

Western Sussex Hospitals NHS Foundation Trust

Inspection report

Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Date of inspection visit: 23 July to 21 August 2019
Date of publication: 22/10/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall trust quality rating

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Are resources used productively?

Outstanding 

Summary of findings

Combined quality and resource rating

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Western Sussex Hospitals NHS Foundation Trust serves a population of around 450,000 people across a catchment area covering most of West Sussex.

The trust runs three hospitals: St. Richard's Hospital in Chichester, Southlands Hospital in Shoreham-by-Sea and Worthing Hospital in the centre of Worthing.

They became an NHS Foundation Trust on 1 July 2013, just over four years after the organisation was created by a merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS trusts.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Outstanding .

What this trust does

Western Sussex NHS Hospitals Foundation Trust provides emergency and non-emergency services to the residents of West Sussex. The trust serves a population of around 450,000 across a catchment area covering most of West Sussex. The three hospitals are situated in the local authorities of Worthing, Chichester and Adur.

The trust provides a full range of district general hospital services on the two acute sites at Worthing and Chichester. Southlands hospital provides outpatient services, day surgery and a comprehensive ophthalmology service.

Worthing Hospital provides the following services:

- Accident and Emergency
- Intensive Care
- Emergency surgical and medical care
- Orthopaedic
- Cancer services
- Maternity
- Paediatric services
- Neonatal services
- End of life care
- Outpatients and diagnostics (including X ray, ultrasound, CT scans, endoscopy and MRI scans)
- Pathology

Summary of findings

St Richard's Hospital provides the following services:

- Accident and Emergency
- Intensive Care
- Emergency surgical and medical care
- Orthopaedic
- Cancer services
- Maternity
- Paediatric services
- Neonatal services
- End of life care
- Bariatric surgery
- Outpatients and diagnostics (including X ray, ultrasound, CT scans, endoscopy and MRI scans)
- Pathology

Southlands Hospital provides the following services:

- Day surgery
- Outpatient services
- Ophthalmology

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

At this inspection, we inspected the leadership of the trust as a separate inspection of the well led question at provider level. We inspected the critical care units at both Worthing Hospital and St Richard's Hospital as this had been the lowest rated core service at the preceding inspection; the main concern identified at the previous inspection was delayed discharges from the units.

We also inspected the responsive section of outpatients across all three sites because we had identified some concerns about the referral to treatment time in some specialities.

Summary of findings

We carried out a two-day inspection of the trust leadership as part of our next phase methodology.

Between 22 and 23 July, and 20 and 21 August 2019, we inspected two out of eight core services provided by this trust as part of our routine inspection methodology. We inspected:

- Critical care
- Outpatients (responsive domain only)

We inspected critical care as it was the only core service that did not achieve a good or outstanding rating at our previous inspection in 2015.

We did not inspect surgery, medicine, maternity, gynaecology, children and young people or diagnostic imaging. The ratings we gave to those services on the previous inspection in 2015 are part of the overall rating awarded to this trust this time.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as outstanding because:

We rated safe, effective, caring, responsive and well-led as outstanding.

We did not inspect all core services. The previous rating for those services we did not inspect were taken into account when working out the overall trust ratings for this inspection.

We rated well-led for the trust overall as outstanding.

The service managed patient safety incidents very well. Staff recognised incidents and reported them appropriately and could discuss the processes involved. Senior staff and leaders were well sighted on incidents and could provide details of specific events and the action taken to mitigate risk and prevent recurrence. There were both trust wide projects and objectives that focussed on safety and local ward and department targets; both were closely monitored to enable the trust to reach their goals. Outside of Patient First methodology, there was evidence that where unexpected occurrences happened (such as a listeria infection contracted from a catering company's sandwiches), these were reacted to swiftly and effectively. Serious incidents were responded to appropriately; the trust showed a consistent and robust approach to the reporting and investigating of incidents. Timely actions were taken to mitigate risk and learning was embedded across the organisation.

The service used safety monitoring results exceptionally well and participated in the national safety thermometer scheme. Staff collected safety information and shared it with staff, patients and visitors. The trust used information to improve the service through their strategy and quality improvement methodology, Patient First. The trust aimed to reach a 99% score on the patient safety thermometer across all sites. The current score was 98.7 % harm free care.

The trust had a hospital standardised mortality rate (HSMR) of 92. Throughout 2018/2019 they have improved on this to move from the 28th centile nationally to being in the top 20% of trusts in England, in terms of HSMR.

The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Standards of hygiene and infection rates were monitored to identify any risks and infection rates were low.

Staff kept appropriate records of patients' care and treatment. Multi-disciplinary, electronic records were clear, up-to-date and available to all staff providing care.

Summary of findings

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. Specialist teams supported ward staff and patients in vulnerable circumstances. Staff were able to provide examples of where they had acted to protect vulnerable patients. The safeguarding team worked closely to identify future risks and ensure triangulation of all aspect of the service provision to ensure safeguarding concerns reported through routes, other than as safeguarding referrals by staff, were identified and acted upon. Safeguarding of people with mental health problems was a particular strength of the trust that had been developed following an incident three years prior to this inspection. The safeguarding team also fed into the Patient First Strategic objectives with areas such as noise at night being considered from a safeguarding perspective because reduced night time noise was seen to result in a reduced need for sedation of people with dementia and a consequent reduction of complications such as falls.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The trust had invested in recruitment to maintain and increase staffing levels to ensure ongoing patient safety and high-quality care. There was a strategic objective to reduce medical staff costs through the appointment of more permanent staff and the introduction of innovative support roles. Recruitment of staff was a major challenge to the trust. However, there were systems, including the use of a flexible workforce that ensured there was a match between staff on duty and patients' needs. We did not identify any areas where staffing challenges impacted negatively on patient care. We did see that the recruitment of additional consultants to the critical care units had enabled better senior medical staff coverage of both the critical care unit and out of hours anaesthetic requirements for the rest of the hospital.

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through programmes of audit. Outcomes were generally very good and exceeded the national averages. There was a multidisciplinary and quality improvement approach to improving outcomes. Data was collated and broken down to ward and department level so that local staff knew their own data and could use it to benchmark their own service over time and against similar wards or departments. Ward dashboards were used to show visibly the ward or department performance over time when measured against the True North Objectives. Staff were aware of changes to best practice guidance and talked knowledgeably about recent changes to recommended best practice. The trust had committed to employing and supporting research and academic development in all professions and this was reflected in the staff engagement with published research and using evidence-based practice. One example of this was recently published research which suggested the optimal timing for repositioning people at risk of pressure damage was not two hourly turns as this increased the risk of shearing damage to skin. The trust had not changed their policy in light of this but had invested in hybrid pressure relieving mattresses and were following any changes to the recommendations closely.

The trust made sure staff were competent for their roles. There was a programme of mandatory training and staff had opportunities to develop their skills and gain experience and qualifications to help them do their jobs effectively. Staff education was a real strength of this trust and staff of all grades and disciplines were encouraged to take part in further training and gain additional qualifications. The trust offered Clinical Improvement Scholarships as part of their Clinical Academic Programme in collaboration with Health Education England. The programme aimed to support practitioners to combine their everyday clinical roles alongside development of their research, leadership and continuous improvement experience. Projects completed so far include a physiotherapist developing improved access to optimum care and follow up where women had experienced severe perineal or pelvic floor injury during birth and an occupational therapist working on a two-year collaboration within the trust to prevent the deterioration of elderly patient's frailty scores.

Summary of findings

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Electronic records were used effectively and there were electronic systems to ensure patients' conditions were monitored. The effective use of a trust wide electronic patient observation recording system with an automatic escalation process and oversight by the critical care outreach team had significantly reduced the number of in hospital cardiac arrests by identifying patients whose condition was deteriorating at an earlier stage.

A number of IT systems were in use to monitor and improve care quality including:

- A single results system for all GPs to access patient test results.
- An internal single system for results which is used by over 3,000 clinicians
- A clinical portal is being rolled out alongside other key developments such as e-Handover, self-check-in, and 'watch list' to improve, standardise and increase clinical effectiveness.
- Electronic patient observation, electronic prescribing and medicines administration are all well embedded

Staff cared for patients with exceptional compassion. Feedback from patients and our observations confirmed that staff treated them well and with kindness. Staff at all grades and from all disciplines, including executive staff, were able to recount specific stories where staff had gone over and above the usual expectations to meet patients' needs and preferences. We heard numerous stories including where a member of nursing staff had been told by a very unwell elderly patient that their dog had been put into kennels and they didn't know what would happen to it. The nurse completed their shift and then drove around all the local kennels to find the dog and persuade the owners to let them take a picture. The nurse returned, in their own time, to see the patient with a photograph of the dog that they could keep beside their bed. The patient died peacefully, knowing their dog was safe and being well cared for.

Staff involved patients and those close to them in decisions about their care and treatment. Patients said they were given sufficient information and support to make decisions about their care and treatment. The needs and preferences of patients took priority over performance data. We saw examples of where acutely unwell patients requiring high levels of care and who were not expected to live, but who wanted active treatment, were admitted to the critical care unit regardless of the impact on mortality figures. There was a strongly upheld view from all medical and nursing staff that the patients' wishes were respected and that their needs came first in all decisions.

Staff provided emotional support to patients to minimise their distress, and patients could access a member of a multifaith chaplaincy team to discuss spiritual matters.

The trust planned and provided services in a way that met the needs of local people. They worked collaboratively with other healthcare organisations and patient groups to identify and meet local needs. The trust had an active patient experience and engagement committee which included staff, stakeholders and governors.

