

# Imperial College Healthcare NHS Trust Charing Cross 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.

## Ratings

Outpatients and diagnostic imaging

**Requires improvement**



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Charing Cross Hospital is an acute general teaching hospital located in Hammersmith, London. The present hospital was opened in 1973, it is part of Imperial College Healthcare NHS Trust. The trust's central outpatient departments were located at St Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital which were overseen by a single leadership team (Lead Nurse, Clinical Director and General Manager), with dedicated clinical and administrative leadership teams based on each site.

Our last comprehensive inspection of the trust was undertaken in September 2014 when we rated the outpatients and diagnostic imaging service at Charing Cross Hospital as inadequate. The purpose of this focused follow-up inspection was to inspect core services that had previously been rated as inadequate.

During this inspection we found the service had improved. We rated the outpatients and diagnostic imaging service at Charing Cross Hospital as requires improvement overall.

Our key findings were as follows:

- The majority of non-managerial staff we spoke with were unsure regarding the duty of candour until prompted.
- We found nuclear medicine fridges containing radioisotopes for use in scans were not monitored consistently.
- The majority of radiotherapy staff members we spoke with raised concerns regarding the safety of the radiotherapy on-call service.
- The trust did not meet its diagnostic report turnaround time target of all diagnostic imaging being reported on within two weeks.
- We observed that there was poor signposting throughout the hospital both outside and inside.
- The outpatient and radiology waiting areas had a lack of drinking water facilities, the majority of patients we spoke with told us they could not find where to access drinking water.
- The trust consistently did not meet national targets for a variety of performance indicators.
- The majority of patients we spoke with in the outpatient and radiology departments commented negatively in regards to waiting times
- The majority of staff we spoke with felt that that senior management focussed on other trust sites more than Charing Cross.
- All non-managerial staff we spoke with across the whole hospital said that the executive team was not visible enough at Charing Cross.
- We found the leadership within the radiotherapy department required improvement.
- The majority of radiotherapy staff we spoke with told us that they did not feel supported by the managerial team.
- The majority of staff we spoke with could not tell us the hospital's vision or values.
- We were told of by staff of a blame culture in radiotherapy with friction between the different radiographer staffing groups.
- The majority of non-managerial nursing staff told us they felt tired and overworked.

However we also found some areas of good practice:

- The outpatient department consistently met its compliance target for hand hygiene and 'bare below the elbow'. The department also scored 100% for cleanliness in the patient-led assessments of the care environment (PLACE) audits for 2016.
- We observed that there were a sufficient number of doctors to run the scheduled outpatient clinics and the clinics were consultant led.
- Care and treatment within all areas we visited was delivered in line with evidence-based practice.
- Friends and family score for October 2016 demonstrated 88% and 97% of outpatient and radiology patients would recommend the service.

# Summary of findings

- Patient comments regarding their care and treatment were positive regarding the outpatients, radiotherapy and imaging departments.
- A trust wide outpatient improvement plan which laid out five key areas of improvement was being implemented.

There were areas of poor practice where the trust needs to make improvements. Importantly, the trust should:

- Address the safety concerns of staff in regards to the weekend on-call radiotherapy service.
- Ensure the safe and consistent monitoring of fridges containing radioisotopes.
- Quicken the process of hiring new outpatient nursing staff, in order to provide adequate cover for staff absences.
- Ensure all staff understand the concept and utilisation of the duty of candour.
- All staff remain compliant with mandatory training and safeguarding training.
- Ensure there is adequate qualified radiologist cover for the out-of hours interventional radiology service.
- Ensure there is sufficient drinking water available to patients waiting to be seen.
- Address all concerns of staff bullying and harassment issues.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Charing Cross Hospital

## Detailed findings

### Services we looked at

Outpatients and diagnostic imaging

# Detailed findings

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## Background to Charing Cross Hospital

St Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital each has a 'main outpatients' department which are overseen by a single leadership team (Lead Nurse, Clinical Director and General Manager), with dedicated clinical and administrative leadership teams based on each site.

The main outpatient department at Charing Cross Hospital is located on the first floor of the tower block and has 32 consulting rooms. Specialty services include plastic surgery, endocrinology, gastroenterology, dermatology, neurology, podiatry and diabetes. There is a phlebotomy service located in the department.

There were 425,848 outpatient appointments at Charing Cross Hospital in the period of April 2015 to March 2016.

In the period of August 2015 to July 2016, there were approximately 143,000 attendances in the main outpatient department at Charing Cross Hospital across all specialties.

Imperial college NHS Trust imaging departments offers a comprehensive range of diagnostics to support all aspects of clinical management, including ultrasound, MRI, CT, plain film X-Ray and Nuclear Medicine. Patient pathways for diagnostic imaging includes direct access, outpatients, A&E, inpatients, and inter-trust transfers from tertiary referrers, particularly linked to the Trust's specialist services. Over 418,000 diagnostic imaging examinations were undertaken by the Trust during 2015/16.

At Charing Cross Hospital the outpatient and radiology departments had undergone some divisional changes and were placed under the women's, children's and

clinical support directorate at the time of the inspection. The outpatient department also received a managerial restructure with a new senior sister managing the department reporting into the lead outpatient nurse who overlooked all trust outpatient departments.

The radiotherapy and medical physics department offered a range of radiotherapy treatment including stereotactic ablative radiosurgery, deep breath hold gating techniques and volumetric arc therapy amongst others. The department consisted of a pre-treatment team utilising CT localisation, a medical physics and planning team, a treatment team utilising two radiosurgery capable linear accelerators and two older model linear accelerators and a radiotherapy patient review team. The department operated a satellite centre at the Hammersmith Hospital, consisting of a superficial treatment unit for skin lesions and two older model linear accelerators; however patients were not routinely seen there unless it was for skin treatment or if a linear accelerator was out of service in the main department.

We last inspected this service in November 2014 and rated it to be inadequate overall. This reflected delays of up to six weeks in sending out appointment letters following a GP referral and a failure to consistently meet demand. We found doctors often turned up late to clinics and there was little structure in place to monitor performance.

As part of this inspection we observed care and treatment and interviewed staff in main outpatients, the radiology department, pathology and radiotherapy department. To assist in the inspection we held a drop in session on the first inspection day to which all staff were welcome and

# Detailed findings

we held interviews senior staff members of the outpatient, radiology and radiotherapy departments. We spoke with a total of 91 staff members across all grades including but not exclusively medical staff, nurses,

radiographers, healthcare assistants, administrative staff and managerial staff. We also spoke to 30 patients and reviewed 20 sets of patient case notes across all areas we visited.

## Our inspection team

Our inspection team was led by:

Inspection Manager: Michelle Gibney, Care Quality Commission

The team included CQC inspectors and a variety of specialists including consultant physician, consultant

cardiologist, consultant pathologist, superintendent radiographers, diagnostic radiographer, nurse matron, nurse outpatients manager, senior nurse manager, pharmacist and an Expert by 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?

We carried out this inspection as part of our routine focused inspection programme. We carried out an announced inspection on 22, 23 and 24 November 2016.

Before visiting, we reviewed a range of information we held about the hospital.

During the inspection we talked with a range of staff throughout the outpatient and diagnostic imaging department, including senior managers, clinicians, nurses, healthcare assistants, administrative staff and volunteers.

We also spoke with patients and relatives of those who used the outpatient and diagnostic imaging services at Charing Cross Hospital.







## Our ratings for this hospital

Our ratings for this hospital are:

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

### Notes

# Outpatients and diagnostic imaging

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

## Information about the service

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were placed under the women's, children's and clinical support division at the time of the inspection. The outpatient department also received a managerial restructure with a new senior sister managing the department reporting into the lead outpatient nurse who overlooked the trust's central outpatient departments.

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# Outpatients and diagnostic imaging

first inspection day to which all staff were welcome and we held interviews with senior staff members of the outpatient, radiology and radiotherapy departments. We spoke with a total of 91 staff members across all grades including but not exclusively medical staff, nurses, radiographers, healthcare assistants, administrative staff and managerial staff. We also spoke to 30 patients and reviewed 20 sets of patient case notes across all areas we visited.

