

OPD Visible leadership Observations – Monday 30 July 2007**Infection Control**

- Sharps bins not wall mounted
- One injection tray being used for the whole clinic
- Ripped arm rest on phlebotomy chairs (clinic 3a)
- Dead Flowers in middle corridor level 3
- Dirty windows level 3
- Mix of clinical and black waste bins disproportionate, particularly on level 4 ENT
- Dermatology treatment room needs urgent review; sink and ceiling not acceptable, very strong unpleasant smell in the room
- No alcohol gel for hands in clinic for staff or patients

Environment

- Toilets were not clean and no evidence of any high dusting having taken place for months
- Storage of stores and equipment poor
- Little space for any privacy and dignity should patients need to discuss anything with anyone except a doctor
- Limited number of do not disturb signs
- No screen on PUVA machine
- No call bell in PUVA room

Activity

- No activity in clinic 3b – dermatology
- Nurses predominantly undertaking phlebotomy in some clinics
- Limited work carried out by clinic care co-ordinators
- Poor communication of waiting times (although it is often difficult to determine the wait as the doctors call in the patients and without the nurse going to check what appointment time is in the room they would not know – reception may be best placed to assess this when they receive the completed outcome slips)

The overall feeling was that OPD with the exception of 4c and 1a was dark, dirty and not pleasant.

Clinics 1a and 4c were very well organised, clean and efficient despite being busy. There was an overall impression that in these areas there was good team working resulting in professional efficiency. There was a clear leader in both these clinics, which appeared completely lacking in the other areas.