Southampton NHS Treatment Centre

Quality Report

Level C
South Hants Hospital
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Letter from the Chief Inspector of Hospitals

Southampton Treatment Centre is operated by Care UK. The hospital has 19 beds. Facilities include a day ward, five operating theatres, pre-admission area and theatre sterile supplies unit and two endoscopy suites, one gynaecology suite, a physiotherapy gym room and outpatient facilities.

The hospital provides surgery and outpatients services. There were no services provided to persons under the age of sixteen. Day case and inpatient surgery specialities included major and minor orthopaedics, ears nose and throat, and general surgery. We inspected surgery and outpatient services.

We inspected this service using our comprehensive inspection methodology.

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 services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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

Services we rate

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

We found outstanding practice in relation to surgery and outpatient:

- Feedback from people who used the service was continually positive about the way staff treated people. People told us that staff went an extra mile and their care and support exceeded their expectations. They told us that staff had been kind and had treated them with compassion and care.
- Patients felt really cared for and that they mattered. Patients told us they felt involved in the decisions about their care, and relatives told us they were kept informed and updated.

We found good practice in relation to outpatient care:

- Staff were supported through a change process whereby consultants would type up their letter on the system in real-time. There was a backlog at the current time, of up to three weeks for a clinic letter to be typed up, checked and sent out by post. Extra staff had been employed to work through the backlog and the help staff through phasing in the change process.
- The service had exceptional leaders at every level, who cared for their staff and did not expect them to do anything they themselves were not prepared to do. There was a learning culture where staff were encouraged to be honest, open and transparent.
- The outpatient clinics were planned with precision and care to ensure the patients did not have to wait for unnecessary periods of time.

We found areas of good practice in surgery:

- Patients were contacted by telephone three days prior to their admission date to check the patient understood their admission details and to check they were not suffering any illness. This helped identify any potential cancellation of operation allowing the service to offer that appointment to another patient.

Summary of findings

- The service had a post-operative medical helpline, available 24 hours a day for post-operative patients within a specific time frame. The service was available for six weeks after all operations and 12 months post major orthopaedic surgery.
- There was compassionate, inclusive and effective leadership at all levels. The managers were concerned about parity and fairness and in the restructure of the administration team and sought to fairly remunerate their staff for the skills and responsibilities they had in these roles.

Amanda Stanford
Deputy Chief Inspector of Hospitals (London and South Central)

Overall summary

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- Patients felt really cared for and that they mattered. Patients told us they felt involved in the decisions about their care, and relatives told us they were kept informed and updated.
- Patients were contacted by telephone three days prior to their admission date to check the patient understood their admission details and to check they were not suffering any illness. This helped identify any potential cancellation of operation allowing the service to offer that appointment to another patient.
- The service had exceptional leaders at every level, who cared for their staff and did not expect them to do anything they themselves were not prepared to do. There was a learning culture where staff were encouraged to be honest, open and transparent.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Outstanding** ☆	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated this service as outstanding because feedback from people was continually positive about the way staff treated people. People told us that staff went an extra mile and their care and support exceeded their expectations. They told us that staff had been kind and had treated them with compassion and care.
Outpatients	**Outstanding** ☆	We rated this service as outstanding because the staff without exception demonstrated respect, kindness and care to patients and relatives and also towards their colleagues. The service had exceptional leaders at every level, who cared for their staff and did not expect them to do anything they themselves were not prepared to do. There was a learning culture where staff were encouraged to be honest, open and transparent.

Summary of findings

Contents

Outstanding ☆

Southampton NHS Treatment Centre

Services we looked at
Surgery; Outpatient services (for people of all ages)

Summary of this inspection

Background to Southampton NHS Treatment Centre

Southampton Treatment Centre is operated by Care UK. The hospital/service opened in 2008. It is a private hospital in Southampton, Hampshire. The hospital primarily serves the communities of the Southampton City, West Hampsire, Fareham and Gosport, Isle of Wight, North Hampshire and Portsmouth and South East Hampshire. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since 2008. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in January 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector for surgery and a CQC lead inspector for outpatients, another CQC inspector and two specialist advisors with expertise in theatres, surgery and outpatients. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about Southampton NHS Treatment Centre

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

The hospital has two wards and is registered to provide the following regulated activities:

- Diagnostic and Screening Procedures
- Surgical Procedures
- Treatment of Disease, Disorder or Injury

During the inspection, we visited the outpatient department, inpatient ward, day ward, oral surgery, physiotherapy, endoscopy and theatres. We spoke with 60 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with 10 patients and one relative. During our inspection, we reviewed 12 sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times and the most recent inspection took place in May 2015. Activity (July 2017 to June 2018)

- In the reporting period 1 July 2017 to 30 June 2018, there were 1,430 inpatient attendances, 12,270 day case attendances and 13,690 visits to theatres recorded at the treatrment centre.All these patients were NHS funded.
- 10% of all NHS-funded patients and 25% of all other funded patients stayed overnight at the hospital during the same reporting period.

Summary of this inspection

- There were 37,009 outpatient total attendances in the reporting period; of almost all (99.85%) were NHS-funded and 0.15% non NHS funded.

There are 47 doctors and dentists employed by the treatment centre. It has no staff with practice privileges. The treatment centre employed 20.1 (FTE) nursing and midwifery registered nurses, 66.6 (FTE) Health care assistants and operating department practitioner and 28.2 (FTE) other hospital staff including administrative and clerical, porters, etc as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- 0 Never events
- Clinical incidents 172 no harm, 86 low harm, 27 moderate harm, 0 severe harm, 0 death
- 0 serious injuries

0 incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

0 incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

0 incidences of hospital acquired Clostridium difficile (c.diff)

0 incidences of hospital acquired E-Coli

25 complaints

Services accredited by a national body:

- Joint Advisory Group on GI endoscopy (JAGS) accreditation (AJAGS attained March 2016)

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision
- Patient transport
- Occupational health
- Nerve conduction studies
- Specialist hands physiotherapy

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

Managers continued to make sure staff received mandatory training in key skills. Staff had training on how to recognise and report abuse and they knew how to apply it. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Are services effective?

Good

We rated effective as good because:

Managers checked to make sure staff followed guidance. Staff continued to assess and to monitor patients regularly to see if they were in pain. Managers monitored the effectiveness of care and treatment and used the findings to improve them.

Are services caring?

Outstanding

We rated caring as outstanding because:

Feedback from people who used the service was continually positive about the way staff treated people. People told us that staff went an extra mile and their care and support exceeded their expectations. They told us that staff had been kind and had treated them with compassion and care.

Are services responsive?

Good

We rated responsive as good because:

Staff responded positively to all patient feedback and responded by making changes to the environment or to processes to make patient experience 'as painless as possible.' The outpatient clinics at the treatment centre were planned with precision and care to ensure the patients did not have to wait for unnecessary periods of time.

Are services well-led?

Outstanding

We rated well-led as outstanding because:

There was compassionate, inclusive and effective leadership at all levels. The implementation of plans had improved and this had a positive impact on quality and sustainability of the service. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There was demonstrated commitment to best practice performance and risk management systems and processes. Plans were consistently implemented, and had a positive impact on quality and sustainability of services. There were six

Summary of this inspection

monthly quality review meeting where the leadership team from the treatment centre and the clinical commissioning groups reviewed how the service was contributing to the overall vision of the health economy.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Outstanding	Good	Outstanding	Outstanding
Outpatients	Good	N/A	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Good	Outstanding	Outstanding

Outstanding ☆

Surgery

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

Information about the service

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

Are surgery services safe?

Good ●

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

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

Key Question summary:

We rated it as good because:

- Managers continued to make sure staff received mandatory training in key skills.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff continued to keep themselves, equipment and the premises clean.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Mandatory training

- The treatment centre provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training for all staff groups was made up of modules accessed through an on-line learning system. Generic mandatory training modules included equality and diversity, manual moving and handling, infection prevention and control and information governance. Other mandatory training was role specific, for example medical gas training, food safety and blood transfusion.
- The treatment centre planned one day every month when clinical activity is suspended to allow for governance meetings, team meetings and mandatory and other training. Staff found this very helpful.
- We saw records which showed 93% of staff in the centre had completed their mandatory training, which was slightly below the Care UK target of 95%. The centre had a plan of action to ensure staff were up to date with their training. For example, it had introduced a new form of notification to staff and their line manager of when staff training was due. This enabled better planning of staff rotas to take into account staff absence on the ward due to training. Staff told us the reminder system worked well.

Safeguarding

- Systems, processes and practices protected patients from abuse, neglect, harassment and breaches to their dignity and respect. A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional. All the staff we spoke with were able to describe how to recognise and report safeguarding concerns. Staff told us they would escalate to the ward manager, or if the

ward manager was not available would contact the relevant external services. The treatment centre was in the process of training a senior unit nurse to become the overall lead for safeguarding on the inpatient unit.

- There had been no safeguarding concerns reported within the last twelve months. There was a corporate 'Safeguarding Children' policy (dated May 2015) and 'Safeguarding Vulnerable Adults' (dated January 2016) policy with defined responsibilities at local, regional and national levels. We saw posters on three notice boards displaying safeguarding contact numbers and a 'referral process flowchart', which meant t staff had ready access to clear instructions and advice should they have any safeguarding concerns.
- The centre had one safeguarding named professional who led for safeguarding for adults. Staff knew who the lead was for safeguarding, how to report concerns and when they would ask them for help or advice.
- Staff received training in the safeguarding of adults and children as part of their induction, followed by mandatory refresher training yearly. We saw examples of the training packages provided as part of an on-line induction and learning system. Safeguarding vulnerable adults training was undertaken every year for levels one and two. These levels were set by the treatment centre. Data indicated 75% of staff had completed level one safeguarding vulnerable adults and children training and 99% had completed level two training. There was an action plan in place for all appropriate staff to complete level one safeguarding training. Training levels were appropriate for the staff roles undertaken.

Cleanliness, infection control and hygiene

- The treatment centre controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Systems, processes and practices regarding cleanliness, infection control and hygiene were developed, implemented and communicated to staff.
- There were systems in place to control infection risk well. For example, on arrival to the inpatient ward hand sanitser gels were available to visitors and staff on entering and leaving the wards. All wards we visited had appropriate personal protection equipment (PPE), such as aprons and gloves all staff used PPE appropriately. The bays on the inpatient ward had hand washing facilities for staff and visitors to use.
- Staff kept themselves clean. We observed staff on all wards were bare below the elbow, washed their hands or used hand sanister gel before and after each patient contact. This was to help reduce the risk of infection.
- Staff kept equipment and the premises clean. The centre staff followed their corporate 'Prevent and Control of Infection' policy (dated November 2017), which included guidance on hand hygiene, use of personal protective equipment such as gloves and aprons, and spillage of body fluids.
- Furniture was clean and in good condition, fully wipe-able and compliant with the Health Building Note (HBN) 00-09: Infection control in the built environment.
- There no were no reported cases of methicillin resistant staphylococcus aureus (MRSA), Clostridium difficile (C. difficile) or Escherichia coli (E. coli) in the period July 2017 to June 2018. These serious infections have the potential to cause harm.
- All areas we visited were tidy, clean and uncluttered. This included higher-level dust traps such as door surrounds, window frames and curtain rails. Curtain were changed every six months.
- Clinical areas did not have fitted carpets. Flooring was seamless, smooth, and slip-resistant and provided with an easy clean finish. This complied with Health Building Note (HBN) 00-09: Infection control in the built environment (Department of Health, March 2013).
- However, the walls in the endoscopy suite were in poor condition, with vinyl coverings peeled and fallen off in areas. Paint was chipped and flaked underneath this and this meant that sufficient cleaning could not be assured. When we returned for the unannounced inspection this had been rectified and the vinyl coverings had been replaced.
- We saw disposable curtains fitted on rails between bays and cubicles. Each had a label showing the date changed, which were within the last four weeks. Frequently changed disposable curtains helps to reduce the chances of germs passing from one person or object to another.
- Staff followed the local policy and procedure when scrubbing, gowning and gloving prior to surgical interventions. When a procedure had commenced, movement in and out of the operating theatres was restricted. This minimised the risk of germs contaminating a patient's skin or wound.

- We saw recent examples of completed infection control audits showing 100% compliance. These audits helped managers and staff to assess the effectiveness of their infection control measures and to identify any areas that required improvement.
- We saw evidence in the patient notes that staff screened high-risk patients for MRSA, such as those who had been in hospital previously and patients who had tested positive for the bacteria before. This was in line with Department of Health: Implementation of modified admission MRSA Screening guidance for the NHS (2014). MRSA and MSSA are infections that have the capability of causing harm to patients.
- Patient-led Assessments of the Care Environment (PLACE) are a collection of assessments, used to measure the quality of the patient environment for NHS patients. The centre's Patient Led Assessment of the Care Environment (PLACE) audit for 2018 showed the treatment centre scored 99% for cleanliness, which was better than the England average of 98.5%.
- All single-use items we saw were in date, such as syringes and wound dressings. Correct storage and stock rotation ensured the sterility of items was maintained and risks of cross contamination reduced. We saw these items being used once and disposed afterwards.
- The ward used green 'I am clean' stickers to label equipment which had been cleaned, however we saw only a few of these stickers in evidence on equipment in the inpatient areas. This meant there was a risk the equipment might have been used and not cleaned.
- The sluice in the inpatient ward had three commodes which were visibly clean however whilst the inpatient unit had the use of green tape to signify if the commode had been cleaned only one commode had this on it. This meant the commodes may not have been cleaned since they were last used.
- The sluice in the day case unit had one commode without any indication of when or if it had been cleaned since it was last used.
- The endoscopy suite had achieved Joint Advisory Group (JAG) accreditation which is the formal recognition that an endoscopy service had demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. At the time of the inspection endoscopes were transported to the theatre sterile supplies unit (TSSU) for sterilization as the sterilisation unit in the endoscopy suite was waiting to be re-furbished.
- We observed how staff prepared used scopes for transportation to the TSSU. Once a scope had been used and rinsed through at the patient bedside it was sealed in a tray with a red bag and transported through a dedicated door at the rear of the unit into the washer room. As this room was not in use the used scopes would be transferred in a locked trolley to TSSU.

