PHG (Hampshire) Limited

Southampton NHS Treatment Centre

Quality Report

Level C
South Hants Hospital
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Tel: 03332001820
Website:

Date of inspection visit: 07 and 08 May 2015 and 20 May 2015
Date of publication: 22/09/2015

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 and a review of all information available to CQC including information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Good
Surgery	Good
Outpatients and diagnostic imaging	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Southampton NHS Treatment Centre opened in October 2008. NHS treatment centres are private-sector owned treatment centres contracted to treat NHS patients free at the point of use. In 2014, the treatment centre was acquired by Care UK Clinical Services Ltd, the largest independent provider of NHS services in England.

The Treatment Centre provided inpatient and day case elective surgery with associated outpatient and diagnostic clinics across nine specialties Orthopaedics, Oral Surgery, Gynaecology, General Surgery, ENT (ear, nose and throat), Urology, Eye Surgery, Endoscopy and Pain Management. It provided services to people living in Hampshire, Southampton and the Isle of Wight. It did not provide treatment to and care to children but did offer a service to young people aged 16 and over.

The Treatment Centre has a 19 bed inpatient ward and a 24 bed day patient ward. There are five theatres that operate Monday to Saturday. Minor, intermediate and major elective procedures are carried out across the nine specialties.

We carried out a comprehensive announced inspection of Southampton NHS Treatment Centre on 7 and 8 May 2015, and an unannounced inspection on 20 May 2015 as part of our second wave of independent healthcare inspections.

We inspected the following two core services:

- Surgery
- Outpatients department.
- The diagnostics service is supplied by another provider and was therefore not included in this inspection.

Our key findings were as follows:

Are services safe?

By safe, we mean that people are protected from abuse and avoidable harm.

- Patients were protected from the risk of abuse and avoidable harm. There were clear open and transparent processes for reporting and learning from incidents. Learning from incidents was shared locally. In surgery, learning was shared across the other treatment centres of the organisation.
- Wards and departments were visibly clean and infection prevention and control practices were followed. Post-operative infection rates were lower (better than) the national hospital average.
- Patients were risk assessed to ensure they were suitable for treatment at the centre and they were monitored appropriately during their stay.
- Equipment was appropriately maintained and tested.
- Medicines were stored securely and handled correctly.
- Staffing levels and the skill mix of staff in the surgical and outpatient areas were sufficient to meet the needs of patients and there was good access to medical support at all times. There was a low use of agency staff. On the surgical wards, where extended vacancy time was identified agency staff were employed for blocks of 3 months which supported continuity and safety of care. Staff worked flexibly as a team to cover additional sessions.
- Patient records were always available prior to a patient being seen.
- Staff undertook appropriate mandatory training for their role and were supported to keep this up-to-date.
- Staff received simulation training, to ensure they could appropriately respond if a patient became unwell or a major incident occurred, and staff were aware of processes to follow in an emergency.

Summary of findings

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Within the surgical units, care was delivered that was evidence based and in line with nationally agreed policies and practice. In outpatients, there was limited evidence that clinical audits against national guidance or local policies were completed in all outpatient areas. There was some recording of patient reported outcomes.
- The Treatment Centre was performing in line with other providers who provided the same surgery.
- Patients' pain needs were met and reviewed appropriately during a procedure or investigation.
- Services were available seven days a week, with surgery occurring six days a week. In the outpatients department, clinics were held mainly in the week, with some Saturday clinics. By working in multidisciplinary team clinics and one stop clinics, the treatment centre reduced the number of appointments patients needed.
- Staff received regular appraisals and supervision, and were encouraged and supported to participate in training and development.
- The consent process for patients was well structured, with written information provided prior to consent being given.

Are services caring?

By caring we mean that staff involve and treat patients with compassion, dignity and respect.

- Care was provided that was outstandingly kind and compassionate within the surgical ward and department. Patients were seen to be respected, and fully involved in the decisions about their care. They described holistic care provided not just by nursing and medical staff, but by staff of all grades and posts, across the work spectrum.
- In outpatients, patients and relatives commented positively about the care provided from all of the outpatient staff. People were treated courteously and respectfully.
- In outpatients, patients were kept up to date with and involved in discussing and planning their care and treatment. They were able to make informed decisions about the treatment they received. The treatment centre maintained patient's privacy and dignity and actively sought patient feedback.

Summary of findings

Are services responsive?

By responsive we mean that services are organised so they meet people's needs.

- Surgical services were responsive to the needs of people: Patients were able to influence the choice of date for their surgery during outpatient consultations. Patient admissions for surgery were staggered throughout the day so patients did not experience long waits after being admitted prior to their procedure.
- Outpatient services were planned and delivered in a way which met the needs of the local population. Clinics were held on weekdays, with regular Saturday clinics as well. .
- The Treatment Centre was meeting national waiting times and patients had surgery within 18 weeks of referral.
- Services were flexible and staff adapted to meet patients specific needs, for example, endoscopy were considering a trial of late afternoon/ early evening appointments to meet people's needs. They also ran single sex clinics to maintain patient's privacy and dignity. At the time of booking outpatient visit, patients were offered a choice of time to suit their needs.
- There was information on specific procedures or conditions, but this information was only in English and not in other languages or formats, such as Braille. Interpretation services were available, but information on this was not clearly displayed in waiting areas. This meant that patients who had difficulties reading, or whose first language was not English, might have difficulties fully accessing information. This had the potential to hinder patients' full understanding of their treatment and care.
- Patients were encouraged to provide feedback after their outpatient appointment by completing the Friends and Family test. Results were displayed in waiting areas, but did not include actions taken in response to patients making suggestions or raising concerns.
- There was an effective process for managing and learning from complaints from surgical patients, and complaints guides were seen in outpatient waiting areas. However, there were no comment cards on display for patients to access. They were called comment cards rather than complaints cards. It could sometimes be difficult for patients to access information on making a formal complaint.

Summary of findings

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation, assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- In surgical areas, staff were aware of the vision and strategy to expand the service. One area had developed their own philosophy of care which was displayed for patients and visitors to view. They were generally positive about the leadership of the service. All surgical specialities had a clinical lead surgeon.
- Governance processes at department level, treatment centre level and corporate level allowed for monitoring of the service and learning from incidents, complaints and results of audits across surgical services.
- In outpatient areas, staff and managers had a vision for the future of their department and were aware of the risks and challenges faced by their department. There was an open and supportive culture where incidents and complaints were reported, lessons learned and practice changed at a local level.
- Staff in all outpatient areas stated they were well supported by their managers. They were visible and provided clear leadership. Staff and managers told us there was an open culture, and they felt empowered to express their opinions and felt they were listened to.
- All departments supported staff who wanted to be innovative and try new services and treatments. Patients were given opportunities to provide feedback about their experiences of the services provided, although this learning was not shared with patients.

We saw several areas of outstanding practice including:

- The outstandingly compassionate care delivered to patients within the surgical areas. This was delivered not just by nursing and medical staff but by a whole spectrum of individuals including housekeeping, portering and administrative staff.
- The number of outpatient one-stop clinics offered to patients, enabling consultation, investigation and treatment at the same appointment.
- The development opportunities for health care assistants in main outpatients. There were a number of different competencies they could complete to enable them to run or support clinics such as phlebotomy, minor operations and pre-assessment.

However, there were also some areas where the provider needs to make improvements.

The provider should ensure that

- Learning from incidents is shared more widely.
- All medical leads are engaged in the assurance processes being followed to reduce risks to patients. All medical leads in surgery are aware of the assurance processes followed by Care UK to ensure visiting surgeons have the necessary skills and competencies.
- Patient group directions for all departments are up to date.
- Audit systems in outpatients to monitor compliance with national guidelines improve.
- Written literature is available in different formats, such as large print or braille, and languages other than English, and information on how to access patient information is provided.
- Actions taken in response to patient's comments and complaints should be displayed.
- All staff are made aware of the risk and hazard register records that relate to their ward/department areas.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

By safe, we mean that people are protected from abuse and avoidable harm.

- Patients were protected from the risk of abuse and avoidable harm. There were clear open and transparent processes for reporting and learning from incidents. Learning from incidents was shared locally. In surgery, learning was shared across the other treatment centres of the organisation.
- Wards and departments were visibly clean and infection prevention and control practices were followed. Post-operative infection rates were lower (better than) the national hospital average.
- Patients were risk assessed to ensure they were suitable for treatment at the centre and they were monitored appropriately during their stay.
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- Staff received simulation training, to ensure they could appropriately respond if a patient became unwell or a major incident occurred, and staff were aware of processes to follow in an emergency.

Are services effective?

Good

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- Within the surgical units, care was delivered that was evidence based and in line with nationally agreed policies and practice.

Summary of findings

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- The Treatment Centre was performing in line with other providers who provided the same surgery.
- Patients' pain needs were met and reviewed appropriately during a procedure or investigation.
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- Staff received regular appraisals and supervision, and were encouraged and supported to participate in training and development.
- The consent process for patients was well structured, with written information provided prior to consent being given.

Are services caring?

By caring we mean that staff involve and treat patients with compassion, dignity and respect.

Outstanding ☆

- Care was provided that was outstandingly kind and compassionate within the surgical ward and department. Patients were seen to be respected, and fully involved in the decisions about their care. They described holistic care provided not just by nursing and medical staff, but by staff of all grades and posts, across the work spectrum.
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Are services responsive?

By responsive we mean that services are organised so they meet people's needs.

Good

- Surgical services were responsive to the needs of people: Patients were able to influence the choice of date for their

Summary of findings

surgery during outpatient consultations. Patient admissions for surgery were staggered throughout the day so patients did not experience long waits after being admitted prior to their procedure.

- Outpatient services were planned and delivered in a way which met the needs of the local population. Clinics were held on weekdays, with regular Saturday clinics as well. .
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Are services well-led?

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By well-led, we mean that the leadership, management and governance of the organisation, assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Good

Summary of findings

- In surgical areas, staff were aware of the vision and strategy to expand the service. One area had developed their own philosophy of care which was displayed for patients and visitors to view. They were generally positive about the leadership of the service. All surgical specialities had a clinical lead surgeon.
- Governance processes at department level, treatment centre level and corporate level allowed for monitoring of the service and learning from incidents, complaints and results of audits across surgical services.
- In outpatient areas, staff and managers had a vision for the future of their department and were aware of the risks and challenges faced by their department. There was an open and supportive culture where incidents and complaints were reported, lessons learned and practice changed at a local level.
- Staff in all outpatient areas stated they were well supported by their managers. They were visible and provided clear leadership. Staff and managers told us there was an open culture, and they felt empowered to express their opinions and felt they were listened to.
- All departments supported staff who wanted to be innovative and try new services and treatments. Patients were given opportunities to provide feedback about their experiences of the services provided, although this learning was not shared with patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery	Good	There were systems in place to keep patients safe from harm. Staff reported incidents; learning was shared locally and across the organisation. Learning from incidents resulted in changes to practices. Wards and departments were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection. Patients were risk assessed to ensure only those suitable received treatment at the centre. Nurse staffing levels were calculated around the planned work load using an adapted recognised safer staffing tool. Staff said it was rare that the planned staffing levels were not adhered to. Medical staff were available 24 hours a day to attend to patients. There were training and developmental opportunities for all staff, including attendance at regional and national conferences. Staff were caring and compassionate and treated patients with dignity and respect. Patients told us they felt informed about their treatment and had been actively involved in decisions about their care, which included choices about date of surgery/ procedures. They described holistic care provided not just by nursing and medical staff but by staff of all grades and posts across the work spectrum. There was an interpreter service available for patients whose first language was not English. However, there was no literature available in other languages or other formats, such as large print. Services were planned to meet patient needs including staggered admission times on the day of surgery to reduce waiting times and anxiety prior to patient's procedures. There was an effective process for managing and learning from complaints.

Summary of findings

		There were governance, risk management and quality measurement systems at departmental, treatment centre and corporate level which allowed for monitoring of the service and learning from incidents, complaints and results of audits across surgical services. Staff were positive about the leadership of the service.
Outpatients and diagnostic imaging	Good 	The Treatment Centre provided a good outpatient service. Patients were positive about the care they received from staff, access to appointments and the efficiency of the service as a whole. There were appropriate systems in place to keep patients safe. Staff reported incidents and learning was shared locally but it was not seen to be shared wider in the organisation. Outpatient areas were clean and equipment well maintained. Staffing levels were appropriate, with a low use of agency staff. Patient records were always available for appointments, with timely access to test results. There were a number of one stop clinics offered to patients, with good multidisciplinary team working. Staff were well supported in their role, with opportunities to develop their skills further. The endoscopy service was accredited by the Joint Advisory Group on GI Endoscopy and followed clear guidelines and conducted regular audits. Patient reported outcomes were collected in some departments but this was not consistent across all of outpatients. Staff were caring and compassionate and treated patients with dignity and respect. Patients told us they felt informed about their treatment and had been actively involved in decisions about their care. There was an interpreter service available for patients whose first language was not English. However, there was no literature available in other languages or other formats, such as large print. We were advised during the inspection, that the service had plans to provide information in other languages.

Summary of findings

	Clinics were scheduled appropriately and well managed to ensure good availability of appointments for patients across all specialities. There were plans in endoscopy to redesign the layout of the service, to enable mixed sex sessions to be held and increase availability of appointments Staff worked effectively in teams and were positive about the leadership of the service at both a local and senior level. There was an open culture and staff were encouraged to make suggestions to improve services for patients. Feedback was actively sought from patients.

