

# Appendix 1

## Excerpts from CQC Report January 2019

### Summary of Findings Re: Responsiveness

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The trust was open and transparent about the issues they had and would continue to have with capacity until the new 3Ts building project was completed. This would give the trust additional capacity. The trust had effective strategies in place to address capacity, performance and flow challenges. However, they were dependant on building work completion to create more capacity within the emergency department and the creation of additional bed capacity within the hospital.
- Funding had been made available to secure the building of a new acute floor, which was expected to provide additional capacity to cope with the increased volume of patients who attend the emergency department. Building work was due to commence within the next couple of months.
- This meant that in the emergency department the service took account of patients' individual needs but was not always successful in meeting them. During busy times it was not always possible to manage individual needs if patients were cared for in 'the cohort area'. This was the same as our last inspection. Issues around the departments inability to meet surges during demand remained a concern. The service had undertaken a number of changes since our last inspection to improve efficiency and the performance against national standards. However, performance against national targets still required improvement.
- From June 2017 to June 2018 the trust's referral to treatment performance was consistently worse than the England average.
- Cardiology and gastroenterology medical specialties at the trust were below the England average for admitted RTT pathways (percentage within 18 weeks).
- Patients were staying longer than their required recovery time in theatre due to a lack of bed availability in critical care and some ward areas.
- Waiting times for referral to treatment within 18-weeks were below the England average in three out of the eight surgical specialities provided at the trust. Out of the remaining five, three were similar to the England average, and two were better. This

was an improvement on the previous inspection when all specialties were below the England average.

- Patients could not always access the service when they needed it. Overall waiting times from referral to treatment were worse than the national average. Summary of findings 8 Brighton and Sussex University Hospitals NHS Trust Inspection report 08/01/2019
- Patients referred on a cancer pathway were not always treated within 62 days of referral from their GP. The trust was performing worse than the England average in this area.
- The patient led assessment of the care environment audits for dementia and disability scored significantly worse than the national average across four outpatients areas that were assessed. The trust wide dementia strategy did not have any outpatient related actions.

**However:**

- Since our last inspection, we saw a range of implemented initiatives designed to improve referral to treatment times and the impact this had on patients.
- Staff provided coordinated care and treatment with other services and other providers.
- Staff made reasonable adjustments and removed barriers when people found it hard to use or access services.
- Managers planned and provided services in a way that met the needs of the local people. They were flexible and had made changes to improve services and support patients more effectively. The hospital had a significant redevelopment programme underway, directions to the surgical wards and departments were clear and easy to follow. Information about the building work and services was clearly available to visitors at the main entrances of the hospital.
- Initiatives had been taken to review all patients on the waiting list for specific bowel surgery which meant no patient was waiting 52 weeks. This was an improvement since the last inspection when there was a backlog of patients waiting for surgery. Theatre utilisation rates were monitored to make sure the theatre was used efficiently.
- Staff took account of patient's individual needs and had access to specialist nurses and other staff to support patient specific needs. Support was available for patients with dementia, learning disabilities and mental health problems with lead practitioners and link persons at department level.
- The trust had improved the provision of information for patients and visitors that did not speak English as a first language.

- Where people's needs, and choices were not being met we saw this was identified and used to inform how services were improved. An example of this was the development of a transgender and non-binary protocol. This included building the teams presence at relevant local events and working alongside local transgender support groups to encourage and support those who wished to have a family.
- Patients referred on a two week wait pathway for suspected cancer could expect to see a specialist within two weeks of referral from their GP and the trust was performing better than the England average in this area.
- Once a decision to treat had been made for a patient with a cancer diagnosis, they could expect to be treated within the operational standard of 31 days, and the trust was performing better than the England average in this area.

## **Outpatients**

### **Key facts and figures:**

- The outpatient department at the Princess Royal Hospital is part of the Brighton and Sussex University Hospitals Trust.
- Between May 2017 and April 2018 there were 192,492 appointments at the Princess Royal Hospital, which equated to 20% of the overall appointments across the trust during the same period.
- Outpatient services at the Princess Royal Hospital are located throughout the site, with the main outpatient clinics and physiotherapy and occupational therapy located on the ground floor, and the neurology outpatients building which was behind the main hospital building.
- As part of our announced inspection we visited the main outpatients' department; neurology outpatients; physiotherapy; the fracture clinic; phlebotomy (taking blood for testing) and the outpatients pharmacy.
- The hospital provides outpatient services covering a range of specialities including but not limited to: medicine, cardiology, neurology, rheumatology, diabetes, respiratory and dental. The service provided both consultant and nurse led outpatient clinics across a range of specialities.
- Outpatient clinics were held between 08:30am and 5:30pm with some additional ad-hoc clinics on a Saturday dependent on speciality.
- During our inspection we spoke with ten patients and their relatives. We spoke with 21 members of staff including nurses, health care assistants, therapists, phlebotomists and managers. We reviewed eight patient records. We reviewed performance information about the department and the trust.
- The service was previously inspected in 2017. That inspection also included diagnostic imaging services. Diagnostic imaging services are now inspected

separately and have a separate report and therefore we cannot directly compare ratings.

