

Nuffield Health

# Nuffield Health Plymouth Hospital

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Nuffield Health Plymouth Hospital is a large independent acute hospital part of the Nuffield Health group. The service provides care for patients in the South West of England.

The hospital provides surgical, outpatients and diagnostic services, and services for children and young people.

At our unannounced inspection in May 2022, we inspected and rated surgery and children and young people services.

Our overall rating for Nuffield Health Plymouth improved from requires improvement to good. We rated it as **good** because:

- Surgery – the rating improved from requires improvement to outstanding.
- Children and young people's services – the rating improved from requires improvement to good.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Services for children & young people

### Rating

Good



### Summary of each main service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities.

However:

- There was not a separate waiting area for children and young people in the outpatients waiting room, which meant children and young people shared this space with adult patients.

# Summary of findings

Children and young people's services were a small proportion of hospital activity. The main service was Surgery. Where arrangements were the same, we have reported findings in the Surgery section. We rated this service as good because it was safe, effective, caring, responsive, and well led.

## Surgery

Outstanding



Our rating of this service improved. We rated it as outstanding because:

- Staff were actively engaged in activities to monitor and improve quality and outcomes of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Staff were consistent in supporting patients live healthier lives through targeted and proactive approaches. Managers made sure staff were competent and staff worked well together.
- Staff empowered patients as partners in their care. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service had enough staff to care for patients and keep them safe. Staff had updated their training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

# Summary of findings

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accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We rated this service as outstanding overall because it was outstanding in effective and caring and good in safe, responsive and well-led.

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# Summary of findings

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# Summary of this inspection

## Background to Nuffield Health Plymouth Hospital

The service was last inspected in July 2015 when the service was rated requires improvement overall.

The main service provided by this hospital was surgery. Our findings on surgery, for example, management arrangements also apply to other services. We do not repeat the information but cross-refer to the surgery service.

The hospital has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is registered to provide the following regulated activities:

- Family planning services
- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

## How we carried out this inspection

During our inspection of Nuffield Health Plymouth Hospital, we spoke with six patients, 21 staff, including doctors, nurses and pharmacists. We spoke with several senior managers and department heads. We visited the ward, surgical theatres, pre-op assessment area and all areas where children and young people were seen.

The inspection team included two inspection managers, one inspector, and one specialist advisor with expertise in children and young people's services surgery.

The inspection was overseen by Catherine Campbell Head of Hospital Inspection South West.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Outstanding practice

We found the following outstanding practice:

- The service used innovative evidence-based approaches to improve patient care. A senior nurse had completed a research project to demonstrate a reduction in surgical site infections if patients showered before a surgical procedure. As a result, all patients were offered a shower, a clean robe and slippers before surgery.
- Patients had access to a 'joint school' programme led by a physiotherapist. The sessions prepared patients for hip and knee surgeries and ensured patients understood what would happen during the surgery and the recovery process. Physiotherapists were collecting data to demonstrate the positive impact on patient clinical outcomes and patient experience. Data showed reduced length of stay and a reduction in the need for as many post-operative outpatient physio sessions.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

#### **Surgery**

- The service should ensure consultants always sign venous thromboembolism risk assessments. Regulation 17 (2)(c)
- The service should consider reviewing the use of carpet in corridors throughout the hospital.

#### **Children and young people's services**

- The service should consider how it can improve the waiting area in the outpatient's department to minimise shared spaces between adult and paediatric patients.








# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children & young people	Good	Good	Good	Good	Good	Good
Surgery	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	Good	Good	<div>☆ Outstanding</div>
Overall	Good	Good	Good	Good	Good	Good

# Services for children & young people

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

## Are Services for children & young people safe?

Good 

Our rating of safe improved. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Nursing and medical staff received and kept up to date with their mandatory training. Data showed compliance with mandatory training ranged from 85% to 100% for modules which included but were not limited to manual handling, basic life support and the mental capacity act. Staff used an electronic system to complete and monitor mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training.

Whilst services for children and young people formed only a small proportion of activity at the hospital, training in children specific areas was comprehensive and aimed to equip staff to meet the needs of children and young people. This training included but was not limited to safeguarding children and paediatric basic life support training. Additionally, the resident medical officer was trained in paediatric advanced life support.

