Nuffield Health Ipswich Hospital

Quality Report

Foxhall Rd
Ipswich
IP4 5SW
Tel:01473 279100
Website:www.nuffieldhealth.com/hospitals/ipswich

Date of inspection visit: 16 and 25 August 2016
Date of publication: 30/11/2016

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	Good 
Are services safe?	Requires improvement 
Are services effective?	Outstanding 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection visit on 16 August 2016 and an unannounced inspection on 25 August 2016.

Our key findings were as follows:

Overall, the hospital was rated as good, with surgery and outpatients rated as good overall and children's and young people's services rated as outstanding overall.

We have rated surgery as good overall with effective and caring as outstanding but due to being requires improvement in the key question of safe we have rated the service as good overall.

The key questions of effective and caring for the hospital overall have been rated as outstanding, with well led and responsive rated as good. Overall safe has been rated as requires improvement, and the responsiveness of the service has been rated as good. Whilst we note that the children's and young people's service has been rated as outstanding in responsive we acknowledge that the numbers of children seen by the service is very small in comparison to the overall numbers treated by the service. Therefore, we have rated responsive as good overall.

We saw several areas of outstanding practice including:

- Staff, teams and other services worked exceptionally well together as a multidisciplinary team.
- Care provided to patients was outstanding.
- The range and selection of home cooked food available to patients, and the ability to provide a patient's dedicated food request was outstanding.
- The hospital provided regular training events for local GPs, which demonstrated outstanding practice.
- Outcomes for people who used the service were outstanding. The hospital participated in certain national audits, including the National Joint Registry (NJR), which showed 100% consent rate.
- Outcomes from the Oxford Hip and Knee score, as well as PROMS outcomes were outstanding.

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

The provider should:

- Ensure medical notes are always available for staff who are treating patients in the outpatients department.
- Ensure that assessment of Gillick competence is recorded in the patient record.
- Consider further development of the vision and strategy for the future of children's services.
- Improve the process for treating patients with learning difficulties.
- Review the plans for the endoscopy suite to ensure it meets the Medicines and Healthcare products Regulatory Agency (MHRA) requirements as soon as reasonably practicable.
- Undertake further audits on the World Health Organisation (WHO) 'Safer Surgery' checklist.
- Consider the need for an admission policy setting out safe and agreed criteria for selection and admission of people using the service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated surgery at Nuffield Health Ipswich Hospital as good overall. We rated the service as requires improvement for the safe domain; good for effective; outstanding for caring; good for responsive; and good for well-led. There was a robust incident reporting system in place and lessons were learnt and improvement made when things went wrong. There had been no reported healthcare-associated infections (HCAIs) in the past 12 months, and medicines were stored securely, checked regularly and administered to people as prescribed. Comprehensive risk assessments were undertaken for each person who used the service. There was a suitable number of appropriately skilled nursing and medical staff on duty at all times. Regular local audits were carried out and audit outcomes were used to improve patient outcomes and service quality. People's pain relief was assessed and managed effectively, and nutrition and hydration availability and choice was outstanding. People who used the service were treated with dignity, respect and compassion. Inpatient survey results consistently showed that people were highly satisfied with the service received. People's care and treatment was tailored to their individual needs. Robust governance, risk management and quality measurement systems and processes were in place which ensured quality, performance and risk was understood and managed.
Services for children and young people	Outstanding 	We rated services for children and young people (CYP) at Nuffield Health Ipswich Hospital as Outstanding overall. The safe, effective, and well-led domains were rated good; caring and response were rated as outstanding. The service had a robust incident reporting system and there was evidence of learning from incidents. Risk assessments were in place to safeguard children and young people from abuse and staff had completed appropriate safeguarding training. Staffing levels were planned in accordance with patient needs. Care for children and young people was planned and delivered in line with evidence-based guidance,

Summary of findings

standards, best practice, and legislation.
Comprehensive child assessments were completed accurately. Staff had the necessary skills, competencies and support from managers to provide effective care. There was evidence of multidisciplinary team (MDT) working to maximise patient outcomes.
Children and their families were treated with compassion, dignity and respect at all times. There was a strong patient-centred approach to care that involved children and their parents in decision-making. Staff supported children and their families emotionally.
The service was flexible to meet the needs of children and their families and ensure continuity of care. Children had timely access to appointments and procedures, which were arranged at a convenient time for children and their parents. There was a robust complaints procedure and the service had received no formal complaints in the last 12 months.
There was a clear governance structure and proactive approach to managing risk and quality improvement. Staff were engaged with the service and their work. However, although consent forms had been signed by children and their parents, there was a lack of documented evidence that 'Gillick' competence had been considered or assessed formally if required.

Outpatients and diagnostic imaging

Good

We rated outpatients & diagnostic imaging (OPD) at Nuffield Health Ipswich Hospital as good overall. We rated safe, caring, responsive and well-led as good. The effective domain for this core service was inspected but not rated.
There was good evidence of learning from incidents and staff were aware of the duty of candour regulation. Infection control procedures were robust and the areas we visited were visibly clean. Staffing levels were appropriate for the service provision and for patient acuity.
Care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. Policies were up-to-date and based on best practice and national guidelines. Multidisciplinary team (MDT) meetings took place with input from external colleagues. Patient consent was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 (MCA).

Summary of findings

Patients were treated with dignity and respect and gave consistently positive feedback about their care. Services were planned and delivered to meet the needs of the local population and the hospital regularly performed better than national target referral to treatment times (RTT). Appointments were flexible to patient need. There was good evidence of learning from complaints.

However, medical notes were not always available for staff treating patients in the department. There was also a lack of patient information available in the waiting areas. There was no defined process for treating patients with learning difficulties.

Summary of findings

Contents

Good

Nuffield Health Ipswich Hospital

Services we looked at
Surgery; Services for children and young people; Outpatients and diagnostic imaging.

Summary of this inspection

Background to Nuffield Health Ipswich Hospital

Nuffield Health Ipswich Hospital opened in 1997, built on the site of a former sanatorium set in an area of private woodland. The hospital is part of the Nuffield Health Group, which is a registered charity within England. The hospital is situated one mile away from the local NHS service.

The hospital treats private patients only, following a decision taken in July 2016 to cease seeing NHS-funded patients. Nuffield Health Ipswich Hospital is an acute hospital with 46 beds. There are over 100 consultants providing private practice under practising privileges within a range of specialties. There was access to specialist medical treatments and equipment for surgery, diagnostics and medical services.

Patients aged 18 and over are accepted for treatment across anaesthetics; breast surgery; cardiology; dermatology; dietetics; ear, nose & throat (ENT); gastroenterology; general surgery; neurology; ophthalmology; oral & maxillofacial surgery; orthopaedics; cosmetic surgery; podiatry; psychology; rheumatology; and urology. The service also provides surgery and outpatient care to children and young people under the age of 18.

The registered manager for the hospital is Ian Milne. The registered manager had been in post since March 2013.

For this inspection, we looked at the core services of surgery, children and young people's services, and outpatient and diagnostic services. We have inspected this acute independent hospital as part of our scheduled commitment to inspect and rate all services of this type.

Our inspection team

Our inspection team was led by:

Inspection Lead: Leanne Wilson, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialist advisors.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the hospital and each core service.

We carried out an announced inspection visit on 16 August 2016 and an unannounced inspection on 25 August 2016. We spoke with a range of staff in the hospital, including nurses, allied health professionals, support staff and consultants. During our inspection, we reviewed services provided by Nuffield Health Ipswich Hospital in the ward areas, operating theatres, outpatients, pharmacy and imaging departments.

During our inspection, we spoke with 15 patients, and three relatives, 33 staff, including consultants, who are not directly employed by the hospital. We observed how people were being cared for and reviewed personal care or treatment records of 22 patients.

To get to the heart of people's experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Summary of this inspection

Information about Nuffield Health Ipswich Hospital

The Nuffield Health Ipswich Hospital is registered for the following regulated activities.

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

The service became registered for all activities on 26 November 2010.

General Activity

- There were 5,561 inpatient and day case episodes of care recorded at Nuffield Health Ipswich Hospital in the reporting period (April 2015 to March 2016); of these 36% were NHS funded and 64% other funded.
- Within the last 12 months, 17% of NHS funded patients and 27% of other funded patients stayed overnight at the hospital during the same reporting period. However, from July 2016, the service was operating entirely for private care only.
- There were 2,111 outpatient total attendances in the reporting period (April 2015 to March 2016); of these 1% were NHS funded and 99% were other funded.

The following services are outsourced:

- Catering
- CT/MRI
- Equipment maintenance
- Maintenance of the building

Controlled Drugs Accountable Officer (CD AO)

The registered manager, Ian Milne, is the CD AO.

Services accredited by a national body

- BUPA accredited for Bowel and Breast Cancer Services.
- Pathology – Accredited by CPA (2028), currently working towards UKAS ISO15189.
- Pathology – Blood transfusion – MHRA (BRC2015:320241317331).

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?

Requires improvement

- There was a robust incident reporting system in place and lessons were learnt and improvement made when things went wrong.
- Safety performance was measured and reviewed regularly, against set goals and compared with similar organisations. The safety performance track record was very good.
- There had been no reported healthcare-associated infections (HCAIs) in the past 12 months.
- Medicines were stored securely, checked regularly and administered to people as prescribed.
- The equipment we saw was in date and clean, processes were in place to ensure equipment was well maintained.
- There were safeguarding policies and procedures to guide staff, and staff were familiar with them.
- Comprehensive risk assessments were undertaken for each person who used the service.
- There was a sufficient number of appropriately skilled nursing and medical staff on duty at all times. However; there was no formal evidence or audit that the World Health Organisation (WHO) 'Safer Surgery' checklist was being assessed at all steps.
- The endoscopy suite was not fully compliant with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements because of the clean to dirty flow of endoscopes. However, refurbishment plans had been discussed and managers were in the process of developing a business plan to submit.
- The hospital did not have an admission policy setting out safe and agreed criteria for selection and admission of people using the service.
- There was no single patient record held on site, which meant that records of outpatient appointments were not available when patients saw their consultant.

Are services effective?

Outstanding

- All doctors who had practising privileges at the hospital were at consultant level and were registered with the General Medical Council (GMC).
- People's needs were assessed and care and treatment was delivered in line with legislation, standards and evidence-based guidance.

Summary of this inspection

- Regular local audits were carried out and audit outcomes were used to improve patient outcomes and service quality.
- People's pain relief was assessed and managed effectively.
- Outcomes for people who used the service were outstanding.
- We also found that clinical outcomes were robustly monitored and compared monthly with other Nuffield Health hospitals, showing outstanding outcomes for people overall.
- Staff appraisal rates were high.
- There were systems and processes to ensurepeople's consent was sought in line with relevant legislation and guidance.
- However, we also found that consent forms had been signed by children and their parents but could not find documented evidence that "Gillick competence" had been considered or assessed formally if required.