## Summary of findings

We rated this service as requires improvement because:

- The majority of non-managerial staff we spoke with were unsure regarding the duty of candour until prompted.
- We found nuclear medicine fridges containing radioisotopes for use in scans were not monitored consistently.
- The majority of radiotherapy staff members we spoke with raised concerns regarding the safety of the radiotherapy on-call service.
- The trust did not meet its diagnostic report turnaround time target of all diagnostic imaging being reported on within two weeks.
- We observed that there was poor signposting throughout the hospital both outside and inside.
- The outpatient and radiology waiting areas had a lack of drinking water facilities, the majority of patients we spoke with told us they could not find where to access drinking water.
- The trust consistently did not meet national targets for a variety of performance indicators.
- The majority of patients we spoke with in the outpatient and radiology departments commented negatively in regards to waiting times
- The majority of staff we spoke with felt that that senior management focussed on other trust sites more than Charing Cross.
- All non-managerial staff we spoke with across the whole hospital said that the executive team was not visible enough at Charing Cross.
- We found the leadership within the radiotherapy department required improvement.
- The majority of radiotherapy staff we spoke with told us that they did not feel supported by the managerial team.
- The majority of staff we spoke with could not tell us the hospital's vision or values.
- We were told of by staff of a blame culture in radiotherapy with friction between the different radiographer staffing groups.
- The majority of non-managerial nursing staff told us they felt tired and overworked.

However:



# Outpatients and diagnostic imaging

- The outpatient department consistently met its compliance target for hand hygiene and 'bare below the elbow'. The department also scored 100% for cleanliness in the patient-led assessments of the care environment (PLACE) audits for 2016.
- We observed that there were a sufficient number of doctors to run the scheduled outpatient clinics and the clinics were consultant led.
- Care and treatment within all areas we visited was delivered in line with evidence-based practice.
- Friends and family score for October 2016 demonstrated 88% and 97% of outpatient and radiology patients would recommend the service.
- Patient comments regarding their care and treatment were positive regarding the outpatients, radiotherapy and imaging departments.
- A trust wide outpatient improvement plan which laid out five key areas of improvement was being implemented.

## Are outpatient and diagnostic imaging services safe?

Requires improvement



We rated safe as requires improvement because:

- The majority of non-managerial staff we spoke with were unsure regarding the duty of candour until prompted. Nursing and radiology staff told us that they were unaware of any formal training or policy provided by the trust.
- During the inspection we observed an incident where the laser room was left in a state of disorganisation, the machine was unattended with the keys left in and a staff members security badge on the floor.
- We found nuclear medicine fridges containing radioisotopes for use in scans were not monitored consistently.
- The outpatient management, nursing staff, radiology administrative staff and medical physics staff did not meet the hospital target of 90% for either or both safeguarding adult or children training.
- Senior outpatient staff told us that staffing at the hospital outpatient department was adequate for the service; however there were not enough staff to cover for staff sickness or annual leave.
- Staff members raised concerns regarding the imaging out of hours service as the on-call consultant was usually based in the Hammersmith site and had to be called over to Charing Cross when needed, this meant that in times of emergency there was a lack of qualified staff.
- Staff members raised concerns regarding the safety of the radiotherapy on-call service citing that a large portion of staff were unsure of how to carry out on-call procedures, staff members said help was not provided and the training was insufficient. Managers and senior staff told us that before undertaking on-call duties all members of staff are trained and signed off as competent for both the treatment competencies and the on-call competencies.

However:

# Outpatients and diagnostic imaging

- The outpatient department consistently met its compliance target for hand hygiene and 'bare below the elbow'. The department also scored 100% for cleanliness in the patient-led assessments of the care environment (PLACE) audits for 2016.
- We observed that there were sufficient a number of doctors to run the scheduled outpatient clinics and the clinics were consultant led.
- There were business continuity and major incident plans to ensure that essential services were not disrupted as a result of emergencies and when internal incidents were declared.
- Incidents were discussed at monthly divisional governance meetings and information and lessons learnt were disseminated to staff via departmental staff meetings.

## Incidents

- Between September 2015 and August 2016 the hospital reported one serious incident which was classified as a never events for outpatients. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- In accordance with the Serious Incident Framework 2015, the trust reported three serious incidents in outpatients and diagnostic imaging which met the reporting criteria set by NHS England between September 2015 and August 2016. One of each of the following occurred: diagnostic incident including delay (including failure to act on test results), surgical/invasive procedure and treatment delay. There were a total of 43 incidents reported in the hospital's outpatients department during the period of July 2015 to July 2016 with 30 of those incidents resulting in no harm, seven near misses and six low harm.
- There were 14 trust wide radiation incidents reported under the Ionising Radiation (medical Exposure) Regulations (IR(ME)R) in the period of July 2015 to July 2016.
- Incidents were reported using an electronic reporting system. Staff we spoke with could describe how to

report incidents and reported receiving feedback at monthly team meetings however there was inconsistency with incident reporting in the radiotherapy department.

- The radiotherapy department used an internal reporting form which all staff below band eight had to use and forward to the superintendent radiographers who would in turn reported the relevant incidents on the electronic reporting system, we were told by the service manager this was because of the use of specialised coding of radiotherapy incidents.
- There were seven reportable radiotherapy incidents that occurred in the period of December 2015 to November 2016. Five of the incidents related to imaging, one incident related to a treatment error and one incident was regarding dose calculation. In the same period there were 42 minor radiation incidents and 28 near misses.
- Incidents were discussed at monthly divisional governance meetings and information and lessons learnt were disseminated to staff via departmental staff meetings. Outpatient nursing staff and radiology staff could describe examples of incidents which had occurred in their departments and across the hospital.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The majority of non-managerial staff we spoke with were unsure regarding the duty of candour, however upon prompting they were able to describe its principles and situations in which it might be used. Nursing and radiology staff told us that they were unaware of any formal training or policy provided by the trust. Staff in all areas told us that they believed it was the consultant's responsibility to inform the patient of any mistreatment or clinical error; however they were unaware of any formal process adopted by the trust.

## Cleanliness, infection control and hygiene

- The staff we observed in the outpatients, radiology and radiotherapy department complied with the trust policies and guidance on the use of personal protective equipment (PPE) and were seen adhering to 'bare below the elbow' guidance.

# Outpatients and diagnostic imaging

- All areas we visited were visibly clean and tidy. Completed cleaning checklists were observed in outpatients, radiology and radiotherapy.
- Stickers were placed on equipment to inform staff at a glance that equipment had been cleaned and we saw evidence of this being used across the departments we visited.
- Arrangements were in place for the handling, storage and disposal of clinical waste. Sharps bins were noted to have been signed and dated when assembled.
- There were sufficient hand washing facilities and hand gels available in all areas we observed.
- Hand hygiene results were recorded monthly. Data from the women's, children's and clinical support division demonstrated 99.7% compliance in June 2016 and 99.8% in July 2016. The trust had a compliance target of 90%. We observed hand hygiene audit results in the radiology department and the data demonstrated 100% compliance in October 2016.
- The department also monitored bare below the elbows compliance rates. Data from the women's, children's and clinical support directorate demonstrated compliance results of 99.2% in June 2016 and 99.5% in July 2016. The trust had a compliance target of above 90%.
- The outpatients department scored 100% for cleanliness and 97% for appearance in the patient-led assessments of the care environment (PLACE) audits for 2016.

## Environment and equipment

- All departments we visited were adequate for their purpose and well maintained. Patient waiting areas were clean and all clinical areas seen were visibly clean and tidy.
- Maintenance contracts were in place to ensure specialist equipment was serviced regularly and faults repaired and we saw evidence of quality assurance for diagnostic equipment.
- Portable appliance testing (PAT) for equipment was in use across outpatients and diagnostics and the equipment we reviewed had stickers that indicated testing had been completed and was in date.
- Clear signage and warning lights were in place outside the laser treatment room.
- During the inspection we observed an incident where the laser room was left in a state of disorganisation, we observed that the door to the treatment room was left

unlocked, lenses were left out of containers, eye drops were left on the floor along with a doctors identification card and the laser machine was left unattended with the keys still in place. When brought to the attention of the nurse in charge, we were told that this was not common practice and the staff member whose identification card was found will be managed appropriately in line with trust policies.