Generally, people could access the service when they needed it. Waiting times from referral to treatment usually met government standards and met the current commissioning targets. The arrangements to admit, treat and discharge patients were in line with good practice. The trust had a comprehensive suite of daily reports, for patient level operational review, including trend analysis.

The accident and emergency departments performed highly against the national averages. Western Sussex Hospitals accident and emergency four hour target performance was 92% in April 2019, compared to a national average of 85%

The service took account of patients' individual needs. There were specialist teams to support those with additional needs, for example those living with dementia or those in vulnerable circumstances.

The trust board had the appropriate range of skills, knowledge and experience to perform its role. Non-executive directors were exceptionally well informed and had a sound understanding of the Patient First Strategy. They had

Summary of findings

received training in quality improvement and were able to articulate how reporting to the board was underpinned through the methodology. They knew the detail that allowed effective strategic oversight and challenge; for example, the chair was able to tell us how they had been informed about a serious incident involving a third-party catering provider and what the action had been to mitigate further risk.

The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience. The executive team were supporting another NHS trust to improve. In the relatively short time they had leadership of the other trust, there had been significant improvements without having any detrimental impact on the services at Western Sussex Hospitals NHS Trust. We noted the converse to be true; staff at Western Sussex had more opportunity to take on additional leadership responsibilities and more staff from all disciplines had increased developmental opportunities.

The organisational values were embedded, and staff could give examples of how they guided them in their work.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had recently reset its strategy, mission strategic objectives and these were well understood by staff.

The trust used a systematic approach to continually improve the quality of its services and protect high standards of care by creating an environment in which excellence in clinical care flourished. The trust collected, analysed, managed and used information well to support all its activities. The trust was assured of its data quality. Performance dashboards were produced so that progress against any key performance indicators could be identified and tracked. There was appropriate oversight and challenge to the divisions through a system of senior review.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Patients were involved in production of pathways of care and other initiatives. There were arrangements for staff to register concerns or to highlight areas of exceptional practice or achievement.

There was exceedingly high 'buy in' from staff across the trust to the Patient First strategy and methodology. Staff felt engaged and proud to work for the trust. Results of a pulse survey in June 2018 showed that 93% of staff recommended the trust as a place to work and 97% recommended the trust as a place to be treated. The level of engagement was such that a large team of staff, including the chief executive and chief nurse, completed a climb of Ben Nevis to raise funds for improvements to facilities for patients living with dementia.

The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust had designed its quality objective to support the overall aim of becoming a learning organisation. There was a strong culture of quality improvement with staff trained in and carrying out quality improvement projects. Quality improvement using the Patient First methodology was highly visible throughout the trust and was known by all staff.

The trust remained on trajectory to deliver an underlying surplus of £2.5m at the end of the financial year. Delivery of this surplus will enable receipt of an additional £11.6m of Provider Sustainability Fund (PSF) and marginal rate rule for emergency admissions (MRET) income achieving the year-end control total of £14.1million.

Are services safe?

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

There were comprehensive systems to keep people safe, which took account of current best practice. All staff were engaged in reviewing and improving safety and safeguarding systems through regular safety and improvement huddles. People who used services were at the centre of safeguarding and protection from discrimination.

Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm through the Patient First methodology. Examples of this included

Summary of findings

- Being awarded the One Small Step Together award in recognition of the work to reduce surgical site infections
- A 30% reduction in falls through the implementation of a 'Bay Watch' system.
- Meeting the 10 standards required of the Clinical Negligence Scheme for Trusts in maternity.

There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. These were reliable and minimised the potential for error whilst reflecting national, professional guidance and legislation.

The service had suitable premises and equipment. There was ongoing investment in equipment and the premises. Where there were historic shortcomings in the estates (such as the number of single rooms in the critical unit) these were known and being considered by the board as part of the estates master plan. There was no evidence that where there was a less than ideal environment that this impacted on patient safety.

Training was a strength of the organisation and the service provided mandatory training in key skills to all staff. There was also a programme of quality improvement training at various levels to ensure the sustainability and delivery of the Patient First strategy.

There was a genuinely open culture in which all safety concerns raised by staff and people who used services were highly valued as being integral to learning and improvement. The trust managed patient safety incidents very well. Staff recognised incidents and reported them appropriately. Staff showed awareness of incident management and could demonstrate systems to us. Staff at all levels and from all disciplines could describe learning from incidents.

Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local, national, and international safety programmes. Opportunities to learn from external safety events were identified. Managers investigated incidents and shared lessons learned with the whole team and the wider service through staff meetings and newsletters. This included wider learning across the organisation, especially if incidents were serious. When things went wrong, staff apologised and gave patients honest information and suitable support. The trust applied the duty of candour when required.

The trust had sustained an improvement in the level of deaths related to septicaemia, more than halving the observed rate since April 2017, providing evidence of effective staff support and training.

The provider has a sustained track record of safety supported by accurate performance information. There was ongoing, consistent progress towards safety goals reflected in a zero-harm culture. The service used safety monitoring results well. Staff collected safety information, and shared it with staff, patients and visitors. Data was used to drive improvements both locally on wards and across the trust. Performance was closely monitored, and action taken if themes or variance from the target trajectory were identified. All safety data was considered inside the Patient First framework and there was a commitment to holding steady to the key improvement objectives whilst maintaining sufficient flexibility to adapt to changing priorities.

Safety thermometer information and ward dashboards were used to drive local improvements. The number of patients who suffered no new harm during their inpatient stay at the trust was 98.7%, as reported to the board in July 2019.

The service managed infection risk well. Staff kept themselves, equipment and the premises clean and carried out checks and audits to ensure standards of hygiene were maintained and rates of infection were low. They used recognised control measures to prevent the spread of infection such as isolation procedures and screening programmes.

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. Specialist teams supported ward staff and

Summary of findings

those in vulnerable circumstances. There was evidence of a pro-active approach and continual horizon scanning to ensure future risks were identified and responded to, where necessary. There was very good multi-disciplinary working and sharing of responsibility with other local stakeholders. Across the trust over 95% of staff had completed the safeguarding children training at an appropriate level.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The trust experienced severe recruitment problems, especially with nurses. It used its flexible workforce to ensure staff numbers were safe. There were systems to ensure staffing met the needs of patients on a short and long-term basis. The trust was creative in exploring new ways of recruiting and retaining staff.

Are services effective?

Our rating of effective stayed the same. We rated it as outstanding because:

There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used services. The safe use of innovative and pioneering approaches to care and how it was delivered was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. An example of this was an award-winning model developed by trust staff that was used to train staff who had responsibility for managing complex airways by allowing accurately simulated cricoid pressure teaching and assessment.

The service provided care and treatment based on national guidance and evidence of its effectiveness. There were systems to check policies reflected national guidance and to ensure any new guidance was evaluated and changes to practice made if required. Managers checked to make sure staff followed guidance using audits and other checks. There was a strong commitment to learning and development with local wards and departments having clear systems for dissemination of changes to guidance.

The trust organ donation service was rated as gold in 2018/2019 NHS Blood and Transplant Service. The report from the service showed that the trust performed exceptionally well for the early referral of potential organ donors and also for a specialist nurse for organ donation involvement and presence when approaching families. The report showed no opportunities were missed to follow best practice during the reporting period.

People who were detained under the Mental Health Act 1983 (MHA) were empowered to exercise their rights under the Act. The provider supported staff to understand and meet the standards in the MHA Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the MHA. There was a mental health strategy and good oversight of detained patients care through the safeguarding team. There was also good collaboration with the local mental health trust. Staff understood their roles and responsibilities in relation to the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Patients and staff had access to specialist teams such as psychiatric liaison services to support them with complex issues.

All staff were actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they had transferred to other services). Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used services were positive, consistent and regularly exceeded expectations. The trust monitored the effectiveness of care and treatment and used the findings to improve them. They participated in all relevant national audits and compared local results with those of other services, so they could learn from them.

Summary of findings

The service made sure staff were competent for their roles. Managers appraised staff's work performance and staff found this helpful. There were opportunities for staff to develop their skills and experience and to gain additional qualifications. Staff had their competency formally assessed for specified tasks or to use certain medical equipment. Staff appraisal files showed that they had been offered comprehensive review that included a personal development plan, objectives and an assessment of how well the staff member demonstrated the values of the trust.

Consultant appraisal records confirmed that each consultant was able to meet the requirement for them to attend within 30 minutes when on call.

Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to patients. There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Staff of different kinds worked together as a team to benefit patients. They worked as a multi-disciplinary team meeting regularly to agree treatment plans with patients and to monitor progress. Patients had access to the full range of therapists many on a seven-day basis. In critical care, there was exceptional work joint working with staff from the specialist palliative care team, in the emergency department and with medical staff working in medicine and surgery. Improvement huddles and safety huddles at ward and department level were multi-disciplinary with an equal voice for all participants. There was also good 'buy in' from non-clinical staff and teams and they understood how their improvement work related to better outcomes for patients. A good example of this was how well the estates and facilities staff recognised that their work made a difference to patients and helped achieve the True North Objectives.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment via an electronic records system. All staff contributed to this record so could see what care was being provided by other health care professionals.

Are services caring?

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

Feedback from patients, those who are close to them and stakeholders was very positive about the way staff treat people. People talked about staff that went the extra mile and said that their care and support exceeded their expectations. Patients and carers were engaged in service development and their feedback was used when setting True North Objectives. An example of this was a focus on reducing noise at night which came about because of feedback from the friends and family test.