Are services caring?

Outstanding 

- We saw that people using the service were consistently treated with dignity, respect and compassion.
- Inpatient survey results were consistently high. For example, in May 2016, 96% of people who used the service answered highly satisfied when asked about overall satisfaction of care and treatment received.
- People who used the service consistently told us that all staff were caring and supported them, and that they felt involved in and understood their care and treatment.
- Staff told us they had received customer service training, and were encouraged and went, "that extra mile" to improve customer service. We saw examples of this.
- People who used the service could speak with a member of staff at all times, for advice and support.
- There was a strong patient centred approach to care, which included children and their parents in decision-making. Staff valued the strong professional relationships built with children and their families.

Are services responsive?

Good 

- Referral to treatment times (RTT) were above 90% for all months except October (89%) for NHS patients between April 2015 to March 2016.
- Access and flow through the service was seamless, and admission times were flexible dependent on patient request.
- Numbers of cancelled operations were low.
- People's care and treatment was tailored to their individual needs. There was an extensive range of additional facilities available.

Summary of this inspection

- There was a low number of complaints received and complaints were handled effectively, with lessons learnt identified and improvements to practise made where required.
- There were two dementia ambassadors, who were trained in dementia and provided people living with dementia with additional support during admission.
- One-stop clinics were available for breast care to minimise the amount of attendances for patients.
- Outpatient and diagnostic imaging offered evening appointments for patient convenience.
- However, we found that there was no defined process for treating patients with learning difficulties.
- There was a five week waiting time for a dermatology clinic appointment.

Are services well-led?

Good

- There was a clear vision and strategy for the hospital, which staff were aware of.
- Robust governance, risk management and quality measurement systems and processesensured quality, performance and risk was understood and managed.
- Leaders at all levels were visible, approachable and pro-active.
- Staff spoke highly of their seniors, and described an open and honest culture.
- Staff and the public were engaged with the service and there were numerous systems to support this.
- There was evidence of innovation and improvement in relation to Nuffield Health programmes such as, “Recovery Plus”, which was offered to people who used the service.
- There was a focus on quality of services provided for children and young people.
- However, we also found that there was no vision or innovation for future development for the children’s service.
- No action had been progressed with regards to ensuring that patient records were available for outpatient appointments.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	☆ Outstanding	☆ Outstanding	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	☆ Outstanding	☆ Outstanding	Good	Good	Good

Good

Surgery

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

Information about the service

The Nuffield Health Hospital in Ipswich provided a range of surgical services including: general surgery, ear, nose and throat (ENT), breast, dermatology, gastroenterology, ophthalmological, orthopaedics, cosmetic, oral and facial, and urology surgery, endoscopy and interventional radiology.

Surgical services were provided from the following areas: two nurse-led surgical pre-assessment rooms in the outpatient department and inpatient area. The latter of which consisted of Flatford/Lavenham ward, which had 38 single rooms with ensuite facilities, and Rendlesham ward, which had an additional eight single inpatient rooms, used on an occasional basis. The theatre department had five theatres, with anaesthetic rooms and an eight-bedded recovery area. Interventional radiology was also considered a surgical service and was provided within the radiology department.

Activity during April 2015 to March 2016 showed that 7484 people accessed the hospital for care or treatment; 5468 of which were inpatient admissions and 2016 were outpatient attendances. These were adults over the age of 18 years. From July 2016 services were only available to private patients via GP referral who self-funded or had private medical insurance.

During our inspection, we visited all areas where surgery was carried out. We spoke with 16 members of staff, including the hospital matron, the resident medical officer (RMO), three heads of department, registered nurses (RN), doctors, theatre staff, healthcare assistants, administrative staff, cleaners and hostesses, and with 10 people who used the service. We also looked at the healthcare records of 15 people who used the service, observed care and analysed information we requested from the hospital.

Are surgery services safe?

Requires improvement

We have rated the service requires improvement for safety because:

- We saw no formal evidence or audit that the World Health Organisation (WHO) 'Safer Surgery' checklist was being assessed at all six steps.
- The endoscopy suite was not fully compliant with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements because of the clean to dirty flow of endoscopes. However, refurbishment plans had been discussed and managers were in the process of developing a business plan to submit.
- The hospital did not have an admission policy setting out safe and agreed criteria for selection and admission of people using the service.

However, we also found:

- There was a robust incident reporting system in place and lessons were learnt and improvement made when things went wrong.
- Safety performance was measured and reviewed regularly, against set goals and compared with similar organisations. The safety performance track record was very good.

Good

Surgery

- There had been no reported healthcare-associated infections (HCAIs) in the past 12 months. Infection control and prevention procedures were followed in line with the provider's policy and procedures.
- Medicines were stored securely, checked regularly and administered to people as prescribed.
- Ninety-four per cent of ward staff and 96% of theatre staff were compliant with mandatory training.
- Comprehensive risk assessments were undertaken for each person who used the service. Staff showed how they identified and responded appropriately to changing risks to people who used the service, including deteriorating health and wellbeing.
- There was a suitable number of appropriately skilled nursing and medical staff on duty at all times.
- Staff were familiar with systems and procedures in place in the event of a major incident.

Incidents

- There had been no never events reported for surgery during April 2015 to July 2016. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- During August 2015 to July 2016 there had been 159 clinical incidents reported for surgery, of which 14 were classified as moderate harm and none as severe.
- The hospital had an electronic incident reporting system. Staff were able to tell us what constituted an incident and knew how to report incidents correctly.
- Following the reporting of incidents, we saw that thorough investigations were carried out where necessary, with lessons learnt identified. Lessons learnt were then shared throughout the service, which ensured that action was taken to improve safety beyond the affected team or service.
- For example, one incident was reported where a person who used the service had received incorrect advice about changes to their medicine before surgery. Subsequent to this, new robust medicine flow charts were in use during pre-admission assessments. Six members of staff we asked were aware of this incident and lessons learnt.
- Mortality and morbidity was regularly reviewed at the regular quality and safety committee (QSC) and the medical advisory committee (MAC) meetings. We found that surgical related mortality and morbidity reviews fed into service improvement where applicable. For example, there had been two incidences of venous-thromboembolism (VTE) reported for surgery between August 2015 and July 2016. Records showed that VTE incidents were being monitored and VTE audits were being undertaken regularly to ensure assessments for VTE were being carried out for all surgical patients.
- There had been one unexpected death reported between August 2015 and July 2016 for surgery. This incident had been appropriately and robustly investigated and found to be due to an unknown neurological condition.
- Staff were aware of the principles of duty of candour. Duty of candour is a legal duty for hospitals to inform and apologise to patients if there have been mistakes in their care that may have led to significant harm. A senior manager gave us an example where duty of candour had been applied. This related to a service user who had developed a urinary infection following urology surgery.

Cleanliness, infection control and hygiene

- There had been no cases of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin-sensitive Staphylococcus Aureus (MSSA), E-coli or Clostridium difficile (C.difficiile) reported by the hospital from March 2015 to July 2016.
- We saw there were robust cleaning schedules throughout the hospital, and cleaning was carried out by an in house housekeeping team.
- Every area we visited was visibly clean and well organised.
- When patient rooms were cleaned and ready to use for the next patient we observed cleaning signs were used to signify this.
- Staff demonstrated that they adhered to universal infection control principles. We saw staff practise good hand hygiene, and all staff used personal protective equipment appropriately and wore their uniforms bare below the elbows.

- Hand sanitiser and hand washing facilities were available throughout the hospital and there were notices reminding people to clean their hands. There were sufficient supplies of personal protective equipment, such as gloves and aprons, available for staff throughout the hospital.
- Clinical waste was disposed of appropriately and in line with the hospital's clinical waste procedures. Yellow clinical waste bags were used, there were foot-operated waste bins, and sharps bins, which were signed and dated and not over-filled throughout departments.
- There were numerous up-to-date infection control policies and procedures, which staff could access via the intranet. This included a policy for decontamination of endoscopy equipment and MRSA.
- The hospital reported 24 surgical site infections (SSI) for April 2015 to March 2016. The assessed SSIs were high for knee arthroscopy (four cases) and breast surgery (four cases). However, we saw a robust investigation took place following reported SSIs, which demonstrated that the provider was taking appropriate action to minimise SSI rates.
- Half of the rooms in the ward area had carpet and the other half had vinyl flooring. There was a clear plan for replacement and refurbishment of the rooms with carpet to replace them with vinyl by the end of September 2016.
- The latest Patient Led Assessment of the Care Environment (PLACE) from February 2015 to June 2016 showed that the hospital scored 99% in terms of "cleanliness", which is slightly above the England average (99%).
- There was a dedicated nurse-led infection prevention team within the hospital, which consisted of two registered nurses. Their role was to ensure the risk of infection to patients, staff and visitors was minimised through a range of prevention and control processes.
- There was an infection prevention quality improvement programme, which consisted of 14 audits, including hand hygiene and isolation precaution audits. We looked at the audit results for hand hygiene for the month of May 2016, which showed 91% compliance. We saw appropriate action was being taken as per the audit action log to improve compliance. This included a letter written to an individual doctor reminding them not to wear wrist watches.

Environment and equipment

- The hospital was separated into six main areas; reception, outpatient department, inpatient wards, radiology, physiotherapy and theatres department, and these were all on the ground floor.
- Each area we visited was bright, clear of clutter and well organised.
- When we checked the endoscopy suite we found the layout of the suite meantthere were no separate clean and dirty rooms for the decontamination of endoscopes. This meant the provider was not fully compliant with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements. However, this concern was on the service risk register, and senior managers were aware of this. They showed us that a thorough risk assessment had been conducted, and endoscopy refurbishment plans were in place. There was also a strategy for funding works required for the suite, including clean and dirty facilities, which was targeted for completion in December 2017.
- We were concerned that there were no entry restrictions in place to the theatre department. The theatre department was situated on the end of the main ward and therefore anybody who was on the ward, including patients and visitors, could access theatres. We observed the entrance to theatres was not always staffed.
- We raised our concern to hospital managers who confirmed that no risk assessment had been undertaken in relation to this. When we returned for our unannounced inspection the service had changed their security process for this area, and were installing a secure access point and a risk assessment was in place for security.
- The hospital kept records of breast implants used for each implant supplier to ensure traceability should there be a product recall or issues identified with specific implants. The Breast and Cosmetic Implant Registry was not yet available nationally at the time of inspection.