Environment and equipment

- The treatment centre had suitable premises and equipment and looked after them well. The day-case ward and operating theatres were clean, well maintained and free from clutter. The ward and recovery areas were spacious and comprised of individual bays with partitions and curtains to help preserve privacy. Reclining chairs were used in the day ward and theatre trolleys employed in the recovery area. This meant the cleaners had easy access to the floor and walls in the store for routine and deep cleaning.
- The treatment centre has five threatres, with two theatres having laminar flow equipment. Laminar flow equipment was predominantly used in orthopaedic surgery.
- We saw waste was separated and put in different coloured bags to signify the different categories of waste. This was in accordance with the Health Technical Memorandum (HTM) 07-01, control of substance hazardous to health (COSHH) and health and safety at work regulations. All waste was kept in appropriately bins that were locked within a secure compound where they were accessed by the waste disposal contractor.
- We saw sharps bins available in treatment areas and correctly used in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The bins were secure containers, clearly marked and placed close to work areas where medical sharps were used. The bin labels included clear instructions for staff on safe disposal.
- The treatment centre had suitable equipment and looked after them well. Medical equipment and trolleys were clean throughout the department, and staff had a good understanding of their responsibilities in relation to cleaning and infection prevention and control.
- None of the staff we spoke with had concerns about equipment availability and if anything required repair it was fixed quickly. Staff were aware of the process for reporting faulty equipment.

- Equipment safety checks were undertaken daily in theatres by the operating department practitioners (ODP's). This included checks of oxygen cylinders. The anaesthetic machines had a secondary check from the anaesthetist prior to each use. We saw examples of the checklist being used.
- Resuscitation equipment was available, fit for purpose and checked in line with professional guidance. All drawers contained consumables and medicines in accordance with the checklist. We saw the consumables were in date and trolleys were clean and dust free. The automatic electrical defibrillator and suction equipment were in working order. This meant all items were ready for immediate use should an emergency occur. We checked resuscitation trolley's in the inpatient unit, the day case unit and the endoscopy suite, all of which were had tamper evident seals. All three trolleys had been checked every day for the month so far.
- Patient couches, furniture and equipment were labelled with asset numbers and service or calibration dates. This helped to provide assurance that items were maintained in accordance with manufacturer recommendations.
- The Medicines and Healthcare Products Regulatory Agency's Managing Medical Devices (April 2015) states that healthcare organisations should risk assess to ensure that the safety checks carried out on portable electrical equipment are appropriate and reasonably practical. These include pre-use testing of new devices in addition to subsequent maintenance tests. We checked several devices in each of the areas we visited. These devices were labelled with the dates of the most recent electrical testing which provided a visual check that they had been examined to ensure they were safe to use.
- Alerts relating to patient safety, medicines and medical devices were cascaded across the surgical services and responded to in a timely manner. Staff showed us the alert folder on the day-case ward with, patient safety alerts and we saw the action points arising were completed within required timescales.
- The Patient Led Assessments of the Care Environment (PLACE) for 2018 showed the centre scored 99% for the condition, appearance and maintenance which was better than the England average of 94%.
- The arrangements for managing waste and clinical specimens kept people safe. Waste was segregated appropriately with separate waste bins for both general and clinical waste. We saw sharps bins being used appropriately, all were dated and signed, stored off the floor and none were overfilled.
- Equipment in the bays and rooms of the day case unit and the inpatient areas were checked daily and this was recorded on a signature sheet. We reviewed six checklists across both units and the majority of checks were fully completed for the month so far. It was not clear for those days which had not been signed for if the day case unit was closed.
- The day surgery unit had 24 spaces which housed reclining chairs, chairs or trolleys. The day unit was divided into bays which housed either two trolley/chair spaces or four trolley/chair spaces. Patients could be discharged from these bays or could wait in a large discharge lounge.
- The inpatient area had a security system which monitored nine areas around the unit, including entrances and exits. This was visible on a monitor at the nurse's station.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. There were systems in place to assess and monitor patient risks. Risk assessments were developed in line with national guidance.
- Patient's risks were identified on admission, using risk assessment tools, which were part of the admissions care plan. Any additional risks that were identified during the patient's stay were monitored, documented, and reviewed.
- All patients admitted to the centre received a venous thromboembolism (VTE) and bleeding assessment using a clinical risk tool. This is in line with NICE QS3 –statement 1. VTE refers to a blood clot that starts in a vein. We reviewed four sets of notes across the units and saw these were fully completed and when necessary preventative treatment or equipment was prescribed.
- The treatment centre used the National Early Warning Score (NEWS) to record a patient's clinical observations. The NEWS chart had guidelines on its reverse which identified 'Trigger levels and clinical response' and reminded staff to consider sepsis when a certain trigger was reached and potentially transfer to a higher dependency care area. We reviewed four NEWS charts and saw that all were correctly scored.

- The staff used the NEWS observation chart which prompted staff to 'Think Sepsis'. Staff were aware of the providers sepsis policy and on the inpatient ward had a sepsis screening and action tool. This tool identified red flags and when the sepsis protocol should be commenced. The prompt assessment, escalation and treatment of sepsis was audited by an anaesthetist and staff said that issues with practice was discussed with individual members of the team.
- GPs had access to the hospital's referral guide. This identified patients for whom treatment at the hospital was not appropriate due to the risk of needing high dependency recovery facilities. This formed the initial line of risk assessment. Patients were then required to undertake a 'choose and book' process. At this point, further review of clinical criteria and suitability was conducted. Referrals rejected at this stage were monitored and reported on monthly at the clinical governance meeting.
- All patients attending pre assessment were assessed under the American Society of Anaesthesiologists (ASA) physical status classification system. This is a system for assessing the fitness of cases before surgery. Patients scoring one and two were assessed by preadmission assessment nurses who had completed training to equip them with the necessary skills. Patients who scored three or more were assessed by an anaesthetist before the decision was made to offer surgery at the treatment centre. Patients with a score above three were not offered surgery at the centre as there was no provision for high dependency or critical care if it was required post operatively.
- Patients were contacted by telephone three days prior to their admission date, either by staff on the inpatient ward or by the recently developed preadmission team. This telephone call provided opportunity to check the patient understood their admission details and to check they were not suffering any illness, such as a cold or upset stomach that could pose a risk to their health if they underwent surgery. If any risks were identified, surgery was postponed till they were medically well enough to undergo surgery. Conversations we had with patients confirmed this process happened and that for some their surgery was postponed till they were well enough to undergo the surgery.
- As part of the pre-operative assessment, all female patients of child bearing age were asked the date of their last menstrual period (LMP), to check their pregnancy status. On admission to the day-case ward, female patients had an additional pregnancy test performed. This was in line with the National Patient Safety Agency 2010 Rapid Response Report, which highlights the 'unreliability of LMP as a sole indicator of potential pregnancy'.
- Surgeons were responsible for the care of their patients 24 hours a day and staff said should they need to would contact the surgeon out of hours without hesitation. We were shown a file with all of the on-call numbers to call in case this was needed. Staff told us they had access to an on-call anaesthetist should they need to escalate a patients care.
- Information on what to do in certain emergency or acute scenarios were displayed at the nurse's base in the in-patient and day-case units, this included massive haemorrhage protocol a falls action card, urinary retention management and the lockdown procedure.
- Emergency equipment in case of a burn, eye contamination and first aid boxes were available for staff in the inpatient unit and the day case unit.
- The hospital completed emergency scenarios which staff told us were good training exercises. The most recent had been in April 2018 in the dental department. Feedback was given after the scenario and any poor performance addressed.
- The centre used a 'intentional-round document', to ensure their patients were safe and comfortable. The intentional-round form included pain control, nutrition, falls risk and NEWS score. Intentional rounds were undertaken every two hours for all day patients. This meant staff could anticipate any potential complications before they happened.
- The inpatient unit had a daily ward round which consisted of an anaesthetist, physiotherapist, pharmacist and nurse. Staff told us these were very useful as all inpatients were reviewed, medication and plans for discharge medications were discussed and any issues were identified.
- The service had a post-operative medical helpline, available 24 hours a day for post-operative patients within a specific time frame. The service was available for six weeks after all operations and 12 months post major orthopaedic surgery.
- The theatre team used the 'five steps to safer surgery' World Health Organisation (WHO) checklist to minimise errors in surgery, by carrying out a number of safety checks before, during and after surgery. The use and

completion of the WHO surgical checklist was regularly audited by staff. We saw recent audits scoring 100%. During our inspection we observed one theatre team undertake the WHO checklist correctly and saw other patient notes, which showed the WHO check had been completed fully. We also observed one example of the, World Health Organisation (WHO) surgical checklist in the endoscopy unit which was in line with the 5 steps to safer surgery. We saw how staff explained the options for local anaesthetic and conscious sedation, explaining the differences in procedures and recovery time giving.

- Theatre staff had a daily morning safety meeting, which ensured all staff had up to date information about issues with scheduling or cancellations that might affect the operating lists on the day.
- Staff completed scenario based training, including resuscitation simulation, at least every six months. Teams were not aware when the training would take place. The trainer running the session, provided verbal and written feedback on how the team responded to the situation, with learning points and actions to take, shared with all staff in that area.
- The phlebotomy clinic was always held in a clinic room with a bed, to ensure appropriate management and support for patients who felt faint and became unwell.
- The centre had a transfer agreement in place so patients could be transferred to the local NHS trust if needed. If a patient's health deteriorated, nursing staff were supported with medical input to stabilise a patient prior to transfer. We saw emergency transfer equipment available in the treatment area, such as portable ventilator.

Nursing and support staffing

- The treatment centre had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. The centre complied with the recommendations of the Association for Perioperative Practice (AfPP) for the numbers of staff on duty during a standard operating list. We saw staffing rotas and planning spreadsheets that supported our observations.
- At the time of our inspection, we saw sufficient staff in the day-case ward area and theatre and on reviewing rosters for the last month noted that planned staffing levels matched staff on the day. Bank staff were employed to make up any shortfall in numbers. Agency staff were employed when required. A review of unfilled shifts for the months of April 2018 to June 2018 highlighted 0% unfilled shifts for April and June, and 0.03% in May 2018. Unfilled shifts indicated the safety of the service.
- Staffing board displayed staff numbers actual versus planned for the unit's day shift and the night shift.
- The service used its own Care UK staffing tool which assessed number of patient's acuity and dependency. Staff were based in specific areas such as the day unit dental and the inpatient units; however staff were moved to different areas when required to ensure the safety of the unit.
- Bank usage reflected the level of vacancies on the units. If staff worked extra hours they received overtime or time off in lieu.

Medical staffing

- The treatment centre had enough medical staff. The treatment centre had one full time resident medical officer (RMO) employed on a seven-day rota that was based in the treatment centre and on call 24 hours. The outgoing RMO would have a handover to the incoming RMO who took over.
- The resident medical officer (RMO) told us if during the night time there were an excessive amount of disturbances then the agency could supply a temporary RMO to take over duties whilst the RMO rested. The RMO told us they had never needed to access this service.
- As a consultant-led service, the centre directly employed 47 doctors (including anaesthetists) and dentists. According to the centre, some were employed full time and others on a sessional basis.
- Consultants did not work under practising privilege agreements. There were recruitment checks that ensured consultants suitability to work at the unit.
- We saw information on rosters and notice boards that showed the operating consultant and an anaesthetist was always available while the centre was open. We were told that additional medical support could be called upon from outpatients if a clinic was running or if the medical director was working on site.
- Consultants from each speciality had agreed to have their contact numbers added to an out of hours on call phone folder held by a registered nurse identified on the off-duty rota. The after-hours number was included in the patient's discharge instructions and the nurse responded to any concerns, telephoning the consultant for advice if needed.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The centre followed their corporate policy (dated August 2017), which included confidentiality of patient records, documentation by clinicians, length of time records were to be kept and patient records on discharge or transfer. There were regular spot checks for day case; inpatient and outpatient procedures to assure all records were available.
- Records were stored in lockable notes trollies located at the nurse's station on both the day-case and inpatient units. These trolleys were not locked during the day of the inspection; however their location was in an area where staff were ever present.
- All patients' individual care records were paper based and were written in a way which kept patients safe.
- Medical notes and multidisciplinary notes were filed in a structured way with an index page indicated where patient information could be located, this included test results, risk assessments and case reviews. The six sets of records we reviewed were clearly written and considered the patients psychological and emotional needs. Entries were dated, signatures were clear.
- However, in the patients records department where records were stored when not required, there was a considerable backlog of patient records which had not been reviewed and allocated to shredding or filing or archiving. Copies of these records were already on the electronic record system. We brought this to the services attention and an action plan was immediately formulated. Senior staff started to work through the backlog and identify which documents should go where and staff told us that this would not be allowed to back up again the future.