### Safeguarding

**Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, children were not always protected by being seen in a child-only environment.**

Nursing and medical staff received training specific for their role on how to recognise and report abuse. Their knowledge was supported by resources placed in areas of the hospital where children may be seen. These resources contained a range of information relating to a number of key risks to children. Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Training in child safeguarding for non-medical staff was in line with intercollegiate guidance. Nurses, therapists and non-clinical staff were trained to level two, with a completion rate of 100% amongst this group. The service was in the

# Services for children & young people

process of recording safeguarding training levels for consultants, and where identified to be below level three, had a plan for this group to be trained to that level by April 2023. Within the hospital, the resident medical officer, the matron and the paediatrician were all trained to level three. Furthermore, within the wider Nuffield provider, staff had access to leaders with training at level four.

Staff followed safe procedures for children visiting the service. Staff were aware of procedures for arranging chaperones and were all trained to chaperone where required.

Children seen in outpatients did not have access to an area separated from adults. However, staff ensured children and young people were never left alone without an adult. Furthermore, the reception desk within the waiting area was central and had good visibility of the whole environment.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.**

Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to PPE such as aprons and gloves and always wore surgical masks. All staff completed infection prevention and control training as part of mandatory training.

Children under the age of 16 did not undergo surgery at the hospital so there was no data in relation to surgical site infections. Young people aged 16 to 18 who underwent surgery at the hospital did so on the adult pathway. For information regarding surgical site infections, please see the surgery report.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep children and young people safe. Staff managed clinical waste well.**

The design of the environment was not always in line with national guidance for separate waiting rooms for children and young people as the service did not have a separate waiting room for children and young people. However, we were told that children and young people were not left unsupervised in this area.

Waiting areas in both the outpatients department and radiology had hot drinks machines. Whilst there were signs alerting accompanying adults to the hazards these created to children, the risk remained that the controls of these machines were in reach of children and young people and could cause scalds if children were not fully supervised. This was raised at the previous inspection of this hospital in 2015.

The outpatient department which was the main area of the hospital accessed by children and young people was on the ground floor and had its own entrance which was serviced with closed circuit television cameras.

# Services for children & young people

Young people aged 16 to 18 who were admitted to the ward for surgery had single rooms with an ensuite bathroom and did not share any facilities with adult patients.

Staff carried out daily safety checks of specialist equipment. We reviewed the emergency equipment on the unit and found checks had been completed daily in the previous three months.

The service had enough suitable equipment to help them to safely care for children and young people.

Staff disposed of clinical waste safely.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.**

The service only saw children under 16 as outpatients for the purposes of consultations or simple interventions. In order to minimise risks created by unforeseen deteriorations or complex conditions, the service had a clear admission and exclusion criteria.

Whilst staff were trained to be able to recognise children and young people who may deteriorate, this was not a situation that had occurred in the memory of staff we spoke with. There were processes to follow and equipment available should it be required for children and young people who may become unwell.

We reviewed the records of children and young people who had accessed the service and saw that where necessary, risk assessments had been completed for young people aged 16 to 18 who may be undergoing procedures or surgery at the hospital. Venous thromboembolism (blood clot) (VTE) risk assessments had been completed in line with guidance for these patients.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. When we looked at the records of children and young people seen at the hospital, there were clear communications with other professionals which contained key information about their treatment and instructions for their ongoing care.

## Nurse staffing

**The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, to make sure there were enough people to provide safe care and treatment.**

The service had enough nursing and support staff to keep children and young people safe. Whilst the hospital did not have a lead children's nurse, the hospital matron took responsibility for services provided to children at the hospital. Given the nature of services offered at this hospital, this arrangement met the Royal College of Nursing guidance on defining staffing levels for children and young people's services. Furthermore, this had been considered, risk assessed and ratified corporately for the services delivered at this hospital.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift, in accordance with national guidance, prioritising the availability of staff with particular skills in relation to children and young people. Leaders could adjust staffing levels daily according to the needs of children and young people and took steps to ensure they were clear on the numbers of children planned to attend the hospital.

# Services for children & young people

All services at the hospital for children and young people were planned so the service could plan staffing to meet the needs of any given day.

## Records

**Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily. We reviewed eight sets of records and found all notes were legible and signed in line with national guidance. Records were stored securely and were made available to the teams that needed them in a timely way.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

For young people aged 16 to 18, medicines were managed in accordance with the adult pathway if they were admitted for treatment. Please see surgery report for more information.

Children seen as outpatients were not prescribed or administered medicines.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

Staff knew what incidents to report and how to report them.

Managers shared learning from incidents across the wider organisation with their staff. Where incidents occurred in other hospitals in the organisation, these were shared through monthly children and young people reports and cascaded by leaders.