- Clear signage and safety warning lights were in place in the radiology and radiotherapy departments to warn people about potential radiation exposure.
- Monthly quality assurance logs were observed for the X-ray units, MRI and CT scanners for the period of September 2016 to November 2016. We were assured that procedures were in place for the safety testing of all diagnostic imaging machines on a daily, monthly and annual basis.
- Daily quality assurance logs were observed for the radiotherapy linear accelerators for the period of September 2016 to November 2016. We were shown documentation and were assured that there were procedures regarding monthly and annual safety testing.
- Evidence was provided to show that an equipment replacement programme existed with all imaging and other equipment tracked and recorded in a database.
- All clinical staff we observed in the radiology departments had valid in-date radiation monitoring badges.
- Personal protective equipment was available in all clinical areas we observed.
- Emergency resuscitation equipment was in place in all areas of the outpatients, imaging and radiotherapy departments and followed national resuscitation council guidelines. Trolleys we reviewed were checked on a daily and weekly schedule and had their seals intact; trolleys that were asked to be opened had all the required equipment and medication valid in-date.

## Medicines

- We found that medicines in the outpatients department were stored securely and appropriately. Keys to medicines cupboards and treatment rooms were held by appropriate staff. There was restricted access to rooms where medicines were kept via an electronic keypad.
- All outpatient medicines cupboards and fridges inspected were clean and tidy, and fridge temperatures

# Outpatients and diagnostic imaging

were within the recommended range of 2 - 8°C. We saw evidence that room temperatures were taken and below the recommended 25°C. These meant medicines were stored in a safe manner. In the treatment room we found completed weekly checklists for medicines (which had recently been introduced by the trust) which ensured effective medicines management.

- We found nuclear medicine fridges containing radioisotopes for use in scans were not monitored consistently. We reviewed log books for fridge temperatures for the period of September 2016 to November 2016 and we found that records were not completed for the majority of October and the first ten days in November. Nuclear medicine staff told us that the fridges should be monitored daily, but could not reassure us that they were. Local leads explained they could only remind staff to monitor the fridges.
- Staff had access to the trust pharmacy department for medicines information advice and medicines supply for unlicensed medicines. There was a pharmacy top-up service for stock and other medicines were ordered on an individual basis. This meant that patients had access to medicines when they needed them.
- We found that medicines used for resuscitation and other medical emergencies (for example anaphylaxis) were readily available, accessible for immediate use and tamperproof. We saw evidence of weekly checks to ensure the appropriate medicines were stocked and had not expired.
- Arrangements for the supply of medicines were good. A private pharmacy contractor served all outpatient prescriptions on the ground floor. They were open between 09:00-18:30 Monday to Friday, and 09:00-13:30 on Saturday and Sunday. The latest figures provided showed that more than 75% of prescriptions were dispensed within 15 minutes, and more than 99% within 30 minutes. We saw that prescriptions were prescribed to patients electronically via Cerner® (The IT system at the trust), and also via paper based prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We saw evidence of allergies documented at the point of prescribing.
- Medicines errors and safety incidents were reported quarterly to the Medicines Safety Committee. These were reviewed and information to staff was communicated via a variety of channels such as newsletters, emails and face-to face monthly clinical

governance meetings if required. We saw evidence of learning from incidents. For example, single dose containers of medicines were now in use within the ENT and eye clinic and Eye clinic instead of multi-dose vials, which reduced the risk of cross-contamination.

## Records

- The hospital used an electronic patient record (EPR) as part of a hybrid paper light system. The paper record is provided by the health record team at the request of a clinic or department, if original records are unavailable temporary records are created, a log of the number of temporary records is kept. All existing paper records were in process to being uploaded onto the EPR. Senior managers described this to be a transition period before the trust uses a paperless system.
- Data provided to us showed that an audit was carried out over a 40 week period from November 2015 to August 2016 monitoring the use of temporary records in the outpatient departments across the trust. Charing Cross Hospital used the highest number of temporary records with a total of 3349 and also had the highest average use of temporary records per week. The data provided did show that the average use of temporary records was consistently declining over the audit period.
- We were shown data regarding a spot audit undertaken to monitor the use of temporary records in the hospital outpatient department in a week in August 2016. The data showed that out of the 20 clinics held that week only three breached the national target of 4% of original records being unavailable. The ENT clinic had the highest breach of 5%, the fracture and respiratory clinics had a breach of 4.5% each.
- Consultants and other doctors we spoke with told us that the EPR was not meeting their needs and that it was not suitable for use. An issue in particular was around the uploading of medical letters or previous paper notes onto the new system, the doctors we spoke with said this was too cumbersome and had an excessively complicated method. The hospital has an EPR helpdesk in place which all staff we spoke with acknowledged using.
- We reviewed a total of 20 patient records selected from the outpatients, radiology and radiotherapy departments. All contained the relevant patient details

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required for identification, details of past medical history, allergies, infection control, medicines and discharge planning. Evidence of consent was also observed as appropriate.

- The radiotherapy department had a procedure to check all patient records on a weekly basis, this was done to ensure that the correct treatment dose of recorded, that treatment was delivered accurately, treatment x-ray images taken were verified correctly and any notes from other team members were not missed.
- Records could be viewed off site in any trust hospital due to the EPR. Service managers told us that in cases where physical records need to be moved off site for continuity of patient care then copies are made and the notes were tracked.
- At the time of inspection, we saw patient personal information and medical records were managed safely and securely in all departments we visited.

## Safeguarding

- Safeguarding policies and procedures were in place. These were available electronically for staff to refer to. All staff we spoke with in all departments said that safeguarding concerns were rare, but they were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- The outpatient qualified nursing staff did not meet the hospital target of 90% for safeguarding adults level two.
- The radiology administrative staff did not meet the hospital target for safeguarding adults and children both level one.
- The medical physics staff did not meet the hospital target for any safeguarding adult or children training. Completion rates for 'safeguarding children level 2' in specific were below 50%. The radiotherapy department did not see any children at the time of the inspection and did not have any future plans to do so, service managers told us that they were re-evaluating the need for children safeguarding training.

## Mandatory training

- All staff we spoke with confirmed that mandatory training was easily accessible and was available via the intranet or bookable through live sessions. Training included; infection prevention and control, medicines management, safeguarding adults and children,

equality and diversity, information governance, health and safety, fire awareness, resuscitation level two, manual handling and lastly conflict resolution. The trust target for mandatory training was 90%.

- In the radiotherapy department the administrative staff met the target for all mandatory training courses. The qualified allied health professionals met the target for all courses except 'fire safety' and 'resus level 2'. Medical physics staff did not meet the target for any course.
- In the radiology department the administrative staff did not meet the target for 'infection prevention and control', 'information governance' and 'resus level 1'. The qualified allied health professionals met the target for all courses except 'moving and handling level 2' and 'resus level 2'.
- In the outpatients department the administrative staff met the target for all mandatory training courses except 'resus level 1'. The qualified and unqualified nursing staff did not meet the trust target for 'equality and diversity', 'fire safety', 'infection prevention and control' and 'resus level 2'.
- We did not find evidence that there was formal MRI specific cardiac arrest training; this was confirmed by radiology staff we spoke with.

## Assessing and responding to patient risk

- Clear signs were in place informing patients and staff about areas where radiation exposure or laser treatments took place.
- The six point identification check was used in radiology and radiotherapy as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)(2000). In addition we saw staff check patients against their scanning area and also asked patients what procedure they were there for.
- Staff told us they checked female patient's pregnancy status in the radiology department before initialising any imaging procedure. In the radiotherapy department they checked pregnancy status before the planning CT scan and once before the start of the treatment regime.
- The radiology department used a patient safety questionnaire for MRI in order to ascertain if the patient had any metal objects inside their body, the radiographers would then assess whether it was safe for the patient to have the scan. The department also evaluated patients prior to administration of contrast media to check if the patient suffered from any allergies or conditions which put them at risk of a reaction..

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- Radiation protection supervisors were appointed for both the radiology and radiotherapy departments. Further support was noted in the respective department's local rules.
- Staff were able to describe the procedure of what to do if a patient was suspected of suffering from a cardiac arrest or anaphylaxis. All staff we spoke with knew the hospital internal crash team number.
- WHO safer surgical checklists were in use before any interventional radiology procedures.