A True North objective was that over 97% of patients would recommend the organisation as a place to be treated. The trust scored between 96.8% and 97.8% between June 2017 and May 2019. The data appears to be stable with only random variation over the whole period. This placed them in the top 25% of all trusts nationally. The outpatient's departments also scored 97% compared to a national average of 93%. The emergency department scored a consistent 95% compared to an 87% national average. The friends and family test response rate was much higher than for comparable trusts which meant there was greater validity to the scores. The trust outperformed most comparable trusts.

The Trust supplemented the information received from the friends and family test with a more detailed inpatient survey carried out by patients on hand-held tablets. Ward and departmental leads received patient comments and question scores for all their surveys, which enabled them to celebrate excellence with their teams and to set local improvement goals, where areas were identified as being of concern.

Staff cared for patients with kindness and compassion. Feedback from patients, and our observations confirmed that staff treated them well and with kindness. We found many examples where staff made considerable efforts to ensure patients were treated well. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them and staff

Summary of findings

were caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff recognised and respected the totality of people's needs. People's emotional and social needs were seen as being as important as their physical needs. We were told about numerous examples where staff had acted in a particularly compassionate way; this included two, very unwell, elderly patients being admitted and cared for in adjacent beds, which were pushed close together, so that they could hold hands and continue to comfort each other.

Staff involved patients and those close to them in decisions about their care and treatment. Patients and their loved ones reported they felt involved in making decisions about their treatment and care options and were provided with the necessary information to enable them to make an informed choice.

Staff provided emotional support to patients to minimise their distress and we observed this in practice across the trust. Patients could access chaplaincy services to meet their spiritual needs. The vision and values of the trust were said to be enshrined in two words – 'We care'. The chaplains reflected this in offering spiritual, pastoral and religious support to all patients, relatives, carers and staff. Chaplains and volunteers visited all the wards regularly throughout the week. They had time to listen and offer encouragement and support to patients and their relatives and carers during their stay in hospital. Whilst the chaplains were Anglican, as this was most representative of the population served by the trust, they could arrange visits and support from other religious leaders, if wished. They were also happy to provide support to patients and families of any faith or none.

We saw evidence and spoke with staff about a case that demonstrated the commitment to ensuring staff supported patients and families to understand their condition and the care options available to them. A patient who was due to have an emergency operation was assessed and their specific information fed into a predictive database. Sadly, the predicted risk of them dying was very high. The consultants involved sat with the patient and their family and walked through all the data and likely outcomes, which helped the patient and family have a better understanding of their condition. The staff felt that this predictive tool really gave them confidence to have difficult conversations and enabled them to support patients in their understanding and allow greater involvement in decision making. There were two further recent examples shared with us where the patient being supported had resulted in a decision not to operate and had enabled them to be managed comfortably and have time to spend with their families.

Are services responsive?

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

The trust planned and provided services in a way that met the needs of local people. The trust worked collaboratively with commissioners, patient representatives and other stakeholders to provide services which considered local priorities and population needs. This included work with the local mental health trust in improving provision for patients with both mental health and physical health care needs. It also included leadership of the trust taking on the challenges presented by leading an adjoining trust to improve tertiary services for patients from the Western Sussex catchment. The trust provided system wide leadership and was driving system wide improvements through expansion of their Patient First approach.

There were processes in place to allow for specific services to include patients, including those with protected characteristics, in developments. The Southlands Eye Clinic was an example where a patient user group was created to allow input from governors, charities and patient representatives.

An example of using feedback to improve the patient experience comes from the respiratory physiotherapy team who work with critical care outreach nurses to help deliver a patient support group for those that have experienced a long stay in critical care known as 'WRAPS' (Worthing relative and patient support). Their feedback was used to make changes on the critical care unit. For example, delirium and hallucinations are common in this patient group and many people reported a 'floating head'. This was found to be linked with a picture of a man's head on the packaging dispensing disposable glasses. The trust made changes and the glasses dispenser no longer had a picture of a head on the side to minimise distress and hallucinations.

Summary of findings

People's individual needs and preferences were central to the delivery of tailored services. The trust had guidelines for staff on caring for adult patients with a learning disability in the acute hospital. The aim of the guidance was to enhance communication between the patient, carers and health care professionals, highlight issues of consent and advocacy for people with a learning disability and ensure a high standard of care is provided throughout the patient's journey.

There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.

The services are flexible, provide informed choice and ensured continuity of care. There was also a learning disabilities improvement collaborative with wide representation including the trust learning disability liaison nurse, four service users, representatives from the community trust and mental health trust, estates and facilities representative, carers group representatives and safeguarding adults team representative.

There were systems to support people living with dementia including specialist dementia nurses and modifications to clinical environments to make them more dementia friendly. Volunteers were used to support activities for people with dementia to reduce the stress of the clinical environment.

People could access services and appointments in a way and at a time that suited them. There was good oversight of the referral to treatment times. There was a comprehensive validation process whereby monthly review of patients exceeding the 18-week target were considered at care group level. This was supported at divisional and corporate weekly meetings where anomalies were tracked and rectified.

Cancer performance for June 2019 were compliant against all of the targets, with 85% of patients treated within 62 days. This was well ahead of the trust's recovery plan and in the context of continued significant increased demand. National average performance at the same time had deteriorated to 77.5%.

Technology was used innovatively to ensure people have timely access to treatment, support and care.

Complaint investigations were comprehensive and had senior oversight from a clinical perspective. All complaints were considered from a safeguarding perspective. The letters written to complainants were compassionate and addressed the complainant's concerns, as far as possible. The trust staff worked hard to resolve concerns locally before they escalated into complaints.

Are services well-led?

Our rating of well-led stayed the same. We rated it as outstanding because:

The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke highly of their leaders and talked about approachability, visibility and a shared commitment to providing excellent care and treatment for patients. There was good cross-site working that supported consistency of approach across the two acute sites.

The trust, and each division, had a clear vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had set its vision and strategic objectives in collaboration with all stakeholders. All staff spoke about and framed all organisational performance and development around the Patient First strategy.

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The organisational values were well publicised and embedded within the trust with staff able to provide examples of how the values informed their work. Staff were committed to upholding the primacy of the patients in all the trust's dealings.

Summary of findings

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a culture of identifying and solving problems using a quality improvement methodology. There was a commitment to research activity with many active projects and published papers. The trust was the highest ranked general hospital in this field.

The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were systems to ensure risk registers were current, that risks were escalated and their management monitored. The board assurance framework ensured strategic risks were understood.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust invested in IT and had robust security systems which had been resilience tested. The trust had systems to ensure that its data sources were reliable and produced comprehensive performance dashboards to monitor performance over time.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Use of resources

We rated the trust's use of resources as outstanding because:

The trust had a well embedded 'ward to board' quality improvement programme 'Patient First' which drove continuous improvement across the trust and was reflected in the trust's overall cost per weighted activity unit (WAU) benchmarking in the best national quartile, the trust's reference cost index (RCI) being consistently below 100 and the level of investment made to improve services. The trust benchmarked well with other NHS providers nationally across all the key lines of enquiries and for operational standards while achieving an underlying surplus position. At the time of the assessment, the trust had built from its internal improvement approach and achievements to work collaboratively with lead commissioners and other organisations in its sustainability and transformation partnership (STP) to improve services for patients and address the system's financial challenge. The trust board was also the trust board for Brighton & Sussex University Hospital NHS trust, a trust experiencing significant financial and quality issues.

Combined quality and resources

This is the first time that we have awarded a combined rating for Quality and Use of Resources at this trust. The combined rating for Quality and Use of Resources for this trust was outstanding.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in this service.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including in this service.

For more information, see the Areas for improvement section of this report.

Summary of findings

What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

In the critical care unit, we found numerous examples of compassionate and considerate care given to patients and their relatives that was designed to meet their physical, psychological and social needs in a coordinated manner. Staff went above and beyond to ensure compassionate care was delivered.

In the critical care unit, there was a positive culture of training and development. A high proportion of staff had critical care training, produced posters and referenced latest research and practice.

In the trust overall, we found the engagement of staff at all levels with the development and implementation of the trust's vision and strategy was well understood and embedded. There was strong alignment between the strategic objectives and all trust activities. The trust values were similarly well understood and used to guide staff's work,

We found there was commitment in the trust to using quality improvement methodologies to drive improvement. This was well established and supported by the trust board with many examples of successful projects.

An improvement project led by a pharmacy technician will stop the trust using nearly 70,000 single-use plastic bags a year. This vision for "a green sustainable pharmacy" was showcased at the 2019 clinical pharmacy congress in London in June 2019. Using the Patient First approach, the technician used data to identify the causes of the waste and used it to develop solutions. These included replacing throw-away fridge bags with reusable canvas bags with an antimicrobial coating.

Staff development pathways were an integral part of the recruitment and retention strategy. Health care assistants (HCAs) were offered apprenticeships and nurse associate programmes; we were told that ward clerks and HCAs qualified to register as nurses in large numbers. The trust were looking at a programme that allowed HCAs to move through learning programmes to become a level five HCA and then complete a 'top up' course to allow them to register as nurses through a shortened course.

At all levels of the organisation, multi-disciplinary working and professional respect was strongly embedded. Whilst there were clear lines of accountability, there was also a shared responsibility for improvement and working with the team in the best interests of the patients. Falls reduction, for example, was not seen as something for just for nurses; the work to reduce the level of falls involved everyone including medical staff, estates staff, allied health professionals and pharmacists.