Staff understood the duty of candour. They were open and transparent, and described how they would give children, young people and their families a full explanation if things went wrong.

During our inspection, an incident arose where two children had been given appointments to see a consultant and the outpatient team had not been made aware. Action was taken immediately to understand how this had occurred and to ensure the teams who had booked the children in were aware they needed to let the clinic team know when children were expected. The outpatients manager had the autonomy and skills required to address the issue immediately at the source of the incident to mitigate the risk the issue had created.

## Are Services for children & young people effective?

Our rating of effective improved. We rated it as good.

# Services for children & young people

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Due to the limited scope of activities available for children and young people at the hospital, care and treatment was only provided to a narrow patient group. This was defined in the “Children and Young People’s Service Provision Statement” and was in line with national guidance.

## Nutrition and hydration

**Staff gave children, young people and their families enough food and drink to meet their needs and improve their health.**

Staff made sure children, young people and their families had enough to eat and drink, including those with specialist nutrition and hydration needs. Refer to the surgery report for further information.

Waiting rooms had drinks machines which dispensed drinks freely to patients and their families.

## Pain relief

**Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Refer to the surgery report for further information.

Pain relief was not offered to children and young people seen as outpatients due to the nature of their visits.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.**

For patient outcomes relating to young people aged 16 to 18 please see the surgery report.

Outcomes for children and young people were positive, consistent and met expectations. The service carried out audits of satisfaction surveys and reported on these in monthly safeguarding committee minutes. We reviewed three sets of these minutes which showed these audits were highlighted and discussed. Managers shared and made sure staff understood information from the audits.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff’s work performance and held meetings with them to provide support and development.**

For information relating to competent staff caring for young people aged 16 to 18 please see the surgery report.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. All staff working with children and young people had had their competencies assessed in the months preceding our inspection.

# Services for children & young people

Managers supported staff to develop through yearly, constructive appraisals of their work. Seventy-nine per cent of outpatient staff had received an annual appraisal, and these had been used to identify development opportunities. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

These opportunities were not limited to any particular group of staff. For example, the team were looking at learning opportunities for a health care assistant with a particular interest and skill in working with young children.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.**

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families.

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

**Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Teams used a risk assessment during consultation with young people aged 16 to 18 to determine their suitability to be treated along the adult pathway when accessing the hospital. This assessment included a discussion on a young person's ability to make decisions in line with Gillick Competence and Fraser Guidelines and supported young people who wished to make decisions about their treatment. This process was revisited at each stage of a young person's contact with the service and enabled decisions to be dynamic and changed if necessary.

Staff clearly recorded consent in the children and young people's records. Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

Staff received and kept up to date with training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

## Are Services for children & young people caring?

Our rating of caring stayed the same. We rated it as good.

In relation to young people aged 16 to 18, further information can be found in the surgery report.

## Compassionate care

**Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way.

# Services for children & young people

Children, young people and their families said staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs.

We spoke with the families of four children and young people seen at the service. All of them said that they were treated kindly and given as much time as they needed during their appointments. We observed one consultation and saw that that parents were listened to sympathetically and sensitively. The child and their sibling were given toys, stickers and certificates and were spoken to gently and with kindness.

## Emotional support

**Staff provided emotional support to children, young people and their families to minimise their distress.**

Staff gave children, young people and their families help, emotional support and advice when they needed it. The families we spoke with told us they had been supported to understand their children's condition and ask questions in order they could feel assured about options and prognosis.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing.

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

**Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.**

Staff made sure children, young people and their families understood their care and treatment. Staff spoke with children, young people and their families in a way they could understand, using communication aids where necessary. Staff supported children, young people and their families to make informed decisions about their care.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. We reviewed feedback gathered from over 30 children seen in the three months prior to the inspection. This feedback was resoundingly positive and was complemented by responses from parents who praised the care and treatment their children had received.

## Are Services for children & young people responsive?

Our rating of responsive improved. We rated it as good.

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. For children and young people under 16 years old, only outpatient services were available at the hospital. All children seen were privately funded. If these outpatient consultations indicated the need for further treatment, children and young people were referred either back to the NHS or to another provider who was able to meet their needs.



# Services for children & young people

Facilities and premises were appropriate for the services being delivered. However, due to the small numbers of children and young people accessing the service, these facilities were limited.

The service had systems to care for young people aged 16 to 18 who were suitable to be seen and treated using the adult pathway.

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted.

