OUTPATIENTS CHECKLIST

The Care Quality Commission will be inspecting our organisation w/c 7 December and the areas below are some of the things which the inspectors will look for when they come to your service. To help you present your service as you would want, the checklist below may be a useful tool to use.

SAFE	Yes	No	Action required
Are staff aware of the incidents policy? Do they know how to report incidents or near misses and how are lessons learned shared with staff?			
Have safety goals been set? How well is performance against them monitored using information from a range of sources?			
Are staff aware of major incidents and business continuity plans?			
How are staff informed of safety alerts and who reviews them for relevance? How is the information disseminated to staff and where are actions taken recorded?			
How is patient safety or patient harm data collected and shared with staff? E.g. falls			
Are safety issues discussed at team meetings?			
What is the staff compliance with mandatory training?			
Are all staff aware of the Duty of Candour and do they understand the requirements of the Duty of Candour?			
Is there a Duty of Candour policy in use and are staff aware of it?			
Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?			
How are lessons learned, and is action taken as a result of investigations when things go wrong?			
Are lessons shared to make sure action is taken to improve safety beyond the affected team or service?			
Have staff been trained in safeguarding at the level appropriate to their role?			
What precautions are taken in the outpatients setting when seeing people with suspected communicable diseases e.g. TB, Flu etc.?			
How are standards of cleanliness and hygiene maintained?			
What arrangements are in place for managing waste and clinical specimens? This includes classification, segregation, storage, labelling, handling and where appropriate, treatment and disposal of waste.			
Does the service ensure that specialised personal protective equipment (PPE) is available and used?			
Are there safe arrangements to ensure safe storage of prescriptions (FP10s)?			
Are there safe arrangements for safety of controlled drugs and chemotherapy given in outpatients?			
Is there a system for ensuring medical records availability for clinic and is this audited?			
If hard copy records are not available, is there access to electronic records?			
What happens if notes are not available? Are clinics cancelled or are patients seen without notes?			
Are people's individual care records written and managed in a way that keeps people safe? E.g. records are accurate, complete, legible, up to date and stored securely?			
Are there clear pathways and processes for the assessment of people within outpatient clinics or radiology departments who are clinically unwell and require hospital admission?			
Do all outpatient departments have local induction policies?			
How are staffing levels ascertained?			
Check that all equipment has been regularly cleaned, had electrical testing and that service records of equipment available			
Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements?			
Do staff understand their responsibilities and adhere to safeguarding policies and procedures?			

EFFECTIVE	Yes	No	Action required
How are relevant and current evidence based guidance, standards, best practice and legislation identified and used to develop how services deliver care and treatment? E.g. NICE and other expert and professional bodies			
Are there protocols/proformas in place in clinics?			
Are outpatient procedures such as hysterosocopy/cystoscopy etc. carried out in line with professional guidelines?			
Does the service use specialist nurses in clinic?			
Does the service provide one stop clinics involving different disciplines of staff working together?			
Are the rights of people subject to the Mental health Act (MHA) protected and do staff have regard to the MHA Code of Practice?			
Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?			
When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation?			
How are learning needs of the staff identified?			
What are the arrangements for supporting and managing staff? E.g. one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and revalidation			
Are staff up to date with Appraisals/PDRs, training etc?			
How is poor or variable staff performance identified and managed? How are staff supported to improve?			

CARING	Yes	No	Action required
How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care?			
Are service users able to speak to a receptionist without being overheard?			
Do staff respect confidentiality at all times?			
How do staff ensure that when intimate personal care and support is being given by a member of staff of the opposite sex, service users are offered a chaperone?			
Is information regarding safeguarding from abuse displayed where service users will see it?			
Do service users describe receiving copies of letters sent between the hospital and their GP?			
Do staff provide people who use the services with information leaflets/written information to explain their condition and treatment plan?			
Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? E.g. language interpreters, sign language, specialist advice or advocates.			

RESPONSIVE

	Yes	No	Action required
Is the environment appropriate and patient centred (comfortable/sufficient seating, toilets and magazines, drinks machine etc.)?			
Is information provided to service users in accessible formats before appointments? E.g. contact details, hospital map and directions, consultant name, information about fasting etc.			
Are service users offered a choice of appointments?			
Are same day/next day appointments available if needed?			
Are there out of hours clinics, evenings and weekends?			
Is there any use of telemedicine/Skype/telephone appointments as an alternative to face to face appointments?			
Is support with transport available to service users with mobility issues?			
How are services planned, delivered and co-ordinated to take account of people with complex needs e.g. dementia, learning disabilities etc.			
Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?			
How does the service make sure translation services are readily available if required?			
What are the waiting times for outpatient appointments to be made?			
How does the service manage DNA rates?			
Does the service ensure support for people with learning disabilities?			
Do people who use the service know how to make a complaint or raise concerns?			
How are lessons learnt from concerns and complaints, and is action taken as a result to improve the quality of care. How are lessons learnt shared with others?			
Is the department clearly signposted?			

WELL-LED

	Yes	No	Action required
Do staff feel that there is a culture of openness and honesty in the Trust?			
Are there comprehensive assurance systems and service performance measures, which are reported and monitored, and is action taken to improve performance?			
Is an outpatient survey carried out and if so does it include the proportion of respondents to the survey. Is the outcome of the survey shared with staff? Have any actions been taken as a result of the survey?			
How are people's views and experiences gathered and acted on to shape and improve the services and culture?			
How is information used proactively to improve care?			
Does the culture within the service encourage candour, openness and honesty?			
Are staff clear about their roles and what they are accountable for?			