Good

Surgery

- Fire alarms were checked regularly and we found staff were familiar with fire procedures. This was because during our visit a mock weekly fire drill was carried out effectively. Throughout the hospital there were notices displaying fire evacuation procedures.
- Records from June, July and August 2016 confirmed resuscitation equipment was checked regularly throughout the hospital.
- During the inspection we observed a bariatric patient was receiving surgical treatment. This patient did not have a correct sized blood pressure cuff available in their room and staff said there was not one available in the correct size. However, the service was surprised by this as the equipment was available.
- When we returned for our unannounced inspection, there was a new care pathway in place for bariatric patients. There was also a full stock checklist of suitable equipment on site. The service had also ordered an additional two specialist beds for patient comfort. Staff we spoke with knew how to access the equipment if needed, and this would be arranged through surgical pre-assessment.
- We saw there were adequate storage facilities and suitable levels of equipment for safe monitoring and effective treatment.
- We checked single use equipment throughout the hospital and found this equipment was properly stored, in date and packaging was intact.
- We examined the records of the difficult airway trolley and spinal trolleys in theatres. There were many gaps in the completion of the records. This was acknowledged by the provider, who took immediate action to implement a more robust checking process.

Medicines

- Records for June, July and August 2016 confirmed controlled drugs, such as morphine, were checked daily. Medicines for resuscitation were also checked daily with the emergency equipment.
- We saw medicines were stored securely in cupboards behind doors with keypad entry systems that only authorised staff had access to. We checked fridge temperature records for July and August 2016 for medicines that needed to be stored in a fridge, and found these medicines were stored at acceptable levels.
- Medicines were stored safely. We checked 16 medicines including intravenous fluids and found they were all stored as per manufacturer's recommendations, and were within expiry date.
- Staff had access to the British National Formulary throughout the hospital to assist with prescribing and administration of medicines.
- We observed two patients be administered medicines and found these medicines were given in line with national standards such as those issued by the Nursing Midwifery Council (NMC). We asked four registered nurses about these NMC standards, which they were familiar with.
- We looked at medicines records of seven people who used the service and found medicines were prescribed correctly, administered as prescribed and given at the correct time.
- There was an onsite pharmacy and a pharmacist who provided pharmaceutical support for all areas in the hospital.

Records

- Records were stored securely throughout the hospital behind closed doors, which were lockable.
- We checked 15 healthcare records of people who used the service and found documentation was clear, accurate, up-to-date and legible. Where a concern had been identified, we saw appropriate action was taken as a result and then recorded.
- For example, one person was on warfarin medication, which had been routinely stopped in preparation for surgery. We found that this particular need had been assessed thoroughly at first contact with the hospital, appropriate advice and care had been delivered and this had been recorded clearly.
- However, we also found that no outpatient records were in any of the patient's healthcare records we looked at.

We looked for these records on our unannounced inspection and found the records of care were still not available. The matron acknowledged further work was needed to ensure these records were available.

- Healthcare records we examined, where available, were complete and contained relevant and necessary information. This included pre-operative assessments and consultants' operating records.
- We looked at five pre-operative records of five people who had used the service. Pre-operative assessment paperwork was holistic and thorough. We found that an appropriate pre-operative assessment had been carried out and recorded in all of the records.

Safeguarding

- The hospital had not reported any safeguarding incidents between April 2015 to July 2016.
- We spoke with seven members of staff about safeguarding. All staff we spoke with were knowledgeable as to what constituted a safeguarding concern, how to raise matters appropriately and who the safeguarding leads for the hospital were.
- There was one senior member of staff who led on adult safeguarding and they were supported by two other members of staff to deliver this role.
- Safeguarding adults training was part of staff's annual mandatory training programme.
- There was an up-to-date safeguarding policy for adults in place that was on the staff intranet. Staff confirmed that they could access the intranet.

Mandatory training

- Records confirmed that 94% of ward staff and 96% of theatre staff were compliant with mandatory training.
- Mandatory training was provided on an annual basis to all staff and was delivered either in classroom settings or via online modules. Subjects covered included: incident reporting, fire safety, safeguarding children and young adults level one and two, safeguarding adults level one, information governance, infection prevention, basic life support and basic paediatric life support, consent to examination or treatment, moving and handling, Mental Capacity Act, Deprivation of Liberty Safeguards, managing stress and whistleblowing.

Assessing and responding to patient risk

- The hospital did not have an admission policy setting out safe and agreed criteria for selection and admission of people using the service. However, admissions were authorised following consultation assessment and agreement.
- The hospital used the "Modified Early Warning Scoring System" (MEWS). When completed, early warning systems generate a score through the combination of a selection of routine patient observations, such as heart rate. These tools were developed and introduced nationally to standardise the assessment of illness severity and determine the need for escalation.
- A senior manager told us the hospital was introducing the "National Early Warning Score" (NEWS) system in November 2016, which was an alternative system to MEWS.
- We checked eight patient's MEWS charts and found that these were fully completed and scores were calculated accurately. We also spoke with nine members of clinical staff about how they would manage a deteriorating patient. All staff knew how to use the MEWS system and when and how to escalate concerns if a patient's condition deteriorated.
- During our visit one patient who underwent surgery had a very low blood pressure reading post-operatively. We saw that staff identified this quickly and responded appropriately. This showed that staff responded to changes in risks to people and managed risk effectively.
- The World Health Organisation (WHO) Surgical Checklist, Five Steps to Safer Surgery was used for admitted patients. It was embedded in to the provider's patient admission paperwork for those undergoing surgical procedures.
- We saw the safer surgery checklist be carried out correctly for one person undergoing surgery. We also looked at the healthcare records of six people who had surgery the day of our visit, and found that the safer surgery checklist had been completed fully in all cases.
- Whilst there were monthly record audits, which included whether the safer surgery checklist had been completed, we found that only 10 healthcare records were checked, which was low compared to total surgical

procedures undertaken. The last audit prior to our visit was dated June/July 2016 and of the 10 records audited, nine were shown to have completed safer surgery checklists.

- There were also specific safer surgery checklists in place for diagnostic injections, which had recently been introduced. Checklists were also used to ensure the right person got the right radiological scan at the right time. The checklist also included pregnancy assessment for female service users.
- We saw no formal evidence or audit that the World Health Organisation (WHO) 'Safer Surgery' checklist was being assessed at all five steps. We asked the hospital director about the processes for assessing compliance and he told us that he went into theatres regularly and was assured of this. However, this was not sufficient to assure us of robust oversight.
- There were a variety of policies and pathways available to staff in paper format and electronically to assist assessing and responding to patient deterioration. This included a policy and flow chart on the management of sepsis and the deteriorating patient, which were both up-to-date.
- Staff told us they had access to medical input at all times. Records confirmedthere was a resident medical officer (RMO) on site 24 hours a day, seven days per week, and patients' consultants were on call for the duration of their stay. In the event of a consultant being unavailable, suitable cover was arranged whereby another consultant would cover for them.
- We looked at the healthcare records of 15 people who used the service and foundcomprehensive risk assessments had been carried out with correlating risk management plans developed in line with national guidelines. We saw risks were managed positively. For example, pre-operative checklists were carried out as per relevant national guidelines issued by the National Institute for Health and Care Excellence (NICE, Routine preoperative tests for elective surgery, NG45, 2016).
- Following discharge, patients were given suitable information about what to do if they were worried about their condition and if they required emergency advice or treatment.
- There was an up-to-date transfer policy in the event a patient transfer to an NHS acute hospital was required. Staff showed us they could access this policy and were familiar with the transfer process. One member of staff explained to us how they followed the policy recently when a patient required transfer.
- There was also a transfer out pack, which was completed following transfer. This included a detailed handover history, copies of all healthcare records for the patient and information about sequence of events leading to the transfer.

Nursing staffing

- There were 15.3 registered nurse whole time equivalents (WTE) and 3.3 healthcare assistant WTE employed by the hospital in inpatient areas. There were also five pre-assessment registered nurses employed.
- Staff told us there was always a senior nurse on duty per shift and for each area, and nursing staffing levels were safe.
- Planned and actual staffing numbers for the ward area were displayed in public view on a board for the day and night shift.
- Ward staff completed daily acuity measurements for staffing using a modified acuity tool (The Shelford Tool). Records showed the majority of patients were level one acuity and elective admissions, and therefore staffing was planned in advance based upon the number of expected admissions. A senior manager told us the hospital were looking into using an alternative acuity tool.
- Theatre and recovery nursing staff were based on national standards issued from The Association for Perioperative Practice (AfPP) and the British Anaesthetic and Recovery Nurses Association (BARNA).
- Bank and agency staff were used as needed to allow for unexpected changes in workload. For example, if the number overnight stays was higher than expected. During April 2015 to March 2016, bank and agency use was slightly lower when compared to other independent acute hospitals we hold this type of data for. Staff also told us regular bank and agency staff were used to fill these shifts.

Good

Surgery

- We listened to a handover between nurses on the ward between the morning and afternoon shift, which was effective because communication was clear and information was well structured. A formal handover sheet was also used to support this process.
- No shifts were unfilled in the period January 2016 to March 2016.
- Sickness rates for nursing staff were similar compared to other independent acute hospitals we hold this type of data for.
- There were no staff vacancies for theatre and inpatient nursing staffing or healthcare assistants.

Surgical staffing

- Surgeons were predominantly employed by other organisations (NHS organisations) in substantive posts and had practising privileges to work at the Nuffield Health Ipswich Hospital. A practising privilege is, "Permission to as a medical practitioner in that hospital" (Health and Social Act, 2008).
- There were 131consultants who had been granted practising privileges to work at the hospital. Of these 40% had no activity recorded on the practicing privileges between April 2015 and March 2016.
- Consultant surgeons were available at all times of the duration of their patients' stay. When consultants were called elsewhere in an emergency then they allocated their caseload of patients to another suitable consultant and the patient was informed.
- There was also a hospital anaesthetist available 24 hours a day, seven days a week.
- The hospital employed two resident medical officers (RMO), of which one was always available 24 hours a day, seven days a week. The RMO worked in close partnership with the consultants and provided out of hours care for patients where required. For example, if a patient required further pain relief during the night then the RMO would manage this.
- The hospital had a medical advisory committee (MAC) made up of a number of consultants, which was chaired by an orthopaedic surgeon.
- We spoke with one of the RMOs who confirmed they had completed a thorough induction programme when they commenced employment for the Nuffield Health, and felt well supported in their role.

Major incident awareness and training

- The hospital was not a major incident receiving centre and therefore there was no major incident training or policy in relation to this.
- However, there were standard operating procedures for disasters and major incidents, which were up-to-date and titled, Standard Operating Procedure: Disaster Recovery & Major Incident Handling Business Continuity Plan Nuffield Hospital Ipswich.

Are surgery services effective?

