

Surrey and Sussex Healthcare NHS Trust

Crawley Hospital

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection of Crawley Hospital in May 2014. At that time we rated the outpatients department as requiring improvement because we found many clinic appointments were cancelled at short notice. Clinics were busy and were often running late and where medical records for clinics were often not complete, therefore clinics often saw patients with temporary notes.

We judged the service was not fully compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 210, then in force. Consequently we issued a requirement notice, a form of enforcement action which demands providers make necessary improvements to meet the required standards.

The purpose of this inspection was to check improvements had been made, ensuring the terms of the requirement notice had been met. Therefore we did not rate this service.

Our key findings were as follows:

- The trust had met the conditions of the requirement notice.
- The trust had introduced systems to regularly assess and monitor the quality of outpatient services.
- The trust had suitable arrangements for assessing and managing risks relating to the health, welfare and patients and others.
- This had been achieved through the establishment of a new management and governance structure and a strengthening of nursing leadership.
- Arrangements for the management of medical records had improved and more than 99% of full medical records were available at clinic appointments.
- Punctuality of clinics was much improved and 87% of patients were seen within 30 minutes of their appointment.
- Although there was an increase in the number of short notice clinics to meet increases in demands, there was now more stringent controls in place and better management of these.
- There were improved management controls to minimize the number of cancelled clinics.
- Thirteen additional consultants had been appointed, to assist in the provision of additional capacity to meet increasing demands.

However, there were areas of practice where the trust still needs to make improvements. The trust should:

- Ensure all staff are trained and able to use the electronic incident reporting system.
- Develop systems to ensure the consistent checking of emergency equipment in the outpatients department.
- Ensure there are arrangements to ensure confidential patient notes are not left unattended in the outpatients department.
- Ensure all staff have received training regarding the Mental Capacity Act, and are clear about the practical application of this legislation in their work.
- Consider how the monitoring of actual versus scheduled appointment times could be used to inform further development and improvement.
- Review signage in the department to improve patient flow through the department.

Summary of findings

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Not sufficient evidence to rate

Rating



Why have we given this rating?

Since our last inspection there had been a significant change in the outpatient management structure to provide more robust governance. An outpatient board had been established and reported to the executive committee. This board was supported by an outpatient delivery group. Nursing leadership had been strengthened in the department since our last visit with a new structure and an emphasis on stronger leadership with the introduction of more senior roles and a matron.

The trust had made significant changes and improvements to the management of medical records. We saw improvements in the level of reporting incidents and there were mechanisms in place to provide feedback following an incident. However, some staff were still unsure how to report incidents and had not accessed the training in the electronic system.

Although there was increased attendance in training in the Mental Capacity Act, some staff were unable to tell us how they would effectively apply the act in practice to situations that may arise in the department.

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Detailed findings

Services we looked at

Outpatients and diagnostic imaging

Detailed findings

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Background to Crawley Hospital

After a comprehensive inspection in May 2014, the CQC rated the hospital's outpatient department as requiring improvement as it was not fully compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 210, then in force. Consequently we issued a requirement notice, a form of enforcement action which demands providers make necessary improvements to meet the required standards.

The purpose of this inspection was to check improvements had been made and the hospital no longer breached regulation in relation to its outpatient services. Therefore the focus of our visit was to ensure that the terms of the requirement notice had been met and we did not rate this service. We found the trust has met the required standards.

Our inspection team

Our inspection team was led by Shaun Marten, Inspection Manager. It included a CQC Inspector and Assistant Inspector.

How we carried out this inspection

We visited the trust on 21 January 2016. We met with senior trust managers and visited outpatient clinics and medical records library where we observed the running of the departments and spoke with staff and patients. We

looked at a range of documents including meeting minutes and policies. We reviewed a range of data about the performance of the department which the trust provided.

Facts and data about Crawley Hospital

Surrey and Sussex Healthcare NHS Trust is a provider of acute hospital services in West Sussex and East Surrey, serving a population of more than 535,000. The trust provides outpatient and day surgery services at Crawley Hospital which is owned and managed by NHS Property Services.

The trust offers outpatient appointments for all of its specialties where assessment, treatment, monitoring and follow up were required. There were about 275,000 outpatient attendances in 2015. The trust estimates an increase in attendance of 25,000 patients over 2016/17.