The trust placed a considerable emphasis on research for all healthcare disciplines and was involved in numerous national and local research projects. These include research studies such as the 65 trial (which is evaluating the clinical and cost-effectiveness of permissive hypotension in critically ill patients aged 65 years or over with vasodilatory hypotension).

The nurse in charge of the shift on each ward wore a big, red 'Nurse in Charge' badge to allow patients, visiting staff and relatives to easily identify who was the person in charge at any one time.

Summary of findings

The trust organ donation service was rated gold in 2018/19 by the organ donation service. The trust achieved 100% early referral rates and 100% specialist nurse for organ donation attendance who along with medical staff that identified potential donors had sensitive conversations with patients and relatives for anyone meeting the referral criteria. Western Sussex facilitated 12 actual solid organ donations resulting in 29 patients receiving a transplant during the standard period.

A senior physiotherapist was trained to perform lung ultrasound and accredited with a Core Ultrasound in Intensive Care (CUSIC). The medical team supported the physiotherapist to use safer scan equipment to promptly identify lung infection and exclude pneumothorax; which speeded up diagnosis and reduced exposure to radiation. There were no areas for improvement that the trust was not already aware of and for which action was not already being taken.

The trust won the national safety prize for the Annual Association of Anaesthetists twice in the last six years. One of these was for a doctor who had developed a new gel to enable the creation of simulation models for training clinical staff in the management of patients with different body shapes or anomalies.

New frailty intervention teams had been introduced in the in the trust's emergency departments to provide additional specialist support for older and more frail patients. The teams, which included a frailty practitioner, supported by a consultant geriatrician, saw patients in minors, majors, resus and the clinical decisions unit, depending on patient need. The most frail patients received a comprehensive geriatric assessment by the team, which included a physical, functional, social, environmental and psychological assessment, as well as a medication review.

Western Sussex Hospitals NHS Foundation Trust was named as one of the best in the country at this year's CHKS Top Hospitals Awards. The trust was also ranked in the top five for the quality of experience that patients receive at St Richard's, Worthing and Southlands hospitals in West Sussex.

There was a commitment to research activity with many active projects and published papers. The trust was the highest ranked general hospital in this field.

The trust scored 90% for Patient Led Assessments of the Care Environment (PLACE) and 95% Technical Audit Scores. Both these were better than the NHS guidelines.

Areas for improvement

Areas where further work to make improvements was needed were:

Improved outcomes for BME staff with ongoing encouragement to apply for promotion and development programmes.

Continue to improve referral to treatment times for non-cancer pathways.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led stayed the same. We rated it as outstanding because:

Summary of findings

The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke highly of their leaders and talked about approachability, visibility and a shared commitment to providing excellent care and treatment for patients. The board were cohesive and had both a breadth and depth of understanding about the trust.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had reset its vision and strategic objectives in collaboration with all stakeholders. Although a recent innovation, understanding of these objectives was well understood at all levels of staff.

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The organisational values were well publicised and embedded within the trust with staff able to provide examples of how the values informed their work. Staff were committed to upholding the primacy of the patients in all the trust's dealings.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a culture of identifying and solving problems using a quality improvement methodology. There was a commitment to research activity with many active projects and published papers. The trust was the highest ranked general hospital in this field.

The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were systems to ensure risk registers were current, that risks were escalated and their management monitored. The board assurance framework ensured strategic risks were understood.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust invested in IT and had robust security systems which had been resilience tested. The trust had systems to ensure that its data sources were reliable and produced comprehensive performance dashboards to monitor performance over time.

Financial matters were very well managed and there were processes that ensured any financial pressures did not compromise the quality of care. The trust was predicting a surplus despite the highly challenging financial environment. It was one of the few trusts to report an underlying breakeven surplus.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. There were numerous examples of collaborative working with other organisations, for example:

- The local police attending the staff inclusion conference to raise awareness of hate crime.
- The board had taken on responsibility for leadership of an adjacent NHS trust, in part, to improve the tertiary services for Western Sussex Hospitals NHS Foundation Trust patients and to share learning more widely across the local health economy.
- There were clear plans that were progressing to roll out an Integrated Order Communication System for both radiology and pathology to enable closed-loop reporting.
- Introduced an ambulatory cardiac service at Worthing that was being rolled out to St Richard's Hospital.
- Working with system partner to develop a quality improvement leadership academy to deliver the Patient First approach into the wider health and social care economy.

Staff at all levels were actively encouraged to speak up and raise concerns. There were established channels that staff could use to raise concerns if they felt they could not raise directly with their manager.

Summary of findings

The guardian of safe working hours was very committed to improving the working lives of the junior doctors and supporting them through work with the trust. The trust had not received any fines for breaches of the safe working hours contract. The trust had introduced a new role of specialist nurse (band 7) to support junior doctors on the two acute sites. The feedback from a junior doctor's survey showed a very positive response to this role which encompassed pastoral care, teaching and education on site, oversight of wellbeing of individuals and mediating where there were concerns raised.

The trust had very committed and pro-active freedom to speak up guardians. They were well known and used their position to work with staff in building a positive culture. This included participation in the diversity matters group, addressing concerns that had been raised with senior staff and contributing to the trust behaviour framework, 'above and below the line'.

Whilst data showed that for most metrics, the trust performed better than the national averages, the workforce race equality standards report had shown some disparity between the perceptions of white staff and staff who identified as being black, Asian, or minority ethnic. There was an action plan in place and a number of workstreams were in place to improve outcomes for BME staff including;

Equality and diversity training sessions were added to the beginning of the face to face health and safety training to try and engage with more staff. This had resulted in 91% compliance rate for equality and diversity training. Executive board members and the chair having reverse mentoring from a more junior BME member of staff.

The trust communication lead for corporate images had worked to ensure a greater diversity of the workforce were represented in all trust publications and communications.

A commitment to working with local community groups when recruiting new non-executive directors. Using associate non-executive directors to bring specific skills and characteristics to the board.

Over 250 staff had pledged to sign up as rainbow warriors when the programme was launched.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding ↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Worthing Hospital	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019
St Richard's Hospital	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019
Southlands Hospital	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good ↔ Oct 2019	Good Apr 2016	Good ↔ Oct 2019
Overall trust	Outstanding ↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Worthing Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Medical care (including older people's care)	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Surgery	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Requires improvement Apr 2016	Good Apr 2016	Good Apr 2016
Critical care	Good ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑↑ Oct 2019
Services for children and young people	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
End of life care	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Outpatients	Good Apr 2016	Not rated	Good Apr 2016	Good ↑ Oct 2019	Good Apr 2016	Good ↔ Oct 2019
Maternity and gynaecology	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Overall*	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for St Richard's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Medical care (including older people's care)	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Surgery	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Requires improvement Apr 2016	Good Apr 2016	Good Apr 2016
Critical care	Good ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑↑ Oct 2019
Maternity	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Services for children and young people	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
End of life care	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Outpatients	Good Apr 2016	Not rated	Good Apr 2016	Good ↑ Oct 2019	Good Apr 2016	Good ↔ Oct 2019
Overall*	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↔ Oct 2019	Outstanding ↔ Oct 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Southlands Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
Outpatients	Good Apr 2016	Not rated	Good Apr 2016	Good ↑ Oct 2019	Good Apr 2016	Good ↔ Oct 2019
Overall*	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good ↔ Oct 2019	Good Apr 2016	Good ↔ Oct 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Southlands Hospital

Upper Shoreham Road
Shoreham By Sea
West Sussex
BN43 6TQ
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Key facts and figures

The trust serves a population of around 450,00 across a catchment area covering most of West Sussex. The three hospitals are situated in the local authorities of Worthing, Chichester and Adur. These areas have a higher proportion of over 65's (between 21.8% and 25.8%) compared to the England average (17.3%).

The three local authorities have a lower proportion of ethnic minority populations compared to the England average with 93.7% and 96.7% of the population being white, compared to an England average of 85.3%.

Deprivation:

Adur and Worthing fall within the third quintile on the index of multiple deprivation, signifying that they are in the middle 20% in England for deprivation. Chichester lies in the second quintile, meaning it is in the top 40% of least deprived areas in the country. The excess winter deaths in the Adur district is amongst England's worst performing districts.

Summary of services at Southlands Hospital

Good ● → ←

Our rating of services stayed the same. We rated them as good.

Western Sussex Hospitals NHS Foundation Trust became a foundation trust on 1 July 2013. Southlands Hospital in Shoreham, West Sussex is one of three hospitals provided by the trust.

On the Shoreham site only day surgery and outpatient services are provided. There are no inpatient beds. At this inspection we inspected the responsive key question of the outpatients service across the trust.

Outpatients

Good 

Key facts and figures

Outpatient services at the trust are delivered from three hospitals, Worthing Hospital, Southlands Hospital, Shoreham and St Richards Hospital in Chichester.

Outpatient services include new patient and follow up consultant and nurse led clinics. There were one stop clinics for some specialities. Outpatients provide treatment clinics, including minor operations for dermatology and maxillary facial (including orthodontics). There are also diagnostic clinics such as endoscopy clinics and hysteroscopy clinics. Specialist bariatric services are also provided.

Adult and paediatric services are delivered in separate areas. There was a dedicated children's outpatients' areas and a women's health outpatient clinic. The trust had purpose-built cancer centres providing community and acute outpatient care in one area, encouraging collaboration and joint working with other agencies.