Medicines

- The treatment centre followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. The surgical service had safe systems for ordering, storage and the administration of medicines. The Medicines Management Policy was reviewed in April 2018. Staff had the latest guidance in the applicable regulations or best practice. Local and organisation-wide audits were completed, which showed the centre complied with the current policy.
- All medicine errors, such as prescribing errors, not signing for administration of medicines, were reported via the electronic incident reporting system to the pharmacist. Weekly meetings held on the inpatient ward (pharmacy huddle) allowed for information about medicines and medicine errors to be disseminated amongst staff. This meeting was led by the pharmacist. Staff said the pharmacist was monitoring trends in medicine errors but they were not aware of any written report made that detailed the trends.
- Records of weekly inpatient ward huddle meetings evidenced that medicine errors were discussed and brought to the nurses attention.
- Staff informed us that patients were instructed how to take their anticoagulants pre and post-operatively in consultation with the nursing and medical staff and the rationale for the need to adjust their medication during surgery. For patients with diabetes adjustments were done on an individual basis to check the patient understood what they needed to do.
- We noted that 92% of staff had completed medicines management mandatory training, which was better than the centre's target of 90%. The centre had a local medicines formulary, which staff could access through the Care UK intranet. This complied with NICE guidelines (MPG1): developing and updating local formularies (amended 2015). In the recovery area we saw a copy of the British National Formulary (BNF) Issue 75, the latest edition in print. This indicated an appropriate level of reference materials was provided to staff involved in the ordering, supply and administration of medicines.
- We observed appropriate storage and record keeping of controlled drugs consistent with the Misuse of Drugs Regulations, 2001. There was a clear process for the day unit and theatres to order controlled drugs (CDs).
- Entries for the administration of CD on the unit had a secondary signatory as required by legal and regulatory standards including Nursing and Midwifery Council (NMC) Standards for Medicines Management. There was evidence of daily controlled drugs stock checks in the

day-case ward controlled drug register. Staff were familiar with policies regarding the destruction of controlled drugs and we saw suitable drug destruction kits in the CD cupboard.

- We saw that medicines requiring storage in a temperature-controlled environment were held in designated fridges. These could be locked and incorporated digital thermometers with an easily readable display that allowed temperature to be monitored. Staff undertook maximum and minimum fridge temperature checks daily and recorded these on a standardised form. The readings had been within the acceptable range. Staff could describe the process of dealing with out of range temperatures and showed us the policy explaining the process, which included reporting it as an incident on the electronic reporting system.
- Prescription stationery was stored in a locked cupboard, within a securable room. Staff told us the room was locked when not in use and keys kept with a designated member of staff within the department. We saw a record of when a prescription had been issued. Two nurses signed each entry and there was evidence of monthly checks on the number of prescriptions. This is in line with NHS Protect, security of prescription forms guidance (2013).
- Medicines were stored on the inpatient unit in medicine trolleys which were locked and chained to the wall. We reviewed the medications in one trolley and every item was in date and any bottles of liquid medication had an opening date written on so staff would know when it was no longer to be used. We reviewed four medication charts and all prescriptions were legible, signed by the prescriber with dose and duration when necessary completed. All medications that were prescribed had been given and no signatures were missing.
- Medicines management was discussed at the monthly Clinical Governance and Assurance meeting and we saw the minutes from May 2018 meeting which stated that no medication incidents happened in April 2018. The meeting went on to discuss and compare their performance against other similar sized treatment centres.
- Staff wore red tabards during their medication rounds to reduce the number of interruptions and improve focus and safety.
- Medical gas cylinders were safely stored and held in the compressor room were all 'in date.'

Incidents

- The treatment centre managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff reported incidents on an electronic reporting system. Staff confirmed they had received training about how to input incidents, the type of incidents that needed to be reported and who the incidents should be reported to. Staff confirmed they received feedback about incidents they had reported.
- Staff told us they received feedback about incidents at staff meetings and we saw minutes of meetings which confirmed this. We saw in the minutes that managers discussed any themes or trends and shared any lessons learned with staff.
- Incidents were discussed at the Clinical Governance and Assurance Meeting and documented in the minutes. All staff were expected to attend the meeting. We reviewed the meeting minutes for May 2018 and saw that incidents and incident trends were part of the standard agenda and this included a discussion around the incident and lessons learned. Incidents discussed at this meeting were returns to theatres and transfers out of the treatment centre to the acute trust.
- Staff also received information about incidents via email and lessons learned from incidents were displayed at the nurse's station an example of this was shared learning around an incident with urinary retention.
- The centre reported no serious incidents or never events between April 2017 and March 2018. Never events are serious, largely preventable patient safety incidents that should not occur if a hospital has implemented the available preventative measures. The occurrence of a never event could indicate unsafe practice.
- The centre had reported 285 Clinical Incidents between April 2017 and March 2018. Of these, 60% were rated as resulting in no harm, 30% as low harm and 4% as moderate harm.
- Duty of candour, Regulation 20, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) ofcertain 'notifiable safety incidents' and provide reasonable support to that person. Staff we

spoke in the surgery department could explain duty of candour however they had not considered moderate harm in line with this regulation and taken action accordingly.

Safety Thermometer (or equivalent)

- The treatment centre used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The NHS Safety Thermometer is a national tool used for measuring, monitoring and analysing common causes of harm to patients, such as falls, new pressure ulcers, catheter and urinary tract infections and venous thromboembolism (blood clots forming in leg veins due to immobility). The centre submitted monthly data to the NHS, as this was part of the information required when treating NHS patients. It also submitted the data to the Care UK head office for compilation and subsequent sharing across other Care UK sites.
- The centre reported 98% screening rates in April 2017 to March 2018 for venous thromboembolism. (VTE) and 100% for compliance with recording World Health Organisation (WHO) surgical safety checks. We saw the results of the safety thermometer displayed in the staff rest area. The safety thermometer data indicated that there were no falls, pressure ulcers or catheter related urinary tract infections in the past three months. This was not displayed on the wards.

Are surgery services effective?

Good

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

Key Question summary:

We rated it as good because:

- Managers still checked to make sure staff followed guidance.
- Staff continued to assess and to monitor patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service still made sure staff were competent for their role.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Care and treatment was delivered to patients in line with the National Institute for Health and Care Excellence (NICE) and Royal College's guidelines, for instance the Royal College of Anaesthetics. Corporate policies were evidence based. We saw that Care UK policies referenced the national guidance on which they were based. For instance, the policy relating to the National Early Warning System cited NICE guidance - clinical guideline (CG) 50.
- Staff assessed patients for the risk of venous thromboembolism (VTE) and took steps to minimise the risk where appropriate, in line with venous thromboembolism: reducing the risk for patients in centre NICE guidelines CG92. Patients assessed to be at risk of VTE were offered VTE prophylaxis in accordance with NICE guidance. We reviewed four medication charts and saw how patients had been assessed of their risk of VTE and prescribed preventative treatments. The centre followed NICE guidance CG65 for hypothermia: prevention and management in adults having surgery. Our review of four records confirmed that patient's temperature was monitored before anaesthetic and then every ten minutes during surgery.
- Consultants confirmed that surgical procedures were in-line with best practice and. We saw evidence of this in the quarterly quality and governance assurance committee minutes (August 2017), which highlighted latest NICE guidance.
- Comprehensive care pathways were used for patients undergoing local and general anaesthesia. This included quality indicators of anaesthesia, management of pain and recommendations for the management post discharge complications.
- Physiotherapy staff led annual review of all hip and knee arthroplasty patients. The service ensured all patients who had their hip or knee replacement at the centre were aware they had open access up to 14 months post operation. Open access allows patients access to service when needed and it improves patient outcomes.
- The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) quality assures all aspects of endoscopy units to ensure policies, practices and procedures are safe and

compliant with national guidelines for endoscopy including staffing, training, decontamination, audits and patient's privacy and dignity. The centre had been JAG assessed as Level 1 in 2016. This accreditation provided the centre with independent assurances and benchmarking about the quality of its endoscopy service.

- The unit followed NICE QS66 Statement 2 and ensured all adults' patients receiving intravenous (IV) fluid therapy in hospital were cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. We reviewed two fluid charts and saw that staff had entered hourly totals where appropriate and had completed a running total and then calculated if a patient had a positive or negative balance at the end of a 24 hour period.
- The unit ensured compliance to NICE CG42 supporting people with dementia. The inpatient unit had a room next to the nurse's station which would be allocated to any patients who may be living with dementia.
- Staff on the inpatient unit assessed the potential for sepsis during their observations of patients post operatively (NICE NG 51). We saw documentation on what to do if clinical indicators suggested sepsis, how to escalate and within what timeframes. If sepsis was identified staff would follow a treatment pathway. There was advice on what antibiotics should be used in unknown and known sources of sepsis. Any infections such as sepsis and consequent transfers of care would be discussed at the Clinical Governance and Assurance monthly meetings where learning would be shared and then in speciality meetings.
- Monthly mortality and morbidity meetings were held, designed to discuss clinically interesting cases. In addition, feedback from other sites within the company was discussed.

Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs and improve their health. Patient records showed that patients' nutritional risks were assessed pre-operatively and also daily when admitted. Additional supplements could be provided if nutritional concerns were identified in the pre-operative assessment.
- Staff followed guidance on fasting prior to surgery based on the recommendations of the Royal College of Anaesthetists. Patients received information about fasting in their preadmission pack. Patients were advised of the time they needed to fast pre operatively; this included when they could have their last meal and when they could have their last drink. Patient pathways identified when patients required monitoring of their food and fluid intake. We saw that where identified, as required, food and fluid intake was monitored and recorded.
- Pathways also identified when patients needed intravenous fluids usually during and immediately following surgery, to ensure they did not become dehydrated.
- Patients who were admitted as day case had their nutritional needs checked once post operatively. We spoke with four patients two of which were on the day case unit and were given sandwiches and told us that the food was adequate to their needs. Two patients who were inpatients told us the food was excellent and very well presented.
- Patients commented meals were a good standard and that they had a choice at mealtimes. Comments included "Excellent food".
- We observed that patients had drinks accessible.
- PLACE assessments completed in 2018 showed a rate of 93% satisfaction with the standard and quality of food provided at the centre compared to the national average of 90%.

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain. Patient records showed that pre-operative assessment for all patients included details of post-operative pain relief. This ensured that patients were prepared for their surgery and were aware of the types of pain relief available to them.
- Staff showed us that the recent change in NEWS scoring on the patient pathways did not facilitate the documentation of pain assessments. Staff told us that they would make their own column to add in the assessment of pain. This was confusing as the new day care pathway booklet stated that pain scores must be recorded on the NEWS 2, this facility was not available on the NEWS chart currently in use. This was discussed with senior teams who told us that this was in the process of transition.

- However, every patient we spoke with told us that pain was assessed regularly. Staff documented in the notes should a patient experienced have excessive pain and check their patients comfort during intentional rounding.
- Pain audits were carried out for both endoscopy and day surgery patients. They showed assessments were carried out and acted upon. We reviewed six sets of patient notes after their procedures which showed these had been completed.
- We saw patients were given information leaflets to take home which provided information on how to manage pain following discharge from hospital.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- In the period 1 July 2017 and 31 August 2018, there were 24 unplanned transfers from the treatment centre to a local trust. Each of the cases was peer reviewed to assess whether the transfer was appropriate. In all 24 cases the transfer was undertaken for the safety of the patient.
- The centre submitted data to the National Joint Registry (NJR). The NJR monitors the performance of all hip, knee, ankle, elbow and shoulder operations. The consent rate was 99.4% and the linkability 99.6%
- There were 31 cases of unplanned readmission within 28 days of discharge in the reporting period of April 2017 and March 2018. Though this was higher than similar Care UK sites, this service reviewed all uplanned readmissions to assess whether these wereas a result of patient safety. An audit showed all 31 were a result of patient safety. All readmissions were reported as incidents and reviewed at the monthly anaesthetic and orthopaedic meetings and by the local clinical commissioning group.
- The treatment centre had processes in place to monitor patient outcomes, report findings through national and local audits, and to the board. The inpatient unit displayed information at the entrance, which showed performance information such as patients experience and patient complaints and compliments.
- Staff demonstrated they were actively involved in improving patient outcomes with Southampton NHS Treatment Centre being given a visit in 2017 from NHS Getting It Right First Time (GIRFT).
- Enhanced recovery programmes were adopted for patients recovering from joint surgery to ensure that patients recovered more quickly after surgery achieving the best possible outcomes. Patient stories posted the Southampton NHS Treatment Centre website gave examples of these positive outcomes. There was a story on the website of one patient who had undergone hip replacement and was 'back creating dreams after the nightmare of crippling hip pain'.
- The treatment centre undertook various clinical audits such as WHO safety checks, VTE, MRSA results, ophthalmic outcomes, peri-operative temperature audits and endoscopy audits in line with JAG guidelines, which included pain and comfort scores, sedation and completion rates. Outcomes were reported to the CCG monthly as part of the centre's key performance submissions.
- Patient experience charts displayed in the inpatient and day care unit showed scores were consistently higher than the 75% target.
- The NHS Executive ceased reporting of Patient Reported Outcome Measures (PROMs) questionnaire on 1 October 2017 and as such this data had not been included in this report.
- The provider engaged with the Private Healthcare Information Network (PHIN) so that data could be be submitted in accordance with legal requirements regulated by the Competition Markets Authority (CMA). Data was submitted to PHIN by the deadline of 1 September 2016.

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and monitor the effectiveness of the service.
- Southampton NHS Treatment Centre had no consultants engaged under practicing privilege arrangements as all consultants were directly engaged on either an employed, bank or self-employed basis. Consultants were selected by face to face interview selection, principally based upon good medical practice in particular specialty.
- Pre-employment and pre-engagement accreditation of medical staff was in accordance with the NHS employment check standards including General Medical Council (GMC), Disclosure and Barring Service (DBS), occupational health, identity, and right to work,

qualification and reference checks. As part of the process the responsible officer routinely communicated with the previous responsible officer for all candidates to whom they offered employment or engagement. The induction process was managed by the medical director and specialty leads. No appointment was confirmed as substantive until rigorous evidence-based competency checks were successfully completed during the six month probationary period. On-going checks, such as GMC registration renewals, were managed centrally by the medical director, in accordance with the provider's clinical staff registration policy.