## Meeting people's individual needs

**The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.**

Children and young people attended the hospital for a variety of reasons as outpatients. The services they accessed included radiology, physiotherapy and outpatients covering a variety of specialties. The service had clear exclusion criteria for the services available for children and young people in line which was informed by an assessment of whether care and treatment could be provided safely.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Staff had access to communication aids to help children, young people and their families become partners in their care and treatment.

There was a variety of toys available for children. To minimise the risk of cross infection, children were given new toys to play with that they could take home with them.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.**

Managers monitored children and young people's outpatient activity and reported on this monthly. Services for children and young people were a small proportion of the hospital's overall activity. In the six months prior to our inspection, (November 2021 to April 2022) the most active month saw 64 children and young people with the average number of appointments in that period being 44 per month. The service provided planned outpatient appointments only and did not provide emergency care.

Managers and staff worked to make sure children and young people did not stay longer than they needed to. Appointments ran on time and were long enough to serve their intended purpose. Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets.

We spoke with families of children and young people, none of whom had waited more than three weeks for their appointments.

# Services for children & young people

Managers worked to keep the number of cancelled appointments to a minimum. When children and young people had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.**

Children, young people and their families knew how to complain or raise concerns. We asked to see examples of complaints relating to children and young people's services. Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Complaints were managed sympathetically, in a timely way, and with apologies offered. Learning from complaints was a standing agenda item in the monthly committee meetings, which also featured learning from other hospitals within the Nuffield group.

## Are Services for children & young people well-led?

Good 

Our rating of well-led improved. We rated it as good.

For vision and strategy, information management, engagement, learning and continuous improvement please see the surgery report.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Services for children and young people at the hospital were overseen locally by the hospital matron. Additionally, the organisation had a lead for children's services. Leaders in the areas of the hospital attended by children and young people worked with the matron and held a collective responsibility for quality, safety and safeguarding children and young people in the hospital. Staff working in the areas attended by children and young people said leaders worked hard to ensure that all staff were skilled and empowered to deliver services for children and young people that were safe, high quality and met their needs.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff told us that despite the numbers of children and young people being seen in the hospital being relatively small, the importance of getting it right and making it safe was consistently driven to be of the highest quality by everyone involved in their care. Staff were respected for the skills they were able to use in delivering services to children and this was harnessed to deliver services that were as effective as possible.

# Services for children & young people

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

We reviewed the children and young people monthly reports for the previous year, together with the quarterly safeguarding meeting minutes. Services for children and young people were also discussed at the monthly clinical governance meetings, at board meetings and at the quarterly meeting of the Medical Advisory Committee. Through these forums, information relating to a number of areas was discussed including activity levels, incidents, safeguarding referrals or updates, infection control issues, mandatory training, risks, staffing, improvements and complaints. Minutes of these meetings showed opportunities were identified to share information through the hospital with teams where it was felt beneficial.

All staff we spoke with were able to discuss how information relating to services for children were shared with them.

## Management of risk, issues and performance






**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

Systems and processes were enacted to minimise risk in the delivery of services to children. Leaders within the organisation had made the decision to limit services available to children and young people to those that could be done so safely and well.

Where consultants saw children and young people as part of their clinics, this was only permitted where the services they offered reflected those they delivered in their main employment in the NHS. We saw reminders of the need to check this in multiple places – checklists on walls, reminders in meeting minutes and within files detailing the consultants' practicing privileges.



# Surgery

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

## Are Surgery safe?

Good



Our rating of safe improved. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up to date with their mandatory training. Overall compliance with mandatory training for all staff across the hospital was 98% which met the provider's target of over 90%. Training was comprehensive and met the needs of patients and staff. Mandatory training modules included but were not limited to basic life support, infection control, manual handling, COVID-19 awareness, fire safety, diversity & inclusion and information governance. Managers monitored mandatory training and alerted staff when they needed to update their training. The theatre manager had a tracker to note when staff were due to renew their life support training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Staff in all areas had access to safeguarding information and flow charts in folders. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service used the latest legislation in policies and procedures. Safeguarding adults level two compliance was 100% (35 staff). Safeguarding adults level three training had been introduced for staff in all clinical areas in line with national guidance. Data we reviewed on site showed compliance with safeguarding adults level three training for all clinicians was 90%.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff escalated safeguarding concerns to the matron. Records showed safeguarding themes and trends were reviewed in quarterly governance meetings.