Outstanding ☆

We rated effective as outstanding because:

- People's needs were assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Regular local audits were carried out and audit outcomes were used to improve patient outcomes and service quality.
- People's pain relief was assessed and managed effectively. Patient feedback on pain management was all positive.
- People's nutrition and hydration was regularly assessed and managed accordingly.
- Outcomes for people who used the service were outstanding. The hospital participated in certain national audits, including the National Joint Registry (NJR), which showed 100% consent rate.
- The hospital participated in the national Patient Reported Outcome Measures (PROMS) for primary hip replacement. The most recent results from May 2016 showed an improved rate of 94.7%.
- For the Oxford Hip Score, 99.3% were reported as improved. The Oxford Hip Score were significantly higher that the England average.

- The service also participated in the national PROMS for primary knee replacement. The hospital's adjusted average health gain was above the England average for the measures with 94.6% reported as improved.
- The Oxford Knee Score, showed 100% of cases had reported an improvement.
- We also found that clinical outcomes were robustly monitored and compared monthly with other Nuffield Health hospitals, showing outstanding outcomes for people overall. This included low return to theatre and readmission rates.
- Staff appraisal rates were high. For example, on the ward area 98% of staff had completed an appraisal in the last year.
- Staff, teams and other services worked exceptionally well together. There was good rapport observed between colleagues and care delivery was well co-ordinated when different teams and services were involved.
- The hospital provided regular training events for local GPs, which demonstrated outstanding practice.
- Staff had access to all the information they required to deliver effective care and treatment.
- There were systems and processes in place to ensure that people's consent was sought in line with relevant legislation and guidance.

Evidence-based care and treatment

- We looked at 15 healthcare records of people who used the service and five hospital policies and procedures. These records showed that people's needs were assessed and care was planned and delivered in line with recognised guidance, legislation and best practice standards. For example, this included up-to-date Venous thromboembolism (surgical) CG46 guidance issued by the National Institute for Health and Care Excellence (NICE, 2007).
- There was a sepsis screening and management policy, which was up-to-date and reflected national guidance on quality standards for sepsis.
- There was monthly distribution of national guidance, legislation and best practice standards to all clinical leads and consultants for their opinion whether the hospital should consider making changes to practice subsequent to such publications. If changes to practice were thought necessary this would be discussed at the medical advisory committee (MAC) and then ratified by the MAC and board.
- Staff we spoke with were able to access hospital policies and procedures via the intranet. We observed that staff adhered to local policy and procedure. For example, hand decontamination was practised in line with the provider's infection control policy and procedures.
- We checked eight clinical policies and all were up-to-date, ratified appropriately and had clear review dates.
- There were a number of local audits that took place. This included infection control, venous thromboembolism screening, slips, trips and falls risk assessment, medicines storage and consent giving. Following audit we found that action was taken to make improvements where required.
- For example, one recent audit was carried out in relation to urinary catheters which showed that, "documentation of insertion & on-going assessment not always clear". We found that subsequent to this audit, staff were reminded to improve their documentation through the infection prevention newsletter, and this issue was also discussed at the monthly quality and safety committee (QSC) meeting.

Pain relief

- Observations confirmed that people's pain levels were assessed and managed appropriately. We spoke with 10 people who used the service and all told us that pain management was effective.
- We also looked at the healthcare records of 10 patients who had undergone surgery and found their pain had been regularly assessed, and pain relief had been prescribed and administered in a timely way.
- There was a resident medical officer (RMO) on site at all times, and an anaesthetist on call 24 hours a day, seven days a week. Therefore there was always access to further pain relief where required.
- The hospital patient satisfaction survey, which was given to all patients specifically asked, "Did staff at the hospital do everything they could to control your pain/

discomfort?" The latest results from May 2016 showed that out of 37 people who used the service, all responded either "definitely" or "to some extent" in relation to this question.

Nutrition and hydration

- We checked the fluid charts of 10 people who used the service and found that these were complete and calculated appropriately.
- On admission, patients' nutritional and hydration needs were assessed. We looked at 10 patient's healthcare records and saw that all had Malnutrition Universal Screening Tool (MUST) assessments completed. This tool identifies patients at risk of malnutrition.
- In the event that nutritional management for a patient was a concern the service could refer the patient to a dietitian and seek specialist guidance on how to support their needs.

Patient outcomes

- We did not identify any outliers relating to surgical care. An outlier is an indication of care or outcomes that are statistically higher or lower than would be expected. They can provide a useful indicator of concerns regarding the care that people receive.
- The medical advisory committee (MAC) oversaw and provided scrutiny for clinical outcomes. The senior leadership team (SLT) provided the MAC with a clinical performance report every three months which was reviewed at MAC meetings. The clinical performance report showed performance per month for a number of key clinical indicators.
- These clinical performance outcomes were very good overall. For example, data from May, June and July 2016 showed there had been no unplanned readmissions, and only one unplanned return to theatre. This performance was colour coded as green. The hospital measured service quality and patient outcomes through an indicator dashboard. The dashboard was colour coded (green, amber and red). If an area was highlighted "at risk" it was presented in red, which alerted those scanning the dashboard. Therefore an outcome coloured green was within the expected range.
- All patients undergoing joint replacement were consented to have their prosthesis registered on the National Joint Registry (NJR). Following this, they were reviewed in outpatient clinic, where the outcome of surgery was recorded and the register updated. Data from the beginning of 2016 to July 2016 showed there had been 248 total completed operations reported to the NJR and the consent rate was 100%.
- The hospital also participated in Public Health England's (PHE) Point Prevalence Survey for total knee and hip replacement, which looks at surgical site infection and antibiotic use. This survey is undertaken five yearly and the hospital last contributed to the survey in 2011, and was due to be completed again in October 2016.
- The hospital participated in the national Patient Reported Outcome Measures (PROMS) for primary hip replacement. The most recent results from May 2016 release for the EQ-5D index (generic health status measure) showed that out of 131 records, 94.7% were reported as improved and 3.8% as worsened.
- For the EQ-VAS (visual analogue scale component of EQ-5D), out of 129 records, 62% improved, 27.9% worsened; and for the Oxford Hip Score, out of 138 records, 99.3% improved and 0.7% worsened. This showed that the EQ-VAS measure was within expected range compared to the England average and the EQ-5D index and Oxford Hip Score were significantly higher that the England average.
- The service also participated in the national PROMS for primary knee replacement. The hospital's adjusted average health gain was above the England average for the measures of EQ-5D (generic health status measure) out of 37 records 94.6% reported as improved, and 0% worsened.
- EQ-VAS (visual analogue scale component of EQ-5D), out of 38 records, 86.8% reported improvement and 10.5% as worsened; and the Oxford Knee Score, out of 39 records, 100% were reported as improved. These results were all within the expected range.
- During April 2015 to March 2016, there had been seven cases of unplanned transfers for inpatients to other hospitals. This figure is not high when compared to other groups of acute independent hospitals we hold data about. In May, June and July 2016 there had been three unplanned transfers.

Good

Surgery

- During April 2015 to March 2016, there were eight unplanned return to theatre cases, and between May, June and July 2016 there had been one.
- There had been five reported cases of unplanned readmission to the hospital with 28 days of discharge. This figure is not high when compared to other groups of acute independent hospitals we hold data about. There had been no unplanned readmission between May to July 2016.

Competent staff

- Records showed appraisal rates for staff were high. For example, on the ward area 98% of staff had completed an appraisal within the last year.
- Staff we spoke with confirmed that they had either been revalidated in terms of their professional registration, or were working through this process. The hospital had provided revalidation education sessions for nurses to offer support and guidance with this process.
- All new staff underwent a comprehensive induction programme including role specific competencies which required sign-off by their allocated mentor, and all staff we spoke with confirmed they had completed these processes.
- Staff told us they had access to the "Nuffield Academy", which facilitated learning and development needs.Staff could access mandatory training subjects here and further training applicable to their job role.
- There was a robust system for the granting and monitoring of practising privileges. A practising privilege is defined as "permission to practise as a medical practitioner in that hospital' (Health and Social Act, 2008). The medical advisory committee (MAC) provided scrutiny of all applications and reviews for consultants practicing privilege rights. Privileges were reviewed informally annually and formally every two years, and this included review of General Medical Council registration, indemnity insurance, appraisal, training and revalidation.
- Five members of staff told us how they practiced emergency situations when the inpatient department was less busy. For example, staff told us that a few weeks prior to our visit a mock cardiac arrest was role played in theatres.
- Records showed senior managers took appropriate action where poor or variable staff performance was identified, and managed this effectively. Where possible support was given to staff to improve performance.

Multidisciplinary working (in relation to this core service only)

- We observed effective multidisciplinary team (MDT) working between staff. There was a good rapport, mutual respect and effective communication between staff from all disciplines and across the hospital.
- We case tracked the healthcare records of five people who used the service from pre-assessment to discharge and found that all necessary staff, including those in different teams and services, were involved in assessing, planning and delivering care.
- There were also examples of external MDT working. For example, there was a service level agreement (SLA) for out of hour's radiology with a nearby NHS hospital.

Seven-day services

- The hospital was open 24 hours a day, seven days a week.
- Consultant surgeons were available at all times during their patients' stay. When consultants were called elsewhere in an emergency, they allocated their caseload of patients to another suitable consultant and the patient was informed.
- There was also an anaesthetist available 24 hours a day, seven days a week, and two resident medical officers (RMOs), of which one RMO was onsite at all times.
- There was an on-site pharmacy and a pharmacist was on-call and available at all times.
- There was a radiology department within the hospital. Out of normal opening hours a radiologist was on call from a nearby NHS trust via a service level agreement (SLA).
- There was a physiotherapist service offered to inpatients and was available 365 days per year.

Access to information

- Staff we spoke with confirmed that they had access to the hospital's policies and procedures via the intranet system.

Good

Surgery

- We observed that staff had access to people's healthcare records in both electronic and paper format as necessary, and access to relevant computer systems including biochemistry as necessary. This was with the exception of people's outpatient consultation records, which we have reported on under the "safe" heading of this report.
- There was a medical records department onsite and prior to a patient attending the hospital a request was made for the notes by staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Of the eight members of staff we spoke with about consent, mental capacity and Deprivation of Liberty Safeguards, all demonstrated a good understanding of the subjects and their roles relating to these.
- The hospital had an up-to-date policy in place, which covered obtaining valid consent, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007). These were accessible to staff via the intranet and staff confirmed they could access these.
- We looked at the consent forms of five people who had undergone surgery and all were accurately completed.

Are surgery services caring?