- During this inspection, we only looked at services provided within outpatients. The last inspection rated the service as requires improvement overall. On this inspection we maintained this rating, however the rating for safe improved from requires improvement to good.

### **Summary of this service:**

Our rating of this service stayed the same, although we saw that improvement had been made. We rated it as requires improvement because:

- The service did not always share feedback from patient safety incidents. We did not see evidence of incidents being discussed in team meeting minutes. There were daily staff huddles but these did not have incidents as a set part of the agenda.
- Patients could not always access the service when they needed it. Overall waiting times from referral to treatment and for those patients referred on a 62-day cancer pathway were worse than the national average.
- The service did not always take account of people's individual needs. The patient led assessment of the care environment audits for dementia and disability scored significantly worse than the national average across four outpatients areas that were assessed. The trust wide dementia strategy did not have any outpatient related actions.
- The service did not collect, analyse and action data to improve waiting times. Waiting times for individual clinics were not recorded or collected by the services. Outpatients 66 Brighton and Sussex University Hospitals NHS Trust Inspection report 08/01/2019
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. However, trust wide not all complaints were responded to within the timeframe set in the trust guidelines.
- The service leads could describe a vision for what it wanted to achieve with clear priorities for delivering good quality and sustainable care. However, this was in a draft format that we were not able to view, and was not developed with involvement from key staff. Staff we spoke to in outpatients had no knowledge of, or involvement in developing these goals.
- There was a plan to implement systems and processes to ensure the governance of the department, but these were not embedded. There was no evidence that governance issues such as incidents were discussed at local level or fed into the overarching divisional or trust governance meetings.

- The service had managers with the right skills and abilities to run a service providing high quality, sustainable care, however there were key vacancies at the time of our inspection which left some staff without formal line management or face to face supervision. Visibility of the service senior leadership team was poor.

**However:**

- The service provided mandatory training to all staff and made sure everyone completed it. We saw a significant improvement in training compliance since our previous inspection, with training compliance better than the trust target.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. All areas we visited appeared visibly clean and cleaning audits were consistently at a high standard.
- The service responded appropriately when things went wrong. Staff apologised and gave patients honest information and suitable support.
- Staff cared for patients with compassion. Feedback from patients via the Friends and Family Test and from patients we spoke with at our inspection was positive regarding the care they received from staff.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that they felt involved in decision-making and medical and nursing staff shared enough information to support this.
- Patients referred on two-week wait and 31-day cancer pathways could access the service when they needed it. The trust was performing better than the national average in these areas.
- A change in the structure of the service enabled better oversight of staff and management of key performance indicators. Since our previous inspection where outpatient services were within the head and neck directorate, a divisional restructuring had taken place across the trust. Since April 2018 general outpatients and central administration services had operated within the central clinical services division.
- The service demonstrated a commitment to improvement and innovation. There had been a significant improvement in the friends and family response rates and the successful roll out of the e-referral system.

**Is the service safe?** Up one rating: Good — Our rating of safe improved. We rated it as good because:

- Staff recognised incidents and serious incidents and reported them in line with the trust policy. When things went wrong, staff apologised and gave patients honest information and suitable support. Root cause analysis reports were completed to

identify areas for improvement. Outpatients 67 Brighton and Sussex University Hospitals NHS Trust Inspection report 08/01/2019

- The main outpatient areas and the neurology (treatment of the nerves and nervous system) outpatient area had suitable premises to provide the service.
- The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Cleanliness of the environment audits consistently met or were better than the trust compliance target and patients we spoke with told us the hospital felt clean. This had improved from the previous inspection.
- Patient records were stored securely and ensured patient confidentiality was maintained. This had improved since our last inspection where patient notes were sometimes left unattended. At this inspection we saw that all notes were in locked cupboards or trolleys that were secured to walls.
- Outpatient staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and we saw that all members of the outpatient team within the Central Clinical Services division had received this training which had improved since the previous inspection.
- The service provided mandatory training and key skills to all staff and made sure everyone completed it. This had improved since our last inspection and the rate of training compliance across outpatient staff was better than the trust target.
- The service had systems which promoted patient safety and we saw staff following these. Daily huddles were held where safety issues such as staffing, premises and patient care were discussed. Where patients had minor procedures such as dental extractions, World Health Organisation surgical safety checklists were completed to ensure risks to were minimised.

**However:**

- Learning from incidents was still not embedded within the service. At our last inspection we found that learning from incidents was not discussed at team meetings. This had not improved at this inspection.

**Is the service effective?** Not sufficient evidence to rate — We do not rate outpatients service for effective. Our findings are as follows:

- The service provided care and treatment based on national guidance. There were policies and procedures in place that staff knew how to access. All policies and procedures were kept electronically and all staff had access to these.

- The service made sure staff were competent for their roles. Staff that were new to the department had an appropriate induction and trust wide the compliance for outpatient staff completing an appraisal in the last 12 months was better than the trust target.
- Staff of different kinds worked together to benefit the patient. Multidisciplinary meetings were held in various specialities including cancer, to ensure a holistic view of the patient's needs were taken into account.
- Staff gave patients enough food and drink, where appropriate, to meet their needs whilst in the outpatient department.
- The service ensured that consent was taken from patients in line with the trust policy. We reviewed patient records and saw that consent forms were signed and dated by both the consultant and patient and risks of the procedures were documented as part of this process.
- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005 and received training on this as part of their safeguarding level two training.