Outpatients and diagnostic imaging

| | | |
|------------|---------------------------------|---|
| Safe | Not sufficient evidence to rate | ● |
| Effective | Not sufficient evidence to rate | ● |
| Caring | Not sufficient evidence to rate | ● |
| Responsive | Not sufficient evidence to rate | ● |
| Well-led | Not sufficient evidence to rate | ● |
| Overall | Not sufficient evidence to rate | ● |

Information about the service

The trust offers outpatient appointments for all of its specialties where assessment, treatment, monitoring and follow up were required. There were in the region of 275,000 outpatient attendances in 2015. The trust estimates an increase in attendance of 25,000 patients over 2016/17.

During the inspection we spoke with 13 members of staff which included managers, nursing and administrative staff as well as three patients and two carers.

Summary of findings

After a comprehensive inspection in May 2014, the CQC rated the hospital's outpatient department as requiring improvement as it was not fully compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 210 then in force. Consequently we issued a requirement notice. The purpose of this inspection was to check improvements had been made, and the hospital no longer breached regulation.

Since our last inspection there had been a significant change in the outpatient management structure to provide more robust governance. An outpatient board had been established and reported to the executive committee. This board was supported by an outpatient delivery group.

The trust was selected to be part of a five year development programme to work in partnership with the Virginia Mason Institute a world renowned healthcare provider in the USA. This programme follows the principles of minimising waste and variation using LEAN principles to drive quality improvement, putting the patient first, treating staff with respect and using data to drive improvement.

Nursing leadership had been strengthened in the department since our last visit with a new structure that had an emphasis on stronger leadership with the introduction of more senior roles and a matron.

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The trust had made significant changes and improvements to the management of medical records. Building work for a new library was in progress.

We saw improvements in the level of reporting incidents and there were mechanisms in place to provide feedback following an incident. However, some staff were still unsure how to report incidents and had not accessed training for using the electronic system.

Although there was increased attendance for training in the Mental Capacity Act, some staff were unable to tell us how they would effectively apply the act in practice to situations that may arise in the department.

Are outpatient and diagnostic imaging services safe?

Not sufficient evidence to rate 

At the last inspection we found not all staff could access the electronic incident reporting system. There were problems accessing medical records and full medical records were not always available.

At this visit we found there had been improvements and found the department had a good track record on safety performance and was showing progressive improvement.

In January 2014, the trust put in place a revised quality governance framework with the Establishment of the Executive Committee for Quality and Risk (ECQR). This provided a system to monitor and improve the quality of the outpatient service that included the number of cancelled appointments, waiting times for appointments and the number of patients that did not have their medical records available for their appointment. We noted systems in place to monitor all areas.

Incidents

- Managers told us training in using the incident reporting system was part of mandatory training. Staff confirmed they had attended training and were aware of what to report. We saw data which indicated a variety of incidents were being reported.
- Some staff told us they reported incidents. They gave examples of incidents they had reported and examples of feedback received.
- However, some staff were not confident in using the electronic system. A sister told us that staff informed her of incidents which she entered on their behalf. This meant there was potential for the reporting of incidents to be delayed, especially if the sister was away.

Environment and equipment

- The resuscitation trolley in the Outpatient 1 area had a folder containing daily checklists. In November 2015 the checklist had six gaps where daily checks were not

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documented. In December 2015 there were 12 gaps and in January there were seven. This indicated regular checks to ensure the trolley was ready for an emergency were not occurring.

Records

- The management of medical records had changed significantly since the last inspection. The storage facility for archived records had been moved from Southampton to a closer location. This meant records could be accessed from storage within an hour. The on site medical records library was due to be relocated to a purpose built facility within the hospital grounds in November 2016. We saw the building works and plans for the new facility.
- Overall more than 99% of full medical records were available at outpatient appointments. Staff told us they had not experienced problems accessing records.
- Records were transported to the clinics the day before. They were tracked using the electronic tracking system and stored securely. We saw records were stored securely and the scanning and tracking system being used.
- The number of temporary records created reduced from 200 to 40 each week over an 18 month period. The target score was 40 a week. The medical records manager told us the process of creating temporary records had been changed so a supervisor had to agree to the creation of the record. Staff confirmed this.

Nursing staffing

- Following our last inspection, the trust carried out a nurse staffing review across outpatient areas. This used professional judgement methods based upon skill mix and predicted activity across the hospital sites each day of the week. A nurse leader was put in post at each site. This enabled the trust to ensure there were sufficient numbers of nursing and other staff to meet the needs of patients in the outpatient department. Staff told us there were always two members of nursing staff available at each clinic.
- Some nursing staff worked a 12 hour shift from 8am to 8pm. This provided staff for later clinic finish times and minimised the reliance on the good will of staff to stay late. Longer serving members of staff were given the

option to maintain their previous working hours or to transfer to the 12 hour shift. One staff member told us there was still some reliance on good will to cover clinics.