Outstanding ☆

We rated caring as outstanding because:

- We saw that people using the service were consistently treated with dignity, respect and compassion.
- The Nuffield Health Hospital Ipswich consistently had high patient satisfaction rates, which were mostly above the Nuffield Health national results. For example, in May 2016 the mean score for patient overall satisfaction with the hospital was 96%, which meant that 96% of 51 patients answered highly satisfied to the question asked. The Nuffield national result for this period was 95%.
- People who used the service consistently told us that all staff were caring and supported them, and that they felt involved in and understood their care and treatment.
- We spoke with 10 people who used the service during our visit and all of them spoke very highly of the care they had received and the staff they had met. One person told us, "I have no complaints, the service has been excellent", and another said, "All of them [staff] are lovely and I have received fantastic care and treatment".
- Staff told us they had received customer service training, and were encouraged and went, "that extra mile" to improve customer service. We saw examples of this.
- There were two dementia ambassadors, who had received training in dementia and provided additional support to people who used the service that were living with dementia, which in turn helped them to cope emotionally. We observed and were shown examples of how this worked to meet the emotional needs of patients.
- People who used the service could speak with a member of staff at all times, for advice and support.

Compassionate care

- We observed that staff consistently acted in a friendly and caring manner with people who used the service and those close to them. The reception area was the first area of the hospital people saw. Staff welcomed them with a smile and they or another member of staff walked with the patient to the area where they needed to be.
- In the inpatient areas we saw numerous examples whereby staff responded to patient needs promptly, kindly and in a dignified manner.
- Patients' personal, cultural, social and religious needs were taken into account when plans of care were agreed following assessment. We looked at the healthcare records of 15 people who had used the service and this confirmed that assessments of these needs took place prior to the person attending the hospital.
- There were signs throughout the hospital informing people about chaperoning, and they could request a chaperone as required. Staff told us the chaperone was always the same sex as the person receiving care or treatment.
- Every person who used the service was given a patient satisfaction survey to complete on discharge. These

surveys were sent directly to an external analyst. The hospital received monthly data from this analysis alongside data, which showed comparison of results with other Nuffield Hospitals in England.

- Results for the patient satisfaction survey February to June 2016 showed that Nuffield Health Hospital Ipswich consistently had high patient satisfaction rates, which were mostly above the Nuffield Health national results. For example, in May 2016 the mean score for patient overall satisfaction with the hospital was 96%, which meant that 96% of 51 patients answered highly satisfied to the question asked. The Nuffield national result for this period was 95%. The only exception to this was June 2016 (92%) which was below the expected figure (95%).
- All staff were expected to work within a set framework of expected behaviours – enterprising, passionate, independent and caring. Compliance with these expectations was monitored formally through the personal development review (PDR) process and informally on a day-to-day basis via line managers.
- All inpatient bedrooms were single person and ensuite, which ensured patients' privacy and dignity during their stay. We observed staff knocking on doors and waiting for an answer from patients before entering patient rooms.
- In pre-assessment clinic there were vacant/engaged signs on the doors of rooms where patients were seen, which were in use.
- Inpatients were encouraged to be as mobile and independent as possible during their stay. This included having access to the physiotherapy department and its service during admission, and following discharge as necessary.
- We spoke with 10 people who used the service during our visit and all of them spoke very highly of the care they had received and the staff they had met. One person told us, "I have no complaints, the service has been excellent", and another said, "All of them [staff] are lovely and I have received fantastic care and treatment".

Understanding and involvement of patients and those close to them

- We looked at the healthcare records of 15 people who used the service and found that people were involved in planning their care from admission to discharge. We asked five people who used the service whether they understood and felt involved in their care planning, and all told us that they did.
- Following attendance or discharge from the hospital, there was extensive information given to patients relating to their procedure or condition to ensure that they understood the care they could or had received.
- During our observations we saw that staff communicated with people effectively so that they understood their care, treatment and condition.
- All of the 10 patients we spoke with confirmed they felt involved in and understood the care they had received.

Emotional support

- At pre-assessment the nurses holistically assessed patients' needs including emotional wellbeing, and then inpatient care could be tailored accordingly.
- For example, one member of staff told us that if during pre-assessment a person was identified as living with dementia then the two members of staff who had received additional training in dementia awareness, who were "dementia ambassador", would be informed and assist in the individual planning of the person's care. For example, they told us they would provide the patient with a bedroom which was closer to the staff desk, so that staff would check on the patient regularly if required and if the patient had a carer the Orwell room was provided, which was a double room and therefore larger.

Are surgery services responsive?

Good

We rated responsiveness as good because:

- Services were planned and delivered to meet the needs of people who accessed the service. This included facilities and premises being appropriate for the services planned and delivered.
- Referral to treatment times (RTT) were above 90% for all months except October (89%) for NHS patients between April 2015 to March 2016.
- Access and flow through the service was seamless, and admission times were flexible dependent on patient request.
- Numbers of cancelled operations were low.

Good

Surgery

- People's care and treatment was tailored to their individual needs. There was an extensive range of additional facilities available including the onsite gym and physiotherapy department available to people who used the service.
- There were a low number of complaints received for surgery, and complaints were handled effectively, with lessons learnt identified and improvements to practise made where required.
- There were two dementia ambassadors, who were trained in dementia and they provided people living with dementia with additional support during admission.

Service planning and delivery to meet the needs of local people

- We found the facilities and premises were appropriate for the services that were planned and delivered.
- The hospital was a modern purpose-built hospital set in over 19 acres of woodland. The majority of patient rooms had patio doors, which opened on to the hospital gardens with woodland views.
- Free car parking spaces were available for all patients and visitors.
- The inpatient ward named Flatford/ Lavenham had 38 single rooms with ensuite facilities, and Rendlesham ward which had an additional eight single inpatient rooms.
- The theatres department had five theatres each with anaesthetic rooms and an eight-bedded recovery area.
- Of the five theatres, two had laminar flow and were therefore predominantly used for orthopaedic surgery, two were used for general surgery, one of which was also suitable for laser surgery, and the fifth theatre was used for endoscopic procedures such as gastroscopy. All theatres functioned Monday to Friday. Theatre one to four operated between 8am and 8pm and the endoscopy suite (theatre five) between 8am and 6pm.
- The hospital also had an onsite physiotherapy suite, which was just off the main ward, and a diagnostic and imaging service including MRI and CT scanning facilities on the same floor.
- People who used the service received sufficient information before appointments. This included contact details, hospital map and directions, their consultant's name and relevant information about the appointment or procedure including pre-procedure requirements. This information was also on the hospital's user-friendly website.
- From July 2016, the provider ceased NHS patient referral and therefore only private patients, through self-funding or private medical insurance could access the hospital's services.

Access and flow

- People had access to initial assessment, diagnosis and urgent treatment in a timely way.
- Staff told us appointments and admission times were arranged at the convenience of the patient. We spoke with five people who used the service who confirmed this.
- At the time of our inspection, the hospital did not collect data to show referral to treatment Time (RTT) for patients. However, before the hospital ceased NHS contracts RTT data was collected.
- From June 2015 to March 2016, the hospital was meeting the target of 90% of admitted patients beginning treatment within 18 weeks of referral (RTT), with the exception of October 2015, which was slightly below (89%).
- We observed that theatre lists ran seamlessly and patients were regularly updated about the time of their procedure.
- In the 12 months prior to our visit the hospital reported they cancelled nine procedures for non-clinical reasons, of which all nine patients were offered another appointment within 28 days of the cancellation.
- Patients were discharged when they were clinically fit to go home and when they felt ready. One patient told us, "I have stayed an extra night, which has made me more confident to go home".
- Discharge planning happened as early as possible, usually at the pre-assessment phase whereby a thorough "discharge assessment" took place and arrangements were put in place where required. For example, referral to occupational therapy and/or transport could be arranged.
- Following discharge, the patient's consultant completed a discharge summary, of which one copy was sent to the GP.

- We were not assured there were robust systems to ensure the hospital was aware of all patients that were receiving first or follow up treatments for cancers. There was also no monitoring, tracking or reporting of these.
- When we undertook our unannounced inspection the service had a full process in place for the monitoring and tracking of patients with cancer being treated by the hospital. Cancer services would be discussed as a subject matter at the next MAC and subsequent MACs going forward. The hospital director told us it was included in their standard two-week target for their patients; however we did not see evidence to support this.

Meeting people's individual needs

- At the pre-assessment stage patients were offered a thorough health assessment (the provider called this a Health MOT). Following this assessment patients were provided with a report identifying any potential risks for surgery and suggested lifestyleamendments required.
- We observed that staff were quick to respond to patient call bells.
- The hospital had two dementia ambassadors in post to offer specialist support to patients and staff.
- Every department was clearly signposted and all areas were accessible to people who were wheelchair users.
- Staff told us translation services were available, which they knew how to access, and leaflets could be provided in a variety formats and different languages.
- There was an extensive range of food and refreshments on the menu provided to patients, which catered for all diets. All food was cooked from fresh and onsite. Staff told us that if a patient did not like what was on the menu, although extensive in terms of choice, a member of staff would go off site and get them the food they were requesting.
- The hospital also offered "Recovery Plus", which was a Nuffield Health recovery programme available free of charge to all private patients at Nuffield Hospitals. This was an optional enhanced recovery pathway available to over 25 orthopaedic and gynaecology procedures, which involved a health MOT, exercise and diet advice, three month membership at a local Nuffield Health and Wellbeing Centre, and a dedicated recovery coach.
- There were an extensive number of health advice leaflets, which were well presented, easy to read and available for a range of conditions, procedures and services.
- In waiting areas there were patient folders which displayed information about the Nuffield Health organisation and its ethos, costing for common procedures and details about public open events.
- The hospital operated an unrestricted visiting access, which meant that patients' visitors could visit them in hospital at any time. However, for two hours during each day there was "quiet two hours" and visitors, patients and staff were asked to keep noise to a minimum for patients to rest.
- We spoke with 10 people who had used the service and all confirmed that food and beverage availability was very good. One patient told us, "The food here is delicious", and another told us food choice and quality was, "Excellent".
- In reception there was access to fresh water and a hot beverage machine, where visitors could help themselves.
- People who used the service and visitors had access to drinks throughout departments. Staff told us that additional light meals were available if required and that if a patient did not like what was on the menu, although extensive in terms of choice, a member of staff would go off site and get them the food they were requesting.
- There was a "hostess" caller system in each patient room so that patients could request refreshments including food at any time.
- The latest Patient Led Assessment of the Care Environment (PLACE) from February 2015 to June 2015 showed that the hospital scored 100% in terms of "ward food" in general which is above the England average (94%).
- Theatre opening times were flexible to provide patients more choice of admission time. All patients we spoke with confirmed they chose their operation appointment.
- Throughout the hospital there was information in the form of notices and patient folders, which set out the principles of the "Nuffield Health Promise" for self-pay patients. There were three key principles of the promise: "our all-inclusive prices are guaranteed"; "we will meet any comparable price" and "there are no time limits on the aftercare we offer a patient". This meant that if a patient's care or treatment ended up being more complex during procedure, and therefore more costly, the patient would only pay for what they had consented for.