- All issues concerning consultant practice, revalidation and appraisal were dealt with by the medical director. Systems were in place to alert the medical director and their personal assistant when registrations were due and consultants' appraisals were received and recorded accordingly. Management staff confirmed that, should there be any delay in receiving proof of registration; the consultant would be suspended from practice until such time as proof was received.
- Staff development plans were included in all staff appraisals. Staff told us they received an annual appraisal when objectives were set and learning needs and further training was discussed and planned. Appraisals were linked to the centre's and Care UK's vision and values.
- Staff confirmed they had completed the organisation's induction day and their local area induction programme. We were told that a supernumerary induction process was provided for all new employees. Each department developed their own induction programme for new staff. The anaesthetic department ran induction programmes that included visiting anaesthetists from the local NHS trust.
- In the theatre setting, health care assistants were supported to develop their skills and knowledge so they could qualify as assistant theatre practitioners or advanced scrub practitioner.
- We saw records that showed that 100% of staff had received a performance appraisal between April 2017 and March 2018.
- All staff we spoke with told us there were good educational and developmental opportunities available to them, regardless of role, which were usually funded by the provider. In addition, staff were supported to attend regional and national conferences and networking opportunities.
- In the 2018 staff survey, 65% agreed to the statement "I am able to access the right training when I need to" and 61% responded positively to "I have the opportunity for personal development and growth".
- We saw CPD folders for nursing staff and two for theatre staff as well as an online personal training record for a consultant. All certificates were up to date, for example life support and other on-line courses.
- We saw copies of the induction course content and programme provided to all staff.
- The centre checked the status of registered staff to ensure they remained registered and staff were supported in the revalidation process. We saw records that confirmed this.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Throughout our inspection, we saw evidence of good multidisciplinary working in all areas. We observed positive interaction and respectful communication between professionals. We saw effective arrangements were in place for collaborative working between consultants, nursing and operating department practitioners. Good team work was demonstrated in the anaesthetic room, theatre and recovery where the patient was the whole focus of the team. Teams worked well across the day case and inpatient units, often working across both units. The clinical teams were assisted by a dedicated team of administrators. They provided comprehensive support to consultants, doctors and nurses with a host of administrative tasks.
- Staff described the multidisciplinary team as being supportive of each other. Staff told us they felt supported, and that their contribution to overall patient care was valued. Staff told us they worked hard as a team to ensure patient care was safe and effective. In the last staff survey 87% of respondents felt proud to work for Care UK, which supported this view.
- The inpatient unit had a multidisciplinary ward round in the morning. The pharmacist, physiotherapist, anaesthetist and senior nurse attended this round and assessed the patients' journey, any issues and medications.

- There was a policy which set out the roles and responsibilities in the event that a patient needed to be transferred to another treatment centre. This informed staff that there would be a multidisciplinary meeting where everyone's role in the transfer would be assigned.
- A ward staff told us how if community district nursing services were needed the ward staff would contact them via the patient's GP, prior to the patient being discharged.
- The treatment centre had a service level agreement with the infection control team at a local acute NHS trust. The lead for infection control told us this helped learning across the two areas, and offered extra support and advice.

Seven-day services

- Surgery occurred on six days of the week, Monday to Saturday. Occasionally, when demand for services indicated the need, surgery was carried out on Sundays. All other services were available seven days a week. This included the imaging service that was provided by another organisation.
- Pharmacy services were available on site six days a week from 8.30 am to 6.30pm. Outside of these hours the RMO & the registered nurse could access pharmacy to dispense medicines. An on call pharmacist was available for advice out of hours. Staff reported they could access pharmacy advice at all times.
- Physiotherapy services were provided seven days a week.
- The inpatient unit was open seven days a week and patients could access the physiotherapists over the weekends to ensure rehabilitation goals were met.
- The resident medical officer was available 24 hours seven days a week. There was 24-hour on call cover in place which was planned in advance and circulated throughout the hospital for the management team, consultants per speciality, anaesthetists and theatre teams.
- On call support was provided by clinical services including pharmacy, radiology and pathology.

Health promotion

- To assist patients further in their preparation and recovery from major orthopaedic surgery, the treatment centre developed an easy to use mobile app. This free app featured practical advice on walking with a frame or crutches, hip precautions, breathing exercises, managing pain and self-assessment, as well as recommended techniques for dressing, bathing and getting in and out of vehicles.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Consultants obtained consent from patients for surgery. Initial discussions regarding consent were commenced by a consultant at the outpatient clinic. Once admitted, consent was reaffirmed with the patient by the operating consultant.
- Staff understood their roles and responsibilities under 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.
- Staff said they had completed training about the Mental Capacity Act 2005. Data provided by the centre showed a 90% compliance rate, which was the same as the Care UK target of 90%. The centre followed their corporate 'Deprivation of Liberty Safeguards Policy' (dated April 2017), and corporate 'Consent to Investigation of Treatment' Policy (dated January 2017). Staff demonstrated knowledge of these policies and explained how they used them.
- We reviewed four sets of consent forms and saw how all had been signed and dated by both parties; clinical side effects were discussed and documented.

Are surgery services caring?

Outstanding ☆

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

Compassionate care

- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treated people. People told us that staff go the extra mile and their care and support exceeded their expectations. We spoke with five

patients, who were all complimentary about staff and the care they had received. They told us that staff had been kind, caring and had treated them with compassion and care. Two patients told us how a porter and cleaner took time out to ask them how they were. One patient gave an example of how cleaner came over to chat with them. They told us how they were worried about their surgery later on in the afternoon and must have had a look of worry on their face. A cleaner who was tidying up the area walked over to chat with them and they felt much better after their short interaction. When their procedure was complete that evening, the cleaner, who had already finished work, came to see them and enquire how they were feeling.

- Another patient told us how a porter gave them reassurance about their x-ray as they were being transported from the ward to theatre. They were worried and felt the porter reassured them. After the procedure, to their surprise, the porter had arranged to pick them up from theatre back to the ward. The patient felt very special by that gesture.
- We observed staff asking to enter patient bays before entering and addressing patients respectfully by the name they had requested. Staff worked hard to maintain patient's privacy and dignity; staff drew curtains around patients when personal care was taking place. The treatment centre had a privacy, dignity and respect policy, which was accessible to staff and they were aware of its content. All clinical staff were responsible for ensuring the privacy and dignity of individual patients was maintained in line with policy. Senior staff told us that when recruiting staff they recruited individuals who could demonstrate they could fit into the culture of providing compassionate care.
- The patient feedback from the Friends and Family Test for Southampton Treatment Centre as a whole was 89% responded as extremely likely to recommend and 9% as likely (August 2018). The NHS Family and Friends Test, was a single question survey designed to help hospitals and commissioners understand if the patients are happy with the service provided.
- Patient feedback was also received through verbal discussions, comment cards, electronic submissions and social media.
- Patient satisfaction surveys were undertaken and the results collated and actions taken. Comments were seen to be positive. Feedback was provided to departments from surveys to promote continuous improvement. We looked at the patient satisfaction surveys and saw that almost all comments were positive.
- We saw staff took the time to interact with patients and those close to them in a respectful and considerate way. Staff were motivated and inspired to offer care which was compassionate. Patients spoke very positively about the way staff treated them and that the attention and support they received from staff exceeded their expectations. One patient told us, "staff couldn't do any more for you, they are lovely and the food is wonderful."
- In Patient Led Assessments of the Care Environment (PLACE) assessments published in August 2018 the centre scored 98.9% for the way in which staff supported the privacy, dignity and wellbeing of patients. This was better than the national average of 84%.
- In Care UK's last staff survey, 94% of staff would recommend the centre to anyone needing The patients told us that the staff could not be better and felt we should rate them 'ten out of ten' and that there 'is nothing they would not do for you.'

Emotional support

- Staff exhibited positive and supportive behaviours towards each other, the patients and their family members. We observed staff providing reassurance and emotional support to patients. There was a patient help line that patients or their relatives could contact after they were discharged from the centre for support and advice. This was available 24 hours a day and seven days a week. Patients spoke about the reassurance this gave them when they were discharged, knowing they could contact the centre at any time for emotional support and advice. One patient told us after their return home post-surgery, numbness on their foot lasted for a few hours. They panicked and called the help line and a member staff reassured them that this sensation was normal.
- One patient told us how they had travelled overseas for a holiday 10 months after their knee operation and they had to visit a local hospital as they were in pain. The patient was treated by a doctor at a local hospital. However, they were still concerned so they rang the treatment centre and spoke with a clinician who also reassured them.

- Patients said all staff were easy to speak with, making them feel as if they were the most important patient on the unit.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- We witnessed strong multi-disciplinary team working which supported patients and empowered them to manage their own health and maximise their independence. We observed physiotherapist interactions with their patients which demonstrated respect, discussion, explanation and kind words of encouragement.

Understanding and involvement of patients and those close to them

- Patients felt really cared for and that they mattered. Patients told us they felt involved in the decisions about their care, and relatives told us they were kept informed and updated. All patients were involved in pre-admission assessments and completed a health questionnaire. Patients told us that their consultant discussed their treatment options and explained exactly what would happen during admission. Patients told us they were given time and were able to ask questions, and felt included in the decisions that were made about their care. On the day of admission, a patient informed the nurse that a family member was planning to be with them after their discharge. On the day of discharge, the family member rang the ward informing them that they were delayed by traffic. The ward ensured the patient was discharged only after the family member had confirmed they had reached the patient's home. After the patient was discharged, a member of staff phoned the home to confirm that there was someone to receive the patient.
- Staff ensured patients did not get anxious during their visit to the treatment centre. An adult patient who had significant learning disability required a hernia repair. To reduce any anxiety the patient might have on the day, the treatment centre arranged a pre-admission visit and tour for the patient accompanied by their social worker. On the day of surgery, the patient was admitted directly to the ward by the nurse who would be caring for them post-operatively. This enabled the patient and staff who would ultimately care for them to build a relationship beforehand. Their social worker stayed with them until they were anaesthetised. The social worker was in recovery with them when they awoke. This adaptation of the pathway significantly reduced the patient's anxiety.
- A patient who was scheduled to go for orthopaedic surgery required post-surgery, essential equipment such as raised seats and frames for their home. The patient had not received the equipment before arrival to the treatment centre for their surgery. Ward staff understood the patients concerns and liaised with the company to expedite the order. They also liaised with the warden at that address to confirm the equipment would be assembled ready for use by the patient when they are discharged in two days. Staff communicated this to the patient and allayed their concerns.
- A patient from the black and ethnic minority told us that they had been given an appointment for their surgery during the upcoming month of fasting. They explained that they would not be able to keep that appointment and the nurse understood the situation and involved the patient in selecting an alternate date.
- We observed that staff asked patients for consent before any activity, which when asked, was also confirmed by patients. We observed staff answering questions fully and checking that they had been understood.
- We observed staff explaining discharge information and providing patients with support to ensure they had a good understanding of their procedure and onward care needs. Patients told us they had been provided information about their procedures at preadmission assessment appointments and that full information and explanations were given pre and post-surgery.

Are surgery services responsive?

Good

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

Service delivery to meet the needs of local people

- The treatment centre planned and provided services which met the needs of their patients.
- The treatment centre provided elective surgery to NHS patients within the specialities of orthopaedics, oral surgery, gynaecology, general surgery, ENT (ear, nose

and throat), urology, eye surgery, endoscopy and pain management. Admission to the treatment centre for surgery followed strict referral criteria for people aged 16 and above who required routine non urgent surgery.

- Pre-operative assessments were carried out on all patients. In the case of orthopaedic patients undergoing major joint replacements these appointments included physiotherapy reviews and arrangements for delivery of appropriate equipment such as raised seats and frames to their homes prior to admission. Patients we spoke with confirmed equipment had been delivered before their admission and they felt their pre-operative information and assessment had prepared them well for the surgical procedure.
- Admission times for patients were staggered in order to reduce waiting times and to enable staff to manage admissions efficiently. Patients' addresses were taken into account when arranging admission times, and those living further away were given later times.
- Senior and ward staff told us that if the workload was anticipated as busy, extra staff would be arranged.
- Analysis of referrals was carried out to identify trends and patterns to identify who was accessing the service and whether any actions could be implemented to increase the level of referrals.
- The senior management team, which included the treatment centre director, medical director, head of nursing and clinical services, worked closely with their Clinical Commissioning Groups (CCG), GPs and acute trusts to plan services for the local population. This included regular contact with the CCGs to direct more patients to the centre. They were also raising awareness with local GPs to increase referrals. The centre had service level agreements (SLAs) with local NHS organisation wherever possible.
- Surgical lists ran over six days with theatres operating Monday to Saturdays. Patients were given a choice over the date of surgery to best suit their needs.
- Dates for admission for surgery were discussed at patient's initial outpatient appointment. Patients were able to make individual choices about their preferred date of surgery.
- The most recently published data showed referral to treatment (RTT) waiting time targets for all pathways were consistently met. Targets set by the provider were 90% for completed admitted pathways, 95% for completed non admitted pathways and 92% for incomplete pathways. Data showed the treatment centre was consistently meeting these targets. For the period April 2017 to March 2018, the treatment centre did meet the target of 18 weeks wait for all these pathways.
- Staff reported there were sometimes delays to some patients returning home as a result of waiting for social services support. This increased the average length of stay for some patients, specifically those having joint replacements.

