Nuffield Health

# Nuffield Health Brighton 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 well-led? | Good |

# Summary of findings

## Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had 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.
- 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 accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| Surgery | Good | Please see the overall summary. |

# Summary of findings

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# Summary of this inspection

## Background to Nuffield Health Brighton Hospital

Nuffield Health Brighton Hospital, part of the Nuffield Health group, is an independent hospital situated in Woodingdean on the outskirts of Brighton. Nuffield Health Brighton Hospital provides elective surgery to patients who pay for themselves, are insured, or are NHS funded patients. Surgical specialities offered include orthopaedics, ophthalmology, general surgery and gender affirmation surgery. Nuffield Health Brighton Hospital does not offer surgical services for children.

The hospital has 41 patient rooms with en-suite facilities and a number of outpatient consulting rooms, including bespoke oncology, dental and ophthalmic suites.

There are three operating theatres each with an integral anaesthetic room, a dedicated endoscopy suite, and four bay recovery units.

There are on-site imaging facilities including X-ray, ultrasound, digital mammography, CT and MRI.

The hospital has onsite phlebotomy, physiotherapy and pharmacy teams.

We inspected this hospital as part of our national programme to validate our direct monitoring approach. We inspected surgery only and this was a focused inspection to look at the safe and well led domains only.

The service is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Family planning

• Surgical procedures

• Treatment of disease, disorder or injury

The service has a registered manager with the CQC.

The service had a comprehensive inspection in July 2016 and was rated good overall.

## How we carried out this inspection

During the inspection the inspection team:

- visited the service and looked at the environment
- spoke with the registered manager, the clinical matron and the chair of the medical advisory committee for the service

# Summary of this inspection

- spoke with sixteen members of staff including: theatre manager, ward managers, deputy theatre manager, registered nurses, healthcare assistants, medical staff, theatre personnel, operating department assistants and the lead for infection prevention and control
- reviewed four patient records
- observed the theatre safety huddle and hospital safety huddle
- observed two ophthalmic surgeries
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find 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:

- Two staff members had created an app called LUNA (Loan Kit Unification Nuffield) which enabled the service to make significant savings on loan charges which contributed to NJR data submission for which the hospital was awarded the quality data provider accreditation for 3 years running.
- The hospital worked with the local university to offer a joint Resident Medical Officer (RMO) post. Five RMOs covered the hospital over the 24 hour period and also undertook teaching anatomy and practical subjects to students at the local university. This was an innovative and practical way to attract skilled RMOs to the post and was working well.
- The hospital was a centre of excellence for transgender surgery performing over 300 procedures each year attracting patients from all over the UK and Internationally.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Good | Not inspected | Not inspected | Not inspected | Good | Good |
| Overall | Good | Not inspected | Not inspected | Not inspected | Good | Good |

Good

# Surgery

| | |
|---|---|
| Safe | Good |
| Well-led | Good |

## Are Surgery safe?

Good

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

### Mandatory training

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

The service had a mandatory training policy. This outlined what training all staff must complete. The policy also included role specific training which staff had to complete.

Nursing and medical staff received and kept up to date with their mandatory training. Mandatory training targets were met and monitored. Mandatory training figures averaged 96% across theatre and ward staff groups.

Clinical staff completed training on recognising and responding to patients with mental health needs. Mental health training figures averaged 98% across theatre and ward staff groups.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed their training online and had the flexibility to complete this during and outside of working hours. Staff told us they would accrue time off in lieu when completing their training at home. Mandatory training modules were accessed through Nuffield Health's learning management system known as Academy Online. Staff told us mandatory training was easy to access and met their needs to fulfil their roles.

Managers monitored mandatory training and alerted staff when they needed to update their training. The ward manager alerted staff via email when training was due.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Nursing and Medical staff received training specific for their role on how to recognise and report abuse. Staff were trained to adult safeguarding level 3 and child safeguarding level 2 which was suitable for the patients that met the admission criteria of the service. Safeguarding training figures averaged 93% across theatre and ward staff groups.