Good

Surgery

Learning from complaints and concerns

- The provider had a suitable complaints policy in place. Staff we spoke with were familiar with how to handle a complaint in line with this policy.
- There was also information throughout the service on notices and leaflets, which informed people how to make a comment or complaint. This included details of the Independent Sector Complaints Adjudication Service (ISCAS).
- During June 2015 to March 2016 the hospital had received 41 complaints, of which one had been referred to ISCAS. This number of complaints was not high when compared to other independent acute hospitals we hold data about. In May (0.96%), June (0.63%) and July (1.22) 2016 complaint rates, shown as percentage of hospital activity, were variable compared to the expected number (less than 0.68%).
- Staff described the value of dealing with a person's concerns straight away before it developed into a more significant complaint, although they told us they would escalate the concern to a senior member of staff as needed.
- We looked at two complaint responses and found that concerns and complaints were reviewed by senior managers, listened and responded to appropriately, and used to improve the quality of care.

Are surgery services well-led?

Good

We have rated well-led as good because:

- There was a clear vision and strategy in place for the hospital which staff knew.
- Robust governance, risk management and quality measurement systems and processes ensured quality, performance and risk was understood and managed.
- Leaders at department level were visible, approachable and pro-active.
- Staff spoke highly of their seniors, and described an open and honest culture.
- Staff and the public were engaged with the service and there were numerous systems to support this.
- There was evidence of innovation and improvement in relation to Nuffield Health programmes such as, "Recovery Plus", which was offered to people who used the service.

Vision and strategy for this this core service

- There was a clear provider vision which staff were familiar with; "to transform healthcare in the UK by bringing together assessment, treatment and prevention services to provide integrated care - health as it should be".
- The hospital was part of the wider Nuffield Health organisation, and shared the organisation's set values. These values were to be "enterprising, passionate, independent and caring". There were notices throughout the hospital displaying this information, and staff we spoke with were familiar with the values.
- The hospital director told us the hospital was focusing on expanding its services in ophthalmology and orthopaedics over the next year.
- Since July 2016, the hospital had stopped treating NHS patients completely to become a "purely private" service. The service had previously struggled with recruitment and this allowed them to no longer be dependent on agency staff. They were working on increasing the service's contribution to the charity, while ensuring patient care remained the central focus.
- Within the ward area and theatres the staff understood what the vision for the service was and could articulate the values of the organisation.

Governance, risk management and quality measurement for this core service

- The service had systems in place to identify, monitor and manage risk effectively. Incidents, serious untoward incidents, complaints and audits were analysed thoroughly and reported to the senior leadership team (SLT).
- This included a risk register which was up-to-date with clear lines of accountability. However, we found that there were only four entries on the hospital risk register despite the senior leadership team (SLT) being aware of more than two risks. For example, the Parliamentary Health Service Ombudsman (PHSO) had made recommendations that one patient record should be developed as opposed to the current system. This was not on the hospital risk register.

Good

Surgery

- The hospital measured service quality through an indicator dashboard. The dashboard was colour coded (green, amber and red). If an area was highlighted "at risk" it was presented in red, which alerted those scanning the dashboard. The dashboard contained information about complaints, venous thrombosis rates, unplanned readmission rates and patient feedback, which were measured against set indicators. Staff within surgery were aware of these indicators and their meaning.
- The hospital held regular ward, senior leadership team (SLT), medical advisory committee (MAC), heads of department, quality and safety committee (QSC) meetings which were all minuted and well attended. We looked at the last two meeting minutes of each of these meetings. We also found that the SLT and QSC meeting fed into the quarterly MAC meetings.
- Service leads showed good awareness of the hospital risk register and gave us an example of how they were managing the risk caused by heat/humidity exceeding recommended levels in theatres. We reviewed the risk register dated June 2016 and found the list to be consistent with our observations during the inspection.
- We spoke with the medical advisory committee (MAC) chairperson. The main concerns they had with the service were consistent with those on the risk register; in particular, the problem with regulating temperatures in theatres.
- The MAC chairperson was accessible to colleagues via phone or face-to-face on an informal basis to give guidance.
- We reviewed the minutes of MAC meetings, which took place quarterly. In the minutes from April 2016 there was evidence of sharing actions taken following a never event at another Nuffield hospital relating to a patient being administered with an overdose of insulin. The minutes showed good learning from other locations under the same provider to help prevent similar incidents occurring.
- We were not assured there were robust systems to ensure the hospital was aware of all patients that were receiving first or follow up treatments for cancers. There was also no monitoring, tracking or reporting of these.
- When we undertook our unannounced inspection the service had a full process in place for the monitoring and tracking of patients with cancer being treated by the hospital. Cancer services would be discussed as a subject matter at the next MAC and subsequent MACs going forward. The hospital director told us it was included in their standard two-week target for their patients. However, we did not see evidence to support this.
- The hospital director signed off all root cause analysis (RCA) investigations following any incident but was not trained in RCA. The matron prepared all RCA documents and she had done RCA training alongside the heads of department.
- The service ran a training session on human factors in incidents in 2015, and as a result of learning from this, service leaders were welcoming the need to challenge behaviours. The hospital director provided an example of where a doctor had shown negative behaviours towards a patient and staff escalated this. The doctor had their practising privileges suspended.
- Where we identified concerns we found managers took immediate action to resolve the issues. This included the concerns we have reported on under safety. For example, we found the issue related to theatre security had been addressed by the time of the unannounced visit.
- Learning groups were held for all heads of departments to discuss learning from incidents, audits, complaints and other feedback to identify lessons learnt. We found lessons learnt were disseminated to all staff in surgery and used to improve service provision. For example, one incident recently discussed at a learning group related to a patient who was transferred to an NHS acute hospital post myomectomy due to later discovered bowel obstruction. A thorough investigation showed a bowel assessment had not been carried out pre-operatively. We spoke with staff and read the hospital newsletter, which showed staff had subsequently been reminded to carry out bowel assessments pre-operatively.

Leadership / culture of service

- There was an established senior leadership team (SLT) at the hospital, which included the hospital director, matron, finance manager and the sales and service manager. There was no surgical division and the hospital was led by this team, though the Matron had been in post four months at the time of our inspection.
- Each department had a head of department (HoD) who led each area.
- There was also a dedicated medical advisory committee (MAC), which was led by an orthopaedic surgeon.

- We were concerned that one senior manager who was responsible for leading clinical care was not able to demonstrate to us that they understood the risks within the surgical service. For example, they were not sure whether data was submitted to The Friends and Family Test (FFT), nor were they aware of complaints received for surgery, or whether there was admission criteria for patients coming in to the hospital. Furthermore, their "worry list" did not match the risk register entries. This member of staff told us they were concerned about poor compliance with patient risk assessments and nursing documentation.
- The surgery managers of each unit demonstrated clear leadership principles in line with the Nuffield set values. Staff spoke highly of their seniors. They said they felt respected, valued and well-supported by managers.
- Staff we spoke with across the hospital told us all surgery managers and senior managers were visible and approachable, and they listened when they raised concerns and took appropriate action as necessary.
- Records confirmed action was taken to address behaviour and performance that was inconsistent with vision and values regardless of seniority. This included one doctor who had their practising privileges removed following investigation and due to behavioural concerns raised.
- There was a culture of candour, openness and honesty. Staff told us that they felt able to raise concerns, and were encouraged to report incidents. There was also an up-to-date whistleblowing policy in place which staff were aware of and could access which provided details about how staff should formally raise concerns.
- Two members of staff told us how supportive their managers had been when they required support due to personal circumstances. One of these members of staff told us, "My manager has been extremely supportive and I am very grateful for this".

Public and staff engagement

- There were systems to involve all staff groups in the work of the service. For example, the hospital ran 'town hall' events to bring staff together and hear their suggestions for improvement. Previously there had been no evening session but the service added this following feedback from staff who usually worked evenings and wanted to participate.
- There was a staff comments box and submissions were read out at board meetings and published on the weekly update from the senior leadership team. For example, there was feedback that theatre staff could feel isolated. To address this, the hospital director made more frequent visits to theatres to support staff, particularly with the temperature and humidity problem in the theatre that was ongoing at the time of our inspection.
- The HR manager told us about schemes focused on staff wellbeing and engagement. For instance there was an 'EPIC' board on display to recognise staff who had gone the 'extra mile' in their work. The management team also gave out token gifts of wine or chocolate as a token of recognition; we were told they did this "every couple of weeks". The hospital organised lunches to recognise the long service of staff who had worked there for 10, 15, 20 or 25 years.
- The hospital worked to support staff experiencing personal difficulties, for instance through flexible working arrangements, time off or researching what specialist support services might be able to help them.
- There was a staff social committee, which organised events for staff such as weekend trips, dinners and an annual hog roast. There was also a 'new starters' tea party' to help new staff settle in.
- The service conducted monthly patient satisfaction surveys and resolved patient complaints and concerns by arranging a face-to-face discussion with the hospital director, matron and relevant consultant wherever possible. The hospital director told us patients appreciated this face-to-face approach.
- Service leaders were proud of their engagement with customers and the local community and ran events where patients could meet consultants and the hospital director, which they told us were frequently oversubscribed.
- The service worked with a very proactive prostate cancer charity based in Colchester, Essex to run health check-ups for men over 40 at awareness-raising events to promote good prostate health.
- There were regular Nuffield Health open events whereby patients could visit the hospital and attend informative session about a variety of conditions. For example, one was titled "Let's talk back pain".
- Senior managers told us that the hospital had recently held patient focus groups, whereby patients could

attend to ask questions and talk freely about the service. However, this was reportedly poorly attended, and therefore the hospital was launching a patient listening event in September 2016.

- There were also regular shared educational events with local trusts, and GP educational events, which were run by the Nuffield Health Ipswich Hospital with consultant speakers.
- Staff told us they could get engaged with the service, by suggesting new ideas or raising concerns, at departmental meetings, there were comment boxes throughout the hospital or directly to senior managers on their weekly walk around of the hospital.
- The SLT walk around the hospital at least daily. Formal weekly quality walkabouts are also conducted by the SLT.
- There were weekly staff newsletters, which were circulated by the senior leadership team. We checked the last two hospital newsletters and saw that staff were invited to give feedback about working at the hospital to senior leaders.
- Mindfulness training, healthy eating support and gym memberships were offered to staff as part of a staff wellbeing programme.

