensure patients needing to attend the pain management service were able to do so in a timely manner and at a time of their choosing.

## Meeting people's individual needs

- A small number of patients were experiencing problems with transport, particularly at the end of outpatient clinics. The nurse manager advised the out-of-hours transport service about patient requirements and in some instances staff were required to stay (past their normal working hours) to ensure patients were transported home safely.
- Patients who had learning disabilities, cognitive-impairment or who had a diagnosis of dementia were supported by appropriately trained staff. We saw staff were able to communicate with patients using the appropriate style and methodology appropriate to each person's needs and abilities. Patients with learning disabilities were supported by a dedicated nurse in the outpatient department who had received enhanced training at the request of the nurse manager. We noted the dementia Butterfly Scheme (a not-for-profit organisation that provides training and provides templates to hospitals working with patients with dementia) was in place to help staff identify and respond to the needs of patients with dementia.
- On the day of our inspection, we saw information displayed on dementia and epilepsy in the main waiting area of the outpatient department. The displays were manned by nursing staff who were able to answer the questions from patients, staff and members of the public. This demonstrated that the provider had identified the individual care and support needs of patients and the public who attended the outpatient department.

## Learning from complaints and concerns

- The majority of complaints received in the outpatient department were made about the Hub. We saw complaints policies and procedures were in place and we reviewed the comments book that was maintained by the nurse manager. A patient had commented: "Wonderful and committed staff from the consultants to the café staff. Everyone is kind, attentive and skilful." We saw that Patient's Voice questionnaires were available throughout the outpatient department, which enabled patients and the public to give their views on the service.



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- A patient who was visually-impaired had complained that they felt the signage was unhelpful and about the difficulties of finding the main entrance. The nurse manager was aware of this and was investigating how the concerns could be addressed.
- The nurse manager had responded to the complaints and concerns about the Hub by completing an incident report and reporting the ongoing concerns to the matron, who was responsible for the running of the outpatient department. Within the six week timeframe stipulated by the Hub, clinic bookings (arranged by the outpatient department), took into account the specific needs of patients and were made at times that were most convenient to them. A patient said, "The outpatient department does everything it can, within its power, to make the service as responsive as possible within the limitations of the Hub."

## Are outpatients services well-led?

Good



The outpatient's service at the Hove Polyclinic was well-led as an individual service. The nurse manager provided support for staff and had mechanisms in place for auditing various aspects of the service. There were systems in place that ensured staff working in clinics received the information they required to learn from incidents and complaints, and there was a commitment to improve the experience for patients. Local clinical governance arrangements existed, but there was no overarching clinical governance framework in place for outpatient services. Staff had not been engaged in the implementation of the Hub and there were no formal systems to enable the nurse manager to be involved in leading improvements in outpatient services. For example, in the implementation of the Hub, and the management of RTT and DNA rates.

### Vision and strategy for this service

- The trust vision and values around the implementation of the Hub were not owned by staff in the outpatient department. Staff were unclear about how the Hub could provide centralised administration of booking across all outpatient specialities and had lost faith in the implementation process. Staff were aware of who the chief executive and chief nurse were, but had not seen them in the department. The chief executive had visited

the department in July 2013. The nurse manager was aware of the wider vision of the trust concerning the project that had been launched in October 2013 around trust values and behaviours.

### Governance, risk management and quality measurement

- The nurse manager told us about the local clinical governance arrangements that were in place in the outpatient department. Nurses and doctors attended the local governance meetings and we saw evidence of the discussions and actions taken in the minutes of the meetings. For example, there were discussions around the delays in the pain management service and the resulting action plan to run a waiting list initiative for the pain control service in order to reduce the waiting times for patients.
- We noted concerns had been raised by staff in the pain control team around patient dependency issues and there were examples of inappropriate behaviour being exhibited by patients who had wanted to access additional medication for their pain. Concerns were addressed by enhancing the knowledge of the pain management service through a presentation by a clinical expert in pain management.
- There were no formal mechanisms in place for the nurse manager to be informed of the wider, overarching trust issues concerning the implementation of the Hub, the management of RTT and the high level of DNAs. The nurse manager's ability to drive through the necessary changes required to be able to improve outpatient services was limited. There was no formal clinical trust wide governance framework in place for outpatient services.

### Leadership of service

- The outpatient service at the Hove Polyclinic was well-led locally. The nurse manager provided leadership and support to the nursing and support staff, ensuring staff were confident and competent in their skills and abilities. Patients and relatives commented favourably on the running of the service and felt they were listened to. Staff were kind and supportive and had attended mandatory training, for which they had received appraisals and clinical supervision, in the last 12 months. The nurse manager reported to the matron, who had responsibility for the Hove Polyclinic.

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- We found that the nurse manager understood risk assessments and was able to identify areas of concern around incidents and complaints. Health and safety was monitored using risk assessments, with staff noting risks on the trust's risk register.

## Culture within the service

- In October 2013, the introduction of the central Hub for all outpatient bookings had caused issues for those staff who had been used to making and controlling clinic bookings. There were issues with communication, which had led to frustration and a lack of encouragement.
- Staff enjoyed working in the outpatient department and told us about the “great team work” and “the excellent support shown to all staff by the nurse manager”. We observed staff interacting well with patients and saw example of innovative and high quality services. For example, nurse-led clinics in Parkinson's disease and cystic fibrosis.

## Public and staff engagement

- The public were encouraged to feedback through the Patient's Voice questionnaire comments procedure. In addition, the public were encouraged to contribute to the NHS Friends and Family Test and the 'You said We did' form. The Patient's Voice questionnaires were circulated every three months. This demonstrated that the provider was listening to patient views and was able to take action in a timely manner.

- We reviewed the NHS Choices website for the Hove Polyclinic where a patient had made a comment on how difficult it was to get through to reception at the Hove Polyclinic and had given up trying.

## Innovation, improvement and sustainability

- The introduction of the Hub had been seen as central to the overall management and streamlining of outpatient bookings and referrals.
- Many staff recognised that there had been difficulties in the implementation of the Hub, but progress was being made to address the issues and improve communication through monitoring and engagement with the Hub manager, speciality leads and patient access managers.
- Monitoring of clinic cancellations was ongoing and despite not meeting the targets for March and April 2014, the view was that things were improving.
- Opportunities for staff to meet their in-house training requirements were good and staff talked positively about the support they received from the nurse manager. Opportunities for staff to attend external post graduate courses were limited. Staff told us that they either had to attend the course in their own time or fund/part-fund external training opportunities.

# Outstanding practice and areas for improvement

## Outstanding practice

## Areas for improvement

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

- The trust should ensure that there are systems in place to communicate necessary performance data to relevant clinic staff to enable them to more effectively manage the outpatient service at the Hove Polyclinic.
- The trust should ensure that there is feedback and communication from the medical records department to the Hove Polyclinic.
- The trust should ensure that the Hove Polyclinic is part of a wider clinical governance framework for outpatient services across the trust.
- The trust should ensure that staff are supported to attend appropriate internal and external training courses and are provided with time and resources that are fair and equitable to the individual staff member, the department and the trust.
- The Hove Polyclinic should review the directional signage in relation to people who are visually impaired.