Meeting people's individual needs

- The service took account of patients' individual needs. Patients told us they were well informed about their treatment prior to admission and that staff had provided further information when needed. On discharge further information was provided to patients. This included their discharge letter and contact details for the 24 hour helpline. They were also provided with information on the medication they were discharged with.
- Staff completed assessments of patients' needs and preferences relating to their care and treatment at the pre-admission clinic. The assessment was completed by a registered nurse, who recognised and included emotional, religious, spiritual, physical, cultural and social needs as well as preferences and choices reflecting privacy, dignity, sexuality and disability.
- Care planning was arranged to take into consideration specific issues relevant to certain groups of people, for example patients living with dementia, diabetes and ethnic minority groups. Staff informed us that patients living with dementia were identified at the pre-admission appointment and all staff were made aware if a patient had needs associated with their dementia. Staff also confirmed that patients with diabetes were always put first on the list for surgery to avoid any complications associated with nutritional needs. Any issues with treatment were discussed with the patient and any adjustments were implemented to accommodate specific needs. For example, the centre arranged for a patient to be accompanied to theatre by their father, as they had anxiety issues related to their learning difficulties. This was done to reduce the patient's distress and anxiety.
- Nurses in the outpatient department phoned patients who had been identified as needing extra support, at home post operatively to see how they were recovering. The patients were given open access for fourteen

months after routine hip or knee surgery to access advice and treatment. There was a patient advice line that gave patients the opportunity to speak to healthcare staff about any concerns they had post operatively thus aiding recovery.

- Staff told us that patients' needs were reviewed regularly throughout care and treatment which involved patient-centred discharge planning, with packages of care put in place as required. They stated that this included transfer to other locations by ambulance if required.
- Staff told us that they would be alerted via pre-admission if any patients had specific needs such as a learning disability, dementia or translation requirements. This allowed staff time to plan for the patient's admission and if necessary allocate a specific room to a patient or book a translator.
- Staff told us that they had access to an external interpreting service which they could call and arrange support for patients who did not speak English. The service was provided in person and arranged at the earliest opportunity. Staff confirmed that they would never ask family members to interpret for them. The centre also had access to sign language interpreters and in the waiting area, patient information leaflets were available in braille, Bengali and Arabic.
- The centre had a chaperoning policy which all staff had access to. Patients told us that they had been offered a chaperone when attending consultations.
- Theatre scheduling meetings occurred weekly and involved staff from all areas, including the ward. This ensured additional staffing could be accessed if required. Theatre schedules were prepared six weeks in advance.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were in line with good practice. We observed access and flow at the treatment centre to be efficient and well organised. The patient information management system had real time incorporated into its patient pathway, which tracked the patient's journey through outpatients and theatre operating sessions. The aim was for the patient to be seen and given a surgery date within a three hour appointment slot. Achievements were extracted directly from the electronic patient records system and days and times where patient expectations had not been met were reviewed and actions taken to improve performance.
- The treatment centre met the national indicator which requires that 90% of NHS patients begin treatment within 18 weeks of referral by their GP for each month between April 2017 and March 2018. Scheduling and patient booking teams monitored waiting times on a daily basis, communicated concerns and added capacity when required, to ensure the wait time was within acceptable parameters. Specialities were actively monitored and waiting times were published to the local commissioners weekly. This kept the CCGs up to date on the wait time from referral to treatment as well as capacity issues or areas of low referrals.
- Overall waiting times were monitored using a bespoke tool which utilised the current waiting list, average referral numbers and number of clinical sessions available to estimate the waiting time for each speciality. The information was used to adjust the theatre lists scheduled to ensure waiting times remained at an acceptable level. Patient waiting times between outpatient appointment and surgery was no more than eight weeks, with indicative total waiting times from referral to treatment being no longer than 13 weeks.
- There were 132 cancelled procedures for non-clinical reasons between April 2017 and March 2018. The reasons for cancellations included consultant sickness/ annual leave and breakdown of equipment. Of these, 100% were offered another appointment within 28 days of the cancelled appointment. Staff told us that if surgery cancellations occur, the patient's consultant would discuss this with the patient at the earliest opportunity and arrange an alternative admission date. Non clinical cancellations were reviewed at daily management huddle – for examples issues of sickness, equipment failure. They were reviewed weekly by the local theatre management, lead anaesthetist and senior management team. The reasons were recorded and trended and shared with outpatient departments as appropriate. They were reviewed monthly by the leadership team in secondary care which included governance leads. The lead clinical commissioning group reviewed these at formal contract review meetings. The above scrutiny led to action, for example a change to arranging for telephone interpretation

service. As a result, the treatment centre accessed the appropriate interpreter for their needs. Another example of cancellation was operating theatres over ran. As a result, the treatment centre introduced a bespoke planning tool that ensured sessions were effectively booked.

- Systems were in place to manage flow through the centre. Following the pre-admission visit in the outpatients department, a planned admission date was confirmed that same day or shortly after by letter, following discussions with the patient as to the most suitable date. The length of waiting time varied dependant on the consultant and the procedure. We observed the flow of patients to be well managed without delays.
- When patients arrived at the treatment centre for admission, they were greeted by the reception and admission staff were notified of their arrival. They were then escorted by a health care assistant to the admission bays where they were advised on their procedure and what would be happening throughout their admission.
- Patients told us that they had been admitted and treated quickly and had not been left waiting for long periods. They told us that they had been taken to the admission bays and then to theatre approximately an hour later. They were then taken to the post-anaesthetic recovery unit following surgery and had been visited by their consultant and advised on their discharge and follow-up care arrangements less than an hour later.
- Discharge planning was considered at pre-admission and at each stage along the patient's pathway. Nursing staff liaised with families and carers on admission to check there was suitable care available before treatment started. Any follow up appointments were arranged for the outpatients department and as the patient's notes were held electronically they were accessible.
- On discharge each patient's GP was sent a letter through the post detailing the treatment provided.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Southampton NHS Treatment Centre employed a patient relations facilitator who was onsite five days a week and available to speak to people who wished to give feedback or to make a complaint. The role of the patient relations facilitator was to: keep a database of complaints, send complaint acknowledgement letters on behalf of the hospital director, manage and co-ordinated the complaint with the appropriate staff. The patient relations facilitator was also the point of contact for the patient throughout the complaint process. We were told that this role enabled 'a negative situation (for the patient or relative), to become a positive one, however big or small the issue is'.
- CQC received two complaints about the centre between April 2017 and March 2018.
- Staff told us the treatment centre took all complaints 'very seriously'. We were told by staff that they were encouraged to be proactive for any signs of a patient looking anxious or disgruntled and to deal with the situation there and then.
- Staff at all levels and disciplines were involved in any investigation or responses by the outpatient department manager and fed back to the patient relations facilitator. Staff told us that the findings from complaints as well as positive feedback from patients were shared at the monthly quality governance and assurance meetings.
- Southampton NHS Treatment Centre acknowledged any written complaint within three working days and sent a complaint response letter within twenty working days. However, they told us that a root cause analysis could take longer than twenty days and that it was more important to complete it properly. In this situation the patient relations facilitator would agree a new timescale with the patient.
- If the complaint was not resolved internally there was a process in place where an independent investigator would be appointed from another Care UK treatment centre site. This response letter would invite the complainant to speak with the hospital director and contained information of how to escalate the complaint and how to contact the Health Service Ombudsman.
- We were told by staff that 'You said-We did' posters were displayed to give patients the opportunity to see the changes that the staff had made in response to patient feedback. This was an improvement from the CQC inspection in 2015 where it had been reported that the results of the Family and Friends Test (FFT) although displayed in waiting areas the response to suggested improvements at that time were not shared with patients.

- Southampton Treatment Centre as a whole received twenty-five complaints (June 2017-June 2018). No complaints had been referred to the ombudsmen in the last year. All feedback from comments and complaints were fed back to the individual staff and teams. All complaints and common themes were shared at the monthly quality governance and assurance meetings and at the monthly quality meeting with the commissioners. This information was also shared at the Patient Forum that meets quarterly.
- Staff gave us two examples from outpatient feedback that had resulted in change: A one stop gynaecology clinics changed to a two stop clinics. This was following patient feedback as the feedback was that patients needed time to consider potential risks and benefits of the planned procedure. Pre-operative and post-operative appointments had been reviewed in light of patient complaint and the number of visits reduced. The introduction of the helpline and the open invitation to return to the department had supported these changes.

Are surgery services well-led?

Outstanding ☆

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

- There was compassionate, inclusive and effective leadership at all levels. The managers were concerned about parity and fairness and in the restructure of the administration team and sought to fairly remunerate their staff for the skills and responsibilities they had in these roles.
- The implementation of plans had improved and this had a positive impact on quality and sustainability of the service.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.
- There was demonstrated commitment to best practice performance and risk management systems and processes.

Leadership

- There was compassionate, inclusive and effective leadership at all levels. The management team had identified the need for improvements in the structure of the administration team but were mindful of the impact of the proposed changes on the individuals in this department. The managers were also concerned about parity and fairness and in the restructure of the administration team and sought to fairly remunerate their staff for the skills and responsibilities they had in these roles.
- There was clear leadership from the management team who demonstrated exemplary skills, knowledge and integrity. The head of nursing and clinical services found examples of poor compliance in a department that required immediate attention. They demonstrated their integrity and informed the leadership team. They requested an external audit to ascertain whether patient safety had been breached. Having been assured it hadn't, the head of nursing and clinical services informed staff in the department of the changes that were going to be brought about and reassured them senior management commitment to the service. Staff told us that throughout this difficult situation, members of the leadership team were visible and accessible to staff in the department. They felt comfortable in approaching the senior team if they had any questions, concerns or required support.
- The leadership team emphasised to us their commitment to the quality and governance assurance structure. They demonstrated their commitment to ensuring the service was of high quality, compassionate, continuously improving, innovative and sustainable. The leadership team informed all clinical departments that they would close the treatment centre on one afternoon month, releasing staff of all grades and disciplines to attend the centre wide quality and governance assurance meeting. Staff said that this action demonstrated the leadership team's commitment to quality and patient safety.
- There was a deeply embedded system of leadership development. Each unit manager had undertaken a 'Chrysalis' leadership course and this was now being rolled out to the deputy managers of each department. There were development programmes for all the registered nurses. One consultant told us that there was a budget for medical education and they had been on several courses and were positively encouraged to develop their practice.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. For example, managers understood the challenges to quality and

sustainability as well the opportunities for growth for the service. They had identified that in order to grow, they needed to review working practices and to introduce systems and where they did not previously exist. An example of this was in the management of stock and sterile supplies where they put in a new system to review all processes to increase efficiency. They had also streamlined patient records to ensure more information was available through the electronic record system.

Vision and strategy

- Plans were consistently implemented, and had a positive impact on quality and sustainability of services. The responsibility of what the local health economy needed was with the clinical commissioning group (CCG); the treatment centre was involved with the plans and ensured the services catered to the local needs. For example, a complaint from a patient regarding their recent visit to the gynaecology department resulted in a change: a one stop clinic to a two stop clinic. The decision was undertaken in consultation with the CCG. This ensured patients received more time to consider the potential risks and benefits of planned procedure.
- The treatment centre has a very close relationship with the CCG featuring a formal monthly contracting meeting. However, there was a six monthly quality review meeting where both parties reviewed how the service was contributing to the overall vision of the health economy.
- Staff told us they felt they all made a difference to the patient experience. Staff consistently told us how they viewed their service through the eyes of the patient. As a result, outpatient staff ensured all patient information literature was of a high standard. There was good quality information on the treatment centre website.
- To ensure all staff were aware of the vision and strategy, the centre created multidisciplinary forums where current performance and further development of the service were being explored.

Culture

- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. Staff told us that they felt respected and valued. The words staff used to describe the culture were: 'open'; 'supportive', 'friendly' and staff felt 'included'. We spoke to healthcare staff that loved their jobs and enjoyed working at Southampton treatment centre. We saw and heard staff being helpful and considerate towards each other. Staff in the outpatient department behaved as a cohesive team, who picked up the work where another had communicated that they had something else they needed to do.
- Staff spoke of their values through their behaviour. They lived their values through the way they treated patients as they would care for their own family member. Patients were always their first consideration and they worked together as a team to continually improve the service. There was energy and a drive in staff and although most of feedback they received was positive, no staff appeared complacent.
- The managers we spoke to told us that action was taken to address behaviour and performance that was not consistent with the vision and values of the organisation. Staff spoke to us about a member of staff who eventually had to be dismissed due to attitude following due process. We were assured that this was unusual as 'good intervention at a low level' was always the starting point.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. We found an open and honest culture and spoke to staff who told us about incidents and situations that they had turned around for organisational learning. All the staff we spoke to said they had no concerns in raising issues without fear of retribution and if the unit manager was not there, they would not hesitate to speak to someone higher in the organisation. Staff knew about the duty of candour legislation and over 90% had attended this training.
- Health and well-being of staff was of important concern to the unit manager and the leadership team. There was a strong emphasis on patient safety. If a member of staff was involved in an incident then we were told that a member of the leadership team would go and see the staff member and give support.
- Healthy working environments were promoted and adapted with input from the occupational health provider. We were given examples, where individual workplace assessments adapted working hours and eye assessments for those working most of their hours on

computers. We saw screen filters in place on a computer screen and staff told us about colleagues who had been given adaptations to normal working hours to accommodate their disability.