Innovation, improvement and sustainability

- There were regular Nuffield Health open events whereby patients could visit the hospital and attend informative session about a variety of conditions. There was no cost to attend these. For example, one was titled "Let's talk back pain".
- The hospital provided regular training events for local GPs, which demonstrated outstanding practice.
- The hospital also offered "Recovery Plus", which was a Nuffield Health recovery programme available free of charge to all private patients at Nuffield Hospitals. It is an optional enhanced recovery pathway available to over 25 orthopaedic and gynaecology procedures which involved a health MOT, exercise and diet advice, three month membership at a local Nuffield Health and Wellbeing Centre and a dedicated recovery coach.
- There were an extensive number of health advice leaflets, which were well presented, easy to read and available for a range of conditions, procedures and services.
- Theatre opening times where flexible to provide patients more choice of admission time.
- Throughout the hospital, there was information in the form of notices and patient folders, which set out the principles of the "Nuffield Health Promise" for self-pay patients. There were three key principles of the promise: "our all-inclusive prices are guaranteed"; "we will meet any comparable price" and "there are no time limits on the aftercare we offer a patient".

Outstanding ☆

Services for children and young people

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

Information about the service

Nuffield Hospital Ipswich offered services for children and young people (CYP) aged between three and 17 years for elective inpatient surgery. The inpatient areas for CYP included two single rooms with ensuite bathrooms on the general ward, theatres and a paediatric recovery area. Children and young people were cared for in one area of the ward away from the main ward area, in larger rooms to facilitate parents staying overnight where necessary.

Between April 2015 and March 2016, 95 CYP attended for appointments in outpatients. Seventeen CYP had procedures performed that required an overnight stay and 76 procedures were performed as day cases over the last 12 months including:

- 24 suction clearance of middle ear
- 23 diagnostic endoscopy of sinus
- 21 diagnostic endoscopy of pharynx/larynx
- 11 myringotomy and insertion of tube through tympanic membrane
- 9 surgical removal of impact/buried tooth
- 8 circumcision
- 7 endoscopic laryngo-pharyngoscopy
- 7 wedge excision or avulsion of nail
- 5 autograft anterior cruciate ligament
- 5 excision of lesion

Specialities provided for CYP included orthopaedic, ear, nose and throat (ENT) and general surgery. The hospital held a service level agreement with a paediatric consultant at a local NHS trust to provide a consultancy service to the hospital. The consultant provided support and advice for the CYP service on structure, governance and quality. The paediatric consultant attended the CYP meetings and provided reports for medical advisory committee (MAC).

The paediatric consultant was available as required by the service. The paediatric clinic was held every Friday afternoon with the consultant paediatrician supported by the lead registered children's nurse.

We visited all areas where children and young people were cared for within the hospital. This included the ward, theatres, recovery, diagnostic imaging and the outpatient department. We reviewed four patient records, observed the care provided to children and young people and analysed data supplied by the hospital. We spoke to six members of staff and one child and their parents.

Are services for children and young people safe?

Good

We have rated this service as good for safety because:

- The service had a robust incident reporting system and there was evidence of learning from incidents.
- There were risk assessments and procedures to safeguard children and young people from abuse.
- There were measures to monitor and manage children and young people including signs of deteriorating health.
- Staff providing care to children had completed appropriate safeguarding training.

However, we also found:

- Half of the rooms in the ward area had carpet and the other half had vinyl flooring. There was a clear plan for replacement and refurbishment of the rooms with carpet to replace them with vinyl by the end of September 2016.

Outstanding ☆

Services for children and young people

Incidents

- There were no never events reported between April 2015 and March 2016. A never event is a serious and largely preventable patient safety incident that should not occur if proper preventative measures are taken.
- There were 132 clinical incidents reported by the hospital between April 2015 and March 2016. Of these, 105 incidents were reported as no harm, 21 as low impact and six were reported as moderate impact. The lead registered children's nurse reported that only two incidents related to children.
- Two members of staff told us about two reported incidents concerning the service for children and young people. One was due to a faulty bed; removed from service immediately. The second related to delays in Methicillin Resistant Staphylococcus Aureus (MRSA) screening results from the laboratory.
- The hospital had an electronic incident reporting system, which all staff were able to access. Two staff we spoke with about incident reporting knew the incident reporting process.
- We saw records of training scenarios used to support staff learning in the children's and young people (CYP) meetings. The matron and lead registered nurse (child branch) confirmed these meetings were held monthly to discuss issues and share information.
- The duty of candour 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) of 'certain notifiable safety incidents' and provide reasonable support to that person. The matron and registered children's nurse lead told us they had not had a situation where duty of candour was required. They were able to describe scenarios of the application duty of candour.

Cleanliness, infection control and hygiene

- We saw there were policies and standard operating procedures for infection prevention, for example the decontamination policy and the standard precautions policy. These were up-to-date and contained comprehensive guidance for staff.
- There had been no cases of Methicillin Resistant Staphylococcus Aureus (MRSA) or Methicillin-sensitive Staphylococcus Aureus (MSSA) reported between April 2015 and March 2016.
- We saw there was an MRSA policy in the hospital. We observed a child's pre-assessment consultation and were assured by the comprehensive assessment regarding MRSA risk.
- The hospital had a dedicated nurse-led infection prevention team for the hospital. We saw the lead registered children's nurse ask advice from the team about MRSA swabbing, which enabled an issue to be resolved before a child left the outpatient appointment.
- We saw the cleanliness report covering the period March 2016; the hospital achieved 96% compliance. However, in May 2016, the performance reduced to 81%. A reduction in staffing due to vacancies, sickness absence and annual leave was cited to be the cause of the reduced cleaning standards.
- We saw there was a 100% completion rate for infection control training for staff working in the service for children and young people.
- We saw there were robust cleaning schedules throughout the hospital and that cleaning was carried out by an external agency through a contractual agreement.
- Every area we visited was visibly clean and well organised.
- When patient rooms were cleaned and ready to use for the next patient we observed cleaning signs were used to signify this.
- Staff demonstrated how they adhered to universal infection control principles. We saw staff practise good hand hygiene, and all staff used personal protective equipment appropriately and wore their uniforms bare below the elbows.
- Hand sanitiser and hand washing facilities were available throughout the hospital and there were notices reminding people to clean their hands. There were sufficient supplies of personal protective equipment, such as gloves and aprons, available for staff throughout the hospital.
- Clinical waste was disposed of appropriately and in line with the hospital's clinical waste procedures. Yellow clinical waste bags were used, there were foot-operated waste bins, and sharps bins, which were signed and dated and not over-filled throughout departments.
- There were numerous up-to-date infection control policies and procedures, which staff could access via the intranet. This included a policy for decontamination of endoscopy equipment and Methicillin Resistant Staphylococcus Aureus (MRSA).

- The hospital reported 24 surgical site infections (SSI) for April 2015 to March 2016. None of these cases related to children.
- Half of the rooms in the ward area had carpet and the other half had vinyl flooring. There was a clear plan for replacement and refurbishment of the rooms with carpet to replace them with vinyl by the end of September 2016.
- The latest Patient Led Assessment of the Care Environment (PLACE) from February 2015 to June 2015 showed that the hospital scored 99% in terms of "cleanliness" which is slightly above the England average (99%).
- There was a small children's waiting area in the outpatients department with age appropriate toys. The lead registered children's nurse told us that there was weekly cleaning of the toys and we saw the cleaning records supported this.

Environment and equipment

- We saw children and young people were admitted to the general ward for day case surgery and overnight stays. Two rooms were used for children and young people with ensuite bathrooms and were in an area of the ward away from adult patients and close to operating theatres.
- The ward was secure with swipe access and a reception area on ward entry; visitors were to report to the ward reception before entering the ward area. Parents were asked to remain with their child for the duration of the admission.
- One paediatric resuscitation trolley was located in the outpatients department, one in theatres and one in the ward area. Staff checked the equipment daily to ensure the security tag was in place and equipment on the trolley was correct. We reviewed the records in relation to the checking of resuscitation equipment for June, July and August 2016 and found all daily checks were completed.
- There were age and size appropriate blood pressure cuffs for blood pressure monitoring of children. We saw these were available in the outpatients department, recovery and on the ward.
- Fire alarms were checked regularly and we saw that staff were familiar with fire procedures because during our visit a mock weekly fire drill was carried out effectively. Throughout the hospital there were notices displaying fire evacuation procedures.
- We saw there were adequate storage facilities and suitable levels of equipment for safe monitoring and effective treatment.
- We checked single use equipment throughout the hospital and found this equipment was properly stored, in date and packaging was intact.

Medicines

- We reviewed four medicine charts for children and found these were completed, with allergies, date of birth, weight and height of the child clearly recorded.
- All medications prescribed for children were appropriate for the age and weight of the patients and there was an up-to-date children's British National Formulary (BNF) available to staff for reference regarding medication.
- All medications prescribed for children had been administered without omissions on the medication prescription chart. This gave us assurance that patients had received their medications as prescribed.
- Medicines were stored in an air-conditioned room secured with a keypad entry system and the room temperature records for July and August 2016 were within acceptable levels.
- There was a locked medication fridge and staff monitored temperatures daily. We reviewed the temperature records for July and August 2016 and saw these were within acceptable levels.
- Medications were stored in locked cupboards, which were tidy and well organised. We checked 10 medicines, which were all within their expiry date and intravenous fluids were stored correctly and were within their expiry date.
- Two medicine trolleys were locked and secured to the wall in the drug room when not in use.
- We checked the procedures for managing controlled drugs within the hospital. We saw there was an appropriate double locked metal cupboard in place within the locked storage room. We undertook checks for six controlled drugs; the stock matched the records in the controlled drugs record book.
- Two nurses checked the controlled drugs daily and records for June, July, and August 2016 were complete. We reviewed the quarterly controlled drug audit for quarter four (January to March) of 2015/16 and saw no concerns.
- We saw that medications reference books were available to staff for example the British National

Formulary and the Children's British National Formulary. One member of staff told us that staff had online access to medication reference material for intravenous medications.

Records

- We reviewed four complete records for children and young people and found that the documentation was accurate, clear and legible.
- Risk assessments for children and young people included in the children's pathway. These included an environmental risk assessment and venous thromboembolism (VTE) risk assessment.
- Medical records were kept securely, we saw the records for children and young people were kept securely locked away at the children's nurses' station.
- All documentation completed during the patient admission was in paper format. Discharge letters were completed in an electronic format, a printed copy of the discharge summary was given to the child's parent or guardian to deliver to their general practitioner.