# Surgery

## Cleanliness, infection control and hygiene

**The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

All areas were clean, and most areas had suitable furnishings which were clean and well-maintained. The hospital had carpet in the corridors of the ward. Managers had risk assessed the infection control risk the service was waiting for a start date for a Nuffield-wide carpet replacement project.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers completed cleaning validation audits monthly. Staff followed infection control principles including the use of personal protective equipment (PPE) to protect and prevent healthcare-associated infection. Staff had access and training on the safe use of FFP3 masks. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Changes to cleanliness processes and practices were implemented and communicated to staff. Staff had access to the Nuffield group coronavirus information hub to support staff to stay up to date on guidance.

Staff worked effectively to prevent, identify and treat surgical site infections. The service monitored surgical site infections in the quarterly governance report. In the first three months of 2022, there were no confirmed surgical site infection which had been reported to the UK Health Security Agency (UKHSA). We reviewed the minutes of the last two infection prevention and control (IPC) committee reports and saw surgical site infections were monitored at this meeting.

The surgery infection control lead monitored surgical site infections with the clinical director of services who was also the director of IPC at a weekly surveillance meeting. The service called all hip and knee replacement patients 30 days after their procedure to gather data to inform monitoring of infections and patient outcomes more generally.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the environment followed national guidance for safety. The service had three operating theatres on the first floor of the hospital, two with laminar flow.

On wards and in departments we visited, patients could reach call bells and staff responded quickly when called. Staff carried out daily safety checks of specialist equipment. The service had suitable facilities and equipment to safely meet the needs of patients and their families. Staff disposed of clinical waste safely.

The hospital had security systems to ensure patients and staff were safe at night. The service completed a security risk assessment of the building every year. The ward had closed circuit television (CCTV) and staff told us an external security company checked the security of the building regularly overnight.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff completed pre-operative assessments to make sure patients were fit to have their surgery. Patients had telephone or face to face pre-assessment as to their individual needs for their surgery. A full medical history was undertaken with a list of medication.

The service had detailed inclusion and exclusion criteria that had recently been reviewed. The service used the American Society of Anaesthesiology scoring metric to determine if a patient was healthy enough to undergo surgery and



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anaesthesia. Pre-operative assessment staff were able to refer patients to the anaesthetist if they had any concerns and there was a designated anaesthetist available for pre-assessment daily. Staff completed risk assessments for each patient on admission. Managers audited pre-operative assessment clinical notes every quarter and compliance was 95% in the January 2022 audit.

Theatre staff had a morning briefing meeting to discuss any patient risk issues such as allergies.

Staff used a nationally recognised tool (the national early warning score – NEWS2) to identify deteriorating patients and escalated them appropriately. Managers completed audits of patient observation charts every other month. The service scored 98% in the last audit in March 2022.

Patients were assessed for venous thromboembolism (VTE) (blood clots). VTE incidents were reported through the electronic reporting system and monitored through the quarterly governance report. In three out of the eight records we reviewed we found consultants did not always sign VTE paperwork.

We discussed VTE compliance with the matron and they told us they were aware of the issue as their own audits had picked this up. The matron had spoken with the consultant in relation to Nuffield Health's VTE policy. The last VTE audit in May 2022 scored 95% compliance.

We observed the World Health Organisation (WHO) safety checklist in theatres and found practice was good. The service completed quarterly qualitative audits of the WHO safety checklist. The latest audit result was 99% compliant.

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. We reviewed staffing ratios for the wards between January to March 2022 and found the number of nurses and for all shifts matched the planned numbers. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The service aimed to have no more than five patients to every trained nurse which was above the national guidelines of eight patients to each trained staff in the day and 14 at night. They adjusted staffing levels daily according to the needs of patients. Cover was provided for staff absence and managers requested bank and agency staff who were familiar with the service. They made sure all bank and agency staff had a full induction and understood the service.

There were no vacancies in theatres at the time of inspection. The service did not use agency staff at the time of inspection.

## Medical staffing

**The service always had an anaesthetic consultant on call during evenings and weekends and all surgeons are on call for their patients.**

The service had enough medical staff to keep patients safe. The medical staff matched the planned number. There were two resident medical officers employed for the service from a contracted agency, who work one week on and one week off.



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The service always had a consultant on call during evenings and weekends. Staff we met said they had always been able to reach a consultant for advice or they had attended the ward if needed.

Cover was provided for staff absence.