## Nursing and allied health professional staffing

- Outpatient staffing data submitted by the trust was presented for staff across the central outpatient departments of the trust; the data provided was for the period of August 2015 to July 2016. The latest staffing figures showed that there were 25 qualified nurses in the trust outpatient departments this included 16 band five nurses, five band six nurses, three band seven nurses and one band eight nurse. The data also showed that there were 45 unqualified nursing staff which included five band two staff and 40 band three staff.
- The hospital provided data for October 2016 which showed that there were 12.50 whole time equivalent nursing staff in the Charing Cross outpatient department.
- Senior managers told us that there was not currently an approved acuity tool to measure staffing levels in the outpatient setting and therefore the staffing levels were managed by staff rota system and local managers.
- Senior outpatient staff told us that staffing at the hospital outpatient department was adequate for the service; however there were not enough staff to cover for staff sickness or annual leave. The senior staff did tell us that additional staff could be borrowed from the trusts other outpatients departments if needed.
- Other members of staff raised concerns with us over the staffing levels for ENT outpatients and ophthalmology outpatients, we were told that there were the minimal number of staff to run the clinics properly and this meant staff had to skip lunch breaks and were not always able to take annual leave resulting in work related stress leave.
- At the time of the inspection there were four agency staff members being used, with three being unqualified nursing staff and one being qualified nursing staff. The department was also using two unqualified nursing bank staff members. Senior staff told us that this was due short term staff sickness.
- Senior outpatient staff told us that there were eight qualified nursing positions spread throughout the trust outpatient departments that were in process of being recruited.
- Imaging staffing data submitted by the trust was presented for staff across the whole trust and not broken down by hospital; the data provided was for the period of August 2015 to July 2016. The latest staffing figures showed that there were 59.5 WTE qualified staff in the trust imaging departments. The data also showed that there were 11 unqualified staff which were all band two staff.
- Data provided to us showed that the radiotherapy department consisted of 56 radiographers, two assistant practitioners, 11 medical physics staff, eight technical support staff and six administrative staff. The department also hosted long term students completing their university degree in radiotherapy. At the time of the inspection there was one radiographer vacancy and one technical support vacancy in the department.
- As at August 2015 and July 2016, the trust reported a vacancy rate of 13.6% in Outpatients; the vacancy rates ranged from 0% to 26.1% across reporting units.
- As at August 2015 and July 2016, the trust reported a turnover rate of 6.6% in Outpatients and 16.8% in Diagnostic Imaging; Turnover was greater among unqualified nursing staff in Diagnostic Imaging rather than qualified staff trust wide.
- As at August 2015 and July 2016, the trust reported a sickness rate of 4.7% in Outpatients and 2% in Diagnostic Imaging trust wide.

## Medical staffing

- We observed that there were a sufficient number of doctors to run the scheduled outpatient clinics and the clinics were consultant led.
- Trust policy stated medical staff must give six weeks' notice of any leave in order that clinics could be adjusted in a timely manner.
- Incidents of short notice cancellations or clinics starting 30 minutes or later than schedules were always

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investigated by the lead outpatient nurse and be escalated to the directorate quality and safety meetings. Repeat issues could be escalated further to the clinical director of outpatients.

- The trust provided data on medical staffing for all the trust imaging departments, according to the data provided the trust had 55 consultants and 49 training grade doctors in July 2016. Vacancy rates provided to us for the period of August 2015 to July 2016 were 7% for consultants and 30% for training grade doctors.
- Imaging out of hours requests were covered by the on-call registrars and on-call interventional radiologists providing 24 hour cover. Consultants had remote access for reporting via PACS. The Imaging department did not operate a shift system for its medical staff. Consultant allocations were based according to their job-plans whilst registrars were allocated based on their rotation to a given subspecialty. Registrars are rotated approximately every four months into the different sub-specialities of radiology across the three sites.

## Out of hours service

- In the imaging department on-call interventional radiologists covered both the Charing Cross and Hammersmith sites, staff members raised concerns regarding this practice as the on-call consultant was usually based in the Hammersmith site and had to be called over to Charing Cross when needed. Staff members raising this concern felt that this meant in times of emergency there was a lack of qualified staff.
- The radiotherapy department had 56 whole-time equivalent radiographers this included subdivisions including, treatment, pre-treatment, review, superintendents and the service manager. Treatment radiographers were responsible for providing a weekend on-call service primarily used to treat emergency spinal cord compression cases.
- The majority of the 24 members of staff we spoke with in the radiotherapy department raised concerns around on-call working. The on-call service was provided by band five to band seven staff, the main concerns being the skill mix of staff and a number of staff being unsure of what to do during the on-call service.
- Radiotherapy staff also raised concerns regarding on-call training which they felt was insufficient. Staff said that they were not allowed to ask for assistance during on-call service because 'otherwise they would not learn', some radiographers told us they 'lived in fear

of working at the weekends'. 12 out of the 14 staff raising concerns said they did not feel safe conducting the on-call service. Although no incident relating to the safety of the on-call service was reported in the last 12 months.

## Major incident awareness and training

- There were business continuity plans to ensure that essential services were not disrupted as a result of emergencies and when internal incidents were declared. It was informed by national guidance such as the NHS Commissioning Board's 'command and control' and 'business continuity management framework'.
- 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.

## Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

We currently do not rate this domain, however the following are areas of good practice and areas of improvement we found:

- Care and treatment within all areas we visited was delivered in line with evidence-based practice.
- Evidence was provided to demonstrate that the radiology department actively participated in multi-centre research studies.
- In October 2016 the radiotherapy department actively participated in 18 national clinical trials; the department had implemented a robust tracking system to monitor the progress of participation.
- All areas we visited had appointed suitably qualified members of staff and any staff members without formal qualifications were appropriately supervised when undertaking clinical responsibilities.
- We saw evidence of positive multidisciplinary (MDT) working in all departments we visited.

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However;

- Data provided showed that the trust did not meet its diagnostic report turnaround time target of 100% of all diagnostic imaging being reported on within two weeks, achieving an average of 92%.
- Trust data showed that in July 2016, 80% of letter to GP's were issued within 10 working days.

## Evidence-based care and treatment

- Care and treatment within all areas we visited was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE) and the relevant royal colleges.
- Professional guidelines were discussed in the monthly quality and safety meetings which were attended by service managers, matrons and consultants. NICE guidelines information is discussed and disseminated to the relevant service leads that then discuss and implement the relevant guidelines within their own departments.
- Audits of compliance with IR(ME)R 2000 were completed. We saw evidence that there were annual radiation safety audits conducted by the medical physics expert in both the radiology and radiotherapy departments and that the relevant findings were action planned appropriately.
- In the interventional radiology department, we observed the World Health Organisation (WHO) checklist for interventions was routinely completed.
- Radiology dose reference level audit results were available for staff to read, where levels were raised the imaging machines manufacturers were contacted and the machines were recalibrated.
- There were radiation protection supervisors appointed for both the radiology and radiotherapy departments.
- Evidence was provided to demonstrate that the radiology department actively participated in multi-centre research studies taking both a lead and sub-site role. These research trials are undertaken in conjunction with the trust affiliated university.
- The nuclear medicine department has participated in the DaTSCAN Audit 2015 conducted by the British Nuclear Medicine Society. We were shown a valid certificate of participation.

- The radiotherapy department participated in 13 national audits including the stereotactic radiosurgery end to end audit, national lung cancer audit, left breast heart sparing audit and the electron audit 2016.
- We saw evidence to show that in October 2016 the radiotherapy department actively participated in 18 national clinical trials; the department had implemented a robust tracking system to monitor the progress of participation.
- The outpatient managers told us that alongside hospital key point indicator monitoring, local departmental audits identified areas of improvement and action plans were implemented accordingly. An example of this was shown to us where the outpatient nurses had implemented a new method of informing patients of waiting time delays for clinics.

## Pain relief

- We observed prescription pads were available in outpatient clinics and we saw prescriptions for pain relief were recorded in patients' notes.
- Pain relief (analgesia) and local anaesthetics were available for patients who needed this during procedures.
- Patients requiring pain relief in the radiotherapy department were seen by the review radiographers who would then refer onwards to the on-call oncology registrar.