Overall rating: Good

Southampton NHS Treatment Centre

Detailed findings

Services we looked at
Surgery; Outpatients and diagnostic imaging

Detailed findings

Contents

Background to Southampton NHS Treatment Centre

Southampton NHS Treatment Centre is a unit situated on Levels C & D within the Mary Seacole Wing, Royal South Hants Hospital. The Treatment Centre opened in October 2008. Independent NHS treatment centres are private-sector owned treatment centres contracted to treat NHS patients free at the point of use. In 2014 the Treatment Centre was acquired by Care UK Clinical Services Ltd, the largest independent provider of NHS services in England. The Treatment Centre provides inpatient and day case elective surgery with associated outpatient and diagnostic clinics across nine specialties Orthopaedics, Oral Surgery, Gynaecology, General Surgery, ENT (ear, nose and throat), Urology, Eye Surgery, Endoscopy and Pain Management. It provides services to people living in Hampshire, Southampton and the Isle of Wight

The Treatment Centre has a 19 bed inpatient ward and a 24 bed day patient ward. There are five theatres that operate Monday to Saturday. Minor, intermediate and major elective procedures are carried out across the nine specialties. We carried out a comprehensive announced inspection of Southampton NHS Treatment Centre on 7 and 8 May 2015, and an unannounced inspection on 20 May 2015 as part of our second wave of independent healthcare inspections.

We inspected the following two core services:

- Surgery.
- Outpatients department.
- The diagnostics service is supplied by another provider and was therefore not included in this inspection.

The Registered Manager has been in post since 2008.

Our inspection team

Our inspection team was led by:

Inspection Manager: Moira Black, Care Quality Commission.

The team included CQC inspectors, supported by three specialist advisors including a consultant surgeon, a senior nurse and a governance specialist.

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?**

Detailed findings

- **Is it responsive to peoples' needs?**
- **Is it well led?**

Before visiting we reviewed a range of information we held about the hospital and spoke to the local clinical commissioning group. Patients were invited to contact CQC with their feedback.

We visited the treatment centre to undertake an announced inspection on 7 and 8 May 2015 and undertook an unannounced inspection on 20 May 2015.

As part of the inspection process we spoke with members of the executive management team and individual staff of all grades. We met with staff working within the surgical and outpatient areas.

We spoke with inpatients, day-case patients and people attending the outpatient's clinics. We looked at comments made by patients who used the services of Southampton NHS Treatment Centre when completing the hospital satisfaction survey and reviewed complaints that had been raised with the hospital.

We inspected all areas of the treatment centre over a two day period, looking at outpatients and surgical care which for the purpose of this inspection included gynaecology and young people aged 16 - 18. We did not inspect the diagnostics service as that is supplied by another provider.

We did not inspect the core areas of urgent and emergency care, medicine, critical care, maternity, care of children and young people, or end of life care, as these services were not provided at Southampton NHS Treatment Centre.

We spent time observing care in day and overnight stay wards, operating theatres and the outpatients department. We reviewed policies, procedures, training and monitoring records, as well as patient's records where necessary.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experience of the quality of the care they received at Southampton NHS Treatment Centre.

Facts and data about Southampton NHS Treatment Centre

- Southampton NHS Treatment Centre was established by Care UK (initially in a joint venture with Life Healthcare) under the national Wave 2 Independent Sector Treatment Centre contract framework.
- The current seven year contract serves Southampton City (Lead Commissioner), West Hampshire, Fareham & Gosport, Isle of Wight, North Hampshire, Portsmouth, and South East Hampshire CCGs and NHS England (Oral Surgery). Significant redesign and build work to facilitate patient care was carried out before the centre opened in October 2008.
- The Wave 2 contract ceases 27 October 2015, a new contract for five years has been tendered under National Acute Contract arrangements to commence service 28 October 2015. Care UK bid to continue to provide the service and the contract was awarded to them in May 2015.

1. **Context**

- The hospital has 19 inpatient beds and up to 36 day case beds (this includes 12 beds belonging to the endoscopy suite which was not inspected.)
- The hospital has five theatres, each operating Monday – Saturday and having a dedicated anaesthetic room and a dedicated prep room.
- Commonly performed surgeries include Oral Surgery, ENT (ear, nose & throat), orthopaedics (including hip and knee replacements), hand surgery, cataract and lens implants and endoscopic investigations. The clinical staff included 46.5 whole time equivalent nurses plus 52 other staff including operating department staff and health care support workers. There were 33 doctors or dentists directly employed and a further 69 working under rules or privileges.
- 96% of referrals are received direct from GPs, GDPs1 and primary care referrers with a small number of transfers from other acute providers.

1. A**ctivity (January to December 2014)**

- Inpatient activity/overnight inpatients - 1869

Detailed findings

- Day case inpatients – 15,793
- Visits to theatre – 8,876 consisting of 1,918 pelvic procedures: 2,295 other limb procedures: 501 oral surgery and ear, nose and throat procedures and 454 abdominal procedures.

1. **Safe**

- Never Events reported during the reporting period January-December 2014: three
- Serious Injury: twelve
- Clinical Incidents: 136
- Incidence of hospital acquired venous thromboembolism(VTE): eight
- Infection Control: No reported incidence of Clostridium difficile or Methicillin resistant staphylococcus

1. **Effective**

- Incidence of unexpected mortality during the reporting period January to December 2014: NIL
- Rate of unplanned readmissions within 29 days of discharge during the reporting period: 50 cases of unplanned readmission within 29 days of discharge in the reporting period (Jan to Dec 14).
- A falling rate of unplanned readmissions (per 100 inpatient discharges) over the same period.
- Number of unplanned transfers during the reporting period: 20 cases of unplanned transfer of an inpatient to other hospitals in the reporting period (Jan to Dec 14).
- A consistent rate of unplanned transfers (per 100 inpatient discharges) over the same period.

6. Caring

- NHS Friends and family Test (FFT): achieved consistently high FFT scores above 98 in every month of the reporting period (Jul to Dec 14), and with a consistently high FFT response rates - greater than 70% in every month of the reporting period.

7. **Responsive**

- Completed admitted pathways – the target (90%) was met in December 2014.
- Completed non-admitted pathways – the target (95%) was met in December 2014.
- Incomplete pathways – the target (92%) was met in December 2014
- Complaints received: 59. All processes were monitored and managed within formalised Care UK Complaints Policy timescale –20 working days.

8. Well-Led

- Turnover - Low staff turnover for all staff groups except for registered nurses in inpatient departments: moderate (30%) in 2013 and high (44%) in 2014.
- Sickness rate - A low rate of sickness (below 10% except for March 2014) for each staff group:
- Higher rates of sickness occurred in March 2014 for two staff groups 30% for Nursing and midwifery–inpatient , and 20% for Other support workers

Staff stability - High levels of staff stability for all staff groups except for Allied Health Professionals. Low staff turnover for all staff groups except for registered nurses in inpatient departments: moderate (30%) in 2013 and high (44%) in 2014.

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Surgery

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Southampton NHS Treatment Centre provides elective surgery to NHS patients within the following specialities: orthopaedics, oral surgery, gynaecology, general surgery, ENT (ear, nose and throat), urology, eye surgery, endoscopy and pain management.(Endoscopy has been reported on in the Outpatients and Diagnostic Imaging report.) Admission to the treatment centre for surgery followed strict referral criteria for people aged 16 years and over who required routine non urgent surgery.

The Treatment Centre had a 19 bedded inpatient ward and a 24 bedded day case ward. There were five operating theatres, two of which had laminar airflow air filtration systems to reduce the risks of air borne cross contamination. These were used mainly for orthopaedic surgery.

There was a recovery area for patients to be cared for immediately post anaesthetic. The centre had a Theatre Sterile Supplies Unit (TSSU) where surgical instruments were sterilised.

Over the period January to December 2014 there were 8,876 patient admissions to the operating theatres consisting of 1,918 pelvic procedures: 2,295 other limb procedures: 501 oral and ENT procedures and 454 abdominal procedures.

During our inspection we visited all areas providing surgical services, the in-patient ward, day case ward, theatres and recovery, and TSSU. We spoke with 11 patients, two relatives and 27 staff in a wide variety of roles. This included managers, health care assistants, registered nurses, consultants, theatre personnel, operating department assistants and physiotherapists. We looked at the patient environment and observed patient care in all areas. We looked at seven patients' records. Before and during our inspection we reviewed the provider's performance and quality information.

Surgery

Summary of findings

There were systems in place to keep patients safe from harm. Staff reported incidents; learning was shared locally and across the organisation. Learning from incidents resulted in changes to practices. Wards and departments were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection. Patients were risk assessed to ensure only those suitable received treatment at the centre. Nurse staffing levels were calculated around the planned work load using an adapted recognised safer staffing tool. Staff said it was rare that the planned staffing levels were not adhered to. Medical staff were available 24 hours a day to attend to patients.

There were training and developmental opportunities for all staff, including attendance at regional and national conferences.

Staff were caring and compassionate and treated patients with dignity and respect. Patients told us they felt informed about their treatment and had been actively involved in decisions about their care, which included choices about date of surgery/procedures. There was an interpreter service available for patients whose first language was not English. However, there was no literature available in other languages or other formats, such as large print.

Services were planned to meet patient needs including staggered admission times on the day of surgery to reduce waiting times and anxiety prior to patient's procedures. There was an effective process for managing and learning from complaints.

There were governance, risk management and quality measurement systems at departmental, treatment centre and corporate level which allowed for monitoring of the service and learning from incidents, complaints and results of audits across surgical services. Staff were positive about the leadership of the service.

Are surgery services safe?

Good

By safe, we mean that people are protected from abuse and avoidable harm.

We rated 'safe' as good.

Patients in surgery were protected from the risk of abuse and avoidable harm. There were clear open and transparent processes for reporting and learning from incidents. Learning from incidents was shared locally and across the other treatment centres of the organisation. There had been three Never Events reported for the period January to December 2014. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. On investigation, one related to a retained item in a patient's body that was not accountable to the procedure carried out at the treatment centre. The other two involved wrong tooth extraction. Initial changes made to the pre surgery safety check list in February 2014 did not prevent the second wrong tooth extraction in August 2014. Further changes were made to the pre surgery safety check list and audits were completed to ensure all staff adhered to this process.

Wards and departments were visibly clean and there were good infection prevention and control practices to reduce the risk of infection. Patients were risk assessed to make sure only those that were suitable received treatment at the centre. Patient risks were reviewed and patients were appropriately monitored during their stay. Staff were aware of processes to follow in the event of an emergency.

Equipment was well maintained and tested in line with manufacturer's guidance. Medicines were stored and handled correctly.

Staffing levels were calculated using an adapted recognised safer staffing tool. Staffing levels were amended according to the planned workload, to enable patient needs to be met. Medical staff were available 24 hours a day.

Incidents

- The Treatment Centre had reported three Never Events that related to surgery from January to December 2014.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In March 2014 a patient reported a foreign object had been left in their body following a procedure. An independent investigation by the Clinical commissioning Group (CGG) identified the item was not related to the procedure performed. The other two Never Events involved a wrong tooth extraction. The first occurred in February 2014. An investigation was completed and changes were made to the manner in which safety checks were completed prior to surgery commencing. Despite these changes, a further wrong tooth extraction occurred in August 2014. Further changes were made to the pre-surgery safety check procedure, which involved verbally identifying which tooth was to be extracted. Nursing staff completed regular audits, in both theatres and the oral day unit, which showed the revised oral surgery safety check list was being complied with.

- Incidents were reported on an electronic reporting system. Staff confirmed they had received training about how to input incidents and the type of incidents that needed to be reported and who the incidents were reported to (for example, medication incidents to the pharmacist, falls to the physiotherapist and others to the unit managers). Staff confirmed they received feedback about incidents they had reported.
- In the period January to December 2014 there were 12 cases of a SIRI (Serious Incidents Requiring Investigation). For the period January to May 2015 there had been two reported SIRI. There were 136 clinical incidents (January to December 2014).
- The root cause analysis (RCA's) of incidents was completed. This included investigation, into the event, identification of contributory factors to the incident, lessons learnt, and detail of apologies to patients if the incident related to a patient's experience. RCA reports evidenced the full investigation and any recommendations made in response to the incident were shared with all departments in the treatment centre, with senior management for Care UK and with the local Clinical Commissioning Groups.
- Incidents were reviewed at mortality and morbidity meetings and also at monthly clinical governance meetings. (Mortality and morbidity meetings are peer reviews of mistakes occurring during the care of patients with the objective to learn from complications and errors and to prevent repetition of any errors leading to complications). Records of mortality and morbidity meetings showed that the learning from clinical incidents from neighbouring service providers were also considered as part of the meetings.
- There was evidence that learning from incidents was shared across the units at the Southampton NHS Treatment Centre and across the organisation's other treatment centres. This included learning with the other treatment centres about a wrong tooth extraction.

Duty of Candour

- The Duty of Candour requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient's safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.
- Staff were aware of the Duty of Candour legislation. All understood the legalisation involved being open and honest with patients, although not all staff fully understood the processes involved.

Safety thermometer or equivalent (how does the service monitor safety and use results)

- The Treatment Centre collected data on the incidence of pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE). These were recorded and reported at clinical governance meetings.
- For the period January to December 2014 there had been eight reported incidents of hospital acquired VTEs or Pulmonary Embolisms (PEs). For the period January to May 2015 there had been two reported cases of VTE's or PEs. Records detailed that appropriate risk assessments and treatment, in line with national guidance, had been provided to reduce the risk of patients developing VTE or PE.
- Information about the above was displayed in ward areas for patients and visitors to view.

Cleanliness, infection control and hygiene

- All areas were visibly clean.