- At the time of our inspection there were five nurse vacancies in the outpatient department overall, all posts had been appointed to and new staff were expected to start work imminently.

Medical staffing

- Since the last inspection an extra 13 consultants had been employed to assist with the provision of additional clinics. This was in response to analysis which showed increasing demand which was projected to continue. This meant the trust was using information to ensure it had sufficient medical staff to meet current and future demand.

Medical records staff

- Medical records staff provided a 24 hour a day, seven day a week service. The use of bank staff had reduced from 28% of whole time equivalent in June 2014 to 14% in December 2015. This indicated the number of permanent staff was more stable and able to cope with demands of the service.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

At the last inspection we found the trust needed to review the training provided to clinical staff on the Mental Capacity Act (MCA) in order to understand the relevance of this in relation to their work.

At this inspection there had been an improvement in the number of staff attending training. Managers told us 38 members of staff had attended Mental Capacity Act training although not all staff we spoke with had a clear understanding of how the MCA worked in practise.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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- Although 38 staff members from outpatients had completed their mental capacity act (MCA) training, some staff had poor awareness of the practical application of the act. More staff were due to attend the MCA training.
- Sister told us there were no systems in place to monitor patients who lacked capacity.
- When asked what they would do if someone came to clinic with reduced capacity, a member of staff told us they would find a senior member of staff or look on the intranet. Another staff member told us they would rely on a relative to make a best interest decision. This indicated some staff did not understand the application of MCA in relation to their work.

Are outpatient and diagnostic imaging services caring?

Not sufficient evidence to rate

We did not inspect caring as part of this focussed inspection.

Are outpatient and diagnostic imaging services responsive?

Not sufficient evidence to rate

At the last inspection, there were concerns around the numbers of clinics cancelled with less than six weeks notice.

At this inspection we found there had been a review of the outpatient service to ensure there was adequate capacity to meet the demands of the service. There was a recent review of the short notice cancellation policy, requiring executive sign off, before clinics were cancelled with less than six weeks notice.

There had been a review of the working environment for the medical records staff. Improvements had been made in the organisation of this environment and building work was on-going for new a storage facility.

Service planning and delivery to meet the needs of local people

- The outpatient clinics ran from 8am until 6pm. One clinic ran until 9pm one day every week. This meant patients could access clinics at a time more convenient to them.

Access and flow

- There were concerns around the numbers of clinics cancelled at the last inspection. During this inspection we saw on average 400 clinics were cancelled each month. Managers had identified that a large number of clinics were cancelled as a result of them being booked so far in advance.
- To manage this, the trust was introducing a partial booking system. This meant clinics were booked no more than 6 weeks in advance. As this was being implemented, there was no data available to demonstrate a change.
- Managers had changed the policy on booking clinics with less than six weeks notice with executive authorisation being required prior to a clinic being cancelled. This had been implemented in December 2015 and there was not sufficient data to demonstrate a change at the time of our inspection.
- Clinics established at short notice had increased from 80 a month at the last inspection to 150. This was in response to the number of outpatient attendances which had increased by 25 000 in the last year. Ten working days were required for general short notice clinics. This gave adequate time to ensure clinics were staffed and records available. We saw data to indicate records were consistently available for all clinics.
- Staff used an electronic room management system to maximise the capacity of clinics and a manager demonstrated it to us.
- The management of clinics that overran was contained within the outpatients operational policy, which was in draft at the time of our inspection. Part of the process was to monitor overrunning clinics. We saw staff in clinic documenting patients appointment time as well as the time they went into clinic. However, this information was not being analysed to establish common themes or monitor areas for concern.
- Data supplied by the trust indicated 87% of patients were seen within 30 minutes of their appointment. There was no target for this measure.

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- We were told information was displayed about clinic delays. We saw white boards in waiting areas in outpatients. We saw delays to a clinic clearly displayed on a whiteboard in Outpatient area 2.

Meeting people's individual needs

- Staff told us a patient attending the department with learning disabilities would be seen as a priority. However, there was no system in place to identify patients with individual needs, nor a way of monitoring them.
- In the outpatient areas there was a separate waiting area for children, indicated with a sign. However, there were no toys or books for children in this area. In Outpatient area 1, there was a small table with a bead toy on it and some children's books.
- We saw a patient in a large mobility scooter waiting in a corridor alone as there was nowhere in the waiting area to park. This meant the waiting areas were not accessible for all patient groups.

Learning from complaints and concerns

- We saw leaflets in patient waiting areas which contained information on how to complain about a service.

Are outpatient and diagnostic imaging services well-led?