## Nutrition

- The hospital provided water fountains for patients' use in the outpatients and radiology department, the radiotherapy department also offered patients free tea and coffee. There was a shop, hospital café and numerous external company eateries where people could purchase drinks, snacks, and meals.

## Patient outcomes

- The radiotherapy department were accredited by Caspe Healthcare Knowledge Systems (CHKS) for ISO 9001:2008 quality management system.
- The pathology department had achieved Clinical pathology accreditation and was in process to finalising their ISO 15189 accreditation.
- Between April 2015 and March 2016 the follow-up to new rates for Charing Cross hospital was lower than the England average.



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- Data provided by the radiotherapy department showed that the average time taken for a radiotherapy treatment plan from the localisation scan to being treatment ready ranged from 8.5 to 11 days, this increased to 11.6 to 16 days for more complex treatments. Palliative treatment plans had an average of 2.6 days.
- The trust provided data regarding its imaging turnaround times as a collective of all of its imaging departments; we did not receive this information broken down to hospital level. The trust target was to report 100% of all routine examinations within two weeks; all targets were approved by the medical director. Data provided for the period of November 2015 to October 2016 showed that the trust did not meet its target as an average of 92% of all outpatient diagnostic examinations were reported within two weeks. The lowest performing areas were CT and MRI with only 84% and 88% respectively, being reported on within two weeks. The highest performing areas trust wide were DEXA and ultrasound scan reporting having 100% of examinations reported within the target.
- Data for the period of August 2016 to October 2016 broken down to a monthly level did show improvement in meeting the target. In August an average of 88% of all outpatient diagnostic examinations were reported within the target; this lowered to 86% in September, but improved to 96% in October 2016.
- Data provided by the radiotherapy department showed that 96% of radiographers had completed their appraisals; all other staffing groups had 100% completion.
- The trust provided data regarding revalidation of doctors working in the trust imaging departments. The data showed 16 doctors in diagnostic imaging had recommendations for revalidations submitted. 14 were positive recommendations, and 2 were deferrals to due to insufficient evidence to support a recommendation to revalidate.
- Allied health professional staff we spoke with confirmed they were supported to undertake continual professional development (CPD) and were given opportunities to develop their skills and knowledge through training relevant to their role. This included completing competency frameworks for areas of development and they were also supported to undertake specialist courses.
- Evidence was provided to show all staff in the outpatients, radiology and radiotherapy departments had CPD and competency records for their specific role.
- Outpatient nursing staff we spoke with told us that there was not enough time given to complete training or courses for CPD, some nursing staff told us that due to working pressures and funding cuts that CPD courses were very rare.

## Competent staff

- All areas we visited had appointed suitably qualified members of staff and any staff members without formal qualifications were appropriately supervised when undertaking clinical responsibilities.
- Managers and staff told us performance and practice was continually assessed during their mid-year reviews and end of year appraisal. Staff we spoke with confirmed they received regular appraisals.
- Hospital data showed that for the period of April 2016 and September 2016 showed that only 13% to 51% of staff in all the outpatient and radiology departments had completed their appraisals. The data did show that all administrative staff in the outpatient department had completed their appraisals. We were provided with further information to show that this rate had improved to 91% by November 2016.
- The radiology department provided evidence to show that the majority of their radiographer staff had post graduate qualifications including master degrees and post graduate diplomas.
- The outpatient department had nine members of staff with qualifications in post graduate specialist courses.
- In the radiotherapy department staff members with master degrees included one technical staff, five radiographers and all physicists. One medical physics staff member also held a PhD.
- Managers told us they had procedures in place for the induction of new staff and all staff, including bank staff completed hospital and departmental induction before commencing their role. We saw evidence that attendance at these induction sessions.
- Ophthalmology outpatient department was working towards training HCA's to complete competencies resulting in a more active role in the preparation of

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clinics, by setting up trollies and also assisting consultants during appointments. Consultants must approve the competencies and have taken a supportive stance as this has helped free up qualified nursing time.

## Multidisciplinary working

- We saw evidence of positive multidisciplinary (MDT) working in all departments we visited.
- Nursing staff and healthcare assistants we spoke with in outpatients told us the teamwork and multidisciplinary working was effective and professional.
- We were shown evidence of regular consultant led multidisciplinary team (MDT) meetings that were held to discuss patients based on their treatment area. We were told by service managers that nursing staff, allied health professionals and managers were encouraged to attend. The majority of nursing and allied health professional staff we spoke with were aware of relevant MDT meetings regarding their specialities; however we were told that they did not have the time to attend these meetings on a regular basis.
- Cross-site MDT working occurred in all outpatient services, in which the team from the Charing Cross site shared learning and assisted in the development of services at the other trust sites. Clinical nurse specialists and senior staff were routinely expected to work in all trust sites.
- We observed good MDT working in the radiotherapy department amongst differing professional groups such as Medical physics staff and consultants, however the working relations between internal department subdivisions such as treatment radiographers and review radiographers could be improved.
- We saw evidence of good multidisciplinary team meetings (MDT). MDT meeting minutes highlighted that meetings were attended by the full range of professionals and information and action points from these meetings were circulated to all staff in the department.

## Seven-day services

- Seven day a week outpatient services were not provided. The outpatient service was provided Monday to Friday 8.30am to 5.30pm, extended clinics would occasionally run until 6.30pm. A weekend service was not available.

- The radiology service was available Monday to Sunday 8.30am to 5.00pm on weekdays and 9.00am to 4.00pm on weekends, with extended slots until 8.00pm however this was offered to staff as voluntary overtime.
- The radiology department provided 24 hours seven day a week on-call services.
- The radiotherapy department did not provide a seven day a week service. The department offered a Monday to Friday 8.00am to 8.00pm service and a weekend on-call service.
- Outpatient pharmacy was available Monday to Friday 9.00am to 6.30pm, there was a weekend service available 10.00am to 2.00pm.

## Access to information

- All staff had access to policies, procedures, NICE guidance and e-learning on the hospital's intranet.
- The radiology department used a nationally recognised system to report and store patient images. The system was used across the hospital and allowed trust and regional access to images.
- The average time taken to send a letter to the GP following an outpatient consultation in July was 7.8 days. The trust reported that in July 2016, 80% of the letters stored and emailed to GPs via the clinical document library (CDL) were issued within 10 working days – over 26,500 letters. This leaves approximately 6,500 letters being sent outside of the window.
- All clinic rooms had computer terminals enabling staff to access patient information such as x-rays, blood results, medical records and physiotherapy records via the EPR.
- The outpatients department used both paper and electronic patients' records. All the clinicians we spoke with said they had easy access to electronic records system.
- We were told by managers that the hospital was working towards full digitisation of patient paper records to ensure consistent availability across departments and reduction in incidents where records were unavailable, misplaced, or damaged.
- All areas we visited had waiting areas with ample patient information leaflets about treatments and information specific to different conditions.

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

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- Staff we spoke with were aware of the Mental Capacity Act 2008 (MCA) and Deprivation of Liberty Safeguards (DoLS) and its implications for their practice.
- We observed verbal consent being taken in the radiology department, before radiotherapy treatment and an outpatient clinic. We saw that there was a policy and protocols in place for obtaining consent before medical treatment was given.
- The majority of staff we spoke with told us they were aware of the hospital's consent policy. Consent was sought from patients prior to the delivery of care and treatment. In the diagnostic imaging department, radiographers obtained written consent from all patients before commencing any procedure. Patients we spoke with confirmed they were given enough time and received the relevant written and verbal information to make informed consent.
- Consent forms for patients lacking capacity were available in outpatients, diagnostic imaging and radiotherapy departments.
- We observed staff assisting patients in the department, approaching them rather than waiting for requests for assistance. For example, asking them if they needed help and pointing people in the right direction.
- Patients' privacy was respected and they were addressed and treated respectfully by all staff. Staff were observed to knock on consulting room doors before entering. Consulting rooms had a curtained area for patients to be examined and change clothing if required.
- The environment and the consulting rooms in all departments we visited allowed for confidential conversations.
- All departments we visited had a chaperone service available to all patients, however there were very limited signs advertising this service.
- We spoke with a total of 30 patients regarding their care and treatment at the outpatient, radiology or radiotherapy departments. We were consistently given positive accounts of their experiences with staff and their clinical care. They told us they felt like the staff cared about them and respected their individual needs.
- Friends and family score for October 2016 demonstrated 88% and 97% of outpatient and radiology patients would recommend the service, however the response rates for the friends and family test were ranging from 8% to 10%.