Staff knew how to identify adults at risk of, or suffering, significant harm. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to give examples of what safeguarding issues might arise in the service and how they would deal with them. Although there had been no safeguarding referrals at the inspected location, staff were able to describe safeguarding concerns they had been involved in at other locations.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding policy which outlined staff's roles and responsibilities. Staff could tell us how they would make a safeguarding referral and there were lists of contacts for safeguarding leads available in staff areas. Guidance was readily available and contained contact numbers of the relevant authorities, alongside a flow chart of actions.

The service did not treat children as inpatients, but all staff had level 2 safeguarding training to identify abuse outside of the service.

### 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.**

The service had a policy which outlined the organisation framework for management of infection prevention and control (IPC), this supported clearly defined roles around IPC management.

The service also had a policy on infection prevention guidance for clinical facilities. The policy included standard operating procedures such as guidance for undertaking surgical interventions outside of the operating theatre. Ward areas were clean and had suitable furnishings which were clean and well-maintained. All areas of the service we visited were visibly clean and tidy. Surgical supplies were in date and stored off the ground in labelled drawers and cupboards. This ensured stocks were used in rotation and a good standard of hygiene was maintained. The sluice and dirty utility areas were kept free from clutter, which made them easier to keep clean.

The service generally performed well for cleanliness. Cleaning audits were in place to ensure monitoring of the environment. The IPC lead completed regular audits, did equipment spot checks and followed up on actions plans from audits. The service completed monthly cleanliness audits. The most recent audit results showed good compliance.

Staff used records to identify how well the service monitored and prevented potential serious infections that could cause harm to patients. Staff screened patients for Methicillin-resistant Staphylococcus Aureus (MRSA), other skin flora and signs of infections prior to admission. There were no incidents of Clostridium difficile, MRSA or Methicillin sensitive Staphylococcus Aureus (MSSA) from January to September 2022. There was 1 incident of Pseudomonas in the same period.

Staff followed infection control principles in the use of personal protective equipment (PPE). Staff used PPE in line with national guidance. In theatre, scrubs and suitable footwear were worn by all staff to minimise the risk of cross contamination.

Hand washing sinks, soap, and alcohol hand rubs were in good supply throughout the wards and theatres. Staff were bare below the elbow and washed their hands as required. The service completed regular hand hygiene audits which demonstrated good compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All equipment was stored neatly and had 'I am clean' stickers attached. Staff completed daily records to confirm they had completed the cleaning.

Good

# Surgery

Staff worked effectively to prevent, identify and treat surgical site infections (SSIs). The service monitored SSIs for both inpatients and acquired post-discharge. The service reported three inpatient SSIs and five SSIs post discharge from January to September 2022. All SSIs were investigated, and learning identified.

## 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. The general environment was furnished to a high standard. Patients had individual rooms each with its own dedicated piped oxygen and suction. Each room had and en-suite shower and toilet, television and Wi-Fi.

Patients could reach call bells and staff responded quickly when called. They were available in both the shower area and by the bedside. The call bells were long enough to be accessed in an emergency should the patient be on the floor. Floors in the service were compliant with *Health Building Note (HBN) 00-10 Part A: Flooring* and had coved skirtings to enable effective cleaning.

Staff carried out safety checks of specialist equipment. We saw there were systems in place to monitor, check and maintain equipment. The service had an asset register with all equipment and service dates. Outside contractors were responsible for ensuring the equipment were appropriately serviced, calibrated and functioning correctly. We saw that each piece of medical equipment was labelled with an asset number and had stickers in place to identify when they had last been serviced, electrically tested and when the next service was due. Staff had received training on how to use equipment and they knew how to report faulty equipment.

The service had suitable facilities to meet the needs of patients' families. There were comfortable areas where people accompanying patients could wait and obtain refreshments.