Surgery

- Antibacterial hand disinfectant gel was available at the entrance to all ward areas, throughout the treatment centre and at the foot of each bed.
- Staff adhered to the 'bare below the elbows' policy when providing care and treatment. Disposable aprons and gloves were readily available. Staff used them when delivering care and treatment to patients to reduce the risk of cross infection.
- Posters displayed throughout the treatment centre advised staff, patients and visitors how to wash hands correctly. We observed staff washed their hands prior to and after carrying out patient care. Bi-monthly hand audits following the Infection Prevention Society's (IPS) audit tool showed 95% compliance with the centre's hand washing policy.
- General cleaning of the centre was outsourced to another provider. Staff at the treatment centre reported good relationships with the cleaning provider. Cleaning staff were allocated to a specific unit/area of the centre and cleaning schedules were displayed throughout the service. Environmental audits were completed which illustrated any concerns relating to the cleaning of the environment were responded to promptly by the cleaning provider.
- Patient-led Assessments of the Care Environment (PLACE) completed in April 2014 resulted in scores of 100% for cleanliness of the environment and 98% for the condition, appearance and maintenance of the environment. These results were above the England average for both acute NHS and Independent healthcare services.
- At the pre-operative assessment stage, all patients were screened for methicillin-resistant Staphylococcus aureus (MRSA), a type of bacterial infection that is resistant to a number of widely used antibiotics. If a patient was identified as having MRSA, their surgery was postponed whilst treatment to eradicate the MRSA was completed.
- Surgical equipment was sterilised on site in the Theatre Sterile Supplies Unit (TSSU). There were three autoclaves supported by an effective maintenance contract; service engineers attended within three hours when faults were reported. The TSSU staff also managed the washing and sterilization of endoscopy equipment in a safe and effective manner.
- The centre had a service level agreement with the University Hospitals of Southampton NHS Foundation Trust for support and advice with regard to infection and prevention control, antimicrobial prescribing and environmental support. Their support and involvement was evidenced in records of their attendance at the Infection Prevention and Control Group meetings held at the treatment centre.
- Records from the Annual Infection Prevention and Control and Training and Development Report for the period October 2013 – September 2014 detailed the treatment centre followed the UHST policy with regard to prescribing antibiotics.
- There was an Infection Prevention and Control lead Nurse (IPCN) for the centre that supported infection control link staff from each department. Each infection control link member of staff had four hours a month dedicated to infection prevention and control; this included completing monthly audits, hand hygiene audit, attending the bi-monthly Infection Prevention and Control Group meetings, and their own professional development.
- Surgical site infections for patients who had undergone hip or knee replacements or abdominal hysterectomies were monitored by the ICPN who contacted patients at 30 days postoperatively to check on their recovery. Infection rates for the three types of surgery over the past five years were lower than the national average.
- Post-operative infection rates were below (better than) the national average for the hospital at 0.2%. There were 18 reported post-operative infections for the year 2014.
- Reported infection rates for hip replacements, knee replacements and abdominal hysterectomy surgery were consistently below the national average. The infection rate for hip replacements for the period April 2010 to September 2014 was 1.1% compared to the national average of 1.4%. For knee replacements it was 1.1% compared to the national average of 2.3%. For abdominal hysterectomy surgery the centre's infection rate for the period October 2011 to September 2014 was 3.1% compared to the national average of 5.7%.
- There had been no MRSA infections since the Treatment Centre opened in 2008 and no cases of Clostridium Difficile during 2014 and to May 2015.
- Two of the theatres had laminar flow air filtration systems. These were mainly used for orthopaedic procedures and enabled containment and control of airflow, so reducing the risks of cross contamination and infection due to air borne organisms.

Surgery

Environment and equipment

- Resuscitation trolleys were kept on the ward and in theatres. We saw these were checked daily. In addition, the ward had a portable ventilator, which was checked monthly by nursing staff.
- Equipment was visibly clean. Items we checked were labelled with last service date and review date. They also had an asset number for ease of tracking if it required servicing or maintenance. Portable appliance testing was undertaken.
- Each department had a health and safety representative who completed audits of the environment on a monthly basis to ensure the environment and equipment was safe for patients and staff.
- There were five operating theatres in the theatre suite, all of which had anaesthetic rooms. Each theatre also had a preparation (prep) room. However, due to the small size of the prep rooms, the equipment required for each procedure was laid out in the operating theatre. This is not uncommon practice in operating theatres and posed no risk to patients undergoing surgery.
- There was a well-equipped recovery room to care for patients in the immediate post-operative period before returning to the ward areas.
- Theatre equipment was monitored and maintained by an equipment engineer. Staff reported the equipment engineer always ensured all equipment needed for theatre lists was available and in working order.
- Hoists were available to assist with the mobilisation of patients who had difficulties with mobilising independently. However, staff said, due to the nature of patients admitted to the treatment centre, hoists were rarely required. All hoists were serviced in line with intervals specified by the manufacturer. Staff were trained annually on how to use the hoists safely.
- Call bells were accessible in all areas so patients could call for assistance. Patients said call bells were responded to quickly.

Medicines

- All medicine errors, such as prescribing errors or not signing for administration of medicines, were reported via the electronic incident reporting system to the pharmacist. Weekly meetings held on the inpatient ward (the “pharmacy huddle”) allowed for information about medicines and medicine errors to be disseminated amongst staff. This meeting was led by the pharmacist. Staff said the pharmacist monitored trends in medicine errors, but they were not aware of any written report made that detailed any trend.
- The day unit manager described challenges with a lack of standardisation of prescribing, administering and dispensing eye drops for patients after they had undergone eye surgery. This was partly due to the fact surgery was frequently carried out by visiting ophthalmic surgeons who had different prescribing practices. All prescribed eye drops post operatively, but there was variance in the timings and frequency of administration of the eye drops. When we spoke with nursing staff they stated treatment plans had been developed to ensure surgeons followed standardised prescription practices for eye drops post operatively, ensuring patients were administered eye drops at the correct time and frequency.
- Records of weekly inpatient ward huddle meetings evidenced that medicine errors were discussed and brought to the nurses’ attention.
- We observed nursing staff administering medicines in a safe manner. To reduce risk of errors due to interruptions during medicine administration processes, the nurses wore red tabards to alert others they were not to be disturbed.
- There was piped medical gas on the wards and in theatres. There were medical gases in cylinders for transfer of patients through the treatment centre. However, some staff were unsure who had responsibility for the provision of the medical gases.
- Medicines were securely locked in drug trolleys and cupboards. Medicines that required storage below a certain temperature were stored in a locked fridge, specifically for that purpose. We saw the minimum and maximum temperatures were checked daily and when required readings were outside the safe parameters, were reported promptly.
- Staff confirmed that prior to administering medicines they had completed training and had their competency assessed to administer medicines.
- Blood fridges were located on the ward. Temperatures were checked and recorded daily, with evidence faxed to the laboratory supplying blood products on a weekly basis. Tracking and audit systems were in place to ensure the cold chain was monitored for all blood products.

Surgery

Records

- Patient's records were held in paper format and electronically.
- There were pathway packs for day case procedures and inpatient procedures which incorporated pre-admission assessments, risk assessments, preoperative checklists and records from the surgical procedure. There was also recovery room documentation, multidisciplinary team records, nursing and medical records, observation records, discharge check list and discharge review. Staff said the record packs were easy and logical to use. The ordering of the records meant that information about a patient's care and treatment could be located promptly.
- We looked at seven sets of patients' records. They were all fully completed with the information being easy to locate.
- Some of the information in the paper records was also entered into the electronic recording system. This meant staff spent time duplicating information from the paper records into the electronic records. However staff did not indicate this was a problem as the process for inputting the information was quick and efficient.
- Patient's records, other than observation charts and medicine charts, were stored in locked cabinets. When needed, smaller lockable cabinets were used by the patient's bedside if a member of staff needed to provide one to one care for the patient. This meant the records were always readily available in this circumstance.

Safeguarding

- The hospital had a named safeguarding lead. Staff said safeguarding vulnerable adults and children training was a mandatory element of training for all staff at induction, and then through annual updates. Detail provided by the Treatment Centre showed compliance with safeguarding vulnerable adults level 1 mandatory training was 88% across the Treatment Centre. Compliance with safeguarding children level 1 mandatory training was 82% across the Treatment Centre. However there was no breakdown of the figures for specific services or groups of staff. This meant we could not identify the compliance with these trainings for staff groups working in the surgical services..
- Staff demonstrated, through conversations, a good understanding about safeguarding processes and the action they needed to take if they suspected a patient was exposed to or at risk of being exposed to abuse. However, staff we spoke with did not have any examples of when they had to follow safeguarding procedures.
- Staff explained that although the centre did not treat children, safeguarding children was part of their mandatory training, as children visited their parents/ grandparents in the centre.

Mandatory training

- All staff employed by Care UK were required to undertake mandatory training. Most of this was provided as on-line courses. Staff confirmed they completed mandatory training on-line and that they received electronic reminders when they needed to complete mandatory training.
- Practical sessions were offered within Care UK for basic life support (BLS), immediate life support (ILS), advanced life support updates and manual handling. Fire warden training was provided by Solent NHS Trust.
- Records of compliance with mandatory training provided by the provider showed compliance across the whole of the Treatment Centre at April 2015 was 85% which the record identified as the target for compliance. There was no breakdown of the figures for the surgical services or specific staff groups.

Assessing and responding to patient risk

- GPs had access to the hospital's referral guide. This identified patients for whom treatment at the hospital was not appropriate due to the risk of needing high dependency recovery facilities. This formed the initial line of risk assessment. Patients were then required to undertake a 'choose and book' process. At this point, further review of clinical criteria and suitability was conducted.
- Procedures were followed to ensure only suitable patients were offered surgery at the Treatment Centre. All patients attending pre assessment were assessed under the American Society of Anaesthesiologists (ASA) physical status classification system. This is a system for assessing the fitness of cases before surgery. Patients scoring one and two were assessed by preadmission assessment nurses who had completed training to equip them with the necessary skills. Patients who scored three or more were assessed by an anaesthetist before the decision was made to offer surgery at the treatment centre. Patients with a score above three

were not offered surgery at the centre as there was no provision for high dependency or critical care if it was required post operatively. Patients confirmed they attended a pre assessment appointment prior to their admission. Patients records evidenced this assessment process was completed prior to admission.

- Patients were contacted by telephone three days prior to their admission date, either by staff on the inpatient ward or by the recently developed Patient Admission Team (PAT). This telephone call provided opportunity to check the patient understood their admission details and to check they were not suffering any illness, such as a cold or upset stomach that could pose a risk to their health if they underwent surgery. If any risks were identified, surgery was postponed till they were medically fit. Conversations we had with patients confirmed this process took place and that for some their surgery was postponed till they were well enough to undergo the surgery.
- The Five Steps to Safer Surgery check list was used. This is an internationally recognised system of checks designed to prevent avoidable harm and mistakes during surgical procedures. However, despite using this check list wrong tooth extraction had occurred on two occasions in the last 12 months. Adaptations had been made to the oral surgery checklist to reduce the risk of wrong tooth extraction re-occurring. Compliance with the adapted checklist was being audited, both in theatres and in the oral surgery day case unit.
- Peer review audit of the Five Step to Safer Surgery checklists used in the theatre suite was completed four times a year by staff from another Care UK treatment centre located nearby.
- The centre used a nationally recognised Early Warning Score to identify patients who were at risk of deteriorating. This included observations of vital signs and the patient's wellbeing to identify whether they were at risk of deteriorating. The scoring system provided guidance for staff about what action to take if the patient was at risk of deteriorating. A resident medical officer (RMO) was on site 24 hours a day to attend to patients whose condition might deteriorate. An on-call anaesthetist was always available to be at the centre within 20 minutes if required.
- Transfers to the local acute NHS trust were recorded and monitored. In the year 2014, there were 20 unplanned patient transfers to the local NHS trust were recorded and monitored. This was 20 out of 8,876 patient admissions to theatre and the patients admitted for day case endoscopy procedures.
- Processes were followed in the event of a patient's condition deteriorating and ensuring safe transfer of critically ill patients to the local acute NHS trust. This included processes for stabilising the patient's condition prior to transfer, equipment including a portable ventilator and service level agreements with the local acute NHS trust and the local NHS ambulance service. Staff described the processes followed to sure safe transfer of critically ill patients to the local acute NHS trust. They confirmed they had received training about these processes and use of the relevant equipment.
- Amongst all those treated at the hospital there were eight instances of venous thromboembolism (VTE) in 2014, with a further two reported cases for the period January to May 2015. Rates for screening patients for likelihood of developing VTE were above the NHS Standard Contract quality requirement of 95% consistently throughout 2014. Those who were identified as at risk were prescribed preventative treatment as required.

Nursing staffing

- Staffing levels on the ward were calculated using a recognised safer staffing tool adapted to meet the needs of the treatment centre. Theatre and staffing schedules were planned six weeks in advance and were reviewed and amended twice weekly in line with the work load.
- The wards had a board near the nurses' station detailing staffing levels, both expected and actual. We saw the expected and actual levels were equal on the days of both the announced and unannounced inspection.
- We viewed staffing rotas which showed staffing in theatres met the guidelines from the Association for Perioperative Practice (AfPP). These stated operating theatres should be staffed with two scrub nurses and one nurse circulating during all procedures. Staff we spoke with confirmed there were always sufficient numbers of staff on duty.
- Vacancy levels varied across departments, from 0% upwards. At the end of April 2015 there were 17 vacancies at the Centre which equates to an overall vacancy level of 6.74% which was below the provider's target of 10%.

Surgery

- Where extended vacancy time was identified agency staff were employed for blocks of 3 months which supported continuity and safety of care. Permanent staff were paid overtime to work extra hours to fill vacant shifts. Occasionally, agency staff were used for short periods of time a short notice to fill vacant shifts.
- Patients commented there were always members of staff available to provide support and care when they were needed. One patient commented they never had to use the nurse call bell because a member of staff was always nearby to ask for help.