## Are outpatient and diagnostic imaging services caring?

Good 

We rated caring as good because:

- Friends and family score for October 2016 demonstrated 88% and 97% of outpatient and radiology patients would recommend the service.
- Patient comments regarding their care and treatment were positive regarding the outpatients, radiotherapy and imaging departments.
- Outpatient, radiotherapy and diagnostic services were delivered by caring, committed and compassionate staff. We observed staff interaction with patients and found them to be polite, friendly and helpful.
- The radiotherapy department held open evenings these sessions allowed the patients and their relatives to have a tour of the facilities and ask any questions they may have.

### Compassionate care

### Understanding and involvement of patients and those close to them

- We saw staff spent time with patients, explaining care pathways and treatment plans. All patients we spoke with told us they fully understood why they were attending the hospital and had been involved in discussions about their care and treatment.
- Patients and relatives who spoke with us in the outpatient clinics reported feeling involved and understood why they were attending the department, the types of investigations they were having, the expected frequency of attendance, they felt they were given enough time to make decisions and understood what other options were available.
- Patients attending for any outpatient's services including diagnostic imaging were encouraged to fill in the outpatient questionnaire.
- The radiotherapy department held open evenings for patients that have been or may be referred for

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radiotherapy, these sessions allowed the patients and their relatives to have a tour of the facilities and ask any questions they may have. These sessions were run on an unpaid voluntary basis by staff.

## Emotional support

- Nursing and allied health professional staff provided practical and emotional support to patients in all of the clinics. Staff told us how they supported patients who had been given bad news about their condition, and offered them sufficient time and space to come to terms with the information they were given.
- Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the clinic.
- Nursing and radiotherapy staff told us that patients and their relatives could be referred to psychological and counselling services if needed.
- Radiotherapy patients had access to review radiographers who would hold weekly clinics and give the patient an opportunity to voice their concerns, worries and fears about their treatment or disease.
- A clinical nurse specialist for a number of outpatient specialities led the patient care pathway; one of their duties was to provide advanced emotional support to those patients.

## Are outpatient and diagnostic imaging services responsive?

Requires improvement



We rated responsive as requires improvement because:

- We observed that there was poor signposting throughout the hospital both outside and inside.
- The outpatient and radiology waiting areas had a lack of drinking water facilities, the majority of patients we spoke with told us they did not know where to access drinking water.
- The trust only met its target for booking turnaround times in four out of the 12 month audit period.
- The trust did not meet the national standard for referral to treatment times for incomplete pathways between March 2016 and July 2016.

- The trust is performing slightly worse than the national target for people being seen within two weeks of an urgent GP referral.
- The trust is performing worse than the national target for patients receiving their first treatment within 62 days of an urgent GP referral.
- During the inspection we consistently observed patients waiting for 30 minutes or longer for both outpatient clinics and diagnostic imaging.
- The majority of patients we spoke with in the outpatient and radiology departments commented negatively in regards to waiting times.

However:

- The outpatient department held a dementia drop-in session every week to allow staff, patients, relative and carers to speak about any concerns or ask questions to a dementia nurse. This session was viewed very positively by all outpatient staff we spoke with.
- The outpatient department implemented a text, email and voice reminder system, patients we spoke with said they found it helpful.
- In the period of August 2015 and July 2016 the trust met the national standard for diagnostic imaging waiting times (that is less than 1% of patients waiting more than six weeks), with the exception of December 2015 and April 2016.
- The trust is performing better than the national target for patients waiting less than 31 days before receiving their first treatment following a diagnosis.

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

- We observed that there was poor signposting throughout the hospital. The majority of patients we spoke with said that they found the signposting and departmental layouts confusing.
- Patients told us they received instructions over the telephone when booking the appointments for outpatient or diagnostic appointments. We were told by staff that imaging appointments were followed up written information by post.
- Radiotherapy patients received detailed verbal and written instructions for preparation before their first treatment appointment, they also received a printed schedule of all their treatment appointments, and this was confirmed by all radiotherapy patients we spoke with.

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- All waiting areas seen within the hospital were clean, however waiting rooms in outpatients and radiology did not contain adequate seating, we observed a number of patients waiting for appointments without a seat on numerous occasions.
- The outpatient and radiology waiting areas had drinking water facilities that were not readily visible, the majority of patients we spoke with told us they could not find where to access drinking water. Waiting areas were however located near external company eateries and shops where patients could purchase food and beverages.
- In the radiology department there were two cubicles stocked with hospital gowns for the patients to change before their procedure, however there were no lockers for patients to store their belongings in general x-ray and ultrasound. Lockers were provided in CT and MRI.
- The outpatient department implemented a text, email and voice reminder system. Patients receive a voice message reminder seven days before their appointment and a text message two days before their appointment. Patients were able to choose to receive their appointment letters by post or email.
- The trust did not meet the national standard of 92% for referral to treatment times for incomplete pathways between March 2016 and July 2016. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month.
- The hospital also provided outpatient waiting times that were monitored for the period of February 2016 to December 2016, this audit was conducted on a total of 274,770 patients which was half of all outpatients seen in the period. The results showed that 61% of patients were seen on or before their appointment time, 29% were seen within 20 minutes, 5% within 40 minutes, 3% within 60 minutes and 2% after 60 minutes.
- The trust provided data to evidence the monitoring of late start clinics in October 2016 a total of 301 clinics were monitored, of those clinics 86% started on time
- Between the period of August 2015 and July 2016 the trust met the national standard for diagnostic imaging waiting times (that is less than 1% of patients waiting more than six weeks), with the exception of December 2015 and April 2016. The percentage of diagnostic waiting times over six weeks was consistently lower than the England average during that period.
- The trust is performing slightly worse than the 93% national target for people being seen within two weeks of an urgent GP referral. Performance rose in quarter two of 2016/17 to 92.4% which was slightly below the England average of 94.2%.
- The trust is performing better than the 96% national target for patients waiting less than 31 days before receiving their first treatment following a diagnosis. Performance remained steady in quarter two of 2016/17 at 96.7% which was just below the England average of 97.6%.
- The trust is performing worse than the 85% national target for patients receiving their first treatment within 62 days of an urgent GP referral. Performance fell over 2 of the last 3 quarters but recovered in quarter two of 2016/17 to 80.1% which was still below the England average of 82.3%.
- During the inspection we consistently observed patients waiting for 30 minutes or longer for both outpatient clinics and diagnostic imaging; however we did also observe staff notifying and apologising the patients that were delayed.
- 18 out of 19 patients we spoke with that attended an appointment in the outpatient department commented negatively in regards to waiting to receive their

## Access and flow

- The hospital provided data regarding the percentage of appointments booked by GP's through the electronic booking system without trust intervention. In April 2015 only 63% of bookings were completed without trust intervention. Trust intervention occurs when the appointment is unable to be booked due to capacity issues, the trust then contacts the patient directly to arrange an appointment. In October 2016 this figure had improved to 90% of bookings completed without intervention.
- The trust target for booking turnaround times was for 95% of bookings to be completed within ten working days of receiving the referral. Information provided to us showed that the trust did not consistently meet its target for the audit period only achieving the target in four out of the 12 month audit period.
- The outpatient department introduced self-check in kiosks this allowed a smoother and quicker flow of patients through the department.

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appointment, one patient said “I have been waiting months for this appointment and I don’t think I should of waited that long”. 14 out of 19 patients commented negatively on the waiting times in the departments, with patients saying “Yesterday I waited several hours and other elderly people were also waiting and it wasn’t good for them” and “I came in at 11.45am and left at 6pm”.