Governance

- Governance arrangements were proactively reviewed and reflected best practice. Both the outpatient department and the surgery department were part of an effective structure with processes and systems of accountability to support the delivery of a high quality and sustainable service in line with the strategy.
- The treatment centre was closed one afternoon every month, so that all staff of all grades and disciplines could attend and participate in the quality governance and assurance meeting for the whole organisation. Staff were engaged and motivated to attend these meetings and found them interesting and relevant and we were informed that these meetings 'were well attended by all grades of staff'. These meetings ensured all staff at all levels were clear about their role.
- Staff at all levels were clear about their role and accountabilities to the patients, line manager and more senior leadership.
- However, as these meetings were clinically focussed, it had been discussed with the administration staff and they have requested an additional quality and governance meeting, so that specific process issues could be addressed in an open forum. We were assured that medical leads attended these meetings and in some instances, such as anaesthetics, held a departmental meeting in addition to discuss specialist issues. It was evident that staff saw themselves but they were also concerned to get their individual departments and processes right.

Managing risks, issues and performance

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The treatment centre had five never events in oral surgery between 2015 and February 2017. To provide assurances that such events did not happen again and to monitor the agreed actions, the leadership team introduced a new standard operating procedure and a pathway audit that commenced at the end of February 2017. In September 2018, over 640 procedures had been audited across the specialty and all areas had shown signficiant improvements. The leadership team had agreed that this audit would continue on a monthly basis and the results reported to the leadership team until the compliance to the standard operating procedure was greater than 99% in all areas. This audit had proved useful in monitoring the oral surgery standard operating procedure and had enabled the leadership team to see quantifiable evidence of improvement as well as identified areas that required further improvements.
- We attended the daily, midday 'Safety Huddle' and observed how representatives from all departments met to communicate any issues within their department. Issues could range from staffing or infection risk or a specific patient need requiring a joined-up approach from all departments. This meeting was brief and meant that effective communication happened in a timely way and was responded to appropriately and effectively. It was also an opportunity to ask for help from other departments if they needed to. The leadership team ensured they also attended these daily huddles in different areas throughout the centre. This gave them an insight into the the conversations taking place at these huddles.
- The CCG held regular all provider 'system wide improvement events' which enabled all providers to share information on their learning from mortality reviews, falls and other incidents.
- The outpatient department also had its own daily meeting to discuss the day's activity as well as a weekly meeting to communicate operational issues as a team and to ensure the team were up to date about the wider organisational issues.
- The surgery department monitored and reviewed all surgery carried out by them. The hospital manager ensured the audits and reviews undertaken by the department were discussed at the senior management meetings.
- There were processes to manage current and future risk and performance at the leadership team level, the provider level and at monthly performance meetings with the clinical commissioning group.
- Risk and performance data were an agenda item at the monthly quality governance and assurance meetings. Staff were also aware of risk and performance data from the monthly head of departments meeting that was

cascaded to all staff. When asked the outpatient they were not aware of any specific risk to the department other than staffing. Staff told us they did not have any items on their 'worry list'.

- When we spoke with staff they did not have any examples of where financial pressure had compromised care.
- To mitigate the risks organisation had identified leads for key areas; health and safety, infection prevention and control, safeguarding, information governance, falls, wound care, venous thromboembolism, blood transfusion, sepsis and the local safety standards for invasive procedures (LocSSIPs). In 2016, the treatment Centre added a "Safer surgery" category into their incident analysis themes in order to identify areas for improvement specifically related to those incidents that, if not detected, could increase the risk of wrong site surgery. This work stream sat alongside LocSSIPs to improve patient safety. Each identified incident was then placed onto a tracking document. Over a period of time, they found that certain areas had a higher proportion of incident compared to others. They noted that the speciality mix did not match their activity profile. As a result, the leadership team worked with the local teams who identified and removed working practices that resulted in errors. A report in September 2018 showed an overall significant downward trend since 2016.
- To help the leads in the areas identified above, a measurement for improvement cycle had commenced. All leads had been trained on how to measure for improvements and projects had been identified. Initial results of the outcome showed signficiant improvement the uptake of lessons learnt from incident reporting.
- Problems were identified and addressed quickly and openly. Earlier, we highlighted how the head of nursing and clinical services found examples of poor compliance in a department that required immediate attention. These concerns were dealt with integrity.

Managing information

- The information used in reporting, performance management and delivery of quality care was found to be accurate, valued, reliable, timely and relevant. External and identifiable data such as patient records and service data management complied with data security standards. There was an effective policy in place to manage this and there had been no reports of data security breaches up to the inspection. On inspection we saw secure bins for confidential waste, the management of which was outsourced to another company.
- There was an effective arrangement for the chief nurse, as the safeguarding lead for the organisation, to submit data and notifications to external bodies. We were assured on inspection that there was always be a nominated individual in the absence of the chief nurse.

Engagement

- There were consistently high levels of constructive engagement with staff and people who used services. The service sought patients views and experiences to identify where positive changes could be made to improve service quality. At the quality governance and assurance meetings and in the staff forums, the leadership team engaged and involved staff in discussions regarding future and potential changes to the service.
- Staff and service users regularly engaged in feedback on how to improve the service and accommodate patients' needs. We heard examples of staff and patient requests which were being incorporated into the service's development. One example was the installation of a small shelf within reach from the toilet, as a patient had fed back that there was nowhere to put the urine specimen pot whilst trying to produce a specimen.
- Initiatives were in place such as the staff engagement survey and this had led to a meeting where hospital staff of all grades could speak directly to the hospital director without their managers being present. There was a staff recognition award scheme where the staff were nominated by their immediate colleagues or managers and were rewarded publicly and received a voucher as well as a 'reward pin'.

Learning, continuous improvement and innovation

- Improvement was seen as the way to deal with performance and for the organisation to learn. The leaders and staff learned from internal and external reviews and learning was shared effectively and used to make improvements. An example was given of a patient who had returned following lower limb orthopaedic surgery with calf pain which had been assessed by a

member of the team and thought to be an orthopaedic issue. However, after revisiting the department a deep vein thrombosis was diagnosed and the team had investigated this incident and learned from it.

- The consultants were in the process of change to streamline clinic letters. The change was to introduce a real-time method for generating and distributing clinic letters. The previous system of dictating and then typing and checking clinic letters could take three weeks. Consultants were being supported to write their notes directly into the patient information system in real-time, whilst seeing the patient. The idea was that the consultant would print and give a copy directly to the patient confirming a summary of the conversation they had just had and then press an on-screen box to send a copy to the GP. We were given examples of developing practice the use of new medicines for a debilitating hand condition. The centre also offered a unique hand operation for arthritis and therefore attracted business from outside the normal catchment area.Surgeons at Southampton NHS Treatment Centre had developed and presented their work internationally, on 'four corner fusion surgery,' This is procedure for arthritis of the wrist, using minimal metalwork, no traditional full cast and early physiotherapy with excellent results and high patient satisfaction. Southampton NHS Treatment Centre adopted a new treatment of enzyme. This treatment helped patients with a hand condition that affected the movement of their hands and fingers. The treatment centre successfully performed injections for ninety patients over the last year (2017), who then simply needed a local anaesthetic for the surgeon to perform the manipulation. This innovation resulted in improved patient outcomesand high patient satisfaction.
- The treatment centre initiated undertaking carpel tunnel operation in outpatient. Consultant selected patients who were most appropriate for this procedure. Patients were informed that they will have their procedure in outpatient clinic. Patients were provided with the necessary consent forms and given the required patient information and a date to return to the clinic for their operation. On the day of the operation, the patient returns to the department and the process is explained to them. Consent is re-confirmed and the process explained again to the patient. The patient is also given the choice to opt out if they so wish. The treatment centre introduced a 2-stage WHO Safer surgery checklist. The team supporting the consultant that included a scrub practitioner from theatre and a healthcare assistant from outpatient department do the first stage before the patient was taken into theatre. The second time this was done before commencing the procedure.

Outstanding ☆

Outpatients

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

Are outpatients services safe?

Good ●

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

Key Question summary:

We rated it as good because:

- People were protected from avoidable harm and abuse.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse
- Staff had received up-to-date training in all safety systems, processes and practices.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.
- Staff could access the information they needed to assess, plan and deliver care, treatment and support to people
- Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely.
- Openness and transparency about safety was encouraged. When something went wrong, there was an appropriate thorough review or investigation.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory training compliance was monitored by each unit manager and individual alerts were sent to members of staff to advise them when training was due. If the staff member was not up to date due to sickness or pressure of work they had an individualised plan and revised timescale to complete it. During our inspection we were shown electronic mandatory training. These records supported what they were telling us about their individual compliance.
- Care UK provided a comprehensive programme of mandatory training however, the combined compliance rate for surgery and outpatients at Southampton NHS Treatment Centre was 92%, slightly less than their target of 95%.
- Standard modules for mandatory training at Care UK included: basic life support e-learning, basic life support face to face, immediate life support, advanced life support, local induction, Prevent training, Mental Capacity Act and Deprivation of Liberty, fire awareness and safety, health and safety, infection control, safeguarding adults and safeguarding Level 1, (for all hospital employees), safeguarding adults and safeguarding children level 3 (for all with clinical professional registration), Health and Safety for employees, moving and handling patients theory, moving and handling patients practical, chaperoning, food safety level 1, food safety level 2, compassion in practice, equality and diversity.
- Staff we spoke with expressed there were no barriers to accessing mandatory training although the internet was slow at times and this made it difficult to log into the system.

Safeguarding

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

Outpatients

- Safeguarding is the protection of people's health well-being and human rights and enabling them to live free from harm, abuse and neglect. The Head of Nursing was the Safeguarding Lead had been trained to Level 4 and was the lead for Southampton NHS Treatment Centre in: Prevent (part of the government's counter terrorism strategy and aims to stop people becoming terrorists or support terrorism); Missing, Exploited and Trafficking (MET); Female Genital Mutilation (FGM); Mental Capacity Act (MCA, 2005) and Deprivation of Liberty Safeguards (DoLS) and Looked After Children (2004). The Head of Nursing role at Southampton NHS Treatment Centre was supported by a corporate lead for safeguarding and prevent, in Care UK.
- The staff in the outpatient department understood their role in identifying and protecting patients from risk of abuse and when abuse had occurred. Staff had training on how to recognise and report abuse and they knew how to make referrals appropriately. Staff understood and talked to us about commonly recognised forms of abuse and how to escalate to the lead for safeguarding for the treatment centre. We talked to staff who gave specific examples of patients who had experienced: physical, emotional, financial or sexual abuse or abuse by neglect and the actions they had taken to support the patient and escalated appropriately.
- Safeguarding folders were available in the outpatient area so staff could access information and contacts to make referrals appropriately. This gave all staff immediate access to easy to follow guidance about the actions they must take in the event of a safeguarding concern. Staff gave a recent example of how they had made a safeguarding referral and the subsequent adaptation to the patient's personalised care plan because of this concern.
- Staff told us that they were mindful of their responsibilities towards sixteen and seventeen-year-olds. On inspection we reviewed the local operating procedure 'Management of Paediatric Patients (16-17 year olds),' Southampton Treatment Centre /Secondary Care, July 2018. This procedure reminded staff of the 'greater psychological vulnerability of patients under the age of 18.' This document prompted staff to: consider a clinic room rather than the general waiting area; to see the patient first on the list to reduce anxiety and stress; to allow the patient a parent or other escort if they so wished and to involve the anaesthetist in the pre-assessment process.
- The outpatient staff were trained to Level 3 in both adult and child safeguarding and demonstrated awareness of the principles of national legislation and guidance, for example 'Working Together to Safeguard Children'.
- Staff told us that their mandatory training included guidance about the national prevent strategy, female genital mutilation (FGM) and human trafficking. Staff we spoke with on inspection in the gynaecology clinic knew about their role and responsibilities in regard female genital mutilation (FGM).
- All consultants in gynaecology and lower gastro-intestinal clinics had a member of staff routinely allocated to that clinic, to chaperone all patients. The allocated chaperone was a female but there was also a male chaperone available on request. Notices on the door of each clinic room asked, 'do you need a chaperone' so that patients attending other clinics could also ask for this service.
- We reviewed an electronic spreadsheet which showed safe practice in the recruitment process at the hospital/service. The spreadsheet recorded Disclosure and Barring Service (DBS), professional registration; proof of identification; references; health questionnaires addresses; evidence of leave to remain; immunisation records and social media checks completed on all employees. We randomly reviewed five personal records on the electronic system and they validated the entries on the spreadsheet. We also observed the administrator demonstrating the ongoing process of checking professional registration on the professional specific websites. These professional registration checks were monitored monthly and email reminders were sent out to staff and their managers, if they were approaching the annual date for fee payment or revalidation.
- The systems for safe recording of staff records were being transferred electronically with most of this work already completed. However, we were told there had been some confusion with a few managers of clinical staff about which system should record what. This confusion was around the integrated human resource and payroll system. We saw that there were some paper records for staff who had worked in the organisation for a long time and these were securely locked in filing cabinets.