Summary of this service

We only inspected the responsive domain in Outpatients. We rated outpatients as good.

Is the service safe?

Good   

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

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service effective?

Not sufficient evidence to rate 

We did not rate the effective domain for outpatients.

This service was not rated during our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service caring?

Good   

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

Outpatients

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service responsive?

Good  

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

- Services were planned to meet the needs of the local community. One stop clinics reduced the number of appointments individual patients needed to attend and were offered in breast care, urology and ophthalmology. Other clinics were provided in community settings to allow easier access to services. This included paediatric clinics being run in health centres in more disadvantaged communities to reduce the cost and difficulties for parents and children needing to travel to the main hospitals.
- Outpatient services ensured people's needs were met through the way services were organised and developed. Individual needs and preferences were considered, and services adapted to meet these, whenever possible.
- The facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including accessible lavatories and access to refreshments. There was parking, including disabled parking, close to the outpatient department.
- A new ophthalmology (eye care) unit was opened in 2017 at Southlands Hospital in response to increasing demand,
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy-to-use facility included large font, text-to-speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefited those with learning disabilities / difficulties and overseas language speakers.
- The 'did not attend' rate for the outpatient department at the trust was better than the national average. From March 2018 to February 2019 the 'did not attend' rates for all sites at the trust were much lower than the England average. The trust used an automated telephone reminder system to remind patients about appointments. Patients received an automated appointment reminder and were asked to select the appropriate options when asked.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways was better than the national average.
- Trust performance for cancer waiting times was better than the operational standard and the national average.
- Cancer Performance – The trust had significant increases in demand for Coastal West Sussex Clinical Commissioning Group Patients in 2018/19 in comparison to the previous year, an overall rise of 8.9% rise in 2-week referrals & a 7.7% rise in 62-day urgent referrals. Specialities that have seen a significant increase include Colorectal, Urology, Skin, Breast and Head & Neck.
- Despite this, overall the trust exceeded national performance for all but one indicator and achieved compliance for 5 of the 7 cancer performance indicators in 2018/19.
- Action was taken to minimise the length of time people had to wait for care, treatment of advice. There was close monitoring of waiting lists and patient follow ups

Outpatients

- Performance against 18 Week Referral to Treatment time – The trust achieved compliance with the revised NHSE target that their waiting list in March 2019 should be no higher than that of March 2018 both for Coastal West Sussex Clinical Commissioning Group patients and as a trust. The trust target had been reset by the commissioners and the data provided showed they were on target to meet the new trajectory.
- The data published in May 2019 showed that the trust had no 52+ week breaches. Provisional data showed the waiting list at the trust for Coastal West Sussex Clinical Commissioning Group patients was currently 3% higher than for March 2019 while the backlog was 6% lower. The number of completed pathways in May 2019 was 6% higher than for March 2019 with the number of ‘clock starts’ being 1.2% higher.
- Over time, there was an improving picture for the referral to treatment times. RTT compliance in June 19 was 83.5% with no patients waiting over 52 weeks. The trust remained on track to deliver the 92% target by the end of the year. The compliance against the RTT target for patients on an outpatient pathway improved to 90%.
- Cancer performance for June 2019 was compliant against all the targets, with 85% of patients treated within 62 days. This was well ahead of the trust's recovery plan and in the context of continued significant increased demand.
- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- Delays and cancellations were explained to people and the trust closely monitored cancellations in fewer than six weeks. Data showed a reduction in cancellations in fewer than six weeks.
- The trust scored above the national average for questions related to outpatients in the National Cancer Patient Experience Survey. The average rating given by respondents when asked to rate their cancer care provided at the trust on a scale of 0, (very poor) to 10, (very good) was 8.8. Ninety-four percent said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital. Ninety-one percent said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.
- 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.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The number of formal complaints had reduced from an average of 50 per month to 35 per month over the last 12 months. This sustained reduction was thought to be as a direct result of senior managers telephoning the complainant and demonstrating an open approach to providing a quick resolution.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Outpatients

Outstanding practice

- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The Wayfinding Steering Group which included staff from Equality & Diversity and Facilities & Estates had worked together to redesign the signage and way finding at the trust. Careful thought had been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessibility needs.
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy to use facility included large font, text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefit those with learning disabilities / difficulties and overseas language speakers.

St Richard's Hospital

St Richards Hospital
Spitalfield Lane
Chichester
West Sussex
PO19 6SE
Tel: 01243788122
www.westernsussexhospitals.nhs.uk

Key facts and figures

The Trust has 22 critical care beds across two sites. At St Richards there were 10 critical care beds. The unit is a flexible 10 bedded critical care unit, which is made up of 6 level 3 beds and 4 level 2 beds.

St Richard's Hospital critical care ward is called Itchenor (ICU/HDU). As of 31 March 2019, there were 49.9 nursing whole time equivalents (WTE).

Critical care is one of 5 surgery care groups within the trust. Each care group is led by a multi-disciplinary triumvirate of clinical director, care group manager and senior nurse.

Critical care, theatres, anaesthetics and pain management all come under the one directorate umbrella.

Since our last inspection, the critical care team had made positive progress in introducing recommendations that we made.

We said that the consultant rota should be reviewed, the trust has invested money to implement a split consultant intensivist rota for dedicated cover and specialist review of admissions 24-hours a day seven days a week.

We said the service should review its discharge arrangements to ensure patients are cared for in a proper environment within an adequate period. The trust completed a patient first improvement programme trust-wide and reduced 24hr delayed discharges by as much as 75% and were the only trust in the country to achieve the national CQUIN (30%) and had kept it to date.

We said that the existing estate needed improvements to meet the required national standards. The St Richards site has been re decorated and improvements had been made to the storage and environments. The trust has undertaken a site master planning project over the last 18 months to design future estates for both acute hospitals and the there are plans to rebuild the Worthing site.

We recommended that the unit increased the trust-wide outreach team cover from five days a week to 24-hour seven day a week cover. The critical care outreach team now cover the service seven days a week from 08:00am to 8:30pm.

Overall the trust has accepted critical care as a top priority and plans had been agreed to redesign and develop the critical care departments.

The Intensive Care National Audit and Research Centre (ICNARC) data given to us shows that St Richards demonstrated that their performance is in line with national standards.

Summary of findings

The organ donation service has been rated gold in 2018/19 compared to UK performance NHS Blood & Transplant, this is because in that period the service achieved 100% early referral rates and 100% Specialist Nurse for Organ Donation (SNOD) attendance.

There is a new clinical lead in the ITU department with designated time to review governance in their job plans.

During our inspection we spoke with 16 staff of various grades, including chief of surgery, The critical care clinical leadership team, 2 intensivists consultants, doctors, nurses, technicians, ward clerks, support workers, physiotherapy, the microbiologist, outreach and the pharmacist.

We reviewed 5 sets of patient records, and 5 sets of staff continuing professional development (CPD) documents.

Summary of services at St Richard's Hospital

Outstanding   

Our rating of services has identified that the unit has made improvements since our last inspection. We rated it as outstanding because:

- There was an inclusive, effective and compassionate leadership structure. Leaders were competent and had high levels of expertise and experience, they continually demonstrated the capability to provide excellent sustainable care. It was apparent that deeply embedded systems of management and succession planning, aimed to ensure management represented the diversity of the workforce.
- There was noticeably clear leadership of the service with a structure that was mirrored on both acute sites. The service had a vision for what it wanted to achieve and turned innovative strategies in to achievable actions. This vision focused on sustainability of services and was fully aligned with the wider health economy.
- Leaders delivery of the trusts shared purpose was inspiring and motivated people to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns.
- There was a strong visible person-centred culture to providing care in the critical care unit. Patients were always treated with respect and dignity. All staff we spoke were passionate and dedicated to making sure patients received the best individualised patient-centred care possible.
- The trust provided mandatory training in key skills, including life support training, to all staff and made sure everyone completed it.
- There were defined and embedded standard operating procedures in place that kept people safe and safeguarded them from abuse. These systems were reliable and designed to minimise error.
- The service-controlled infection risk in line with best practice. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use all life support equipment. Staff managed clinical waste well.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were as important as their physical needs.
- Relatives of patients told us they felt involved in decisions. We observed staff communicate with patients and their relatives in language they could understand regarding their care and treatment.

Summary of findings

- Staff had easy access to the information they need to assess, plan and deliver care, treatment and support to people in a timely way; particularly when people are referred or when they transition between services. The different systems to store or manage care records, were coordinated. People understood the information that was shared about them and were provided with a copy of this when appropriate.
- 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.
- All staff were actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. Outcomes for people who use services are positive, consistent and regularly exceed expectations.
- The continuing professional development of the staff's, competence knowledge and skills was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers made sure staff received any specialist training for their role.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.
- The service was inclusive and took account of patients' individual needs and preferences. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs.
- There was a fully embedded and systematic approach to improvement which made consistent use of a recognised improvement methodology. Improvement was a way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the service and staff were empowered to lead and deliver change.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.
- The service had enough 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.
- 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. Managers regularly reviewed staffing levels and skill mix.

However:

- The outreach team did not yet provide a round the clock service.
- The high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance.
- The unit only had two isolation rooms and this has been identified by the trust and placed on the risk register.

Summary of findings

- Safety thermometer data was not displayed within the unit to keep patients and visitors informed about the unit's performance.

Critical care

Outstanding ☆ ↑↑

Key facts and figures

St. Richard's Hospital has one critical care ward, Itchenor (ISU/HDU). As of 31 March 2019, there were 49.9 nursing whole time equivalents (WTE).