## Meeting people’s individual needs

- Reasonable adjustments were made so that patients with disability could access and use the outpatient and diagnostic services. Clinic and reception areas were wheelchair accessible, reception desks had sections that were at wheelchair height and there were toilet facilities for patients with disabilities.
- All outpatient nursing staff we spoke with were clear on their roles and responsibilities in regards to dementia patients, staff told us the provisions they would make for patients living with learning difficulties or dementia such as allowing them to be seen first and giving these patients a quiet clinic room to wait in if needed.
- Radiology and radiotherapy staff told us that patients living with dementia or learning difficulties were rare for their departments. The majority of staff we spoke with could not provide examples of any provisions they would make, however some radiographers did say that patients living with learning difficulties or dementia could be given an adjusted time slot for quieter parts of the day or they could be put forward in the queue.
- The outpatient department held a dementia drop-in session every Monday between 2.00pm -4.30pm to allow staff, patients, relative and carers to speak about any concerns or ask questions to a dementia nurse. This session was viewed very positively by all outpatient staff we spoke with.
- There were sufficient provisions to provide support to bariatric patients or those with mobility issues.
- Outpatient nursing staff told us that in order to reduce stress to patients with a learning disability or those living with dementia their carers were allowed to assist if patient consent was given.
- The trust had a chaperone policy in place and all staff we spoke with confirmed this, however we did not see any clear signs advertising this service to patients. The majority of patients we spoke with said that they felt comfortable in asking for a chaperone if they required one.

- Within the outpatient and diagnostic imaging department’s main waiting areas there was a range of information leaflets and literature available for patients to read about a variety of conditions and support services available. The information we observed was in English and a selection of major languages, outpatient staff told us that other languages could be sourced if needed. Staff told us that all information is available in any print size, language, braille and audio loops.
- An interpretation and translation service was available to patients via an external company. The patient’s lingual needs would be considered at the time of appointment booking and an interpreter was booked via an electronic form by booking staff.
- A telephone language line was also available in all languages, however the majority of staff we spoke with during the inspection were unaware of how to access and use this service.
- The hospital had multi-faith chaplaincy team with a mixture of employed and trained volunteers. There were multi-faith quiet rooms, a Muslim prayer room with ablution area, and a Christian chapel available to all hospital staff, visitors and patients.
- Patients were able to book appointments through the 'choose and book' system for the outpatients department. In the radiotherapy department the treatment appointments were given to the patient for the entirety of the treatment regime, however patients were told that appointments could be negotiated for different times if they required.

## Learning from complaints and concerns

- The trust responded to complaints based on the risk grade of the complaint. Low risk was 25 working days, medium risk was 45 days and high risk was 65 days, the trust allowed themselves one extension per complaint. All complaints were read by the associate director of complaints for the trust. Sign off on a complaint depended on the risk grade, low grade complaints were signed off by a complaints officer, medium risk were signed off by the associate director and high risk ones by the chief executive.
- In the reporting period between August 2015 and July 2016 there were 53 formal complaints about outpatients services at this trust. The trust took an average of 32

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days to investigate and close complaints; this is in line with their complaints policy, which states that the trust has a target to resolve each complaint within 40 working days.

- In July 2016 the trust logged a total of 106 complaints both formal and through PALS as being outpatient related. 14 of the complaints were formal and 92 were made through PALS. The major causes of complaints were; being booked into the wrong clinic, not being given a follow-up appointment, not receiving a cancellation notice, being cancelled multiple times with one occasion being on the day and the length of time waiting for their first appointment.
- All staff we spoke with were aware of the local complaints procedure, and were confident in dealing with complaints if they arose. Staff told us that they first handled the complaint locally and referred to their line managers if required and then managers would refer to the complaints procedure if the issue was not resolved.
- Information was displayed in outpatient areas informing people how they could complain or provide feedback on the service.
- The trust had systems and processes in place to learn from complaints and concerns and we saw evidence from weekly business unit governance meetings, departmental meetings, safety and quality meetings that this was a standing agenda .

## Are outpatient and diagnostic imaging services well-led?

Requires improvement



We rated well-led as requires improvement because:

- The majority of staff we spoke with in the hospital could not identify any other executive team member other than the CEO.
- We found leadership within the radiotherapy department required improvement as the majority of radiotherapy staff we spoke with told us that they did not feel supported by the managerial team.
- We were told by a number of staff of a blame culture in the radiotherapy department.
- The majority of staff we spoke within the hospital could not tell us the hospital's vision or values.

- The majority of non-managerial nursing staff told us they felt tired and overworked.

However:

- We found the outpatient department to have a clear vision and strategy for service and staff development.
- A trust wide outpatient improvement plan which laid out five key areas of improvement was being implemented.
- There was defined governance and reporting system within the hospital.

### Leadership of service

- The main outpatient service had been restructured at a divisional level and had moved from the division of investigative sciences and clinical support services into the division of women's, children's and clinical support. The outpatient department had received new leadership in February 2016 with the induction of a new senior sister leading the Charing Cross Hospital outpatient department and a new outpatient lead nurse overseeing operations at all three trust sites.
- The outpatient department consisted of qualified and unqualified nursing staff who reported to the new senior sister who in turn reported to the outpatient lead nurse. The outpatient lead nurse line managed all senior sisters from all trust outpatient departments and reported directly to the divisional director of nursing.
- All outpatient staff we spoke with viewed the new outpatient lead and senior sisters favourably and they told us that the changes in the department were positive.
- The radiology department was also placed in the division of women's, children's and clinical support and was structured with senior radiographers leading in different areas in the department, reporting to the radiology service manager who in turn reported to the imaging general manager.
- The radiotherapy department was placed in the surgery, cancer and cardiovascular division. The department consisted of radiotherapy and medical physics, with radiographer staff supervised by superintendent radiographers who reported to the radiotherapy service manager and in medical physics the physicist and dosimetrist staff reported directly to the head of medical physics. The radiotherapy service manager and head of medical physics both reported to the cancer and haematology manager.

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- We found the leadership within the radiotherapy department required improvement as the majority of staff we spoke said that they were told they could not raise issues or concerns to do with the managerial team as they would not receive support..
- Radiotherapy staff felt the managerial team was not visible enough. Staff did not feel confident in the managerial teams ability to address issues regarding staff conflict.
- All non-managerial staff we spoke with across the whole hospital said that the executive team was not visible enough at Charing Cross. Outpatient staff told us that senior managers occasionally did walk around and conduct spot audits, but radiology and radiotherapy staff could not recall the last occasion of when executive staff visited their departments.

## **Vision and strategy for this service**

- The majority of staff we spoke with could not tell us the hospital's vision or values. A large portion of staff we spoke with including medical staff, nursing staff, allied health staff and administrative staff told us they felt the hospital 'had no vision and this affected the individual departments', there were a number of staff that were concerned the hospital would be closed and felt senior trust management did not know what to do about the hospital.
- We found the outpatient department to have a clear local vision and strategy for service and staff development. The outpatient leads explained that due to the restructure of the outpatient departments across the trust, the new leads will be focussing in consolidating their roles and implementing improvement plans. In the short term the department was focussed in completing the refurbishment programme and analysing their recently implemented performance metrics as per the trusts outpatient improvement plan. The outpatient leads explained that the medium term goals included hiring additional nursing staff across all the trusts outpatient departments and providing additional training to the outpatient care assistants which would allow them to take on some extra responsibility reducing stress on qualified staff.

- A trust wide outpatient improvement plan, launched in spring 2015, laid out five key areas of improvement including responsiveness to customer care, communication with patients and GPs and digitising outpatient services.
- The radiology department was following the trust wide imaging directorate strategy originally initiated in 2014 as part of a five year improvement plan. Management and medical staff were aware of a five year plan of improvement; however radiographer staff, administrative staff and nursing staff told us they felt the department lacked any vision or strategy. The department was working towards hiring more radiographer staff and the imaging strategy also set out goals to increase capacity, replace aging equipment, improve report turnaround times and increase staff retention rates.
- The radiotherapy department had outlined service development and future planning as the main objective for the future. In the short term the department was seeking to replace the treatment machines with more advanced versions capable of radiosurgery. In the medium term the department was to expand the use of advanced treatment techniques.