Staff disposed of clinical waste safely. We observed that staff followed the service's waste management policies. All waste was segregated and disposed of appropriately. Disposable sharps were managed and disposed of safely.

## 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 used a nationally recognised tool to identify deteriorating patients and escalated patients when the tool required them to. The service had a vital signs monitoring policy. The service used national early warning system (NEWS) charts which identified patients whose condition may be getting worse. The service had escalation procedures in place in the event of patient deterioration. Staff had completed the NEWS charts and patient care was escalated as required in the four notes we reviewed.

The theatre staff followed the five steps to safer surgery. This involved following the World Health Organisation (WHO) checklist before, during and after each surgical procedure. We observed staff in theatres following the WHO surgical safety checklist. For example, before the theatre list started there was a team briefing and handover where the theatre team were introduced, and their roles clarified. This reduced the risk of misunderstanding and errors during the operation. The service completed quarterly audits to monitor compliance against the WHO surgical safety checklist. A recent audit showed 97.9% compliance.

Good

# Surgery

Staff completed risk assessments for each patient on admission/arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service completed a patient risk assessment audit review of records. The most recent audit showed good compliance. The care records included pressure ulcer and falls risk assessments to help identify patients at risk. The tool included the measures needed to reduce the incidence of pressure ulcers or falls such as pressure relieving mattresses or bed rails. Pre-existing conditions, allergies or absence of allergies were recorded as part of the patient's assessment.

Staff knew about and dealt with any specific risk issues. There were surgical debriefs where members of the surgical team attended these meetings. Topics covered would include high risk patients that may have complex needs. The service completed Venous thromboembolism (VTE) assessments and audited compliance with these assessments. The result from the most recent audit showed good compliance.

An escalation procedure was in place for nursing staff. If a patient's condition deteriorated and gave cause for concern staff told us both the resident medical officer (RMO) and consultant were informed. The patient would be taken by ambulance to the local service's emergency department.

Consultants and the RMO were always contactable to respond to any clinical issues. Patients were able to contact the ward postoperatively if they had any concerns. Ward staff could contact the consultants for advice and a rota was displayed in the ward office so staff quickly knew who to contact.

Prior to gender affirmation surgery at the service, patients are assessed by two gender dysphoria trained consultant psychiatrists at the gender identity clinic.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. We observed patients being cared for in recovery. They appeared comfortable, relaxed and pain free. The service completed audits on pain management, the most recent audit showed good compliance with observations and timely intervention. The bed area was spacious which meant that auditory and visual privacy were maintained at all times. The nurse kept the patient informed of their treatment plan and gave a verbal handover to the ward nurse who came to transfer the patient back to the ward. The handover included: details about the patient's clinical condition and instructions from the surgeon. The comprehensive handovers helped to ensure that patients' individual needs were met and that their surgical care was continuous between theatre and the ward.

### 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 data for the wards for September 2022 and found that the actual staffing numbers for shifts match the planned numbers, and a lot of the shifts had more staff than planned for. For the same time period in theatres the planned versus actual staffing did not always match. There were instances where they were understaffed. However, staff we spoke with said they never felt they were understaffed, and they felt this meant they had time to give good patient care.

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 held meetings to assess and plan staffing in line with activity.

Good

# Surgery

The service had low turnover rates. The service had an average retention rate of ten years. Several staff we spoke with said they had worked for the service for over ten years and attributed this to the fact they loved working there.

The service had low vacancy rates. The wards have no vacancies. The theatres had two whole-time equivalent staff vacancies.

The service had low rates of bank and agency nurse usage. Bank staff are employed by the service and agency staff are vetted and recruited through an external company. Managers made sure all bank and agency staff had a full induction and understood the service. The service used a standardised checklist for agency staff during induction. Managers requested bank and agency staff who were familiar with the service.

### Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough medical staff to keep patients safe. Consultants had practicing privileges at the service. Practicing privileges is a term which means consultants have been granted the right to practise in an independent service and to admit patients under their care. The service had robust vetting and recruitment processes in place for staff. Once recruited, managers kept a log of professional registration expiry dates and sent reminders when this was due.