**However:**

- Although there was a trust wide programme for providing training to staff regarding the Mental Health Act 1983, no staff in outpatients had received Mental Health Act training. However, staff told us that they knew how to escalate issues

Is the service caring? Same rating: Good — Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. We observed staff interacting with patients in a kind and caring manner. Feedback from patients we spoke with on inspection told us that the care was “excellent” and that staff were “pleasant and helpful”.
- The Friends and Family Test results for patients had a consistently high recommend rate and the response rate had improved over the last six months. Between February and June 2018, the rate was similar to or better than the national average recommended score.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that they felt involved in decision-making and medical and nursing staff shared enough information to support their decision-making. However: Outpatients 69 Brighton and Sussex University Hospitals NHS Trust Inspection report 08/01/2019
- The patient led assessment of the care environment result for dignity, scored significantly worse than the national average in two of the outpatient areas assessed.

**Is the service responsive?** Same rating: Requires improvement — Our rating of responsive stayed the same. We rated it as requires improvement because:

- Patients could not always access the service when they needed it. Overall waiting times from referral to treatment were worse than the national average.
- Patients referred on a cancer pathway were not always treated within 62 days of referral from their GP. The trust was performing worse than the England average in this area.
- The service did not always take account of people's individual needs. The patient led assessment of the care environment audits for dementia and disability scored significantly worse than the national average across four outpatients areas that were assessed. The trust wide dementia strategy did not have any outpatient related actions.
- Department waiting times for individual clinics were not recorded or collected by the services. This meant that the service did not have oversight of patient waiting times within the department.
- Clinics were sometimes cancelled with less than six-weeks' notice. This was not in line with the trust's Patient Access Policy and the amount of cancellations had increased since our last inspection.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. However, trust wide, not all complaints were responded to within the timeframe set in the trust guidelines.

**However:**

- Patients referred on a two week wait pathway for suspected cancer could expect to see a specialist within two weeks of referral from their GP and the trust was performing better than the England average in this area.
- Once a decision to treat had been made for a patient with a cancer diagnosis, they could expect to be treated within the operational standard of 31 days, and the trust was performing better than the England average in this area.
- The service took account of patients' individual needs. The main outpatient departments were signposted, and volunteers were situated in the main hospital entrance and offered patients assistance to find a clinic if required.
- The service received more compliments than complaints over the previous 12 months.

**Is the service well-led?** Same rating - Requires improvement — Our rating of well-led stayed the same. We rated it as requires improvement because:

- Whilst the service had managers with the right skills and abilities to run a service providing high-quality and sustainable care, there were key vacancies in the division, and the management structure had not yet been embedded, nor was it known or understood to all staff. Staff did not feel that the divisional leadership team were visible on this site, and some had never met face to face. Outpatients 70 Brighton and Sussex University Hospitals NHS Trust Inspection report 08/01/2019
- There was a new governance structure in place across the trust which indicated that governance fed from the departments up through the divisions and to board level. However, there were no discussions of governance at the team meetings within the outpatient department, which meant that governance issues may be missed at a divisional and senior level.
- The service had a vision for what it wanted to achieve. A new clinical strategy had been created since our last inspection and we were told that this had involved in depth discussions with divisions and services and had been aligned to the trust strategic objectives. However, we were unable to see the strategy due to it not being approved or ratified, and staff we spoke with had not been involved or engaged with this process.
- There were improvement projects being run within the department, however key staff from the departments were not included as part of this.
- Action plans were not in place following poor performance in three areas of the Patient Led Assessment of the Care Environment audits and no evidence to suggest the service was going to make any changes in response to the audits.

**However:**

- Since our last inspection, the central administrative service and outpatients had been merged as a standalone directorate. This meant that the majority of outpatient services were under one directorate, which would enable better oversight and management of key performance figures such as mandatory training.
- Staff felt well supported at a local level by the department manager and individual line managers. • The culture of the staff in the department was positive and open. Staff put patients at the centre of their work.
- The service demonstrated a commitment to improvement and innovation. There had been a significant improvement in the friends and family response rates and the successful roll out of the e-referral system.

**Actions the trust SHOULD take to improve:**

- The trust should ensure that patient records are audited for quality.

- The trust should ensure that only registered nurses carry medicines keys. • The trust should ensure that the waiting area and environment in phlebotomy is safe for staff and patients using it.
- The trust should ensure that staff in outpatients receive training in the Mental Health Act.
- The trust should ensure that outpatient services are included as part of the dementia strategy.
- The trust should ensure that action plans are put in place and monitored following poor performance in three areas of the Patient Led Assessments of the Care Environment scores.
- The trust should continue to develop the leadership and governance functions of outpatients. Staff should be appropriately involved in all areas of performance. Performance monitoring activities undertaken by staff should be meaningful and focused on improving performance.