## Records

**Staff kept detailed records of patients' care and treatment and these records were clear most of the time. Records were up to date, stored securely and easily available to all staff providing care.**

Patient notes we reviewed were comprehensive and all staff could access them easily. In a review eight sets of notes we found all records were legible and complete.

Staff stored paper records securely. When patients transferred to a new team, there were no delays in staff accessing their records. All patient records were in paper format at the time of inspection, but the service was working towards implementing an electronic patient record system.

Managers completed documentation audits of a sample of twenty patient notes every three months. We reviewed the last two records clinical records audits and found the quality of pre-operative assessments; risk assessments and care records were all audited.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. Patients' medicines were reviewed regularly, and staff provided advice to patients and carers about their medicines. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between health and care services. Our review of charts showed staff completed medicines records accurately and kept them up to date. Audits showed staff were aware of safety alerts and incidents to improve practice. For example, the medication audit for January to March 2022 included an action plan to improve compliance with recording of decisions to continue or complete antibiotics.

All medicines and prescribing documents were managed and stored safely. The hospital completed prescribing audits and actions were identified to improve safety.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the organisation's policy. For example, staff told us if consultants were reluctant to participate in safety briefings this would be reported as an incident. The service reported a summary of all incidents and how they were graded in quarterly governance reports. Staff discussed clinical incidents at monthly head of department meetings and identified changes in practice necessary to improve. For example, a trend in incidents relating to information governance was identified at the February clinical governance meeting held on 9th February 2022 and action was taken to share reminders regarding general data protection regulations (GDPR) and being mindful with patient identifiable information.



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Reports from investigations showed managers investigated incidents thoroughly. We reviewed four reported clinical incidents. There was evidence that changes had been made because of identified learning. For example, the service had worked to improve communication between pre-operative and theatre staff following an incident relating to a patient's allergy status not being communicated effectively.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation and apology when things went wrong. Managers shared learning about never events and serious incidents with their staff and across the organisation.

### Are Surgery effective?

Outstanding



Our rating of effective improved. We rated it as outstanding.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. New evidence-based techniques were used to deliver high quality care. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Managers monitored changes to clinical guidance through quarterly governance meetings and monthly heads of department meetings. Patients' physical, mental health and social needs were assessed and met. Their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including National Institute for Health & Care Excellence and other expert professional bodies, to achieve effective outcomes.

The recovery lead in theatres was improving evidence-based care by introducing bladder scanning in theatres to ensure patients were only catheterised when clinically appropriate. All staff in recovery were completing catheterisation training.

The service used innovative evidence-based approaches to improve patient care. For example, a senior nurse had completed a research project to demonstrate a reduction in surgical site infections if patients showered before a surgical procedure. As a result, all patients were offered a shower, a clean robe and slippers before surgery.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it.





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## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and evidence-based practice. Staff used the Abbey Pain Scale to assess pain levels for patients with communication needs. Patients received timely pain relief soon after it was identified they needed it, or they requested it. Staff prescribed, administered and recorded pain relief accurately. The service completed quarterly pain audits and scored 79% on the last quarterly pain audit. The service had a pain audit action plan to improve documentation of pain observations on admission and in recovery.

## Patient outcomes

**Staff were actively engaged in activities to monitor and improve quality and outcomes of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes.

High performance was recognised by credible external bodies. For example, the hospital submitted data to the National Joint Registry and had achieved recognition as a quality data provider in the past two years. Quality indicators were above the national average and better than expected for hospital consent rate and hospital data link ability. All other indicators were in the expected range and the service performed above the national average for standardised revision ratio (SRR) knees.

Outcomes for people who used services were positive, consistent and regularly exceeded expectations. The hospital participated in patient reported outcome measures and patients reported consistently positive patient outcomes. For hip replacement, the percentage of patients reporting an improvement in Oxford Hip Score between six to nine months post discharge was 100% in 2019, 2020 and 2021. For knee replacements the percentage of patients reporting an improvement in Oxford Knee Score between six to nine months post discharge was 98% in 2019, 100% in 2020 and 95% in 2021. For cataracts surgery the hospital scored 100% in 2020 and 94% in 2021 for patients reporting an improvement between three to six months post discharge.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits. The theatre governance lead was working to improve audit processes in theatres in line with the association for perioperative practice safety standards.

Managers and staff investigated outliers and implemented local changes to improve care. Improvement was checked and monitored. Managers monitored and reviewed patients who returned to theatre. The audit action plan for the patient transfer quarterly audit, showed action was being taken to improve compliance with informing next of kin and completing pre-transfer risk assessments.