Outpatients

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- All areas in the outpatient department looked visibly clean. Staff told us they had a policy for anyone they discovered had a communicable disease and they would isolate them in a separate room to wait for the consultant or nurse, where they would be seen promptly. The environment would be terminally cleaned before being used again by other staff and patients. If a patient required a scan that could not be postponed to the end of the list, then the room and equipment would be cleaned appropriately and before use by another patient, in line with the policy.
- The outpatient department had a colour coded process to ensure sterile reusable medical equipment followed a pathway to return to the theatre sterile supplies for decontamination after single use.
- Potential or known infectious samples were handled correctly, in line with the policy and sent to the pathology laboratory and labelled with a yellow self-adhesive label, 'Danger of infection'.
- Staff in the outpatient department had undertaken mandatory training on infection prevention and control.
- The staff we spoke with knew about the hospital policy on infection control. We saw there were sufficient handwashing facilities and protective personal equipment. Disposable gloves and aprons were available in every clinic room and communal area and used appropriately.
- Staff in the preadmission clinic decontaminated their hands in line with the World Health Organisations five moments for hand hygiene and NICE guidance (QS 61, statement 3). This standard states people should receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. Staff were taught the correct method of handwashing and frequently reminded of the high importance of handwashing through audit and clinical procedure training such as venepuncture. Hand sanitiser gel was available throughout the outpatient department and staff adhered to the bare below the elbows policy when providing care and treatment. Staff told us that they used personal protective equipment if clinically indicated. We were assured that there were regular hand hygiene audits in the department and the results have shown 100% compliance to the standard.
- General cleaning of the department was outsourced to another provider. We observed that the staff in the outpatients' department had a good working relationship with the cleaners and they responded promptly to additional requests such as mopping spillage, whilst we were on site.
- The hospital participated in Public Health England Surveillance and the Patient Led Assessment of the Care Environment (PLACE). The assessments involved local people known as patient assessors, assessing how the environment supported the provision of clinical care. The hospital scored above the national average for cleanliness. A PLACE assessment completed in 2018 scored 99% for cleanliness which was above the national average for cleanliness.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- There were fourteen rooms in the outpatient department with ten rooms being used as consultation rooms. There were several stations for receptionists in the department due to the configuration it could be otherwise possible for patients to walk some distance without interaction.
- The environment was visibly clean, tidy and information was presented on notice boards. The Patient Led Assessment of the Care Environment Audit (PLACE, 2018) scored 96.5% for condition, appearance and maintenance of Southampton NHS Treatment Centre.
- All equipment checked on the inspection was found to be clean, dust free and in good working order, Portable Appliance Tested (PAT) and within its service dates.
- We were told that the servicing of electrical and biomedical equipment (EBME) such as the defibrillator and blood pressure machines were monitored and recorded on a database managed by the outpatient manager. The outpatient manager would escalate any issues to the Head of Nursing.
- On the inspection we checked a range of equipment including: the resuscitation trolley with defibrillator and suction machine; digital scales; blood pressure machine; electrocardiogram machine.

- The service date of all the equipment we inspected was clearly visible on the piece of equipment. The outpatient manager told us that they were working with the equipment manager to improve the logging, tracking and service information of every piece of equipment in the department.
- The staff checked the emergency equipment every day and we saw the last two months' checklists and they had been completed every day. However, we saw one face mask (expired 08/18) and a batch of grey topped blood sampling tubes (expired 08/18) but when we reported these, they were immediately replaced.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

See Surgery section for main findings.

Nurse staffing

- **The service had enough staff, with the right qualifications and skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment**.
- There is no national tool for determining staffing for outpatient departments. Therefore, the outpatient department deputy manager looked at the clinic lists, the nature of the work in those clinics, the available skill mix and assessed the number and grade of nurses needed matching them to the list. This was to ensure there were regular reviews of staffing with an aim to safely meet the needs of the patients.
- Every day the nurse manager or her deputy led and co-ordinated the clinic activity of consultant and nurse led clinics as well as physiotherapy and pre-assessment clinics.
- The staffing for clinics was planned one month ahead and there was flexibility to open another clinic on a Saturday where necessary, to relieve the pressure Monday to Friday. If there was staff sickness the staff did not use bank or agency as the nature of the work in outpatients was bespoke to the unit and therefore the substantive staff would work extra hours to cover.
- The staff we spoke with had no issue with the staffing numbers and felt that they operated with safe levels of staffing with good support from colleagues and managers. In rare instances nursing staff from the outpatient's department helped the surgical ward if they had an unplanned staffing shortfall. Staff demonstrated great flexibility in how they worked in situations where absence could not be filled at the last minute, with healthcare assistants overseeing two clinics running simultaneously.
- There were no paediatric nurses in the outpatient department at Southampton NHS Treatment Centre. However, staff told us that they had good relationships with the local NHS acute hospital trust and would contact the paediatric department if they were to ever need advice for young people aged sixteen to seventeen, on an informal basis.

Medical staffing

- The service had enough medical staff with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Southampton NHS Treatment Centre had a mixed model of medical staffing. This model included a mix of consultants employed full and part-time, NHS and Independent. There were twenty-six consultants employed in full or part-time contracts, who worked at the treatment centre on a sessional basis under a contract agreed with the acute NHS hospital trust. These consultants were covered by the acute NHS hospital trust as licensed and fit to practice. On occasions independent consultants hired out the consulting rooms in the outpatient department but they were not associated with the work of the treatment centre. The Southampton NHS Treatment Centre did employ bank consultants in some situations who were subject to Care UK employment checks, policies and procedures.
- The outpatient department had consultant led clinics running every day with a maximum of five clinics at any one time as this service was interdependent on the other staff with in the department. The service employed its own anaesthetists directly and always had an anaesthetist on call for when the consultants had finished for the day. This meant anaesthetic advice and opinion was available for all the hours the outpatient department was open.
- The consultants were involved in recruiting new staff and worked as a team with the nursing staff to induct new doctors. New consultants were always allocated experienced healthcare assistants in clinics to support them in their induction period.

- Occasionally a consultant would put an extra patient into a clinic but this was said to be rare, if this situation happened the patient was told that they may need to wait a little longer than usual. Occasionally a patient would 'just turn up' in the department and the medical staff would make every effort to slot them in explaining they would have to wait due to already scheduled appointments.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to -date and easily available to all staff providing care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records were either stored within the secure medical records department, the outpatient manager's office or in a locked record trolley during clinics. A scanning system was in use so that the location of records could be tracked.
- We were told by staff no patients were seen without notes. If notes were not available for a clinic, staff would check through all the areas in the department where notes were stored. This situation was usually explained by a member of staff forgetting to scan the notes in or out of a department.
- We reviewed three sets of patient notes, where all the sections were filled in legibly and the entries in the notes were either type written summaries or letters or completed risk assessments and checklists. All notes had the referral letter from their GP.
- The staff communicated with the GP by telephone if urgent or by dictating a letter that was typed up and sent to the GP and patient. The letter was stored electronically and in paper form in the patient's notes. However, there was a backlog at the current time, of up to three weeks for a clinic letter to be typed up, checked and sent out by post. Extra staff had been employed to work through the backlog and the change of process whereby the consultants would type up their letters on the system in real-time, was being phased in.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines.**
- There were no controlled drugs or chemotherapy stored or administered in this outpatient department. A limited basic stock, of pre-labelled broad-spectrum antibiotics were kept in case the consultant needed to prescribe a course to a patient in clinic. The consultants had access to microbiology at the nearby acute NHS trust if they needed prescribing advice regarding antibiotics.
- Prescription pads were logged and stored under lock and key in a designated cupboard for this sole purpose. The individual blank prescriptions had to be signed out by two witnesses and the prescribing doctor and recipient documented for each prescription.
- Emergency dugs on the resuscitation trolley were all in date and there was a record of checks that were carried out by the clinic staff daily. However, we saw normal saline with potassium had expired (04/18) we reported this and it was immediately replaced.
- We saw that an infusion of 'Intralipid' was stored on the resuscitation trolley at the request of the anaesthetists. However, it is not clinically indicated in the immediate resuscitation situation, cluttered the trolley space and should be stored below twenty-five degrees centigrade and therefore posed a potential risk.

Incidents

- **The service managed patient safety incidents well.** Staff recognised incident 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.
- The service took all incidents very seriously and managed safety incidents well. The service demonstrated learning from incidents. The outpatient department at Southampton NHS Treatment Centre had a good reporting culture. As a whole, the outpatient department and the surgical department had reported two hundred and eighty-five clinical incidents between April 2017 and March 2018. Of these, 60% were rated as resulting in no harm, 30% as low harm and 4% as moderate harm.
- Staff had a clear understanding about incident reporting and they knew how to report incidents and the types of incident to report. Staff said they received feedback, for incidents which related to their immediate area of work

and those reported elsewhere in the hospital. This meant they shared learning from incidents throughout the hospital. The learnings were discussed at the weekly outpatient team meeting and in the quality governance and assurance meetings held monthly.

- The incident reporting system was described by staff as 'a learning exercise for everybody'. One recent example of change which had been implemented related to the number of blood sample bottles sent to the laboratory and results sent back did not tally. The manual system for tracking blood samples from the outpatient department was modified to allow a separate line for cross matching samples and to record the colour of every bottle top and the total number of bottles sent for analysis.
- Duty of candour, Regulation 20, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) ofcertain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with in the outpatient department could explain duty of candour however they had not had a 'notifiable' incident that necessitated the use of this principle in practice.

Safety Thermometer (or equivalent)

- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

- The safety thermometer was developed as a 'temperature check', alongside other quality and safety measures, by the NHS for hospitals to measure progress in providing an environment free of harm for patients. Staff told us that the department would report any discovery of pressure ulcers, falls in the department, urine infections and venous thromboembolism present at assessment. However, these measures of harm were generally not attributable to the outpatient department but to the care environment from which they came. Southampton NHS Treatment Centre collected and reported on safety thermometer data as part of their quality assurance.

Are outpatients services effective?

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- Staff ensured treatment in the outpatient department followed evidence-based guidance and best practice. When we talked with staff it was evident they were knowledgeable about their patients' holistic needs and understood many of the patients' individual circumstances. They assessed patients' physical, mental health and social needs by using comprehensive risk assessments. For example, those patients assessed to be at risk of venous thromboembolism were offered preventative medication in line with NICE QS3 Statement 5.
- The outpatient staff adhered to NICE guidance (NG45, 2016) in routine preoperative tests for elective surgery and they considered the value of carrying out the test on the specific patient and with an understanding of why they are taking blood samples
- Enhanced recovery is the modern evidence-based approach that helps people recover more quickly after having major surgery. Patients on the enhanced recovery programme had been given nutritional supplements in the form of a high calorie drink, to take the evening before and morning of surgery.

Nutrition and hydration

- **Staff gave the patients enough food to eat and drink to meet their needs and improve their health outcomes.**

- Staff told us that the Malnutrition Universal Screening Tool (MUST) was completed on every patient in clinic to ensure their nutritional needs were met. Patients received verbal and written instructions about eating and drinking before their operation. Patients were then contacted by the outpatient staff, seventy-two hours before surgery to ensure they were clear about their individual instructions to eat and drink.
- Snacks and hot drinks were available in the department from the league of friends, twice a day and in their café. In addition, there were vending machines in the waiting areas for patients and visitors.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain.**
- The service did not use pain assessment tools however, it was clear that patients were appropriately supported with their pain management. Patient records documented what activities patients had completed during their therapy sessions and if they experienced any pain as a result. This enabled nursing staff to be aware and offer pain relieving medicines if required. If the staff were concerned at the level of pain the patient was experiencing then they would refer to the anaesthetist in the department for advice.

Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- People attending the outpatient department in Southampton NHS Treatment Centre had their assessed needs, preferences and choices met by staff with the right skills and knowledge.
- All healthcare assistants were expected to complete the Care Certificate in conjunction with the local acute NHS hospital. The Care Certificate course, was designed around the fundamental standards of care and was a basic component of induction for Healthcare Assistants as stipulated by the Care Quality Commission. Southampton NHS Treatment Centre facilitated their healthcare assistants to access the 'Care Certificate' course and mentored their staff to complete the course and to be competent to do their role. On inspection twelve health care assistants had completed their care certificates and the three new staff had started the course. The certificates of those who had completed the course, were laminated and prominently displayed on the department as a measure of quality assurance for the public as well as recognition for the individual staff member.
- All nursing staff including the healthcare assistants, had specific competencies and were taught to obtain venous blood samples, cannulation and plastering and were not signed off until they had been assessed as competent. The philosophy of the outpatient team was 'whoever is the best person for the job does it' and the task would be delegated to that person. The training to obtain venous blood samples was completed in conjunction with the pathology laboratories of the NHS provider, who provided shadowing opportunities. The healthcare assistant or nurse had to pass twenty supervised observations of competency, and had to keep a log to reflect on their practice.
- There were no paediatric trained nurses in the department for those patients who were aged sixteen to seventeen. However, all staff we spoke with were aware of their specific responsibilities towards a patient in this age group.
- The information sent to us prior to inspection (June 2018) stated there was staff 100% compliance with staff appraisals. We were told that all staff had two personal development days per year when they can choose to do 'anything that will make them understand their job better'. Examples of development days that staff had chosen were: a day in theatre and Southampton pathology department, a day spent with the nursing and midwifery council and a pressure ulcer study day. The staff we spoke with were enthusiastic about the opportunities for development and the positive feedback they received from their peers and managers.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The staff at Southampton NHS Treatment Centre worked as a cohesive multidisciplinary team to assess, plan and deliver effective care and treatment.
- Orthopaedic patients were assessed at 'Joint Day,' a multidisciplinary clinic held for patients who had decided to go ahead with orthopaedic surgery. At this clinic a patient would typically see: a healthcare assistant; a registered nurse, an anaesthetist and a physiotherapist. During this clinic, patients would be assessed for and given equipment to support their post-operative recovery at home.
- The monthly quality governance and assurance meetings were multidisciplinary team meetings and the outpatient department was closed to allow all staff members to attend.

Outpatients

Seven-day services

- The outpatient department generally ran five days a week however they had trialled later clinics and weekend clinics but they had minimal uptake, so they were discontinued. We were told that Saturday clinics had been opened to allow flexibility in the system when there was consultant absence or a peak in demand.
- Patients used the chose and book system and were given the choice of which consultant they could see and when they could make an appointment. Any follow up appointments were subject to patient choice. One relative described the outpatient department as 'the most efficient department in the hospital'.