Not sufficient evidence to rate

At our last inspection we found that data collected and patient feedback had identified areas of concern with regard to the amount of short notice clinics, patient records and clinic delays. However, there was no plan in place to deal with these areas. Staff were aware of problem areas in the outpatient department but did not feel empowered to make changes required to improve patient experience.

Since our last inspection there had been a significant change in the outpatient management structure to provide more robust governance. An outpatient board had been established and reported to the executive committee. This board was supported by the outpatient delivery group.

Nursing leadership had been strengthened in the department since our last visit with a new structure.

A senior medical records manager had been put in post since our last inspection and had made significant improvements in the management of records.

Vision and strategy for this service

- The trust started working with the Virginia Mason Institute in September 2015 on a five year development programme. The outpatient department had been identified as an area of focus using principles developed by the institute to support culture change and improve patient experience.
- An outpatient steering board had been introduced, which was responsible for implementing the service strategy. It used a traffic light system to rate risks and developed an operational policy. We saw this in the minutes of these meetings. The minutes also recorded the person responsible for overseeing the plan and included progress details.
- It was clear there had been significant changes in the management structure of the outpatient department and policies and procedures around the cancellation of clinics. However, this was yet to be embedded in delivery of service.

Governance, risk management and quality measurement

- Staff told us they met prior to the clinics starting for allocation of staff according to clinic needs. We saw that a standard operating procedure had been developed recently to enhance the use of these meetings. A reflection on the previous day was to be included, incidents were to be discussed and use of equipment was to be addressed. However this was yet to be implemented.
- Regular medical records supervisors meetings had been introduced since our last inspection. We saw minutes from these meetings which covered areas such as staffing, training and health and safety. The minutes detailed action plans, allocated an accountable person, date for completion and review.
- Our last report showed capacity to be an issue within the outpatient department. The trust was looking at consolidating capacity as it had outpatient services over nine sites. Capacity was regularly monitored at monthly

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outpatient board meetings as well as the outpatient steering group. We saw minutes from these meetings that confirmed capacity was regularly on the agenda, as well as action plans, accountability and monitoring.

Leadership of service

- A medical records manager had been appointed since the last inspection and had made significant changes to procedures around the management of records. This had increased the availability of full medical records.
- At our last inspection staff identified problems with senior leadership. Since then matron and senior sister's posts had been created to lead outpatient teams at each location. They provided a clinical perspective at managerial level and staff advised us they had a good rapport with senior members of the outpatient team.
- Previously we noted the medical records and medical secretary staff felt they weren't listened to. The trust had implemented a number of initiatives, for example the introduction of an Executive Lead. In February 2015 the Medical Records Manager set up a discussion group where he would meet with the secretarial team leaders once every 2 months to talk about developments in medical records and discuss any issues we or the secretaries may have. This meeting grew to include Outpatient Booking Office including the OPD Service Managers and Service leads. It has now been superseded by the Administration Steering Group which is a more formal meeting with a larger range of attendees. However, staff told us they had little interaction with senior managers within the medical records team.

Culture within the service

- At our previous inspection low morale was a common theme when talking to staff. Staff told us there had been a positive change in attitude within the department. They felt supported in their roles and could bring any concerns to senior members of the team. Staff supported each other within their teams and senior members of the management team had support from the board.
- We saw staff and managers interacting in a relaxed and friendly way. Managers were seen supporting junior members of staff in an open manner.

Staff engagement

- Since our last inspection a number of initiatives have been implemented to improve staff engagement, including; staff focus groups and regular email updates.
- Managers were revisiting nursing competencies and encouraged staff to contribute with a view to developing their roles and skills further. Members of staff had responsibility for specific areas of care, for example the Mental Capacity Act and safeguarding. They would attend training and then disseminate learning to staff.
- Engagement with staff within the outpatient areas was achieved through requesting verbal and written feedback relating to what went well and what could be improved each day.
- At the previous inspection, staff shifts finished when clinics closed, therefore if clinics overran managers relied on the good will of staff to stay late. Since then managers have changed working patterns to 12 hour days for new staff, meaning clinics were able to meet the needs of patients without relying on good will. The new shift system was proving so popular that longer serving staff were also requesting to do 12 hour shifts.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- Ensure all staff are trained and able to use the electronic incident reporting system.
- Develop systems to ensure the consistent checking of emergency equipment in the outpatients department.
- Ensure there are arrangements to ensure confidential patient notes are not left unattended in the outpatients department.
- Ensure all staff have received training regarding the Mental Capacity Act, and are clear about the practical application of this legislation in their work.
- Consider how the monitoring of actual versus scheduled appointment times could be used to inform further development and improvement.
- Review signage in the department to improve patient flow through the department.