St. Richards is a flexible 10 bedded critical care unit, which is made up of six level 3 beds and four level 2 beds.

Summary of this service

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

The leadership team had ensured that recommendations from our last inspection had been acted upon. Improvements to services were noted by the team across the critical care unit on both sites.

Is the service safe?

Good ● ↑

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

- The trust provided mandatory training in key skills, including life support training, to all staff and made sure everyone completed it.
- The unit had enough 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 skills mix.
- Staff understood how to protect patients from abuse. Staff understood their responsibilities and the steps to take in the event of a safeguarding concern. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The trust delivered appropriate training on how to recognise and report abuse, the systems, processes and practices protect people from harm, abuse, neglect and harassment, inclusive of any breaches in their dignity.
- The service-controlled infection risk in line with best practice. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use all life support equipment. Staff managed clinical waste well.
- The trust arrangements for managing waste and clinical specimens was pro-active, reduced waste and was cost effective and protected the local population.
- Staff completed and updated risk assessments for each patient and minimised or removed risks. Staff quickly identified and acted upon patients at risk of deterioration.

Critical care

- Staff had easy access to the information they need to assess, plan and deliver, treatment and support to people in a timely way; particularly when people are referred or when they transition between services. The different systems to store or manage care records, were coordinated. People understood the information that was shared about them and were provided with a copy of this when appropriate.
- The trust made sure that all staff had the support, training, technology and equipment to identify and respond to changing conditions of people who used the services, including, medical emergencies, deteriorating health and wellbeing, or challenging behaviour. Staff were always supported from senior team members in these situations.
- The service had enough allied healthcare professionals' 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.
- There were systems and processes in place to assess, plan and review staffing levels on the critical care unit, including skill mix. Rotas were planned, which allowed for adjustments to be made to make sure the correct skill mix was in place to ensure safe patient care.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to give the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.
- There was an open and honest culture and when things went wrong, staff apologised and gave patients honest information and appropriate patient centred support.
- We saw that 5 out of 6 safeguarding training modules were above the trust target of 90% for nursing staff, and 4 out of 6 were above the trust target of 90% for medical staff.

However,

- Safety thermometer data was not displayed on the unit to keep people informed about the units performance.

Is the service effective?

Outstanding ☆ ↑

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

- There was a truly integrated approach to assessing, planning and delivering care and treatment to all people who used the service. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care.
- Staff knew their roles and protected the rights of patients subject to the Mental Health Act 1983.

Critical care

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted care to ensure that the patients' religious, cultural and other needs were met.
- Staff assessed and checked patients regularly to see if they were in pain and gave pain relief promptly. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain when needed.
- All staff were actively engaged in activities that monitored and improved quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used the service were positive, consistent and on occasions exceeded expectations.
- The continuing development of the staff skills, competence and knowledge was recognised as being integral to high quality care. Staff were proactively supported and encouraged to develop new skills, use their transferable skills and share best practice.
- Staff across all specialisms, and services were committed to working collaboratively and found innovative and efficient ways to improve and deliver joined-up care to people who used the service.
- Staff were consistent in supporting people to live healthier lives, including targeting those who needed extra support, through a proactive approach to health promotion and improving ill-health, they used every contact with people to do so.
-

Is the service caring?

Outstanding   

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

- There was a strong visible person-centred culture to providing critical care on the unit. Staff were highly motivated and passionate about offering care that was kind and protected people's dignity. Relationships between patients, those close to them and staff were strong, compassionate, supportive, and respectful.
- Our inspection team observed staff treating patients with passion, dignity and respect. Feedback from people confirmed that staff go that extra mile and their care and support exceeded expectations
- Staff recognised and respected the entirety of people's needs. They were always considerate of people personal, cultural, social and religious requests and found innovative ways to meet them. Peoples emotional and cultural needs were known to be as being as important as their physical needs.
- The Critical care unit devised services that allowed people to express their views and be actively involved in decisions about their care, support and treatment wherever possible.
- All staff on the unit understood the impact that critical care, disability and treatment had on patients and families emotional and cultural wellbeing. Patients who were given life changing diagnosis were always given the appropriate emotional support and access to other support services.
- People who used the service and those close to them were active partners in their care. Staff showed total commitment to working in partnership with people.

Critical care

- Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles in care delivery. Peoples preferences and desires was always tailored to meet their individual needs.
- All staff recognised that people needed to have access and links with their support and advocacy networks in the community and made sure external links were initiated. They ensured the peoples communication needs were met by linking with best practice and learning from it.
- People valued their relationships with staff and felt that they often go 'the extra mile' for them when providing care and support.
- Staff had accessible ways to communicate with people when their protected equality or other characteristics make this necessary.

Is the service responsive?

Outstanding ☆ ↑↑

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

- The service planned and provided care that truly met the needs of local people and the communities it served. It worked well with the other local and national organisations to plan care.
- There were innovative approaches to providing integrated person-centred pathways with other care providers and local organisations to plan and deliver holistic care particularly for people with multiple and complex needs.
- The Trust responded to the recommendations from our last inspection and increased critical care outreach services to cover the service seven days a week from 8am-8pm. Since the increase in outreach cover the trust has seen a marked reduction in cardiac arrest events.
- The service was inclusive and took account of patients' individual needs and preferences. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. People were treated as individuals and their care was designed to take all their needs into account.
- People had access to the service when they needed it and received the right care promptly. There was innovative use of technology which ensured people had the right access to care and treatment.
- It was easy for people to give feedback and raise concerned about their care and treatment. The service treated concerns and complaints seriously, investigated them and shared lessons learnt with all staff. It was clear what improvements had been made because of learning from reviews and feedback.
- People who used the service, were involved in regular reviews and empowered to give feedback and raise concerns about care received. It was clear what improvements had been made because of learning from reviews and feedback.
- 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.

Critical care

Is the service well-led?

Outstanding  

Our rating of well-led went up. We rated it as outstanding because:

- There was an inclusive, effective and compassionate leadership structure. Leaders were competent and had high levels of experience, and continually demonstrated the capability and capacity to provide excellent and sustainable care. Deeply embedded systems of leadership and succession planning, that aimed to ensure leadership represented the diversity of the workforce was evident.
- There was noticeably clear leadership of the service with a structure that was mirrored on both acute sites. Critical care services sat within the Surgery Division under a triumvirate leadership of a Director of Operations, a Chief of Service and a Head of Nursing.
- The trust had invested £600,000 to implement a split consultant intensivist rota allowing for a dedicated cover and specialist review of admissions throughout the day and night on both sites.
- Leaders, at all levels from trust board to site level leaders were visible, respected and approachable. The leaders knew their service very well and understood where the strengths and challenges lay.
- The service had a vision for what it wanted to achieve and turned innovative strategies into actions, which were achievable and developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and fully aligned to local plans within the wider health economy. There was a demonstrated commitment to system-wide collaboration and leadership.
- From March 2018 there had not been any complaints about the critical units on either site that would trigger a formal response under the duty of candour regulation.
- Leaders' delivery of the shared purpose was inspiring, and motivated people to succeed. There were high levels of staff satisfaction across all teams, including staff protected by the characteristics of the Equality Act. Organisational commitment and effective action towards ensuring equality and inclusion was obvious within the workforce.
- Staff were proud of the organisation as a place to work and spoke highly of the leadership and culture. Staff at all levels were encouraged and supported to speak up and raise concerns, all policies and procedures positively supported this process.
- Leaders operated proactive governance processes that were regularly reviewed and reflected best practice 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 demonstrated commitment to best practice performance and risk management systems and processes cross-site. The leadership team reviewed how it functioned and ensured that staff at all levels had the knowledge and skills to use all systems and processes effectively. Problems were identified and addressed quickly and openly.
- 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.

Critical care

- The trust invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, reliable, valid, timely and relevant.
- 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.

Outstanding practice

- Through innovative practice following relative feedback the staff had raised funds to improve patients experience whilst on the unit. Staff and friends had organised a charity ball and a 10k run to raise the funds for sound monitoring equipment and orientation whiteboards.
- We were given evidence of innovative practice whereby a doctor had designed a simulation gel to help aid Airway training procedures in her simulation teaching sessions.
- The trust won the national safety prize for the Annual Association of Anaesthetists twice in the last six years. One of these was for a doctor who had developed a new gel to enable the creation of simulation models for training clinical staff in the management of patients with different body shapes or anomalies.
- The trust organ donation service was rated Gold in 2018/19 by the organ donation service. The trust achieved 100% early referral rates and 100% Specialist nurse for organ donation (SNOD) attendance who along with medical staff that identified potential donors had sensitive conversations with patients and relatives for anyone meeting the referral criteria. Western Sussex facilitated 12 actual solid organ donations resulting in 29 patients receiving a transplant during the standard period.
- A senior physiotherapist was trained to perform lung ultrasound and accredited with a Core Ultrasound in Intensive Care (CUSIC). The medical team supported the physiotherapist to use safer scan equipment to promptly identify lung infection and exclude pneumothorax; which speeded up diagnosis and reduced exposure to radiation.

Areas for improvement

- The outreach team did not yet provide a round the clock service.
- The high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance.
- The unit only had two isolation rooms and this has been identified by the trust and placed on the risk register.
- Safety thermometer data was not displayed within the unit to keep patients and visitors informed about the unit's performance.