Surgical staffing

- The Treatment Centre employed a team of resident medical officers (RMO) who were qualified and completed training in Advanced Life saving practices. RMO rotas meant there was a suitably qualified member of the medical staff available seven days a week, 24 hours a day on-site. This was confirmed by speaking with medical and nursing staff. An on-call anaesthetist was available out of hours in the event of an emergency. They employed some consultant surgical staff directly, some through the local acute hospital and some through Consultant Limited Liability Companies (these are groups or 'chambers' of consultants who work together and with whom Care UK contracts to provide joint service pathways)." For ophthalmology, surgery was carried out by 'chambers' surgeons provided by Newmedica. Newmedica is a company of operational and clinical experts in ophthalmology who work across the NHS to provide specialist eye care services. The contract was for an agreed pathway of care to be provided by a combination of suitably qualified Newmedica and Care UK staff working together as a team with joint governance arrangements
- Some consultants carried out surgery under an agreement with the local NHS trust. In this circumstance it was the same consultant surgeons from the NHS trust who carried out surgery at the treatment centre.
- There were a number of anaesthetic consultants who were employed directly by the treatment centre and a team of consultant anaesthetists who worked under a contract from the local NHS trust.
- Within normal working hours, directly employed members of the consultant team and the medical staff working under contract from the local NHS trust were on site. However it was reported there was variable practices by the consultants employed via 'chambers.' Some would complete surgery and then vacate the treatment centre, leaving follow up of patients to the anaesthetist and RMO. Others would review their patients post operatively before vacating the treatment centre. However, nursing staff commented there was no negative impact to patients because structured pathways of care and treatment were followed.

Major incident awareness and training

- Staff knew where to access policies, procedures and guidance to follow in the event of a major incident occurring.

Are surgery services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We rated 'effective' as good.

Care was delivered in line with nationally evidenced based guidance. Patient outcomes were monitored through national quality monitoring schemes, corporate audits and locally developed audits. Patient reported outcomes measures were similar to other providers for hip replacement surgery, knee replacement surgery and groin hernia repair surgery. Post-operative infection rates were below (better than) the national hospital average.

Services were available seven days a week, with surgery occurring six days a week. There was effective multidisciplinary working between different staff groups employed by the treatment centre and other organisations that were involved in the care and treatment of the patient.

Staff were supported in their role through appraisals and supervision. Staff were encouraged and supported to participate in training and development to enable them to deliver good quality care. Informed consent for surgery was obtained during outpatient consultations and re-affirmed with the patient by the operating consultant prior to surgery. Staff had an understanding of the Mental Capacity Act 2005, and its application to their area of work.

Surgery

Evidence-based care and treatment

- Care was provided in line with guidance from the National Institute for Health and Care Excellence (NICE). Records of departmental meetings showed NICE guidelines and results from recent studies were considered when planning any changes to services.
- Policies and guidelines were developed based on both NICE and Royal College guidance and were available to all staff. This included the use of early warning systems (EWS) charts to identify and take appropriate action when a patient's condition was deteriorating. (NICE guidance CG50).
- There was an audit programme set by Care UK which reviewed clinical practice by clinician and by procedure. This allowed benchmarking both internally and externally.
- Monthly mortality and morbidity meetings were held, designed to discuss clinically interesting cases. In addition, feedback from other sites within the company was discussed.

Pain relief

- Patient records showed that pre-operative assessment for all patients included details of post-operative pain relief. This ensured that patients were prepared for their surgery and were aware of the types of pain relief available to them.
- Pain was assessed as part of the EWS process and a nationally recognised scoring system was used.
- Patients confirmed they were asked about their level of pain and pain relieving medicine was provided as and when needed. They said they could "get pain relief when you want it." One patient commenting about their oral surgery experience said their procedure was painless. We observed patients being asked if they had pain, how severe it was, and being offered pain relief.

Nutrition and hydration

- Patient records showed that patients' nutritional risks were assessed pre-operatively and also daily when admitted. Additional supplements could be provided if nutritional concerns were identified in the pre-operative assessment.
- Patients were advised of the time they needed to fast pre operatively; this included when they could have their last meal and when they could have their last drink. Patient pathways identified when patients required monitoring of their food and fluid intake. We saw that where identified, as required, food and fluid intake was monitored and recorded.
- Pathways also identified when patients needed intravenous fluids usually during and immediately following surgery, to ensure they did not become dehydrated.
- Patients commented meals were a good standard and that they had a choice at mealtimes. Comments included "Excellent food".
- We observed that patients had drinks accessible.
- PLACE assessments completed in April 2015 showed a rate of 94.73% satisfaction with the standard and quality of food provided at the centre.

Patient outcomes

- The number of referrals and admissions to the hospital were reported on monthly at the clinical governance meeting. The majority of patients received care as a day case. During the year 2014 a total of 15,793 patients were treated as day cases and a total of 1,869 patients were treated as inpatients.
- The centre submitted data to the Patient Reported Outcome Measures (PROMs). PROM's assessed the quality of care delivered to NHS patients from the patients' perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys. The treatment received data from three of these procedures: hip replacement surgery, knee replacement surgery and groin hernia repair surgery. The latest provisional data published May 2015 showed that Southampton Treatment Centre performance was similar to other providers of these procedures. The information also showed patient experience had improved when compared with the results of 2014 for both hip replacements and groin hernia surgery.

Competent staff

- Data showed the appraisal rate for all staff during the period January to December 2014 was between 98% to 100%.
- Processes were in place and were followed to ensure visiting professionals had the necessary skills and competencies to carry out the care and treatment. The

HR departments had the role for ensuring the relevant information had been obtained. However not all clinical leads were aware of the assurance processes that were followed by the treatment centre.

- Processes were followed to ensure surgeons working under the 'chambers' agreement had the appropriate skills and competencies and received supervision and appraisals. The HR department made checks against the relevant professional registers and the Disclosure and Barring Services. Surgeons working under the 'chambers' agreement were required to provide evidence to Care UK's HR that they had completed relevant training and had received appropriate supervision and appraisals from their primary employer. There was a system followed for the treatment centre to provide information for these surgeons' appraisal processes. There was a system where any concerns with any surgeon substantively employed by either an NHS acute trust or a 'chambers' who worked within Care UK were shared with Care UK and, where appropriate, management and resolution plans agreed. All new staff were required to attend corporate induction days held at the treatment centre every two months. During this induction day they were introduced to key management staff and key policies and procedures of the treatment centre.
- Each department developed their own induction programme for new staff. The anaesthetic department ran induction programmes that included visiting anaesthetists from the local NHS trust.
- Staff confirmed they had completed the organisation's induction day and their local area induction programme.
- All staff we spoke with told us there were good educational and developmental opportunities available to them, regardless of role, which were usually funded by the provider. In addition, staff were supported to attend regional and national conferences and networking opportunities.
- In the theatre setting, health care assistants were supported to develop their skills and knowledge so they could qualify as assistant theatre practitioners or advanced scrub practitioners.

Multidisciplinary working (in relation to this core service only)

- The treatment centre had service level agreements for imaging, pathology and ambulance services. Care UK, the local NHS Trust and the local Ambulance service had an agreed pathway and process for the rapid transfer of patients to the local acute NHS Trust if required All staff reported effective working practices with these services.
- The day unit manager stated there were good relations between the treatment centre operational manager and the ophthalmic chambers operational manager in order to improve patient pathways.
- Daily 'Huddle' meetings meant that leads from all disciplines met to discuss and resolve any issues ensuring effective multidisciplinary working throughout the centre.
- Staff reported an ethos of multidisciplinary working with the medical, nursing, physiotherapy and pharmacy working effectively together to achieve the best outcomes for patients. Patient records evidenced the involvement of the multidisciplinary team.

Seven-day services

- Surgery occurred on six days of the week, Monday to Saturday. Occasionally, when demand for services indicated the need, surgery was carried out on Sundays. All other services were available seven days a week. This included the imaging service that was provided by another organisation.
- Pharmacy services were available on site six days a week from 8.30 am to 6.30pm. Outside of these hours the RMO & matron could access pharmacy to dispense medicines. An on call pharmacist was available for advice out of hours. Staff reported they could access pharmacy advice at all times.
- Physiotherapy services were provided seven days a week.

Access to information

- Patient records were accessible on the wards and departments. Staff reported no concerns with accessing patients' records or relevant test results.
- Discharge summaries were provided to GP's within 48 hours. We observed discharge letters being populated and sent at the time of a patient's discharge.

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent for surgery was only obtained by consultants. Initial discussions regarding consent were commenced by a consultant at the outpatient clinic stage (we have reported this in the outpatient section of the report). Once admitted, consent was reaffirmed with the patient by the operating consultant. Consent forms appropriately detailed the risks and benefits to the procedures.
- Staff said they had completed training about the Mental Capacity Act 2005. Data provided by the treatment centre about compliance with training showed a 90% compliance rate for all staff with training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However there was no breakdown of the figures for specific services or groups of staff. This meant we could not identify the compliance with these trainings for staff groups working in the surgical services
- Staff demonstrated in conversations a good understanding about processes that need to be followed if a patient had or was suspected to have reduced mental capacity to make informed decisions or to consent about procedures. This included carrying out mental capacity assessment in relation to the person making that specific decision, and involving the patient and all people important to the patient in making best interests decisions.

Are surgery services caring?

Outstanding ☆

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

We rated 'caring' as outstanding.

Care was provided that was kind and compassionate and patients were treated with dignity and respect. Staff provided holistic care and support. They considered the emotional, family, social and work life needs of each patient when planning their care and patient discharge.

Patients said that staff knew instinctively what help and support they needed; pre-empting their needs before having to ask staff for support. All patients we had conversations with expressed the view that all staff were caring and kind. Patients were fully involved in the decisions about their care and treatment. The Friends and Family Test demonstrated that the majority of patients were 'extremely likely' to recommend the service.

Patients felt well informed about their procedures and care. Staff provided emotional support to patients. Patients felt like they were the only patient or the most important patient on the unit. There was a 24 hour patient helpline for patients to contact if they had any concerns following discharge.

Compassionate care

- We observed staff being compassionate and caring. All patients we had conversations with told us all staff were caring and kind. For example, one patient commented "They don't talk down to you" and "All staff were kind". A second patient said they never had to ask for any support or care: staff appeared to instinctively know their needs and how to meet them, pre-empting their needs.
- Staff recognised the totality of patient's needs. Patients said staff considered their family, social and work needs when planning treatment, which included planning for their discharge.
- We reviewed comments from the Friends and Family Test since January 2015 related to the day surgery ward, oral day surgery and the inpatient ward. Comments were made about the caring and compassionate nature of all staff and the service. For example, patients said: "Thanks to all the staff for being friendly and approachable, including cleaners and catering staff", " I think the service is fantastic, well mannered, pleasant nurses," "thank you so much for your kindness and care" "The whole experience was made better by the delightful, hardworking staff. They are a very efficient and caring group of young people."
- Result from the Friends and Family Test (January and April 2015) showed 94% of patients from the inpatient ward, and 89% from oral day surgery were extremely likely to recommend the centre to their friends.
- PLACE assessments (April 2015) showed 92.6% satisfaction with the way privacy, dignity and wellbeing was provided at the centre.

Surgery

Understanding and involvement of patients and those close to them

- Patients told us they felt well informed about their procedures and care. Discussions and decisions about treatment were made at pre-operative assessment clinics. This meant when the patient was admitted to the centre they already had a good understanding about the care and treatment they were going to receive.
- We observed staff explaining discharge information and providing patients with support to ensure they had a good understanding of their procedure and onward care needs.

Emotional support

- We observed staff providing reassurance and emotional support to patients.
- There was a patient help line that patients could contact after they were discharged from the centre for support and advice. This was available 24 hours a day and seven days a week. Patients spoke about the reassurance this gave them when they were discharged, knowing they could contact the centre at any time for support and advice.
- Patients said all staff were easy to speak with, making them feel as if they were the most important patient or only one the unit.
- Patient feedback from the Friends and Family Test process was displayed on the wards and provided many positive comments about the emotional support and reassurance provided by staff at the centre. Comments included "I couldn't have been put more at ease, thank you", "The staff were incredibly kind, professional and comforting "and "All nurses were lovely and very caring. Their smiles make you feel at ease and at home. I felt free to talk to them."

Are surgery services responsive?

Good

By responsive, we mean that services are organised so that they meet people's needs.

We rated 'responsive' as good.

Surgical services were responsive to the needs of people: Patients were able to influence the choice of date for their surgery during outpatient's consultations. Patient admissions for surgery were staggered throughout the day so patients did not experience long waiting times after being admitted prior to their procedure. The treatment centre was meeting national waiting times and patients had surgery within 18 weeks of referral.

Services were flexible to accommodate patients individual needs, there were good examples of staff adapting procedures to meet the needs of patients with specific needs. However, the centre did not have literature in other formats or in languages other than English. This meant that patients who had difficulty reading or whose first language was not English might have difficulties fully accessing information.

Complaints were handled appropriately and there was an effective process for learning from complaints.

Service planning and delivery to meet the needs of local people

- The treatment centre provided elective surgery to NHS patients within the specialities of orthopaedics, oral surgery, gynaecology, general surgery, ENT (ear, nose and throat), urology, eye surgery, endoscopy and pain management. (Endoscopy services have been reported on in the Outpatients and Diagnostic Imaging report.). Admission to the treatment centre for surgery followed strict referral criteria for people aged 16 and above who required routine non urgent surgery.
- Pre-operative assessments were carried out on all patients. In the case of orthopaedic patients undergoing major joint replacements these appointments included physiotherapy reviews and arrangements for delivery of appropriate equipment such as raised seats and frames to their homes prior to admission. Patients we spoke

with confirmed equipment had been delivered before their admission and they felt their pre-operative information and assessment had prepared them well for the surgical procedure.
- Surgical lists ran over six days with theatres operating Monday to Saturdays. Patients were given a choice over the date of surgery to best suit their needs.