There were 5 RMOs employed by the service. The RMO conducted regular ward rounds to ensure patients were receiving appropriate treatment and to review their condition. The RMO reported any changes in a patient's condition to their consultant and followed the consultant's advice regarding further treatment.

The patient's consultant is always available at each stage of their pathway of care. An RMO was on site for 24 hours, seven days a week.

### Records

**Staff kept detailed records of patients' 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 looked at four patient records and found that all notes were legible, signed and fully complete. For example, records had the name and grade of the person reviewing the patient clearly documented, patient observations were recorded on the NEWS charts and the patient notes held clearly documented diagnosis management plans.

The service completed a patient notes audit quarterly. The most recent audit showed 85.4% compliance, which the service rated as amber. Learning was identified to improve compliance, which included the service encouraging consultants to write in the patient notes on their daily visits.

Consent to treatment was recorded in patient notes. The service completed regular audits to monitor compliance with consent recording. The most recent audit demonstrated good compliance.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper based records were stored in lockable filling cabinets. Electronic records could only be accessed on a password protected computer. Paper records were organised, and the patient coordinator manager checked that each patient record was neat, signed and in order.

### 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. Staff completed medicines records accurately and kept them up to date. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Discussions about medicines were detailed in patient records. Staff advised patients about bringing in medication from home.

Staff completed medicines records accurately and kept them up to date. When we looked at patient's records, we saw that drugs charts were completed correctly in all cases and included a signature and the time administered.

Staff stored and managed all medicines and prescribing documents safely in line with the provider's medicines management policy. Medicines and controlled drugs (CDs), which are medicines requiring additional controls due to their potential for abuse, were stored safely and securely. There were effective systems and processes in place for the storage and monitoring of CDs, and these medicines were checked every morning by registered general nurses.

We saw effective management of medicines. There was an on-site pharmacy and staff reported they were responsive. Fridge temperatures were monitored, if the temperature went out of range an alarm went off and pharmacy would be notified. Protocols were in place if this were to happen and staff would liaise with a pharmacist to see whether the medication was safe for use.

Staff learned from safety alerts and incidents to improve practice. There was a system to review any alerts sent out by the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure that the heads of departments were informed of any national safety alert. This was then passed down to staff through team meetings and daily huddles.

### 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. Staff told us they reported incidents using the electronic reporting system. They received feedback about incidents at staff meetings and we saw minutes of these meetings. Staff who did not attend a meeting could access the minutes by computer. It is mandatory for each staff member to read the minutes and signal they had done so using the voting buttons in the email. Learning was also shared via a secure messaging tool.

The service had an incident policy. This described roles and responsibilities and outlined how to report incidents using their online system. Staff raised concerns and reported incidents and near misses in line with provider policy.

Good

# Surgery

The service had no never events or serious incidents in the last 12 months. The service had other incidents which had been reported but none met the threshold as a never event or serious incident. We reviewed root-cause-analysis (RCAs) investigation reports produced following three incidents in the service. These RCAs identified care and service delivery problems, contributory factors and lessons to be learnt as a result of the incident investigation. These investigations were of good quality.

Managers shared learning with their staff about incidents that happened elsewhere. For example, an incident that happened elsewhere highlighted a need for clearer chaperoning information for patients and training for all staff. As a result of this, chaperoning notices and what a patient can ask for had been placed in every patient room and competencies had been developed for all nurses and health care assistants to undertake.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We reviewed three RCAs and they showed that staff informed patients when things went wrong.

Staff met to discuss the feedback and look at improvements to patient care. Staff discussed incidents at ward meetings, head of department meetings and the quality and safety committee. Any incidents relating to specific issues were also discussed at their corresponding specific committee. These included the infection prevention and control, medical devices and health and safety committees.

There were regular meetings to learn from deaths. We reviewed the last three meeting minutes. These followed a standard agenda and had an action log to follow up on learning identified from deaths.