Outpatients

Good  → ←

Key facts and figures

Outpatient services at the trust are delivered from three hospitals, Worthing Hospital, Southlands Hospital, Shoreham and St Richard's Hospital in Chichester.

Outpatient services include new patient and follow up consultant and nurse led clinics. There were one stop clinics for some specialities. Outpatients provide treatment clinics, including minor operations for dermatology and maxillary facial (including orthodontics). There are also diagnostic clinics such as endoscopy clinics and hysteroscopy clinics. Specialist bariatric services are also provided.

Adult and paediatric services are delivered in separate areas. There was a dedicated children's outpatients' areas and a women's health outpatient clinic. The trust had purpose-built cancer centres providing community and acute outpatient care in one area, encouraging collaboration and joint working with other agencies.

Summary of this service

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

Is the service safe?

Good  → ←

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

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service effective?

Not sufficient evidence to rate 

We did not rate the effective domain for outpatients.

This service was not rated during our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service caring?

Good  → ←

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

Outpatients

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service responsive?

Good  

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

- Services were planned to meet the needs of the local community. One stop clinics reduced the number of appointments individual patients needed to attend and were offered in breast care, urology and ophthalmology. Other clinics were provided in community settings to allow easier access to services. This included paediatric clinics being run in health centres in more disadvantaged communities to reduce the cost and difficulties for parents and children needing to travel to the main hospitals.
- Outpatient services ensured people's needs were met through the way services were organised and developed. Individual needs and preferences were considered, and services adapted to meet these, whenever possible.
- The facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including accessible lavatories and access to refreshments. There was parking, including disabled parking, close to the outpatient department.
- A new ophthalmology (eye care) unit was opened in 2017 at Southlands Hospital in response to increasing demand,
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy-to-use facility included large font, text-to-speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefited those with learning disabilities / difficulties and overseas language speakers.
- The 'did not attend' rate for the outpatient department at the trust was better than the national average. From March 2018 to February 2019 the 'did not attend' rates for all sites at the trust were much lower than the England average. The trust used an automated telephone reminder system to remind patients about appointments. Patients received an automated appointment reminder and were asked to select the appropriate options when asked.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways was better than the national average.
- Trust performance for cancer waiting times was better than the operational standard and the national average.
- Cancer Performance – The trust had significant increases in demand for Coastal West Sussex Clinical Commissioning Group Patients in 2018/19 in comparison to the previous year, an overall rise of 8.9% rise in 2-week referrals & a 7.7% rise in 62-day urgent referrals. Specialities that have seen a significant increase include Colorectal, Urology, Skin, Breast and Head & Neck.
- Despite this, overall the trust exceeded national performance for all but one indicator and achieved compliance for 5 of the 7 cancer performance indicators in 2018/19.
- Action was taken to minimise the length of time people had to wait for care, treatment of advice. There was close monitoring of waiting lists and patient follow ups

Outpatients

- Performance against 18 Week Referral to Treatment time – The trust achieved compliance with the revised NHSE target that their waiting list in March 2019 should be no higher than that of March 2018 both for Coastal West Sussex Clinical Commissioning Group patients and as a trust. The trust target had been reset by the commissioners and the data provided showed they were on target to meet the new trajectory.
- The data published in May 2019 showed that the trust had no 52+ week breaches. Provisional data showed the waiting list at the trust for Coastal West Sussex Clinical Commissioning Group patients was currently 3% higher than for March 2019 while the backlog was 6% lower. The number of completed pathways in May 2019 was 6% higher than for March 2019 with the number of ‘clock starts’ being 1.2% higher.
- Over time, there was an improving picture for the referral to treatment times. RTT compliance in June 19 was 83.5% with no patients waiting over 52 weeks. The trust remained on track to deliver the 92% target by the end of the year. The compliance against the RTT target for patients on an outpatient pathway improved to 90%.
- Cancer performance for June 2019 was compliant against all the targets, with 85% of patients treated within 62 days. This was well ahead of the trust's recovery plan and in the context of continued significant increased demand.
- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- Delays and cancellations were explained to people and the trust closely monitored cancellations in fewer than six weeks. Data showed a reduction in cancellations in fewer than six weeks.
- The trust scored above the national average for questions related to outpatients in the National Cancer Patient Experience Survey. The average rating given by respondents when asked to rate their cancer care provided at the trust on a scale of 0, (very poor) to 10, (very good) was 8.8. Ninety-four percent said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital. Ninety-one percent said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.
- 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.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The number of trust wide formal complaints had reduced from an average of 50 per month to 35 per month over the last 12 months. This sustained reduction was thought to be as a direct result of senior managers telephoning the complainant and demonstrating an open approach to providing a quick resolution.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Outpatients

Outstanding practice

- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The Wayfinding Steering Group which included staff from Equality & Diversity and Facilities & Estates had worked together to redesign the signage and way finding at the trust. Careful thought had been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessibility needs.
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy to use facility included large font, text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefit those with learning disabilities / difficulties and overseas language speakers.

Worthing Hospital

Lyndhurst Road
Worthing
West Sussex
BN11 2DH
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Key facts and figures

The trust serves a population of around 450,00 across a catchment area covering most of West Sussex. The three hospitals are situated in the local authorities of Worthing, Chichester and Adur. These areas have a higher proportion of over 65's (between 21.8% and 25.8%) compared to the England average (17.3%).

The three local authorities have a lower proportion of ethnic minority populations compared to the England average with 93.7% and 96.7% of the population being white, compared to an England average of 85.3%.

Deprivation:

Adur and Worthing fall within the third quintile on the index of multiple deprivation, signifying that they are in the middle 20% in England for deprivation. Chichester lies in the second quintile, meaning it is in the top 40% of least deprived areas in the country. The excess winter deaths in the Adur district is amongst England's worst performing districts.

Summary of services at Worthing Hospital

Outstanding   

Our rating of services stayed the same. We rated them as outstanding because:

Western Sussex Hospitals NHS Foundation Trust became a foundation trust on 1 July 2013.

Worthing Hospital, West Sussex is one of three hospitals provided by the trust.

Worthing Hospital provides a full range of general acute hospital services including A&E, maternity, outpatients, day surgery and intensive care. It is also home to the West Sussex Breast Screening service.

Critical care

Outstanding   

Key facts and figures

The trust has 46 critical care beds.

Worthing Hospital has one critical care ward, Critical Care (ITU/HDU). As of 31 March 2019, there were 53.5 nursing whole time equivalents (WTE).

(Source: Trust Routine Provider Request)

The critical care unit at Worthing Hospital had 12 beds, including two side rooms. Six were designated for level three patients (intensive care), and six for level two (high dependency).

There was an enhanced surgical care unit, which had five beds.

There was a critical care outreach service which was available seven days a week.

Between April 2018 and March 2019, there were 625 admission to the critical care unit at Worthing Hospital. There is intensivist cover seven days a week from 8am – 6pm. Outside of these hours a consultant is on call and an anaesthetic intensivist is available to assist.

During the inspection, we visited all areas of the service. We spoke with 18 staff including; registered nurses, doctors, health care assistants and senior managers. We spoke with five patients and three relatives. We looked at seven sets of electronic patient records, and seven drug charts.

Summary of this service

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

- Leadership was compassionate, inclusive and effective. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had the skills, knowledge and experience to perform their roles.
- Leaders and staff had a deep understanding of issues, challenges, priorities and vision for their service. The strategy places patients' safety and individual needs at the core of its strategy.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality, safety and sustainability of care. Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns.
- There was a strong visible person-centred culture to providing care in the critical care unit. Patients were treated with dignity and respect at all times. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives of patients told us they felt involved in decisions. We observed staff communicated with patients and their relatives in a way which they could understand, and they asked patients if they understood what had been discussed.

Critical care

- All staff were actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. Outcomes for people who use services are positive, consistent and regularly exceed expectations.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers made sure staff received any specialist training for their role.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.
- The service was inclusive and took account of patients' individual needs and preferences. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- There was a fully embedded and systematic approach to improvement which made consistent use of a recognised improvement methodology. Improvement was seen as a way to deal with performance and for the organisation to lean. Improvement methods and skills were available and used across the service and staff were empowered to lead and deliver change.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.
- The service had enough 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.
- 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. Managers regularly reviewed staffing levels and skill mix.
- The service had enough 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.
- Staff understood how to protect patients from abuse. Staff understood their responsibilities and the steps to take in the event of a safeguarding concern. Staff had training on how to recognise and report abuse, and they knew how to apply it.

However:

- The high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance
- Safety thermometer data was not displayed. to keep patients and visitors informed about the units performance.

Critical care

Is the service safe?

Good ● ↑

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

- The service had enough 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.
- Staff understood how to protect patients from abuse. Staff understood their responsibilities and the steps to take in the event of a safeguarding concern. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk in line with best practice. There were policies to manage effective infection control and hygiene processes. We saw staff cleaned their hands at the correct times, and were bare below the elbow, in line with trust policy. Equipment and the environment were visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Safe managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough 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.
- 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. Managers regularly reviewed staffing levels and skill mix.
- 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.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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 collected safety information, managers used this to improve the service.

However:

- The high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance
- Safety thermometer data was not displayed. to keep patients and visitors informed about the units performance.

Is the service effective?