Access and flow

- Theatre scheduling meetings occurred weekly and involved staff from all areas, including the ward. This ensured additional staffing could be accessed if required. Theatre schedules were prepared six weeks in advance.
- Patients arrived at the treatment centre at staggered times for admission to theatre. This was to prevent long waiting times for those at the end of the theatre list. We spoke to patients who were required to attend the treatment centre at 6am for preparation before theatre commenced at 8am. Patients described being asked if this was suitable to their personal circumstances.
- The PAT team completed admission checks by telephone 72 hours prior to the patient's admission, and on admission. This reduced the pressure on ward staff, enabling them to provide care and support to patients on the ward. They also coordinated discharges to improve the flow of patients through the treatment centre.
- Dates for admission for surgery were discussed at patient's initial outpatient appointment. Patients were able to make individual choices about their preferred date of surgery.
- The most recently published data showed referral to treatment (RTT) waiting time targets for all pathways were consistently met. Targets set by the provider were 90% for Completed admitted pathways, 95% for completed non admitted pathways and 92% for incomplete pathways. Data showed the treatment centre was consistently meeting these targets. For the period December 2014 to March 2015 the treatment centre met the target of 18 weeks wait for all these pathways, with the only exception being for incomplete pathways in January 2015 when they achieved a score of 99.8% of patients being seen within 18 weeks of referral.
- Staff reported there were sometimes delays to some patients returning home as a result of waiting for social services support. This increased the average length of stay for some patients, specifically those having joint replacements.
- The Department of Health (DOH) guidelines state that if patients require surgery and their operation is cancelled for non-clinical reasons, their operation should be re-arranged within 28 days. Cancellations on the day of surgery for clinical reasons were all reviewed. There were 79 cancellations (January 2015 to April 2015) due to clinical reasons, 84 due to non-clinical reasons and 80 because the patients failed to attend the centre. Reasons for the cancellation were reported at the clinical governance meeting, including a report to identify if they had been avoidable or not.

Meeting people's individual needs

- Staff described to us that patients were at the centre of the care received. Staff described feeling enabled to make changes to suit the patients' best interests and choices.
- For patients undergoing joint replacement surgery, the pre-operative process included written information and DVD's about exercises to do before and after surgery to enhance their recovery. There was also a process for ensuring any equipment needed to support the person post operatively at home was obtained prior to them being admitted to the centre for surgery. Patients reported that this process made them less apprehensive about their admission.
- Additional ward staff were provided if one to one support was felt necessary for patients identified as having additional needs at pre-assessment. (For example, patients with a learning difficulty or patients living with dementia).
- On the inpatient ward a dementia resource box had been developed. This included pictorial signage that was placed on bathrooms when a patient living with dementia was admitted so they could identify where the bathroom was. Staff had not considered pictorial, signage could be useful for other patients, and including those that had difficulties reading and patients whose first language was not English. On the unannounced inspection, we observed that the pictorial signs had been displayed so the bathroom could be identified.

Both the inpatient and day patient wards had contrasting colour from the walls for the bathroom door, again to help patients with visual impairment identify the room.

- Staff demonstrated in conversation a good understanding about meeting the individual needs of patients, such as patients with a learning disability, patients living with dementia or those with physical or sensory disabilities. Staff spoke about adjustments they would make to meet the needs of patients. For example, when needed, relatives or carers accompanied patients into the anaesthetic room. They were enabled to be with the patient in the recovery room when they were waking up from the anaesthetic to reduce their anxiety. This was predominantly offered to patients with a learning difficulty or living with dementia, but would be offered to any patient who needed the adjustments.
- There were many comments from patients and their relatives about how the centre met their individual needs. These included, "I think this service is very good, they adapted to my needs very well, thank you," and "Staff all very good in regard of my deafness."
- The Treatment Centre did not provide treatment to and care to children but did offer a service to young people aged 16 and over. Staff recognised physiologically patients' of this age were treated as adults. However, their emotional needs were addressed by parents or an adult of their choice being present at all times to support them through the experience. The centre had a policy dated 2014 that provided guidance, that referred to national guidance, for staff about managing the needs of young people aged 16 to 18.
- The ward consisted of three bays with four beds, one bay with two beds and six single rooms. All rooms and bays were single sex occupancy
- For patients whose first language was not English an interpreting service was available. We heard reports of patients who were using relatives as interpreters having their treatment postponed. However, staff on the wards said this rarely occurred, and there was usually no problem with accessing interpreting services.
- As previously detailed, there was a lack of consideration in the production of documents for patients whose first language was not English. Leaflets and notices were only in English, not in the common languages of the local diverse population.
- However, written information for patients and signage around the treatment centre was only in English. There was no availability of leaflets in languages that met the needs of the local diverse population. Neither was the information available in large print or pictorial format to aid understanding for patients who had visual difficulties. This meant there was a risk that patients and their relatives might not have a full understanding of their treatment and care.

Learning from complaints and concerns

- Complaints were responded to in line with care UK's complaints policy. A Patient Relations Facilitator (PRF) was employed in February 2014 to manage all complaints received at the treatment centre and responded in accordance with Care UK Complaints Policy Guidelines.
- The patient relation facilitator supported people through the complaints process and ensured it was investigated and responded to in a sensitive and thorough manner. They also ensured the complainant received any ongoing support they needed in future admissions to the treatment centre. The PRF also provided support at the end of the complaints process if and when the patient returned to the centre for further treatment. However, the personalised and empathetic process in which they responded and dealt with complaints was not detailed in a guidance document. This meant that if the PRF was on leave, complaints would be managed in accordance with Care UK Complaints Policy, but the steps taken might not fully reflect the personalised and empathetic manner in which the PRF managed complaints.
- The centre received 59 formal complaints, 30 of which were upheld (January to December 2014). In the months January, February and March 2015 the centre had received a total of 16 formal complaints. Action taken as result of complaints to improve services included a review of the process for issuing medicines for patients to take home. This would ensure the patients received the correct medicines and liaising with the company who provided the electronic patient database to improve the quality of reports and communications sent to patients and GP's.
- Complaints received were discussed at ward meetings, and governance meetings and changes made in practice where applicable. We saw records of ward and governance meetings that evidenced complaints were discussed and action taken to make changes in practice as a result of complaints. One example of changes in

practice was the introduction of the PAT team to stagger admissions to the treatment centre for surgery. This was initiated by complaints received from patients about the length of time they waited from admission to the time they had their procedure or surgery.

- The complaints process was audited in July 2014 in line with Care UK's auditing programme. For the question "Are Care UK complaints procedure leaflets accessible to all patients or service user?" the answer detailed "Posters are in place in all areas and information can be found on the website and in patient booklets." However when we looked at the website there was no detail about how to make a complaint, only an online form to provide feedback. The patient brochure on the website gave no detail about how to make a complaint.
- Staff were aware of the complaints procedure and knew how to manage a complaint in line with the policy and procedures.
- Patients expressed there was nothing to complain about, but if they had a complaint they had confidence it would be managed in a sensitive and appropriate manner.
- Comments made in the Family and Friends Test process indicated patients knew the process of making a complaint about the service.

Are surgery services well-led?

Good

By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated 'well-led' as good.

Staff were aware of the vision and strategy of the service which was to provide high quality service in a timely and effective way.

All surgical specialities had a clinical lead surgeon and manager. Staff were generally positive about the leadership of the service, though some raised concerns that a general nurse managed the dental nurses in the day oral surgery unit. However, there was a senior dental nurse who had the role of clinical leader to provide appropriate clinical leadership.

Governance processes at department level, treatment centre level and corporate level allowed for monitoring of the service and learning from incidents, complaints and results of audits across surgical services. All surgical specialities had a clinical lead surgeon and manager. Staff were generally positive about the leadership of the service.

Staff told us they were encouraged to improve services. A recent initiative was the implementation of the PAT team to improve patient experience when being admitted for surgery and to improve the patient flow through the treatment centre.

Vision, strategy, innovation and sustainability for this core service

- Staff had a clear vision for the service and were aware of the vision of the organisation. The vision was to provide high quality service in a timely and effective way.
- Staff spoke passionately about the service they provided and were proud of the facilities they worked in and the care they could offer to patients.
- The day case ward had, with the involvement of all staff, developed their own philosophy of care which was displayed in the waiting area for patients and visitors to view.
- Staff told us they were encouraged to improve services. The treatment centre encouraged innovation by offering quarterly awards for innovation for which staff could apply. Ideas form staff were collected and the management team recognised staff who shared their ideas. Some of these were subsequently implemented.
- One of these innovative ideas recently introduced was the development of the PAT team to improve patient experience when admitted to the treatment centre for surgery.

Governance, risk management and quality measurement for this core service

Surgery

- There was a structured governance programme for the treatment centre, which included governance meetings locally at the treatment centre, regionally with other Care UK treatment centres and with commissioners of the service.
- Records evidenced that surgical specialty groups, such as gynaecology, held meetings that were attended by all Care UK treatment centres that provided the same service. These meetings supported shared learning and consistency in monitoring of quality across the centres.
- Clinical governance meetings for the treatment centre were open for all staff from all areas of the service to attend. Staff confirmed they could attend and said uptake was high. Each individual department held meetings where staff were updated on information from the hospital clinical governance meetings. Minutes demonstrated that the meetings included information and action on complaints, incidents, and audit.
- Discussions about service performance happened at weekly meetings held with the Director of Clinical Services.
- Audit programmes planned by Care UK were detailed and audits were undertaken in all areas. Results were fed into the wider organisation and shared learning fed into the governance process of the treatment centre. Individual departments planned separate audits for their areas dependant on the assessed needs of that department, this included for the anaesthetic department audits of the use of the 24 hour help line for patients.
- There were 11 risks identified on the treatment centre's risk register. Four of these related to surgical clinical procedures, one regarding the Never Event relating to wrong tooth extraction. Action being taken to mitigate identified risks was detailed but there were no review dates. However, discussion with members of the senior management team and viewing records of governance meetings evidenced there was ongoing review of the risk register at governance meetings. At these meetings action taken to mitigate risks was assessed for its effectiveness and changes made to the actions if required.
- The treatment centre had a hazard register that had entries detailed for each department/ward area. The register identified the hazard/area of risk and mitigating action that was taken to reduce the identified hazard/ risk. Entries were made by the health and safety representative for each area. However, when asked, ward managers could not say what hazards were detailed for their individual departments.
- The lead oral surgeon was disengaged from the governance and quality measurement processes for the service. They were not aware of quality measures that were in place to ensure the appropriate safer surgery checks were completed prior to oral ad dental surgery being carried out. When asked how they assured themselves that all oral surgeons were following the revised safer surgery check lists for oral surgery, they said there was no way they could check up on every one and did not know that audits of the process were being carried out. Neither were they aware of the assurance processes that took place to ensure visiting oral surgeons had the necessary skills and competencies to carry out the procedures they were contracted to do.

Leadership/culture of service related to this core service

- Senior executives and managers were highly visible across the hospital. Staff described knowing them on first name terms and said they were approachable at all times. An on call manager system was in operation, ensuring a manager was available at all times.
- There were lead consultants for each medical specialty.
- Most staff spoke highly about their individual managers, about the support they provided to themselves and to patients. All staff said they were supported to report concerns to their managers who would act on their concerns. They said that their managers updated them on issues that affected the unit and the whole hospital.
- One ward manager had managerial responsibilities for areas of practice that were not within their own speciality. A clinical lead provided the clinical support for that specialty.

Public and Staff engagement

- Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The results of the survey were used by the departments to improve the service. However, actions taken were not displayed in waiting areas, for patients to read.
- The treatment centre undertook staff engagement through various mechanisms. There were weekly messages to all staff from the treatment centre

manager. There were weekly meetings and monthly meetings between the centre manager and the various leads. Each clinical area held their own meetings to pass on information and gather feedback from staff.

Innovation, improvement and sustainability

- Staff told us they were encouraged to improve services. The hospital encouraged innovation by offering quarterly awards for innovation.
- Changes in practice and the service were made as a result of learning from incidents and in response to patient feedback. This had led to innovative changes to the safety check list process followed in the case of dental surgery. The tooth to be extracted was confirmed by referring to the patient notes, consent form and X-rays and verbally with members of the surgical team prior to the extraction taking place.
- A Preadmission Team (PAT) had been set up to screen patients by telephone consultation 72 hours before admission to ensure they were fit enough to undergo surgery. They also staggered the admission times for patients on the day of surgery to reduce the time spent waiting at the treatment centre prior to the surgery taking place.

Outpatients and diagnostic imaging

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

Information about the service

Outpatient services at Southampton NHS Treatment Centre are provided by a wide range of specialities, including ENT (Ear Nose and Throat), Urology, General and Oral Surgery, Orthopaedics, Gynaecology, Ophthalmology, Pain Management and Endoscopy. Diagnostic imaging services are available at the treatment centre, but are run by another provider; therefore, this area was not inspected. Outpatient clinics were held in three locations within the treatment centre, main outpatients, endoscopy and oral surgery.

The main outpatient clinic comprised of 14 rooms, 10 for consultations, one for a nurse led and minor surgery clinic, one for the anaesthetic clinic and two for phlebotomy. The consultation rooms were used by any speciality. Clinics were mainly consultant led, with the addition of specific nurse led and multi- disciplinary team clinics.

The endoscopy unit currently contained two endoscopy suites, admissions and recovery area and two clinic rooms. The gynaecology suite was also contained within this unit. The current design meant only single sex sessions could be held. There were plans to redesign the unit to enable mixed sex sessions to be held and improve availability of appointments.