## **Governance, risk management and quality measurement**

- There was defined governance and reporting system within the hospital. Senior staff told us that quality measurement was carried out via a department to board framework. The system allowed for summaries and themes on incidents, complaints, compliments and key performance data to be produced and shared with staff for learning.
- We saw evidence of regular departmental governance and risks meetings consisting of senior staff and managers. Issues such as risk assessments, audits and service performance were discussed at these meetings.
- We saw evidence that there were regular departmental team meetings in the all visited departments consisting.. Monthly departmental meeting minutes had a standard agenda which included incident learning, performance and improvements.
- Separate radiation safety committee meetings were held monthly to ensure that clinical radiation procedures and supporting activities in the radiotherapy and radiology department were undertaken in compliance with radiation legislation.



# Outpatients and diagnostic imaging

- Each department had their own risk register which fed into the main hospital risk register. We looked at risk registers in each department and saw that these were updated and reviewed every two weeks.
- Senior outpatient staff told us that the five main risks for the department were clinic cancellations, clinic late starts, failure to deliver the improvement plan, cold rooms in the ENT and ophthalmology outpatients and staffing. We did see evidence to show that these risks were being addressed at the time of the inspection.
- The radiotherapy risk register contained the general hospital related risks and three specific radiotherapy related risks which were identified as; two older treatment machines that were at the end of their life span and needing to be replaced, the shortage of medical physics staff especially engineering staff and the regular breaking down of the treatment machines due to their age. We did see evidence to show that these risks were being addressed at the time of inspection.
- The age of equipment was a significant risk in diagnostic imaging department and was listed on the risk register. Staff had submitted a business case for the replacement of the equipment and were awaiting the outcome of this.
- The trust had initiated and completed audits and improvement plans to address the concerns raised from the previous inspection. We were shown examples of new key performance indicators that were being monitored and evidence to show improvement had been achieved.
- Staff told us that a 'task and finish' group was organised in August 2016 to address the areas of improvement identified during the previous inspection. They told us that the service was required to measure specific performance indicators and they had weekly meetings regarding progress, staff said they felt overworked during the previous three months.
- Outpatient nursing staff told us that they felt valued by the outpatient leads, but felt that staff care from the trust and hospital was declining. Due to staffing issues nursing staff felt overworked and stressed many staff members complained that they had to take shorter breaks, skip lunch and postpone annual leave so the service could cope.
- We noted a culture of adaptable working in all departments we visited. Staff would routinely rotate across different areas to develop new skills and be flexible in their approach.
- During our inspection we noted all staff being positive and caring towards patients who used the service. We also observed that staff in the outpatient and radiology departments had a caring and respectful nature towards each other and their immediate teams.
- Radiology staff told us that they have seen a lot of improvement in working practice and culture within the hospital.
- Non-clinical staff told us that they felt included and part of the wider hospital team. Administrative staff told us that the majority of medical and nursing staff are courteous and polite. They felt that there was a drive for improvement in the hospital.
- The majority of all staff we spoke with told us that bullying and harassment issues were on the decline and 'not as bad as before', however they also said that incidents were still known to occur.
- We were told of a blame culture and allegations of bullying in radiotherapy with friction between the different radiographer staffing groups which included pre-treatment, treatment and review radiographers. Junior staff members told us they felt they were targeted negatively within the department and were not adequately supported by senior staff members in a constructive manner.
- We were told by 20 out of 24 radiotherapy staff that we spoke with that there were frequent staff clashes within the radiotherapy department with instances cultural and religious discrimination, bullying, and a culture of favouritism. All staff we spoke with said that team working could be improved. We were told by a patient regarding one instance where they witnessed a senior member of staff shouting at a junior member of staff in the corridor, the patient felt 'uncomfortable' and 'very sorry' for the staff member.

## Culture within the service

- We found the care and service delivered in the outpatients, radiotherapy and imaging departments showed a compassionate and multidisciplinary team approach to patient care.
- Outpatient staff told us that the hospital was 'friendly' and that there was good team working within the outpatient department. All outpatient staff we spoke with held positive views regarding the new management structure and staff.

# Outpatients and diagnostic imaging

- We found there was a lack of clear understanding of roles and responsibilities regarding the different radiographer staffing groups within the radiotherapy department, however there was good team working with clinical oncologists, medical physics and nursing.
- The majority of radiotherapy staff we spoke with told us that they did not feel supported by the managerial team. All staff we spoke with told us that at times the departmental culture could become 'toxic'.
- The radiotherapy managerial team confirmed that they were aware of culture issues within the department, but that the culture was generally open and friendly. The managers said there were cases of bullying and harassment that were being looked at the time of the inspection. They reassured us that appropriate action would be undertaken to resolve the departmental culture and that senior staff would be enrolled in to appropriate leadership courses.

## Public and staff engagement

- The trust started a five year plan in November 2015 to incorporate members of the public into various trust level committees and forums in order to engage with public opinion when undertaking strategic decisions.
- The views of patients were sought within outpatients, radiotherapy and diagnostic imaging departments; patients were given a departmental specific feedback questionnaire and encouraged to complete it, however staff told us that response rates were low.
- We were provided with evidence to show that patient opinion was sought and acknowledged in regards to the outpatient department refurbishment.
- The radiotherapy department held open evening sessions for patients being referred to the service in order to help educate them and their families regarding the treatment and their disease. These sessions allowed patients to address their worries and concerns.
- All staff we spoke with told us they could approach and talk to the CEO.
- Service managers told us that the CEO held monthly 'open door' sessions that all staff were encouraged to attend.
- All non-managerial staff we spoke with in the hospital told us that they were aware of an annual staff survey

- but were not actively encouraged to participate. They felt that the choice was theirs to participate and the majority of them admitted to not participating citing work pressures and lack of time.
- We were provided results from the 2016 staff survey for all areas we visited. The results were displayed per question asked on the survey and results could only be shown if a survey minimum of at least five individuals answered the particular question. We were not provided with the number of participating staff per survey result.
- The outpatient results showed that 77% of staff were 'satisfied with their job', 91% of staff 'understood the vision of the hospital', 57% of staff agreed that 'senior leaders were approachable and visible' and that 60% felt 'valued'.
- The radiology results showed that 80% of staff were 'satisfied with their job', 60% of staff 'would recommend the hospital as a place of work', 40% of staff 'connected to the hospital vision', 60% agreed that their 'line manager treated all staff fairly', 20% of staff agreed that 'senior leaders were approachable and visible', 40% staff said they 'looked forward to going to work' and that 80% felt 'valued'.
- The radiotherapy results showed that 77% of staff were 'satisfied with their job', 54% of staff 'would recommend the hospital as a place of work', 38% of staff felt 'senior leaders communicated well with the hospital', 54% of staff agreed that 'staff are often rude or unkind to each other' and that 62% felt 'valued'.
- We were shown evidence of an action plan to address and help improve the results of the staff surveys for both the outpatient and radiology departments.

## Innovation, improvement and sustainability

- We were provided with evidence to show that a sustainable strategy was developed and improvement plans enacted in the outpatient department to address the concerns from the previous inspection.
- The radiology and radiotherapy departments participated in a number of on-going clinical trials and research; this was done in conjunction with the trusts affiliated university.
- The majority of staff we spoke with told us that the hospital did encourage them to participate in research and innovation.

# Outstanding practice and areas for improvement

## Outstanding practice

- The outpatient improvement programme had begun to deliver results in a relatively short space of time and the process, involving staff consultation and a restructured leadership and governance team, meant clinic delays had been reduced and communication with patients improved. A dedication to utilising technology meant patients had the choice to be contacted by text message, e-mail or letter and these systems were tracked to ensure they were sent accurately. The improvement programme had included patient consultation and feedback was used to inform staff training as part of broader changes to the service.

## Areas for improvement

### Action the hospital SHOULD take to improve

- Address the safety concerns of staff in regards to the weekend on-call radiotherapy service.
- Ensure the safe and consistent monitoring of fridges containing radioisotopes.
- Quicken the process of hiring new outpatient nursing staff, in order to provide adequate cover for staff absences.
- Ensure all staff understand the concept and utilisation of the duty of candour.
- All staff remain compliant with mandatory training and safeguarding training.
- Ensure there is adequate qualified radiologist cover for the out-of hours interventional radiology service.
- Ensure there is sufficient drinking water available to patients waiting to be seen.
- Address all concerns of staff bullying and harassment issues.