Outstanding ☆ ↑

Critical care

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- 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 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 pain relief to ease pain.
- All staff were actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. Outcomes for people who use services are positive, consistent and regularly exceed expectations.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers made sure staff received any specialist training for their role.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Outstanding ☆ → ←

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

- There was a strong visible person-centred culture to providing care in the critical care unit. Patients were treated with dignity and respect at all times. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible.
- We saw and heard staff delivering kind and compassionate care, going above and beyond and helped patients, relatives or carers feel at ease. Staff interacted with people in a positive, professional, and informative manner.
- People were always treated with dignity by all those involved in their care, treatment and support.
- Staff members showed an understanding and a non-judgemental attitude when talking about patients who had mental ill health or a learning disability. Staff responded to patients who might be frightened, confused or have a phobia about a medical procedure or any aspect of their care in a respectful and understanding way.
- Feedback from people who used the service and those who were close to them was continually positive about the way staff treat people.
- Staff understood and respected the personal, cultural, social and religious needs of people and how these may relate to care needs. Information about this was recorded as part of individual 'knowing me' documents and staff demonstrated an understanding of respecting patients' wishes in all aspects of their care.

Critical care

- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.
- Staff we spoke with told us that they would constantly provide reassurance to anxious patients and would communicate to them in a calm manner which helped them to be relaxed.
- The trust was committed to drive awareness and culture surrounding organ donation. Staff worked closely with the specialist nurse for organ donation to provide care and support to both relatives and patients at the end of life.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives of patients told us they felt involved in decisions. We observed staff communicated with patients and their relatives in a way which they could understand, and they asked patients if they understood what had been discussed.
- People valued their relationships with staff and felt that they often go 'the extra mile' for them when providing care and support.
- Staff had accessible ways to communicate with people when their protected equality or other characteristics make this necessary.
- Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

Is the service responsive?

Outstanding   

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

- 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. Critical care provision on the unit was able to be flexed to meet the differing needs of level two and level three patients.
- The service had systems to help care for patients in need of additional support or specialist intervention. Follow-up clinics were in place in line with the Guidance for the Provision of Intensive Care (2015). Appointments were offered to any patients who were on the units for three days or more.
- The service was inclusive and took account of patients' individual needs and preferences. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs.
- Patients with complex needs, such as learning disabilities, autism or living with dementia, received care through a coordinated multi-disciplinary approach.
- Staff supported patients and those close to them during referral, transfer between services and discharges.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.

Critical care

- The Royal College of Anaesthetists recommends 70% occupancy for critical care services, in order to allow capacity for emergency admissions. The data below shows that the Worthing Hospital critical care service was mostly below the recommended 70% occupancy rate, with an average percentage of 64%.
- The service made sure that the critical care service did not impact on the elective care.
- 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.

Is the service well-led?

Outstanding  

Our rating of well-led improved. We rated it as outstanding because:

- Leadership was compassionate, inclusive and effective. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had the skills, knowledge and experience to perform their roles.
- Leaders and staff had a deep understanding of issues, challenges, priorities and vision for their service. The strategy places patients' safety and individual needs at the core of its strategy.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality, safety and sustainability of care. Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and made sure that staff at all levels had the skills and knowledge to use the systems and processes effectively. Problems were identified and addressed quickly and openly.
- The service routinely collected, managed and used information to support its activities. Staff had access to up to date information on patient care and treatment and were aware of how to use and store confidential information. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- The service engaged with patients, staff and the public to plan and manage services. Patient, relatives and carers were encouraged to contribute to the running of the service through feedback. Staff were actively engaged, and their views were reflected in the planning and delivery of the service.
- There was a fully embedded and systematic approach to improvement which made consistent use of a recognised improvement methodology. Improvement was seen as a way to deal with performance and for the organisation to lean. Improvement methods and skills were available and used across the service and staff were empowered to lead and deliver change.

Outpatients

Good  → ←

Key facts and figures

Outpatient services at the trust are delivered from three hospitals, Worthing Hospital, Southlands Hospital, Shoreham and St Richards Hospital in Chichester.

Outpatient services include new patient and follow up consultant and nurse led clinics. There were one stop clinics for some specialities. Outpatients provide treatment clinics, including minor operations for dermatology and maxillary facial (including orthodontics). There are also diagnostic clinics such as endoscopy clinics and hysteroscopy clinics. Specialist bariatric services are also provided.

Adult and paediatric services are delivered in separate areas. There was a dedicated children's outpatients' areas and a women's health outpatient clinic. The trust had purpose-built cancer centres providing community and acute outpatient care in one area, encouraging collaboration and joint working with other agencies.

Summary of this service

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

Is the service safe?

Good  → ←

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

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service effective?

Not sufficient evidence to rate 

We did not rate the effective domain for outpatients.

This service was not rated during our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service caring?

Good  → ←

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

Outpatients

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Is the service responsive?

Good  

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

- Services were planned to meet the needs of the local community. One stop clinics reduced the number of appointments individual patients needed to attend and were offered in breast care, urology and ophthalmology. Other clinics were provided in community settings to allow easier access to services. This included paediatric clinics being run in health centres in more disadvantaged communities to reduce the cost and difficulties for parents and children needing to travel to the main hospitals.
- Outpatient services ensured people's needs were met through the way services were organised and developed. Individual needs and preferences were considered, and services adapted to meet these, whenever possible.
- The facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including accessible lavatories and access to refreshments. There was parking, including disabled parking, close to the outpatient department.
- A new ophthalmology (eye care) unit was opened in 2017 at Southlands Hospital in response to increasing demand,
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy-to-use facility included large font, text-to-speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefited those with learning disabilities / difficulties and overseas language speakers.
- The 'did not attend' rate for the outpatient department at the trust was better than the national average. From March 2018 to February 2019 the 'did not attend' rates for all sites at the trust were much lower than the England average. The trust used an automated telephone reminder system to remind patients about appointments. Patients received an automated appointment reminder and were asked to select the appropriate options when asked.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways was better than the national average.
- Trust performance for cancer waiting times was better than the operational standard and the national average.
- Cancer Performance – The trust had significant increases in demand for Coastal West Sussex Clinical Commissioning Group Patients in 2018/19 in comparison to the previous year, an overall rise of 8.9% rise in 2-week referrals & a 7.7% rise in 62-day urgent referrals. Specialities that have seen a significant increase include Colorectal, Urology, Skin, Breast and Head & Neck.
- Despite this, overall the trust exceeded national performance for all but one indicator and achieved compliance for 5 of the 7 cancer performance indicators in 2018/19.
- Action was taken to minimise the length of time people had to wait for care, treatment of advice. There was close monitoring of waiting lists and patient follow ups

Outpatients

- Performance against 18 Week Referral to Treatment time – The trust achieved compliance with the revised NHSE target that their waiting list in March 2019 should be no higher than that of March 2018 both for Coastal West Sussex Clinical Commissioning Group patients and as a trust. The trust target had been reset by the commissioners and the data provided showed they were on target to meet the new trajectory.
- The data published in May 2019 showed that the trust had no 52+ week breaches. Provisional data showed the waiting list at the trust for Coastal West Sussex Clinical Commissioning Group patients was currently 3% higher than for March 2019 while the backlog was 6% lower. The number of completed pathways in May 2019 was 6% higher than for March 2019 with the number of ‘clock starts’ being 1.2% higher.
- Over time, there was an improving picture for the referral to treatment times. RTT compliance in June 19 was 83.5% with no patients waiting over 52 weeks. The trust remained on track to deliver the 92% target by the end of the year. The compliance against the RTT target for patients on an outpatient pathway improved to 90%.
- Cancer performance for June 2019 was compliant against all the targets, with 85% of patients treated within 62 days. This was well ahead of the trust's recovery plan and in the context of continued significant increased demand.
- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- Delays and cancellations were explained to people and the trust closely monitored cancellations in fewer than six weeks. Data showed a reduction in cancellations in fewer than six weeks.
- The trust scored above the national average for questions related to outpatients in the National Cancer Patient Experience Survey. The average rating given by respondents when asked to rate their cancer care provided at the trust on a scale of 0, (very poor) to 10, (very good) was 8.8. Ninety-four percent said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital. Ninety-one percent said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.
- 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.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The number of formal complaints had reduced from an average of 50 per month to 35 per month over the last 12 months. This sustained reduction was thought to be as a direct result of senior managers telephoning the complainant and demonstrating an open approach to providing a quick resolution.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

This was the rating from our previous inspection in December 2016 when we reviewed the whole core service. We reviewed information we held about the service as part of our inspection planning and determined that there were no risks that required us to inspect this part of the core service, at this time.

Outstanding practice

Outpatients

- The trust website provided a graph that showed the number of calls made for outpatient departments hourly on each day which allowed patients to see when the telephone lines were likely to be busiest. This allowed patients to choose a quieter time to telephone.
- The Patient Experience and Feedback Committee met on behalf of the trust board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging.
- The Wayfinding Steering Group which included staff from Equality & Diversity and Facilities & Estates had worked together to redesign the signage and way finding at the trust. Careful thought had been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessibility needs.
- In partnership with Brighton and Sussex University Hospitals Trust, the trust had purchased a 2-year contract for the 'Recite Me' system to improve accessibility of the trust's website, and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the trust website in way individuals need it to work for them personally. The easy to use facility included large font, text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefit those with learning disabilities / difficulties and overseas language speakers.

Our inspection team

An executive reviewer, Gail Byrne, Director of Nursing and Organisational Development at the University Hospitals of Southampton supported our inspection of well-led for the trust overall.

The team included six inspectors, an executive reviewer, two quality improvement managers and four specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Our quality improvement managers are two CQC employees with expertise in quality improvement systems.