Oral surgery compromised three oral surgery suites.

In the period January to December 2014 there were a total of 46,413 outpatient appointments, 32,523 new appointments and 13,890 follow-up. For the new appointments, 17,416 were with a consultant. The follow up appointments were all with a consultant. The majority of outpatient clinics were held Monday to Friday, with some clinics held on a Saturday.

During our inspection we visited the main outpatients, endoscopy and oral surgery. We spoke with 23 patients and 22 staff, including nurses, medical staff, healthcare assistants, physiotherapists, administrators, receptionists and managers. We observed care being provided, reviewed patient records and staff training records.

Outpatients and diagnostic imaging

Summary of findings

The treatment centre provided a good outpatient service. Patients were positive about the care they received from staff, access to appointments and the efficiency of the service as a whole.

There were appropriate systems in place to keep patients safe. Staff reported incidents and learning was shared locally but it was not seen to be shared wider in the organisation. Outpatient areas were clean and equipment well maintained. Staffing levels were appropriate, with a low use of agency staff. Patient records were always available for appointments, with timely access to test results.

There were a number of one stop clinics offered to patients, with good multidisciplinary team working. Staff were well supported in their role, with opportunities to develop their skills further. The endoscopy service was accredited by the Joint Advisory Group on GI Endoscopy and followed clear guidelines and conducted regular audits. Patient reported outcomes were collected in some departments but this was not consistent across all of outpatients.

Staff were caring and compassionate and treated patients with dignity and respect. Patients told us they felt informed about their treatment and had been actively involved in decisions about their care. There was an interpreter service available for patients whose first language was not English. However, there was no literature available in other languages or other formats, such as large print. We were advised during the inspection, that the service had plans to provide information in other languages.

Clinics were scheduled appropriately and well managed to ensure good availability of appointments for patients across all specialities. There were plans in endoscopy to redesign the layout of the service, to enable mixed sex sessions to be held and increase availability of appointments

Staff worked effectively in teams and were positive about the leadership of the service at both a local and senior level. There was an open culture and staff were encouraged to make suggestions to improve services for patients. Feedback was actively sought from patients.

Are outpatients and diagnostic imaging services safe?

Good

By safe, we mean that people are protected from abuse and avoidable harm.

We rated 'safe' as good.

Patients in outpatients were protected from the risk of abuse and avoidable harm. Staff had a good understanding of how to report incidents and learning from incidents was shared at a local level. It was not apparent that this learning was always shared wider to make sure action was taken to improve safety beyond the affected team. Staff undertook appropriate mandatory training for their role and were supported to keep this up-to-date.

Clinical areas and waiting rooms were all visibly clean and tidy. Appropriate equipment was available for patient procedures and tests. Equipment was well maintained and tested in line with manufacturer's guidance. Infection prevention and control practices were followed: these were regularly monitored, to prevent the unnecessary spread of infections. Medicines were stored securely.

Staffing levels and the skill mix of staff was appropriate for the outpatient clinics which were held. There was a low use of agency staff, with staff working flexibly as a team to cover additional sessions. Patient records were available prior to a patient being seen. Staff received simulation training, to ensure they could appropriately respond if a patient became unwell or a major incident occurred.

Incidents

- In all outpatient areas staff were aware of their responsibly to report incidents. Staff reported incidents either via an electronic reporting system or to their manager who then logged the incident on the reporting system. Staff we spoke with were confident to report incidents and challenge poor behaviour by staff at any level, medical or nursing, if they were concerned about poor practice which could harm a person.
- The treatment centre reported there were no serious incidents requiring investigation or clinical incidents in outpatients (January to December 2014).

- An administrative incident occurred in March 2015, where a patient had been handed an envelope containing an appointment letter for another patient. This had been reported and an investigation was being undertaken. The CCG had also been informed.
- There was evidence of local learning from incidents within departments, through feedback at team meetings, for which minutes were taken and shared with staff unable to attend.

Duty of Candour

- The Duty of Candour requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient's safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.
- Senior staff told us they had received information and training on the Duty of Candour.

Cleanliness, infection control and hygiene

- All outpatient areas, both waiting rooms and clinical rooms were visibly clean and tidy.
- Hand sanitizer points were widely available to encourage good hand hygiene practice. There were also posters in waiting areas and at the main reception encouraging patients to clean their hands, to minimise the spread of infection. The staff were observed to be adhering to 'bare below the elbow' guidance to enable thorough hand washing and prevent the spread of infection between staff and patients.
- Personal protective equipment (PPE), such as gloves and aprons, was readily available for staff in all clinical areas, to ensure their safety when performing procedures. We saw staff using them appropriately.
- Infection control practices were monitored by the infection prevention and control lead, who staff reported attended their departments weekly. There was also a lead for infection control in each outpatient area. Regular infection control audits were conducted and a recent hand hygiene audit showed 100% compliance. Staff we spoke with were aware of the outcomes from audits and changes needed to practice, through information sharing at team meetings.
- In main outpatients and oral surgery, each clinical room contained a daily infection control checklist, which was signed and dated by staff once they had checked all required items on the list. This included checking items such as stocks of wipes, soap, changing of bed linen. The checklists we reviewed for the previous seven days had all been completed appropriately.
- In-line with current best practise the treatment centre had a 0% MRSA rate (January 2014 to December 2014), which was achieved through an effective MRSA screening programme. Patients were swabbed for MRSA as part of the pre- assessment process and in the event of a positive MRSA swab there was a clear pathway to follow, covering required medication, review date and appropriate next step dependent on the outcome of a further swab. This service was nurse-led, with appointments arranged directly with the patient. However, the MRSA pathway document was dated 2009, with no written evidence of more recent review.

Environment and equipment

- Equipment was visibly clean. Items we checked were labelled with the last service date and review date and they also had an asset number to enable easy tracking of the item, if it required servicing or maintenance. Portable appliance testing was also undertaken. Staff we spoke with were clear on the procedure to follow if the identified faulty or broken equipment and whom to report this to, ensuring the item was removed from the clinical area to prevent further use. There was a medical engineer on site to repair equipment.
- Staff did not report any concerns regarding availability or access to equipment. Management were reported as being supportive to requests for new equipment, such as the purchase of additional scopes in endoscopy, so the demand for appointments could be met.
- During the unannounced inspection the imaging machine used by the oral surgery department had broken. A new part had been requested and was due the following week. Clinics had been reviewed and any patients requiring an X-ray had been contacted and rebooked for a later date.
- In main outpatients, single use items were stored in clearly labelled drawers and were well stocked. A random sample found all items checked to be in date.
- In endoscopy, decontamination of scopes was undertaken by the Theatre Sterile Supply Unit (TSSU). There was clear traceability of scopes, via the recording

system used. This was in line with British Society of Gastroenterology guidance on decontamination of equipment for gastrointestinal endoscopy (2014). Clean and dirty scopes were stored in separate locked cupboards, of differing colour. Equipment was generally maintained on-site, with an excellent working relationship with the scope manufacturer, as part of the manufacturer's maintenance contract.

- Rubbish disposal was well managed, by the housekeeping team with at least daily checking of the dirty store. In main outpatients, during the lower GI clinic, domestic staff attended the department hourly to remove dirty scopes. There was clear labelling of clinical waste bins and all sharp boxes checked in clinical rooms contained the start date.
- Call bells were provided in clinical rooms, should a patient become unwell, with access to support from either that department or the crash team, depending on the severity of the patient's illness. Once a week in main outpatients, the call bell system was checked in a clinical room to ensure it was working and the outcome logged and reported if necessary. In endoscopy the waiting room was not constantly visible to staff, there was a call bell and resuscitation mask in this area, to ensure prompt access to support and treatment if necessary.
- Resuscitation equipment was maintained and in order and ready for use in an emergency. Trolleys were checked daily, logs were checked and confirmed daily review. Once a month all contents in the trolley were checked and any items due to expire that month were thrown away.
- Consideration to patient safety had been given in the layout of the physiotherapy clinic. There were no practice stairs due to the height of the ceiling in this room. Patients who needed to practise climbing stairs, as part of their rehabilitation, used stairs within the building. Staff felt this was more realistic to the patient's home environment.

Medicines

- Medicines were stored safely. All medicines cupboards were locked and the keys held by the lead nurse on duty. Staff we spoke with knew who held the keys. Fridges were locked and temperatures checked daily and logged, to ensure medicines were stored at the correct temperature. If a problem was identified this was reported to pharmacy who took appropriate action to address this.
- In main outpatients, FP10 prescription pads were stored and managed securely. A log was kept of serial numbers to ensure traceability and monitor return of prescription pads.
- In endoscopy there was a patient group direction (PGD) for the administration of sodium Pico sulphate, by a registered nurse. This was issued to patients at their pre-assessment appointment, for them to take at home, prior to undergoing an endoscopy. A PGD provides a legal framework that allows some registered health professionals to supply and/ or administer a specified medicine (s) to a pre-defined group of patients, without them having to see a doctor. A PGD is used in situations that offer an advantage to patient care, without compromising patient safety. The PGD had been developed for use at Care UK sites with input from the head and divisional lead pharmacists and a medical director, it had been signed by staff using it at the treatment centre and was in date. However, we did find one out of date PGD in endoscopy. The drug item was phosphate enema and the date on the PGD was 2014. This was identified to the treatment centre who took appropriate actions.
- Patients commented on being given a clear explanation of their treatment plan and any necessary medications they needed to take. We observed pharmacy staff giving clear instructions to patients when they collected their prescriptions. Specialist nursing staff also focused on information about medications as part of their consultations, such as patients needing treatment following a positive MRSA swab or requiring step down treatment when on Warfarin. The latter group were also called to confirm the last day they had taken their warfarin, prior to starting the next stage of the treatment process. There was not, however, a formal written pathway in main outpatients for nursing staff to follow for the management patients on warfarin. The clinic was run by the same two nursing staff who fully understood the pathway, but there was a potential risk to patients if neither of these staff were present.

Records

- Patient records were held securely onsite in the medical records department. Clinics were collated seven days in

advance, with clinic lists reprinted and cross checked the day before, to ensure the records for any patients added more recently to the clinic list were available for their appointment. Staff we spoke with reported notes were always available or were found. No concerns were raised regarding availability of notes for Saturday clinics. The treatment centre reported 0% of patients were seen in outpatients without their medical record; however, this had not been audited. There was anecdotal evidence that in the last 12 months, one set of records had been missing for a patient's appointment. This incident was not reported on the electronic reporting system, however, the situation was managed appropriately, the patient informed and an apology given.

- In main outpatients, a health care assistant was responsible for cross checking the patient list with the available records. Any remaining missing records were highlighted to the administration team, who found the records. At the end of the day, all records were returned to the admin office and cross referenced with the clinic list. Records were passed to the secretary the next morning, so letters could be typed and sent. The letters were sent using an off-site hybrid mail system as there had been a number of instances of human error resulting in incorrect information sent to the wrong person.
- Patient records in main outpatients were stored in lockable trolleys or kept in the clinic room, to ensure safe storage of records and maintain patient confidentiality. Some consultant clinics and nurse pre-assessment used electronic records. Patients who had not had contact with the treatment centre for a minimum of four months, had their records scanned at a secure off-site facility and they were available electronically for future appointments.
- There had been four incidents reported, within the last three months, of incorrect patient letters or stickers filed in the wrong records. Paperwork had been refiled in the correct patient records and the incidents discussed at the senior management team meeting.
- In main outpatients there had been an information governance breach in January 2015 when paperwork had been filed in the incorrect patient records. This had been discussed at the weekly team meeting, with minutes provided for those unable to attend so all staff were informed.
- A random sample of 15 records were reviewed during the inspection, across all outpatient areas. Due to the number of one stop clinics, half of these records were for new patients: they all contained the referral letter. Records for follow up patients were completed to a high standard. They were legible and clinic letters up-to-date.
- There was a records management and archiving policy, which followed Department of Health guidance for the retention of clinical records.

Safeguarding

- Safeguarding training, both children and vulnerable adult, was mandatory for all staff, the level of training determined by clinical role. Staff we spoke to were aware when to raise a concern and the process they should follow, but had not had to raise any recent concerns. There was access to the safeguarding policy for children and adults on the intranet, should staff need to refer to it. Detail provided by the Treatment Centre showed compliance with safeguarding vulnerable adults level 1 mandatory training was 88% across the Treatment Centre. Compliance with safeguarding children level 1 mandatory training was 82% across the Treatment Centre. However there was no breakdown of the figures for specific services or groups of staff. This meant we could not identify the compliance with these trainings for staff groups working in the outpatients services
- There was a cross checking system in in the main outpatients make sure of the correct patient identity The patient's details were checked on arrival by reception staff and when the patient was called through by the nurse. Once in the consultation room, the details were checked again to ensure the patient, their notes and any electronic records confirmed the same information.
- Healthcare assistants received chaperone training to offer support to patients as needed. It was compulsory for a patient to have a chaperone in certain clinics, such as gynaecology procedures.

Mandatory training

- Staff completed a number of mandatory training modules as part of their induction and updated them in line with current policy. This included infection prevention and control, fire safety and confidentiality. The training was mainly via e-learning packages, with practical sessions for basic life support and manual

handling. Across the treatment centre compliance with mandatory training, was at least 85% (February to April 2015). There were no breakdown figures provided for compliance with mandatory training for the different outpatient areas or specific staff groups.
- There was a lead in each area for mandatory training, which took responsibility for maintaining their team staff training matrix and reminded staff to update training as needed.
- No staff we spoke with reported any issues finding time to complete their mandatory training.