Patients had access to a 'joint school' programme led by a physiotherapist. The sessions prepared patients for hip and knee surgeries and ensured patients understood what would happen during the surgery and the recovery process. Physiotherapists were collecting data to demonstrate the positive impact on patient clinical outcomes and patient experience. Data showed reduced length of stay and a reduction in the need for as many post-op outpatient physio sessions. Average length of stay was 2.5 days for hip replacement patients and 3.1 days for knee replacement patients.



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## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported most staff to develop through yearly, constructive appraisals of their work.

Managers supported staff to develop through regular, constructive clinical supervision of their work. The head of department supported the learning and development needs of staff. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs staff had and, when possible, gave them the time and opportunity to develop their skills and knowledge. The service had a yearly rolling programme to train staff up as surgical first assistants through completion of a university-level short course. At the time of inspection there were seven surgical first assistants in the service.

Managers made sure staff received any specialist training for their role. For example, the service had funded 20 places on university-level deteriorating patient module. Overall compliance with objective setting was 87% at the time of inspection. The theatre team performance was 94%.

## Multidisciplinary working

**Staff, teams and services were committed to working collaboratively together. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. Staff ensured people received consistent coordinated, person-centred care and support when they used, or moved between different services. All relevant teams, services and organisations were informed when people were discharged from a service. Where relevant, discharge was undertaken at an appropriate time of day and only done when any necessary ongoing care had been arranged.

Nursing staff who usually cared for surgical patients had supported the NHS to provide nursing care to oncology patients during the height of the COVID-19 pandemic.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

Staff could call for support from doctors and other disciplines and diagnostic services, including mental health services, 24 hours a day, seven days a week.

Most services were available Monday to Friday. The service was working towards six day working and at the time of inspection, ran one surgical list on a Saturday.

## Health promotion

**Staff were consistent in supporting patients live healthier lives through targeted and proactive approaches.**

The service had relevant information promoting healthy lifestyles and support.



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Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The surgical pre-assessment process included a review of patients exercise habits, alcohol intake and smoking status. Nurses encouraged patients to reduce alcohol intake ahead of an operation.

Privately funded patients had access an enhanced recovery programme for three months after their operation with access to a Nuffield Health gym and support from a physiotherapist.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they would speak with the matron if they had concerns about a patient's capacity to make decisions.

Managers completed quarterly consent audits to check the quality of consent records in 20 records every quarter. The result of the last consent audit in January 2022 was 93%.

### Are Surgery caring?



Our rating of caring stayed the same. We rated it as outstanding.

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Staff took time to interact with patients throughout their time at the hospital. For example, the service had a car park attendant who greeted all visitors and welcomed them to the hospital. It was clear from our observations that this service made patients feel more relaxed about arriving for their appointment.

All patients we spoke with were very pleased with the care and treatment they had received. Patients said staff treated them well and with kindness. Patients told us staff were 'very friendly and professional', 'all extremely attentive' and 'I can't fault them.'



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Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

During the COVID-19 pandemic, nursing and pharmacy staff who usually provided planned surgical care adapted to supporting NHS oncology patients. Staff we spoke with were consistently positive about the opportunity to make a difference to patients.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Patients were respected and empowered as partners in their care.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with who had accessed the 'joint school' were especially positive about the way this had supported them to prepare mentally for surgery. Feedback gathered by the provider relating to the joint school programme showed feedback had been overwhelmingly positive and patients appreciated the reassurance and support. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Nursing staff had received additional training to support the needs of oncology patients, including those at the end of their life.

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

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Staff talked to patients in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions and informed decisions about their care. Patients gave positive feedback about the service. For example, in March 2022, 82 patients responded to the patient satisfaction survey across the whole hospital and of these respondents 99% commented their experience of the service was very good or good overall.

The likelihood to recommend or net promoter score for Nuffield Plymouth hospital was consistently higher than the Nuffield group average between March 2021 and March 2022. Comments from patients collected in the survey included words such as 'excellent', 'efficient', 'friendly' and 'professional.'

## Are Surgery responsive?

Good



Our rating of responsive stayed the same. We rated it as good.

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. The hospital provided planned surgery for privately funded and NHS patients. The service was working with local commissioners to support the NHS to reduce waiting lists for planned surgery.



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Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Wards were designed to meet the needs of patients living with dementia. Staff supported patients living with dementia and learning disabilities by using specific documents. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

People were supported during referral and transfer between services and discharge. There were reasonable adjustments made so that people with a disability could access and use services on an equal basis to others.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

Managers monitored waiting times and made sure patients could access planned surgery when needed and received treatment within agreed timeframes and national targets.