Managers debriefed and supported staff after incidents. Staff told us management were supportive and approachable. Staff could access a helpline for support if needed.

## Are Surgery well-led?

Good

Our rating of well-led stayed the same. 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 director and matron were known to all staff and seen regularly on the ward and in the theatre department. Staff said they were visible and approachable. The hospital director and matron had the skills, knowledge and experience required to run the hospital. They had a clear understanding of the challenges to quality and sustainability within the service and plans to manage them which were shared with staff.

There was a clear management structure which staff were aware of. This meant that leadership and management responsibilities and accountabilities were explicit and clearly understood.

Good

# Surgery

The service had a theatre manager and ward manager, both had the skills, experience and knowledge required to run the service.

The service considered succession planning which was well managed. Staff were encouraged to progress their careers through regular one to ones and 91% of staff had objectives set to meet their goals. Staff were encouraged to develop, and the service had a number of online and classroom learning courses to support staff. For example, the service had supported a member of staff to attend a surgical first assistant course.

Staff could access development through talent management and leadership programmes. For example, the theatre manager was currently completing a theatre manager development program, which aimed to facilitate leadership skills in clinical practice. The service also had set additional objectives for lead practitioners and theatre staff to encourage development.

The hospital also offered apprenticeships to support staff to develop. These apprenticeships included; healthcare support worker level 2, senior healthcare support worker level 3, operating department practitioners and team leader level 3.

### 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.**

The services' vision was based on Nuffield Health being a charity and not for profit. The Nuffield Health vision and purpose was to "build a healthier nation". They aimed to help customers and patients improve, treat and maintain their health and wellbeing. The service displayed the vision, values and mission statement for staff and the public to see.

Staff could describe the core values for Nuffield health. The corporate values were depicted by the 'CARE' acronym. This is being "Connected", "Aspirational", "Responsive" and "Ethical".

The hospital vision was to provide high quality services working in collaboration with their key partners and stakeholders to support the needs of the local community, regional and UK populations. The hospital had a strategy to turn this into action, to name a few for example they had a focus on orthopaedic excellence, elevating their gender affirmation service, growing the ophthalmology offer, maintaining general surgery and developing their cancer services.

The strategy is aligned to local plans in the wider health and social care economy as the services' purpose was to deliver pathways of care which benefitted patients and local organisations. The aim was that the benefit to patients would be felt by wider society which would give a social return on investment.

### 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. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Many staff had worked for the service for a long time and told us consistently how proud they were to work at the service. Staff told us they could approach immediate managers and senior managers with any concerns or queries. Staff reported a family feel within the service. We observed staff interacted in a friendly way with each other.

Good

# Surgery

Staff reported the culture made them feel valued, included and respected. Relationships between staff at the service were positive and there was strong teamwork and collaboration. Staff worked in a collaborative and cooperative team to ensure the patient journey within the service was smooth.

There was a strong emphasis on the safety and well-being of staff; for example, the service had wellbeing champions to provide direct support to staff. Staff had occupational health access for advice and support. In addition to this staff had access to a number of benefits to support their wellbeing such as, comprehensive health assessments, physiotherapy, financial wellbeing advice and personal training sessions.

The ward and theatre managers spoke with enthusiasm about their role and the service they offered. They told us they worked closely with the hospital leadership team.

The service promoted equality and diversity. The service had an equality, diversity and inclusion policy and process. All policies and guidance had an equality and diversity statement. This confirmed that the document did not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Ninety seven percent of staff had completed equality, diversity and inclusion training. The service had a regular equity and social wellbeing blog where staff created articles on topics such advocating for LGBTQ+ patients. The service also ran webinars on this blog for staff to watch. For example, they had a webinar on inclusion in the workplace. Staff in the service were regularly engaging with the wider health and social care network to promote health and wellbeing for transgender people.