Assessing and responding to patient risk

- Each outpatient's area had its own hazard register, which identified hazards, people affected, assessment of risk and controls which had been put in place to reduce the level of risk.
- Adapted versions of the Five Steps to Safer Surgery checklist were in use or being introduced in all outpatient areas. A review using the new adapted checklist was due to take place in June 2015.
- Staff in outpatients were aware how to respond to patients who became unwell and how to obtain additional help from colleagues, to help them care for the patient. Staff had training in basic life support, with some staff trained in intermediate and advanced life support.
- Staff completed scenario based training, including resuscitation simulation, at least every six months. Teams were not aware when the training would take place. The trainer running the session, provided verbal and written feedback on how the team responded to the situation, with learning points and actions to take, shared with all staff in that area.
- There was always a registered medical officer (RMO) on duty, who was trained in advanced life support, who provided support to the outpatients staff, if a patient became unwell. A consultant anaesthetist provided senior medical cover who was available on site. Patients who became medically unwell could be transferred to the inpatient ward or to the local acute NHS Trust in line with the treatment centre emergency transfer policy.
- The phlebotomy clinic was always held in a clinic room with a bed, to ensure appropriate management and support for patients who felt faint and became unwell.

Nursing staffing

- Nursing cover was sufficient in all outpatient areas. There were no set guidelines on safe staffing levels for outpatient clinics. Staffing requirements in outpatients were planned six weeks in advance in line with clinics being released onto the bookings system. This determined the skill mix of nursing staff and healthcare assistants.
- Healthcare assistants were cross-trained to provided clinical support to a number of clinics, such as ophthalmology and ENT. The use of agency staff was actively avoided in main outpatients, because these staff may not always have the appropriate competencies for the number of different speciality clinics which were held. Permanent staff were asked to work additional sessions, to meet the needs of the service. Team leaders commented that staff were flexible and staff told us they were happy to work extra shifts.
- For all outpatient areas, the use of agency staff was below 10% for the period January to December 2014. In the same period there was no agency cover needed for healthcare assistants.
- In main outpatients, there were 8.41 whole time equivalent nursing staff with 4.65 vacant posts. There were two healthcare assistant vacant posts at the time of the inspection. The treatment centre identified difficulties keeping registered nurses in post. This was of concern to the unit manager, who had re-evaluated the job description and put additional measures in place to support new staff and offer further opportunities for development and improve retention. Staff tended to leave to further develop their skills.
- In endoscopy, staffing levels met the current Joint Advisory group on GI Endoscopy guidance (JAG) with three staff always present to support the endoscopist.
- Staff teams had daily meetings to share important updates, such as changes to planned clinics or staffing for the day.

Medical staffing

- The Treatment Centre at the time of the inspection directly employed 33 medical staff (mix of doctors and dentists), with 69 working under rules or practising

privileges. There were sufficient consultant staff to cover outpatient clinics, including Saturday clinics. Consultants agreed clinic dates and times directly with the treatment centre administration team.
- There were ongoing difficulties recruiting an ENT consultant specialising in major ear surgery, due to there being a national skills shortfall in this particular area. This had affected waiting times for first appointment and treatment.
- Staff told us that medical staff were supportive and advice could be sought when needed.

Major incident awareness and training

- Staff were aware of their roles and responsibilities during a major incident. There was some inconsistency across departments: some areas had a departmental-specific major incident plan, but endoscopy reported they did not. All departments were involved in the major incident practice exercise conducted once a year and feedback provided on how departments responded.
- Every department had a fire warden who liaised with the head porter in the event of a fire, to ensure safe evacuation of patients, staff and visitors.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We inspected but did not rate 'effective' as we do not currently collate sufficient evidence to rate this.

National guidelines were used, but there was limited evidence that clinical audits were being undertaken in all outpatient areas, including recording of patient reported outcomes. The treatment centre was within the expected range for all quality measures regarding patient related improvements and outcomes for knee and hip surgery.

Staff were supported in their role through appraisals. All staff were appraised. Staff were encouraged to participate in training and development to enable them to deliver good quality care.

There was evidence of multidisciplinary team clinics and one stop clinics, reducing the number of appointments patients needed and enabling prompt access to treatment. The consent process for patients was well structured, with written information provided prior to consent being given.

Patients pain needs were met appropriately during a procedure or investigation. Clinics were held mainly in the week, with some Saturday clinics.

Evidence-based care and treatment

- Staff in all outpatient areas reported they followed national or local guidelines and standards to ensure patients received effective and safe care. However, regular audits were not undertaken to review performance against these guidelines, the exception being the endoscopy department.
- The endoscopy department participated in the Joint Advisory Group on GI Endoscopy (JAG). They were accredited to level A (the highest rating possible), at the time of our inspection and delivered the service to the required standards according to the guidance. JAG accreditation requires a unit to demonstrate high standards of quality, safety and patient care, with regular audit to ensure these standards are maintained. The accreditation was due for renewal later in the year.
- In main outpatients, the pre-assessment process incorporated National Institute for Health and Care Excellence (NICE) guidance on the use of routine preoperative tests for elective surgery. The department exceeded this guideline and routinely performed an ECG on any patient over the age of 60.
- Nurses running the wound clinic had a clear policy to follow, which included patient care plans, when to seek advice from a consultant, and documentation in the notes.

Pain relief

- In all outpatient areas, options for pain relief were discussed with the patient, either at the pre-assessment appointment or as part of a one stop clinic, prior to any procedure being performed. Many procedures could be performed with the use of local anaesthetic, enabling

the patient to go home the same day. Patients were given written advice on any pain relief medications they may need to use at home, during their recovery from their procedure.
- Dental nurses were trained to support the oral surgeon, if a patient chose to have sedation to reduce their anxiety during their treatment.
- Pain scores were routinely assessed and pain relief administered as required. We spoke with six patients and all had been offered analgesia. In the endoscopy suite there was a recovery area for patients following their procedure, enabling continuing monitoring of a patient's level of pain. In main outpatients, an additional room was set aside for certain clinics, to allow additional time for patients to recover, if they had undergone a particularly painful procedure.

Patient outcomes

- Limited data was available on patient reported outcomes for outpatient services, as this was only recorded and analysed by a few services within the treatment centre.
- Patient comfort scores for colonoscopy were collected as part of the JAG standards. These had identified outlying figures for two endoscopists. Appropriate action had been taken by the treatment centre to address these findings and offer additional support and training to staff.
- Data was submitted to the National Joint Registry database regarding patient related improvement and outcomes for knee and hip surgery. The treatment centre was within the expected range for all quality measures for the last year. It was below the national average for revision rates for hip and knee surgery based on data collected over the last five years, but was still within the expected normal range.

Competent staff

- Patients told us that they felt staff were appropriately trained and competent to provide the care they needed. This was confirmed by staff who felt well supported to maintain and further develop their professional skills and experience.
- In the period January to December 2014, 100% of outpatient nursing staff and 90% of healthcare assistants had received an appraisal. In the same period, 100% of nurse's registration status had been verified to confirm they could continue to practise.
- There were appropriate systems in place to assure the hospital leadership team that all doctors had the necessary qualifications and competencies. For example, medical staff underwent relevant employment checks, to ensure fitness to practice in their speciality prior to starting with the treatment centre. Appraisals and revalidation were conducted and checked up by the relevant medical director depending on who the consultant was employed by.
- There were appropriate systems in place to assure the hospital leadership team that all nurse had the necessary qualifications and competencies. For example, nurses identified a number of Care UK competency packages they had used to support their development, such as nurse led cannulation and nurse consent in endoscopy. Staff competencies we reviewed had been fully signed off, prior, to the nurse being able to undertake the procedure or process without supervision.
- There was a strong development programme for health care assistants in main outpatients, supported by competencies. This enabled them to assist consultants with minor procedures, run the phlebotomy clinic and carry out the initial stage of pre-assessment.
- Nurses were only able to pre-assess patients categorised as level one using the American Society of Anaesthesiologists (ASA) score until they had undergone further external training to be competent to assess level two patients. This scoring system considers the patients level of health and therefore, the likelihood of any complication during surgery. The higher the number, the greater chance of complication. Level three patients were always seen by an anaesthetist to ensure patient safety and appropriate planning for their operation.

Multidisciplinary working

- There was evidence of effective multidisciplinary (MDT) working in all outpatient areas, ensuring efficient delivery of care and treatment to patients, reducing the number of times they need to attend for an appointment. MDT clinics, nurse-led clinics and one stop clinics were all routinely offered to patients.
- The ophthalmology clinic cataract clinic involved the ophthalmologist, optometrist, nurse and HCA working together, to enable a pre-op and post-op clinic to run simultaneously.
- There were one stop clinics in endoscopy, gynaecology, pain management and for minor surgical procedures

such as removal of lumps and bumps. Many of these clinics were also MDT. One stop clinics enabled the patient to see the consultant, have further tests and were possible treat all in the same visit. This improved convenience for patients by reducing the number of appointments needed.

- There was a service level agreement between the treatment centre and the imaging department (which was part of another organisation and not subject to this inspection process). Patients could get their x-ray done on the same day as their appointment as part of a one stop shop. Results were available electronically for consultants to view in the clinic.
- From the care we observed, there was effective team working, with strong working relationships between all staff groups.
- A member of the administration team described their involvement in the onward referral of patients with suspected "wet age-related macular degeneration" or any suspected cancer, in agreement with guidelines set up between the treatment centre and the local NHS hospital. There was a clear pathway for all staff to follow to ensure prompt referral for these groups of patients, including checking that the information had been received by the hospital.

Seven-day services

- The majority of outpatient clinics were held Monday to Friday, with clinics generally running from 8.30am to 5.30pm. Patients we spoke to reported good access to appointments and at times which suited their needs. There were regular Saturday clinics held in main outpatients, which ran all day. The oral surgery department ran Saturday clinics on alternate weekends and in endoscopy Saturday clinics were held in response to demand for additional patient appointments. This department was considering a trial of late afternoon and early evening lists, to provide improved access to appointments.
- The pharmacy service was open six days a week, from 8.30am to 6.30pm, to support patients obtaining prescriptions, as they left their outpatient appointment.

Access to information

- Staff we spoke with reported timely access to test results such as from bloods and diagnostic imaging. Results were available for the next appointment or for certain clinics, during that visit, enabling prompt discussion with the patient on the findings and treatment plan.
- Many of these results were reported electronically, accessible by the clinician at the treatment centre, with a written copy also being sent. Main outpatients had improved the tracking process for specimens, which were analysed off-site. This had made it easier to chase up any missing results with the laboratory.
- There were appropriate systems in place to ensure safe transfer and accessibility of patient records if a patient needed to be transferred to another provider for their treatment.
- Patient notes were always available to ensure continuity of care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were supported to make an informed decision about their treatment prior to giving consent. Information leaflets given to patients included the risks and benefits of the proposed procedure or surgery. For one stop clinics, such as endoscopy, information was sent to the patient prior to their appointment, so the patient could give informed consent when they came for their appointment. Patients were given adequate time at their first appointment to ask questions if needed. In oral surgery, patients were booked an additional appointment if they needed more time to consider any planned treatment.
- In gynaecology a one stop menstrual disorder clinic was held. This included irreversible female sterilization. Counselling for this was initially undertaken by the patient's GP prior to referral, with information sent to the patient as well. Patients were fully supported by clinical staff before they gave consent.
- An incident occurred in October 2014 where consent forms had not been signed by two patients undergoing procedures in outpatients. This incident was thoroughly investigated and appropriate action taken, with a new checking procedure introduced for staff to follow.
- Mental Capacity Act training was part of the mandatory training programme. Staff we spoke with were aware of how to apply this training, but had needed to use it infrequently. They were able to identify which was the appropriate consent form to use for a patient who lacked capacity to consent. In oral surgery the mental

capacity assessment and best interest checklist was kept with the consent form, to ensure appropriate assessment had been undertaken prior to the consent form being completed. The minor surgery safety checklist in main outpatients included a prompt for ensuring the appropriate consent form and best interest checklist had been completed for patients who lacked capacity.

- A staff member described how they had adapted their explanation and discussion of a planned procedure for an adult with learning difficulties, to enable the patient to give informed consent. In another example a test was stopped when a patient became distressed and did not give clear consent for the test to continue.

Are outpatients and diagnostic imaging services caring?

Good

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

We rated 'caring' as good.

During the inspection we saw and were told by patients that staff in all outpatient areas were caring and compassionate. Patients and relatives commented positively about the care provided from all of the outpatient staff. Patients were treated courteously and respectfully.

Patient's privacy and dignity was maintained. Patients were kept up to date with and involved in discussing and planning their care and treatment. Patients were able to make informed decisions about the treatment they received. Staff listened and responded to patients' questions positively.

Emotional support was provided to patients. Patients commented that they had been well supported emotionally by staff.

Compassionate care

- We observed that patient's dignity was maintained and that they were afforded privacy at all times. Reception desks were sufficiently away from waiting areas so patients could speak to reception staff, without their conversation being overheard. We observed all clinical activity was provided in individual consulting rooms and doors were always closed, to maintain privacy and confidentiality.
- Signs offering patients a chaperone were clearly displayed in waiting areas and clinical rooms. Healthcare assistants received chaperone training, so they could support patients when needed. We spoke with three patients, who told us they had attended with their own chaperone and the chaperone had supported them during their appointment.
- Throughout the inspection, we saw staff speaking in a calm and relaxed way to patients. Patients told us they were helpful and supportive. They told us staff always showed concern and understanding for their situation and were sensitive to any needs or worries they had. One patient told us how they were concerned about having their wisdom tooth removed. A member of staff held their hand throughout the procedure and they felt very calm and relaxed.
- In all outpatient areas, we saw staff had received compliments on the care they provided to patients, in the form of thank-you cards.
- The treatment centre recorded consistently high friends and family test scores above 98 (out of 100) in every month of the reporting period July to December 2014.