The theatre manager and theatre bookings coordinator worked together to schedule theatre lists. Theatre lists were planned four weeks in advance. In the past year, the deputy theatre manager had worked to ensure theatre times for procedures were as accurate as possible to ensure efficient use of theatre space.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers monitored late discharges. We reviewed the reasons for late discharges between February and April 2022 and the late discharges were all due to clinically appropriate reasons such as patients needing more time to improve mobility or for wounds to heal. Managers and staff worked to make sure that they started discharge planning as early as possible. For example, nurses at pre-assessment clinic asked patients about their home situation and their support network.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.



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Managers shared feedback from complaints with staff and learning was used to improve the service. Managers monitored complaints and concerns at monthly heads of department meetings. We reviewed the responses to the last two formal complaints and found all complaints were responded to with a full apology and the outcome of the complaint investigation.

## Are Surgery well-led?

Good



Our rating of well-led improved. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

The hospital was led by a hospital director and a matron. A theatre manager was supported by two deputies, one with a clinical focus and another with a governance focus. There were also three team leads an anaesthetic team lead, a scrub team lead, and a recovery team lead. The inpatient ward was managed by a ward manager supported by senior sisters.

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable and were consistently positive about the leadership from the hospital director and matron. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership strategy and development programme, which included succession planning.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The corporate values were 'We Care – connected, aspirational, responsible, ethical.'

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the population. We reviewed the Nuffield Health Plymouth Hospital Strategy and Vision – 2022 and found priorities for 2022 were building a day case unit, installing a static magnetic resonance imaging (MRI) service and providing 25% of theatre capacity to NHS patients.



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## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Learning and action was taken because of concerns raised. The service had a Freedom to Speak Up Ambassador available on site who was supported by a national Freedom to Speak Up lead for the Nuffield group. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff we spoke with were very positive about the open culture at the hospital.

Managers gathered feedback from staff through electronic surveys every month and reviewed every comment. Staff could raise issues anonymously through the system and managers could respond to concerns by email.

There were mechanisms for providing all staff at every level with the development they needed. There was a strong emphasis on the safety and well-being of staff. Staff could access wellbeing support from 'wellbeing champions' and occupational health services.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other.

The service had quarterly Quality and Safety Committee meetings. We reviewed the minute of the last three quality and safety committee meetings and found these meetings were well-attended. The standard agenda included discussion of policy updates, quarterly updates from sub-committees, regulatory compliance, internal quality assurance review, evidence-based guidance and risk register review. A regional care quality partner was available to support the matron.

The hospital director led morning huddles in person with all the heads of department stand every morning for a '9 at 9' stand up meeting. The stand-up meeting had a standard agenda to review activity levels, staffing and troubleshoot any issues that might affect patient care that day.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively to encourage interaction and promote coordinated, person-centred care.

The medical advisory committee (MAC) met quarterly and the chair of the MAC met regularly with the hospital director and matron.





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The hospital director and MAC monitored consultant practising privileges and details of any concerns or changes to practising privileges were discussed at the quarterly MAC meeting.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. The main risks in surgery were the airflow system in anaesthetic prep rooms, plumbing issues and one consultant with a different skin marking practice. The airflow and plumbing risks were mitigated by regular review by engineers and the practice of this consultant had been risk assessed locally with input from the national governance lead for Nuffield Health Group. Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Lessons were learned when there were data security breaches.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

There were positive and collaborative relationships with external partners to build a shared understanding of the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance. The hospital management had a meeting with local NHS leaders every week.





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The hospital held patient focus groups to gather feedback every three months. People from the patient focus group attended the hospital to carry out the shorter version of the patient-led assessments of the care environment (PLACE lite) audit in November 2021. The service scored above 95% in all areas of this audit.

Theatre teams met together for a meeting every other month and smaller team meetings in between all theatre team meetings.

Staff we spoke with were positive about the openness of the hospital director and matron. The hospital completed staff surveys every month.

The service had a staff recognition programme based on the Nuffield Health values. Staff could nominate a colleague to receive a shopping voucher.

## **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in research projects and recognised accreditation schemes. For example, the recovery lead was working on a quality improvement project to prevent unnecessary catheterisation of patients by using a bladder scanner on patients when they came out of theatre.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which lead to improvements and innovation. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.