There was a speaking out policy which encouraged and reinforced to staff to speak up. There was a strong culture of acting in accordance with the duty of candour. Leaders and staff showed an understanding of their responsibilities and a willingness to acknowledge shortcomings.

The service had processes to address behaviour and performance that was inconsistent with the vison and values.

### 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 was a robust system of governance. The service had a clear diagram of the governance structure. Regular meetings ensured the right information was seen by the right people and that staff identified issues through several means.

The medical advisory committee (MAC) and quality and safety committee met quarterly and discussed several metrics following a set agenda. We reviewed the last three meeting minutes, these meetings were well attended and included operational updates, practicing privileges, safety and patient experience. The hospital director and MAC monitored consultant practising privileges and details of any concerns or changes to practising privileges at the quarterly MAC meeting.

Nursing and medical staff had relevant medical qualifications and registrations. The service had recruitment checks in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality and safety committee met quarterly and fed into the MAC. We reviewed the last three meeting minutes; these meetings were well attended and followed a set agenda. This included escalations from the governance committee and department updates, quality assurance, safety and deaths.

Good

# Surgery

Several committees fed into MAC and quality and safety meetings. This included the infection prevention and antimicrobial stewardship committee, clinical governance committee and medicines management and medical gas committee.

There was a monthly hospital board meeting, hospital leadership meeting and department meetings. The leadership team also received information from the monthly heads of departments team meetings. Information was reviewed and an integrated governance report that was fed upwards via the regional structure to the provider and then to staff in the service via the heads of department.

Surgery staff reported to either the theatre manager or ward manager. The service held daily safety huddles to discuss issues or concerns and share information. The hospital also held a daily hospital-wide safety huddle with representation from all departments in the hospital.

The matron led a weekly CLIP (Complaints, Learning, Incidents & Plaudits) meeting. There were agreed terms of reference for this meeting which outlined the standard agenda. During this meeting all adverse events are reviewed, discussed and closed. The meeting allowed for review of trends and themes. This is an informal meeting and therefore without meeting minutes. However, the quality improvement plan demonstrated outcomes from this meeting. The CLIP meeting recently identified a trend in acute kidney injury following pre-operative dehydration. As such the matron and MAC chair wrote to consultants to change process and allow water two hours before patients were expected in theatre.

A weekly admission review meeting (ARM) was held to discuss medical, surgical or social complexities or for those patients who fall outside of the service's surgical admission criteria. The service had a standard operating procedure to support the admission review process. We reviewed the monthly outcomes for August 2022, and it demonstrated the success of ARM meetings and how they helped the service provide patients with safe, quality care.

### 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The service had comprehensive assurance systems to monitor safety performance. For example, the service had a systematic program of audits. Where the outcome of safety performance measures was below expected performance, issues were escalated through clear structures and processes.

Risks were identified and added to the risk register and given a risk score depending on severity. There was a local risk register at service level, which fed into the regional and corporate risk register. The hospital director and matron reviewed this monthly. This included reviewing the risk, removing mitigated risks and updating any actions. Risks were escalated corporately to Nuffield Health as per policy requirements.

The service held quarterly mortality and morbidity meetings. Minutes showed multidisciplinary attendance and reviews for all deaths and serious incidents.

When considering developments to services or efficiency changes the impact on quality and sustainability was considered and monitored. The service reported no instances where financial pressures had compromised care.

Good

# Surgery

## 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.**

The service had a holistic understanding of performance which was discussed at the MAC each quarter. This included patients views of the service with information the service had on care quality, operations and finance. For example, the service was monitoring hip and knee replacement patients' responses pre and postoperatively to five key questions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression). The service used information to measure for improvement.

The service benchmarked itself alongside other Nuffield Health locations. This benchmarking enabled the services to work together to improve patient outcomes across the corporation not just at location level.

The service had not reported any data breaches and information systems were integrated and secure. Patient identifiable information was handled correctly, and patient names were not visible from the ward areas to ensure privacy. The service had arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. the service had an information governance committee.