Understanding and involvement of patients and those close to them

- Ten patients we spoke with told us they had been provided with the relevant information, both verbal and written, to make an informed decision about their care and treatment. There had been sufficient time at their appointment for them to discuss any concerns they had. However, patients did not always receive copies of letters which had been sent to their GP.
- Specialist nurses assisted patients by providing them with additional information and expertise for certain clinics, such as management of warfarin pre admission for surgery. .
- The main outpatients were planning to audit how well patients felt their diagnosis, care plan and treatment were explained to them.

Emotional support

- Patients commented that they had been well supported emotionally by staff, particularly if they have received upsetting or difficult news at their appointment.

Outpatients and diagnostic imaging

- When interviewing staff it was clear they were passionate about caring for patients and clearly put the patient's needs first.
- Staff told us that they always offered to chaperone patients undergoing examinations, and we saw records that showed patients were supported in this way.

Are outpatients and diagnostic imaging services responsive?

Good

By responsive, we mean that services are organised so that they meet people's needs.

We rated 'responsive' as good.

Services were planned and delivered in way which met the needs of the local population. Clinics were generally held on weekdays, with some Saturday clinics held in response to demand for extra appointments. Patients told us that there was good access to appointments and at times which suited their needs.

There was information on specific procedures or conditions, but this information was only in English and not in other languages or formats, such as Braille. Interpretation services were available, but information on this was not clearly displayed in waiting areas.

Patients were encouraged to provide feedback after their outpatient appointment by completing the Friends and Family test. Results were displayed in waiting areas, but did not include actions taken in response to patients making suggestions or raising concerns.

Service planning and delivery to meet the needs of local people

- Services were well planned and the facilities appropriate to support the running of clinics, for all the different clinical specialities providing services for patients at the treatment centre. Clinics were generally held Monday to Friday, with some clinics on a Saturday.
- The current layout of the endoscopy unit, which contained the gynaecology service, meant only single sex sessions could run. The unit had plans to redesign the layout to create two separate areas, enabling endoscopy and gynaecology clinics to run on the same day and help meet demand for appointments.
- The endoscopy service was also reviewing the need to provide single sex admission and recovery areas as part of the Joint Advisory Group on GI Endoscopy (JAG) guidelines, to enable mixed sex endoscopy clinics to run on the same day.
- Patients were sent appropriate information prior to their first attendance, containing information such as the consultant or clinic they were to see, length of time for the appointment and written information on any procedures which may be performed at the first appointment.

Access and flow

- There were robust systems to manage the scheduling of clinics. Clinics were planned six weeks in advance. The scheduling staff liaised with unit leaders on a daily and weekly basis to ensure appropriate staffing and the efficient running of clinics. Clinics were demand managed, with additional sessions being held when needed in all outpatient areas. In the endoscopy unit, clinics were restricted due to the need to run single sex sessions.
- The majority of patients were referred by their GP using the Choose and Book system. Patients could book their appointment online or ring the booking centre, enabling them to choose an appointment time which suited their needs.
- All patients we spoke with felt the availability of appointments was good and appointments were provided times that fitted in with their needs. The majority of patients left with their next appointment date or if appropriate, admission date for surgery. Patients were very complimentary about the efficiency of the service as a whole.
- Outpatient staff commented on difficulties at a patient's first appointment if the GP or referrer had not indicated that the patient needed additional support, such as a signer or interpreter. We did not have any data on how frequently this occurred.
- The clinics we observed ran to schedule. Staff told us if there were delays, they would speak to patients and keep them informed.
- Waiting times for first appointment, at the time of inspection were nine weeks or under for all specialities, other than the ENT ear clinic (14 weeks), due to difficulties recruiting to this post. The national referral to treatment time (18 week target) met the target for all specialities other than ENT ear clinic (30 weeks).

Outpatients and diagnostic imaging

- Patients were reminded of their appointment through a text or a telephone message the day before their appointment. Patients generally had additional tests performed on the day of their appointment, as part of the multi-disciplinary team (MDT) or one stop clinics. The oral imaging machine was located in the same room as the plain film x-ray, causing delays for patients. The treatment centre planned to install a new machine within the oral surgery department, to improve the timeliness of appointments for patients..
- The 'did not attend' (DNA) rate was around 4% for all outpatient clinics, which was lower (better) than the England average of 7%. The only exception to this was oral surgery, where the DNA rate was 9%. There were, however, no treatment centre wide audits were undertaken looking at reasons for missed appointments. In main outpatients they had started to capture data so they could audit this and consider changes, to improve patient attendance.
- The ratio of new to follow-up consultant appointments treatment centre wide was low, with one new patient seen for essentially one follow up patient (1 new: 0.8 follow up). This did not follow the expected pattern of one new patient seen to every two follow up patients. The exceptions to this finding were for ophthalmology and orthopaedics. Fewer patients needed to attend for a follow up appointment, with their consultant, due to one stop clinics, enabling consultation and treatment within the same visit. Also, some follow up was undertaken by phone call or letter to the patient and their GP. All patients had access to a 24 hour helpline, if they had concerns they wished to discuss, following their appointment or treatment.

Meeting people's individual needs

- Staff recognised the need for supporting people with complex or additional needs and made adjustments wherever possible.
- There was ample seating in waiting areas. There were signs offering patients and visitors access to free Wi-Fi vouchers. In main outpatients there was a television and also a bead table to occupy younger children. There was a café on site, but no catering facilities within outpatients, such as access to vending machines. Patients were provided with refreshments during the Saturday ophthalmology clinic as patients were required to be in the department for a prolonged period, for a number of diagnostic tests and then possible treatment, . Clinics were well signposted from the main reception desk in the treatment centre.
- There were a number of concerns around access to information. All written information, including pre-appointment information was provided only in English, therefore creating a potential safety risk for non-English speaking patients. The lack of information in other languages had been raised by different staff groups on a number of separate occasions. The treatment centre advised us this issue was now being addressed, and had undertaken a review of the top five languages spoken in the local area to ensure information was translated into relevant languages. In the meantime, patients who spoke any other language beside English were provided access to an interpreter. During the unannounced inspection, we spoke to a patient representative who spoke English and they told us how their relative had recently used the interpreter services. They told us they found the service very helpful.
- The treatment centre did not use family members as interpreters. The treatment centre policy required the use of independent interpretation services for all clinical interactions. Patients were advised of this in the general treatment centre information leaflet and advised to call the booking office so an interpreter could be arranged.
- In main outpatients there was a small sign in multiple languages advising patients to ask for an interpreter if needed, but this was not in a visible position. The treatment centre did however, have good access to interpretation services once a patients needs were identified and the need for an interpreter was checked as part of the pre-assessment process.
- Easy-read information leaflets were not available. There was no information on display to advise patients how to access information in large font, braille or audio, nor was this printed on any leaflets, other than the 'Patient information guide'. The information leaflets on procedures in main outpatients were in a particularly small font size, making it difficult for patients to identify which leaflet they needed to read.
- Staff advised us that the toilets in the main outpatients waiting area were for disabled patients. However, we

found one of the disabled toilets in the outpatient department did not contain any grab rails, and therefore there was a potential risk of a falls to patients with reduced mobility.
- The length of time for an appointment depended on the speciality the patient was being seen by. Appointment times for first appointments were longer than those for follow-up appointments, to give patients sufficient time to ask questions.
- Patients living on the Isle of Wight were supported to attend appointments, with the treatment centre covering ferry costs for the patient and supporting person.

Learning from complaints and concerns

- Patients were actively encouraged to leave comments and feedback via the use of the Friends and Family Test. This was offered to patients in both paper and electronic tablet format. The data was collated and results displayed in waiting areas. Patient feedback was included, but there was no written response to these comments on to indicate any changes that had been made, in response to patient suggestions or concerns.
- Comment cards and the complaints guide were only seen in the main reception area, no complaints guides were seen in the main outpatients waiting area or the endoscopy waiting area. In the outpatient waiting areas, posters advised patients to ask for a card. However, these cards were named 'comment cards' rather than 'complaints and comment' cards. This made it difficult for patients to leave anonymous feedback. The patient information guide, which was sent to all patients, prior to their appointment, also contained information on how to make a complaint.
- Staff we spoke with were aware of the complaints procedure and who to report any concerns to. Learning from complaints was shared at team meetings, with staff able to attend clinical governance meetings as well. For example, in response to a complaint, the name of the consultant or type of clinic being held was displayed on consulting room doors in main outpatients.

Are outpatients and diagnostic imaging services well-led?

Good

By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated 'well-led' as good.

Outpatients was well-led. The department had a vision to provide high quality service in a timely and effective way. Staff and managers were aware of this vision. Staff felt supported and were able to develop to improve their practice. There was an open and supportive culture.

Departments supported staff who wanted to be innovative and try new services and treatments. Patients were given opportunities to provide feedback about their experiences and this was used to improve the service. The learning and changes as a result of feedback was not visibly shared with patients.

Staff in all outpatient areas stated they were well supported by their managers. They were visible and provided clear leadership.

Vision and strategy for this service

- Staff spoke passionately about the service they provided and were proud of the facilities they worked in and the care they could offer to patients.
- Staff had a clear vision for the service and were aware of the vision for the organisation. The vision was to provide high quality service in a timely and effective way. Three members of staff told us how the organisation as a whole and their department was expanding and improving.

Governance, risk management and quality measurement

- There was a treatment-centre-wide risk register which was updated regularly and also a hazard register for each department, identifying specific risks in that area which may affect staff, patients and visitors.

Outpatients and diagnostic imaging

- There had been a number of information governance breaches in outpatient services with incorrect sharing of patient information, when patient letters were sent. The treatment centre had completed a thorough review and introduced an off-site hybrid mail system, with letters being generated and enveloped electronically, reducing risk and maintaining patient confidentiality. A 'check it' campaign had also been introduced to remind staff to be extra vigilant before sending any information by post.
- We saw minutes of governance meetings which covered areas of good practice and risk, within outpatients. A number of staff told us they were invited to attend clinical governance meetings so they were aware of risks within their own department

Leadership of service

- There was an overall outpatient department manager and each area had a unit lead.
- Front line staff were very positive about the leadership at departmental and senior management level. They told us the leadership team were visible and approachable and if they had any concerns, these were listened to and were possible acted upon. Staff felt their immediate manager had the appropriate skills to be able to lead and run their department and was supportive.
- Unit leads told us were able to identify constraints to their services and suggest changes which could be made, to maintain the standard of care provided to patients. They were given regular feedback by the centre manager on how well the service was performing.

Culture within the service

- The culture within the service was open and transparent. Staff we spoke with said that the centre director met with team leaders across the service on a weekly basis to discuss the work being undertaken and feedback received from patients and carers.
- Staff told us they felt listened to and respected. They felt they could raise their concerns and these would in general be investigated and actions taken as a result of this. However, two concerns had been raised with the medical director regarding the professional conduct of two consultants during outpatient appointments. No feedback had been received by the reporting department regarding the outcome of these investigations.
- All staff we spoke with, commented on the good service they were able to provide for patients, through good team work and support within departments. Staff were clearly proud to work at the treatment centre.

Public and staff engagement

- The treatment centre used independent interpretation services to support patients whose first language was not English.
- Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The results of the survey were used by departments to improve the service. However, actions taken were not displayed in waiting areas, for patients to read. There were only two open ended questions in the survey, limiting opportunities for patients to express their thoughts on the service and the care they had received.
- The treatment centre undertook staff engagement through various mechanisms. There were weekly messages to all staff from the centre manager. There were weekly meetings and monthly meetings between the centre manager and the various leads.
- Staff told us that the organisation increasingly engaged staff through innovation awards. There was also an annual Christmas party organised held at a time so that all staff were able to attend. There were also departmental recognition of excellent service and regular acknowledgement of how well departments performed.

Innovation, improvement and sustainability

- Staff told us they were encouraged to improve services. The hospital encouraged innovation by offering quarterly awards for innovation for staff to apply for. Ideas from staff were collected and the hospital management team, recognised staff who shared their ideas and some of these ideas were subsequently implemented.
- A number of innovations and improvements were made in outpatients. For example, letters to patients had been changed to include time patients would spend in the department. This enabled patients to plan their work day accordingly.
- In endoscopy a review had been undertaken of the layout of the department so that subject to financial approval, the service could be split into gynaecology and endoscopy, enabling mixed sexed clinics to be held and improve availability of appointments for patients.

Outpatients and diagnostic imaging

Training for administration staff had recently been introduced on the referral to treatment time (RTT) recording system. This ensured staff correctly recorded outcomes, ensuring the treatment centre received appropriate payment for services, by commissioners.

Outstanding practice and areas for improvement

Outstanding practice

- The outstandingly compassionate care delivered to patients within the surgical areas. This was delivered not just by nursing and medical staff but by a whole spectrum of individuals including housekeeping, portering and administrative staff.
- The number of outpatient one-stop clinics offered to patients, enabling consultation, investigation and treatment at the same appointment.
- The development opportunities for health care assistants in main outpatients. There were a number of different competencies they could complete to enable them to run or support clinics such as phlebotomy, minor operations and pre-assessment.

Areas for improvement

Action the hospital SHOULD take to improve

The hospital should ensure that

- Learning from incidents is shared more widely.
- All medical leads are engaged in the assurance processes being followed to reduce risks to patients. All medical leads in surgery are aware of the assurance processes followed by Care UK to ensure visiting surgeons have the necessary skills and competencies. Patient group directions for all departments are up to date.
- Audit systems in outpatients to monitor compliance with national guidelines improve.
- Written literature is available in different formats, such as large print or Braille, and languages other than English, and information on how to access patient information is provided.
- Actions taken in response to patient's comments and complaints should be displayed.
- All staff are made aware of the risk and hazard register records that relate to their ward/department areas.