

## **West Hertfordshire Hospitals NHS Trust / Herts Urgent Care**

### **Review by Care Quality Commission Health and Social Care Act 2008 Urgent Care Centre, Hemel Hempstead Hospital (Reference number: 1-157664001)**

#### **Progress Report September 2011**

##### **Introduction**

The Care Quality Commission undertook a review of compliance into essential standards of quality and safety at the Urgent Care Centre (UCC), Hemel Hempstead Hospital in December 2010.

Overall, it was found that the UCC was meeting all the essential standards of quality and safety reviewed, but to maintain this, the CQC recommended that some improvements be made.

Five outcomes were looked at:

- Care and welfare of people who use services (Outcome 4)
- Meeting nutritional needs (Outcome 5)
- Safety and suitability of premises (Outcome 10)
- Staffing (Outcome 13)
- Supporting workers (Outcome 14)

In four of these outcomes, it was found that the UCC was meeting the essential standard. In reviewing the outcome of care and welfare of people who use the service, it was found that the UCC was meeting this essential standard, but to maintain this, it was suggested that some improvements be made.

##### **Improvement Actions**

The following areas for improvement were detailed by the CQC:

<b>Regulated Activity</b>	<b>Regulation</b>	<b>Outcome</b>
Treatment of disease, disorder or injury Diagnostic or screening procedures Nursing care	9	4

The CQC detailed the following concerns:

“Whilst there was evidence of some good practice, people are not always treated with dignity and respect. The staff’s interactions with the people using the service were sometimes lacking. Written and verbal information is limited, resulting in people not always being able to make informed choices and decisions about their care”.

The Dacorum UCC Partnership (DUCCP) Board developed an improvement action plan to address the concerns raised. An up-dated Action Plan showing the progress made to date is included as Appendix 1.

In the last six months there has been a review of the patient pathway in the Urgent Care Centre. At the heart of this, is a wish to improve the patient experience. This will be achieved by reducing duplication of assessment, reducing waiting times, improving the response time for urgent patients (those needing to be seen within an

hour), improving the clinical support to reception staff in managing patients waiting to be seen and improving the integration of services operating from the site, particularly at night. Clinical and administrative staff were actively involved in drawing up the new pathways and improvements to the patient experience which were the main focus and driver for the changes. Patient information will be further up-dated as part of the launch of the pathway in October 2011.

The UCC operates from a building which also houses two other services (GP led health centre and primary base for out-of-hours GP service). This can lead to confusion for patients. Since the CQC visit, posters explaining the different services available have been displayed to help reduce this problem. A plasma screen which will display patient information and can be up-dated to show current waiting times is planned. Directional signage around the Hemel Hempstead Hospital site has been further improved.

Regular meetings are held with the reception team. The issue of customer care is a regular topic. These meetings are scheduled in both the day and evening to ensure maximum attendance. A special meeting to celebrate the first three years of the UCC is being held on 13 September 2011. The aim is to “celebrate” positive behaviours as a way to highlight good practice. A senior manager, experienced in facilitating groups, will lead the session. Regular staff meetings and Clinical Governance sessions are held with the clinical team, at which all complaints are reviewed and the importance of good communication stressed.


As part of the monitoring of the patient experience linked to A&E Clinical Quality Indicator 5, a new patient survey was launched in August 2011. The responses to the questionnaires will enable the DUCCP Board to monitor changes in patient experience and develop action plans in response. Respondents were also asked to indicate if they would be interested in attending a focus group to further discuss services. The first of these sessions is being arranged.





The DUCCP Board recognises that ensuring a high quality patient experience is an on-going process. The DUCCP Board and the Acute Medical Care Division's Integrated Standards Executive will continue to monitor the progress against this improvement action plan in accordance with West Hertfordshire Hospitals NHS Trust risk and governance process. Progress will be reported to the Trust Board through the quarterly CQC compliance reports it receives.

*Dacorum Urgent Care Centre Partnership Board  
September 2011*

## Appendix 1

### Action Plan to address minor concerns to the achievement of Outcome 4: Care and Welfare of people who use services

Area for Improvement	Action	Body Overseeing Action	Progress Against Action	Deadline
1 Written information on waiting times	<p>1.1.Display posters in waiting room regarding the 3 services and the possible differential waiting times</p> <p>1.2.Evaluate introduction of plasma screen with continuous update of waiting time</p>	Dacorum Urgent Care Centre Partnership (DUCCP) Board	<p>1. 1.Text of posters now on display.</p>  <p>UCC Service.doc</p> <p>1.2. Agreed to progress plasma screen to display waiting times and other patient information; to be provided by sub-contractor of existing leaflet supplier (BOE). Company came and measured up, however before installation company went into bankruptcy. A new sub-contractor is now in place and the company (BoE) will still honour their agreement with the Trust and provide a screen.</p> <p>Whilst awaiting the plasma screen, written information has been reviewed and receptionists are giving approximate waiting times to patients verbally.</p> <p>71 responses received in Aug 2011 to the UCC patient survey (see 5 below). In answering the question: How did you find the information on waiting times? 78% of patients said Good, Very Good or Excellent.</p>	<p>1.Completed</p> <p>2. 31.10.11</p>
2 Directions in department	Review signage and make necessary changes to improve access for patients	DUCCP Board	<p>External / Internal Signage has been updated and directions to the UCC now improved.</p> <p>71 responses received in Aug 2011 to the UCC patient survey (see 5 below). In answering the question: How easy was it to find the department? 81% said excellent, very easy or easy.</p>	Completed
3 Verb information	Use staff meetings, governance sessions, newsletter, communications book/folder to raise awareness of staff about importance of good clear communication with patients about their experience in the	DUCCP Board	<p>The number of complaints regarding communication with patients has reduced.</p> <p>Clinical Governance Sessions are used to review a number of specific topics, including complaints and any communication issues therein.</p>	Continuous Action

	centre and their treatment plan		  UCC Clinical Governance Review . Minutes 31 March 2011.doc	
4 Staff interaction and responsiveness to needs of patients.	Use WHHT's "Going for Gold"* initiative to draw up a programme of events and communications to challenge and improve staff interactions.	DUCCP Board	<p>Going for Gold Initiative discussed at the April 2011 UCC Staff Meeting.</p>  Hemel Staff Meetings 5th and 6 . <p>On Tuesday 13<sup>th</sup> Sept the UCC are holding the next staff forum with reception staff, which includes a Celebration of the service. This will "celebrate" all the positive behaviours we want to promote as a way to highlight good practice. A member of Herts Urgent Care management team is facilitating the event.</p> <p>A new patient pathway is being introduced in October 2011. Clinical and administrative staff have been fully involved in the development of this pathway. A key element in developing the pathway is to improve the patient experience.</p>	Going for Gold is an ongoing initiative in the Trust.
5 Monitoring of improvement	In accordance with the new A&E Clinical Quality Indicator 5 "Service Experience", the views of users of the UCC will be sought using a variety of means. This feedback will be used to monitor improvements in patient experience	DUCCP Board	<p>A new patient survey was distributed from 02/08/11 – see attachment below.</p>  Patient satisfaction survey fo .. <p>One month's worth of data now collected. Details of responses on waiting time information and finding department given above. A full analysis and action plan is being finalised.</p> <p>Respondents were asked to give contact details if they were interested in being part of a focus group. 20 individuals supplied such details and arrangements are being made for the first focus group.</p>	30.11.11