Health promotion

- The outpatient staff at Southampton NHS Treatment Centre demonstrated their commitment to health promotion in many ways.
- Staff spent time with patients in clinic to explain the surgery that they would be having and the pathway they would follow and plan their post-operative recovery. The multidisciplinary team took time talking to the patients about their lifestyle and expectations post-surgery. The staff in the outpatient department also liaised with theatres and the inpatient unit to ensure seamless care for that individual was ensured.
- Literature in the form of posters and leaflets were displayed on large notice boards in the public clinic areas. All members of the staff team took responsibility for one notice board and the date of review of this display of information was clearly stated. We saw displays of ear nose and throat disorders and other displays of healthy lifestyle advice.
- Smoking cessation was promoted and contact cards for people to fill in were available, as were the information leaflets explaining the smoking cessation process.
- The Southampton NHS Treatment Centre website had information on health promotion for example: 'getting active in the summer holiday'; 'gardening after a total hip or total knee replacement -professional advice from a physiotherapist' and 'nine top tips for keeping healthy at festivals'.

Consent mental capacity act and deprivation of liberty safeguards

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the trust policy and procedures when the patient could not give consent.
- **Staff understood their roles and responsibilities under the Mental Health Act 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.
- Staff demonstrated an understanding that a patient must give consent before they receive any type of treatment, test or examination in Southampton NHS treatment Centre. Patients were supported to make an informed decision about their care and treatment prior to giving consent.
- We witnessed consultants during clinic explain the need for surgery as well as one situation where surgery was not advised. The rationale in both situations was explained to the patient during a face to face consultation, to enable the patients to make an informed decision. This included options for treatment, its risks and benefits and whether it was best to proceed with surgery. We saw how this advice and information was backed up with clearly explained and up to date written information for patients.
- The clinical staff had been trained on the Mental Capacity Act and Deprivation of Liberty Safeguards (2005) however in the outpatient department they rarely had to apply this training directly. We were told that occasionally a patient would come from a care home environment with a carer and have best interest paperwork already in place. If a member of staff had concerns around a patient's mental capacity to consent prior to surgery and the subsequent inpatient stay, they did an Abbreviated Mental Test (AMT). If they still had concerns they asked the anaesthetist to go through a best interest checklist with the patient.
- Staff were aware some patients needed additional time to process what was being said to them. We were given an example of when an older patient who had capacity had consented to an operation. However, the staff who knew the patient were not convinced the patient had completely understood the information they had been given, so they recalled the patient to double check their understanding of the decision they had made and to check their capacity did not significantly fluctuate.

Outpatients

- The staff were aware of their responsibilities towards sixteen to seventeen-year olds and gaining their consent for examination or treatment. Like adults, consent is only valid if it is given by an appropriately informed young person consenting to a specific intervention or procedure. However, there were no paediatric nurses were employed by Southampton NHS Treatment Centre.

Are outpatients services caring?

Outstanding ☆

Our overall rating of caring was outstanding.

We rated it as outstanding because:

- **People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally.**
- **The outpatient department were the first point of contact for Southampton NHS Treatment Centre and the behaviours and attitudes of staff in this department set the bar for an exceptional and distinctive service offered to every patient.**

Compassionate care

- Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treat people. Patients said to us 'that the outpatient staff could not be better' and 'there is nothing they (the outpatient staff) would not do for you' and their care and support exceeded expectations.
- There was a strong and visible person-centred culture and this was expressed by the staff who adopted the perspective that 'there is always a person rather than a patient or a relative, at the end of everything we do'. This approach was led by the outpatient manager who ensured that patients and their relatives were treated by the team, with kindness, patience and compassion.
- We observed staff being kind and respectful of people's dignity. Staff told us that they valued the relationships they developed with patients and relatives over the course of their outpatient attendances. The staff expressed concern and involvement in the future welfare of the patient not only in the outpatient department but during surgery and in the consideration of early discharge planning.
- Consideration of people's privacy and dignity was consistently embedded in every part of the process that began in the outpatient department. Staff told us of their awareness of specific needs of certain patients and they communicated these as a multidisciplinary team and recorded these in the patient record. If a patient had particularly complex needs identified on assessment in outpatients, the staff would call a multidisciplinary meeting with key colleagues to ask for their professional advice ideas, and possible solutions. They would then incorporate these with the patient in an individualised care plan.
- The physiotherapist told us that they had found innovative ways to enable people to manage their own health and care in a mobile physiotherapy app. This provided the patients with videos of simple and effective exercises they could do to maintain as much independence as possible.
- People felt really cared for and that they mattered. Staff told us of an example of a gentleman with mild dementia, who had been initially turned down for a dual procedure as admission to a surgical ward was assessed as unconducive to meeting the patient's needs. With the support of the outpatient staff who had known the patient from a previous episode of care, the patient appealed against this decision. The outpatient team worked with the patient relations' facilitator on an individualised care plan for this patient. The patient needed phone calls to prompt them to attend appointments; ferry tickets and taxis were arranged for door to door transport either side of the crossing. The outpatient team liaised with the surgical ward to arrange admission for bowel preparation, rather than let the patient struggle at home and fail at this important step. This compassionate intervention enabled the patient to successfully undergo surgery and enabled the patient to return home and retain independence. The patient had phoned the patient relations' facilitator to say how delighted they were with the outcome. In this example the outpatient staff showed determination and creativity to overcome obstacles to delivering care.

Emotional support

Outstanding ☆

Outpatients

- Staff in the outpatient department recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- The staff gave us an example of giving exceptional support to a patient who had a history of being sexually assaulted in a previous healthcare setting and expressed reluctance to undergo an intimate procedure. The staff in the outpatient department approached this patient with sensitivity and compassion and the patient then trusted the member of staff to be able to tell their full story. The outpatient staff with the patient's permission discussed the situation with the wider team to see how they could adjust to make the patient feel safe. The team suggested and organised a single sex staff team throughout the patient pathway and this not only provided an acceptable solution for the patient to undergo surgery Southampton NHS Treatment Centre but restored their confidence in healthcare professionals.
- Outpatient staff told us of their concern for some people's emotional and social needs and viewed them as being as important as their physical needs. The expectations from the leadership of the hospital were that staff would be 'constantly on the lookout for anyone who was unhappy, upset, stressed, anxious or lost (negotiating their way to and from their appointment) and would offer help and support. We heard them in conversation with patients asking about their well being and offering support and encouragement.

Understanding and involvement of patients and those close to them

- People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and they demonstrated this by remodelling the gynaecology clinic in response to patient feedback.
- We saw staff communicating to patients and those close to them in an understanding and caring way. They always empowered people who use the service to have a voice by encouraging them to write down any questions they had about their care and treatment.
- Staff in the outpatient department demonstrated their understanding of the additional support needed by some patients. A patient advice line was available for the patient to talk about preoperative concerns as well as post-operative advice.
- The outpatient staff had identified the need for consent form in multiple languages and were working with the leadership team to implement this as they demonstrated a robust understanding of the needs of all patients. They ensured that people's communication needs were understood, sought best practice and told us they were always seeking to learn and improve.
- Stories on the website (www.southamptontreatment centre.nhs.uk) gave examples of how every individual is given the opportunity to realise their potential. People's individual preferences and needs were identified in the outpatient department as their first encounter with staff at Southampton NHS Treatment Centre and this always reflected in how care was delivered throughout the patient pathway. This holistic care offered by Southampton NHS Treatment Centre extended to advice such as heart health and diet to adjusting to safely garden after a joint replacement.
- Staff recognised that people needed to have access to, and links with, support networks in the community and they supported people to do this with smoking cessation information. The staff at Southampton NHS Treatment Centre extended their care for the health and wellbeing of their patients outside of the outpatient environment and gave health lifestyle advice linked to the promotion local community events such as advice to 'Stay healthy at festivals-9 top tips'.

Are outpatients services responsive?

Good

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

We rated it as good because:

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered and acted on to ensure that services are delivered in a way that is convenient.
- Facilities and premises were appropriate for the services being delivered.

- People could access the right care at the right time. Access to care was managed to take account of people's needs, including those with urgent needs.
- The telephone or online system was easy to use and supported people to make appointments, bookings or obtain advice or treatment.
- People knew how to give feedback about their experiences and did so in a range of accessible ways.

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Responsive

- **The trust planned and provided services in a way that met the needs of local people.**
- The environment was light and airy, it looked clean and well cared for. There was plenty of seating and a play table, set back from the main waiting area, for children accompanying patients. A mains-fed water dispenser was available in addition to hot and cold drinks available from the royal voluntary service who ran a café in the treatment centre but also visited the department twice a day with refreshments.
- There was a screen that displayed the clinics in progress. We observed staff being very responsive to visitors. The receptionist was smiling, polite and friendly towards patients checking into clinic. Staff were observed being responsive to the patients and relatives in the department. One member of staff was overheard saying to a patient coming out of a clinic, 'are you OK…would you like to sit down…can I get you a drink?'
- Local people from the Isle of Wight were given ferry tickets and taxis to enable them to come to clinic without the added financial cost of travel. Most people came by car to the department for their clinic appointment and although the two over ground carparks were not recommended for those requiring disabled access there was a designated carpark with access for the disabled. We were told when individual circumstances warranted special consideration, staff in the outpatient department could get their manager's approval to waive the charge. Staff gave us examples such as a patient being kept a long time for an appointment, being delivered bad news or not being able to understand the system of payment.
- Toilet facilities for the less abled were available and the treatment centre had put in safety rails following the recommendation from the previous CQC inspection in 2015. There were separate assistance and emergency call buttons in each of these toilets and a face mask for an emergency.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to deliver care in a way which met needs in an accessible and equal way.
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- We saw algorithms of care pathways based on clinical best practice. Staff acknowledged a need to accommodate the patient's personal and life commitments and gave examples of how they modified the pathway to accommodate individual needs.
- Outpatient appointments were kept to a minimum, dates were flexible, a range of patient information literature as well as the telephone advice line were all in place to ensure this happened.
- The service used multidisciplinary assessments to identify and meet people's individual needs. Assessments were recorded in the patient's notes, and individual needs shared with all relevant professionals involved in that patient's care.
- We were told If the patient had particularly complex needs such as dementia or learning difficulties then the multidisciplinary team would meet with the patient to plan the care together.
- The service was compliant with the accessible information standards. The department had sourced information for patients in alternative languages (Polish, Mandarin, Bengali, Arabic, Malay and Portuguese or large print). If, during preadmission stage it was identified different languages were required, the manager would source this information. Patient information leaflets about surgical procedures were available in different languages, from clear perspex leaflet holders.
- Currently the consent form was interpreted at the clinic for the patient but the staff felt that it would be best practice for the patient sign a consent form written in

their own language. Southampton NHS Treatment Centre was in the process of getting their consent forms translated and printed into most languages used by their local population.

- Staff talked us through the laminated flow chart for arranging an interpreter service and where the head-set was stored. Staff were confident in arranging an interpreter and provided assurance that this was a routine procedure for a patient whose first language was not English
- Information in Braille was available on an individual request basis (this was also published on the Southampton NHS Treatment Centre website).
- There was wheelchair access to the outpatient department. We saw more than one patient access the lift to the department and signage was clear.
- A hearing loop was available for hearing impaired patients. However, the member of the receptionist team we spoke with that day, was unsure of how to use the equipment but they would refer to the nursing manager in the department.
- Staff gave examples of meeting the need of individuals. Examples ranged from picking up patient's prescription from the onsite pharmacy to facilitate a speedy discharge, to giving people the time they needed to make decisions and consent to care and treatment.
- Patient Led Assessment of the Care Environment (PLACE) for 2018, had recently been completed and resulted in score of 83.67% for dementia provision and 85.13% for disabled provision, for Southampton NHS Treatment Centre as a whole.

Access and flow

- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to admit, treat and discharge were in line with good practice and published on the Southampton Treatment Centre website.
- Staff told us that clinic bookings were managed to ensure some flexibility in system, this ensured that patient who had high priority clinical need could be seen urgently. The staff used a scheduling tool for clinic, so that clinic and theatre lists could be aligned and the outpatient department could then ensure the correct skill mix.
- Patients flow through the department was expedited by the nurse in charge of clinic. The patient pathway was efficient as ultrasound, magnetic resonance imaging (MRI) and computerised tomography (CT) were all available to the treatment centre. We were told that care was taken to ensure the patient accessed diagnostic services in synchronisation with other appointments to minimise the number of visits necessary to achieve the best outcome. One patient was seen in clinic by a consultant and immediately went to X-ray and was seen less than fifteen minutes later with the consultant having seen the result.
- The clinics were planned with precision and care according to the nature of the clinic therefore the individual appointments, anything from ten minutes to thirty minutes, were planned to the length that they needed to be without being rushed.
- Southampton NHS Treatment Centre had two 'self-pay champions' whose role was to facilitate the flow of people who chose to attend the outpatient department as private patients. The provider offered private patients, a free no-obligation first consultation, giving private patients more information on which to base their choice. An example was given of a situation where the self-pay champion had recognised that the patient was entitled to NHS funded care, and with their permission switched their pathway from private to NHS, keeping the same date for the subsequent surgery. We were told that the patient was delighted with this outcome.

Learning from complaints and concerns

See information under this sub-heading in the surgery section.

Are outpatients services well-led?

Outstanding ☆

See information under this sub-heading in the surgery section.

Outstanding practice and areas for improvement

Outstanding practice

The inclusiveness the leaders demonstrated by closing the department one afternoon a month with the expectation all staff who could possible attend the governance meetings from all grades and disciplines, would attend.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review how the record of pain scores is being undertaken.