Relevant staff had access to the electronic patient record, which was restricted to individuals by their own login and passwords. All staff completed and were up-to-date with their information governance and cyber security mandatory training.

The service had effective data or notifications arrangements to ensure they were consistently submitted to external organisations as required. Incidents were submitted as notifications to the Care Quality Commission.

## 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.**

The service had a patient feedback system that operated across the Nuffield Health group. The service also operated the NHS family and friends test which was a short survey where patients were asked four questions relating to the quality of care and if they would recommend the service to family and friends. The results for the service for September 2022 indicated that the 43 patients who completed the questionnaire were generally very happy with the care and quality of service they received. Overall, 93% rated their experience at the service as "very good".

The service had an ambition to continue to develop their gender affirmation services. The service had engaged a number of transgender patients in an involvement group to gain ideas about how to run the service in a way that benefitted the service.

There were notice boards which gave information for staff about training opportunities, staff meetings minutes, and the results from audits and incidents.

The service demonstrated collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population. The service held regular meetings with local NHS trusts; this helped the service to understand how they could adapt their offering to deliver services to meet those needs.

The service had an established system of departmental meetings where staff felt able to contribute and raise issues and concerns. Team meetings were held on a regular basis and staff told us they felt able to contribute where necessary. We saw minutes from team meetings from both the ward and theatres which included team member discussions focused on CQC's 5 key lines of enquiry: safe, effective, caring, responsive and well led.

The leaders engaged with staff through regular staff surveys. The most recent survey showed the staff engagement rate was the same as the benchmark. The suggested priorities from the recent staff survey were recognition for staff, improving the environment and providing informal spaces.

### Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Leaders encouraged innovation.**

The service had developed a standard operating procedure to provide 'pre-habilitation' for total hip replacement and total knee replacement surgery. As a result, the service has seen a lower rate in the average length of stay. Therefore, the service is considering extending the offer to other patient groups to see if they have a similar outcome.

The service worked with the local university to offer a joint RMO post. Five RMOs covered the service over the 24 hour period and also undertook teaching anatomy and practical subjects to students at the local university. This was an innovative and practical way to attract skilled RMOs to the post and was working well.

The service is a centre for transgender surgery attracting patients from all over the UK and internationally. The service was looking to expand its offering of services to the transgender community and had recently appointed a lead person to drive these changes.

The service had taken steps to become 'greener' and won a 'sustainable active commuting' challenge, which encouraged people working for local organisations to swap their cars for bikes, public transport, or walking. Over the course of six-weeks, the team saved in excess of 323kg of CO2, the equivalent of driving 1,242 miles in a car. Their prize was a donation to a local charity. They chose Brighton & Hove Food Partnership, a non-profit organisation, which encourages people to cook, eat a healthy diet, waste less food, and grow their own produce.

Two staff members created an app called LUNA (Loan Kit Unification Nuffield) which enabled the service to make significant savings on loan hire charges for which it won a National Joint Registry award. The National Joint Registry (NJR) collects information about hip, knee, ankle, elbow and shoulder joint replacement operations from all participating hospitals in England, Wales, Northern Ireland, the Isle of Man and the States of Guernsey. The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of care, and overall cost-effectiveness in joint replacement surgery. In recognition of Nuffield Health's commitment to patient safety, in February 2022, all Nuffield Health hospitals in England and Wales received the 'Quality Data Provider' award from the NJR.

The hospital is given specific funding by the Nuffield group to support the community. For example, their staff provide education materials and sessions around healthcare advice to a local homeless charity. The service, led by a gynaecology consultant with a special interest in menopause, has organised a calendar of advice sessions at a local women's refuge.

The service provides community outreach projects such as its Crew Club. The service described Crew Club as "a safe space, where their members have the freedom to explore, create, learn and challenge themselves to make a difference in their own lives and those in the wider community." The project plans to provide short workshops on different subjects such as education around cancer, smoking, alcohol and exercise.