Safeguarding

- There was a policy for safeguarding children, which was up-to-date and had been signed off by the provider. There was a chaperoning policy for all patients including children.
- Information supplied by the hospital showed four staff members identified as child safeguarding leads. These were the matron, lead registered nurse (child branch), outpatient manager and the theatre manager. However, the newly appointed matron had not completed safeguarding children training at level three, the training was due to be completed in September 2016.
- A further three staff working as bank registered children's nurses and the two RMOs had completed safeguarding children training to level three. There was always a safeguarding level three trained staff member in outpatients working when children had their appointments. The hospital worked to the intercollegiate document Safeguarding children, roles and competencies for health care staff.
- Data supplied by the hospital showed that there was 68% completion rate for safeguarding children training level two across all services.
- We spoke to the safeguarding lead and the lead registered nurse (child branch) who told us that they networked with the local safeguarding authority and the local NHS trust. They reported there had been no children's safeguarding concerns in the last 12 months.
- We saw flow charts for safeguarding children displayed in the outpatient department and in the ward area.
- We spoke to two members of staff about safeguarding children and both were able to give examples of when they would raise a safeguarding concern.
- Parents had to stay at the hospital for the duration of the admission period and were asked to inform the registered nurse (child branch) if they left the child's room. The lead registered nurse (child branch) reported that a children's nurse would supervise the child in the absence of their parent so the child was not left alone.
- Staff wore uniforms and consultants have photo ID badges so that parents and children could easily identify them.

Mandatory training

- Data supplied by the hospital showed the mandatory training completion rate was 100% for staff working in the service for children and young people.
- The lead children's nurse reported that all staff working in the service for children and young people had completed mandatory training.
- Mandatory training included incident reporting, fire safety, safeguarding children and young adults level one and two, safeguarding adults level one, information governance, infection prevention, basic life support and basic paediatric life support, consent to examination or treatment, moving and handling, Mental Capacity Act, Deprivation of Liberty Safeguards, managing stress and whistleblowing.

Assessing and responding to patient risk

- The hospital had strict criteria to accept well children without pre-existing medical conditions. The hospital did not admit child emergency cases. This was set out in the hospital's "CYP services provision statement".
- A Paediatric Early Warning Score (PEWS) tool was in place for all children and young people admitted for surgery. PEWS is a nationally standardised assessment of illness severity in children and determines the need

for escalation based on a range of patient observations such as heart rate. We reviewed four complete care records in relation to children and all scores had been completed correctly.

- Only well children without pre-existing medical conditions over the age of three were admitted for surgery. The provisions of children's and young people's services were set out in the hospital's "CYP services provision statement". This meant that all children were low risk on admission.
- All patients were health screened prior to admission by the admitting consultant and the lead registered nurse (child branch). All children had a face-to-face pre-assessment consultation; this was to develop a relationship with the child prior to admission.
- One permanent member of staff and two RMOs had undertaken training in advanced paediatric life support. There was always a member of staff on duty with advanced paediatric life support skills.
- The hospital reported that 47 staff members had completed basic paediatric life support training.
- The hospital used the World Health Organisation (WHO) safer surgery checklist, Five Steps to Safer Surgery tool. This tool reduces the risk of preventable errors and adverse events during surgery. We reviewed four children's records and saw all completed steps undertaken and recorded. We witnessed the completion of the initial stage of safer surgery check list completed correctly.
- The hospital had a service level agreement was in place with East of England Children's Acute Transfer Service (CATS) to transfer a seriously unwell child. CATS is a paediatric intensive care transport team to care for children at the bedside. We spoke with two staff members and both were aware of the agreement and knew when to escalate an unwell child.

Nursing staffing

- There was a part time (0.54 whole time equivalent) lead registered children's nurse in post to co-ordinate the service for children and young people. Three bank registered children's nurses supported the lead registered children's nurse, all three of these also worked at the local acute NHS trust. Bank staff were arranged around child admissions.
- The maximum ratio of two children to one registered children's nurse for all child admissions.
- We spoke to the ward manager who reported that the lead registered children's nurse planned staffing for the CYP service and added this to the ward duty rota.
- The lead registered children's nurse told us staffing rotas were organised to meet the expected number of patient admissions. Two members of staff told us rotas were completed at short notice to give flexibility in meeting the demand of inpatient attendances. The hospital recorded patient acuity and measured it using a modified 'Shelford tool', which enabled monitoring of trends in activity.
- In recovery, an adult registered nurse with a registered nurse (child branch) present cared for children and young people.
- The hospital did not use agency nursing staff for children's care.

Medical staffing

- There was a service level agreement with a paediatric consultant at the local NHS trust to provide a consultancy service to the hospital, as they were required. The consultant provided support and advice for the children's and young people's (CYP) service on structure, governance and quality. The paediatric consultant attended the CYP meetings and provided reports for the medical advisory committee (MAC).
- There were two resident medical officers (RMO) who provided cover 24 hours a day, seven days per week. The hospital monitored the effectiveness of the RMO working including break patterns to ensure that there was a seven day rest period between working patterns.
- All consultant surgeons were available 24 hours a day, seven days a week whilst their patients were inpatients. A colleague surgeon provided cover by prior arrangement to cover leave or other commitments.
- The hospital reported that there was an on call rota for anaesthetists who had paediatric experience.
- Out of hours, the on call radiologist at the local NHS trust provided radiology cover.

Major incident awareness and training

- The hospital did not receive emergency patients following a major incident. The hospital had an emergency incident and business continuity plan in place if there was a power cut or loss of communications.

Outstanding ☆

Services for children and young people

- The hospital ran exercises such as fire drills throughout the year to ensure staff were trained in the requirements of emergency incidents at the hospital.

Are services for children and young people effective?

Good

We have rated this service as good for effective because:

- Care for children and young people was planned and delivered in line with evidence-based guidance, standards, best practice and legislation.
- Comprehensive child assessments were completed accurately and monitored throughout their admission.
- Staff were qualified and had the skills required for their roles. They were supported by their managers to deliver effective care and had received an annual appraisal.
- Children and young people received care from a range of staff and services, which worked in collaboration to achieve the best outcomes for their patients.

However, we also found:

- Consent forms had been signed by children and their parents but we could not find documented evidence that "Gillick competence" had been considered or assessed formally if required.

Evidence-based care and treatment

- All staff could access policies through the hospital's intranet. Two staff members we spoke with about policies reported that they had access to these.
- We saw a folder accessible to staff for the children's service, which contained a copy of the children and young people's service provision statement, and the policy for the transfer of paediatric patients to level two care.
- The hospital based their policies around national guidance and this was reflected in the policies we reviewed. For example, we found the Consent to Examination and Treatment and Children's Services policies were up-to-date and ratified.
- The paediatric admission pathway reflected evidenced based practice with Paediatric Early Warning Score (PEWS) and relevant risk assessments embedded in the pathway.
- We saw that the hospital used World Health Organisation (WHO) safe surgery checklist, Five Steps to Safer Surgery tool. This reflected evidence-based practice to ensure safety for surgical procedures.
- The provider encouraged all hospitals to share learning from incidents and best practice that resulted following the investigations.

Pain relief

- Pain was assessed alongside other clinical observations after surgery. We reviewed four patient records and found that pain assessments were undertaken hourly following surgery and analgesia was given if it was needed.
- Child friendly pain charts were embedded into the PEWS tool, aiding younger children to express their pain.
- The lead registered children's nurse and matron reported that the child or their parents were contacted by telephone the day after discharge. The lead registered children's nurse reported that pain assessment was included in the telephone consultation. We saw this was reflected in the documentation.

Nutrition and hydration

- We reviewed four patient records, and noted that a children's dietary needs assessment had been completed and recorded, either on admission or during the pre-assessment consultation. We observed one member of staff discussing dietary needs with a child during a pre-assessment consultation.
- We did not see any children after their surgery and did not see the arrangements for drinks at the bedside. However, one member of staff told us that children were supplied with drinks at the bedside after surgery where it was clinically safe to do so.

Patient outcomes

- The hospital did not participate in national audits involving children and young people.
- A matron and registered nurse (child branch) reported there were no transfers in the last 12 months for children and young people.
- Children and young people had a dedicated pathway for day surgery and overnight stays. The four patient records we reviewed reflected contemporaneous record keeping and completion of risk assessments.
- There were informal patient outcome measures for children and young people using the service. The lead

registered children's nurse contacted all paediatric patients or their parents the day after discharge to ensure they were recovering well and their pain was well managed.

Competent staff

- Data supplied by the hospital showed there was 100% appraisal completion rate for staff in the service for children and young people. The lead registered children's nurse reported that they had been appraised in the last 12 months.
- The hospital reported the revalidation rate was 100% for doctors and surgeons with practicing privileges. At the time of our inspection, the hospital employed 131 doctors and dentists practicing under rules or privileges, all of whom had their registration validated between April 2015 and March 2016.
- Practising privileges (PP) were reviewed formally every two years through a meeting with the hospital director and matron. Medical practitioners must provide the hospital director annually with up to date evidence of adequate insurance or indemnity cover; GMC registration; and participation in annual whole scope of practice appraisal. It was a condition of consultants' PPs that they had cover arrangements when they were not available due to annual leave or other commitments.
- Medical practitioners were required to apply for a Disclosure and Barring Service check at enhanced level, countersigned by a representative of Nuffield Health. Medical practitioners meeting the criteria were invited to attend for interview with the hospital director and matron and ratified by the local medical advisory committee (MAC) at the next quarterly meeting. The hospital director may grant interim practising privileges until ratification at the next MAC.

Multidisciplinary working

- We saw that children between eight and 17 years of age had access to physiotherapy, which was set out in the CYP provision statement.
- We spoke to a physiotherapist who reported that there was MDT working with the children and young people's service. Physiotherapy had attended the CYP meetings to discuss measures to improve services for children and young people.

Seven-day services

- Children aged between eight and 17 years had access to physiotherapy seven days a week as required. The lead registered nurse (child branch) reported that children had physiotherapy following orthopaedic surgery if it was required.
- There was 24 hour access to imaging services with an on call system in place out of hours and at weekends. There was access to radiologists from the local NHS trust out of hours and weekends.
- There was an in house pharmacy situated at the ward entrance, which was open from 9am to 5pm Monday to Friday. There was access to a pharmacist out of hours and at weekends via the on call manager.
- All consultant surgeons were available 24 hours a day, seven days a week whilst their patients were inpatients. The matron and lead registered nurse (child branch) reported that there were no problems with contacting the surgeons or seeking their advice during these times.

Access to information

- We saw 'Going Home' packs were given to patients or their parents on discharge with advice following surgery.
- Discharge letters were generated electronically and given to the child's parents to deliver to their general practitioner.
- Patient records were kept on site and there were no issues with access to the patient records. We asked to see four records for children and young people and these were available to us with 30 minutes.
- Staff were able to access policies and procedures via the intranet.

Consent

- We found completed consent forms in all four patient records we reviewed. In two cases, we saw that the patient had signed the form as well as the parent. However, we did not find any documentation to support that a 'Gillick competence' assessment had been considered to determine if an assessment was required. Gillick competence is assessed in children and young people to ensure they understand the risk and benefits to treatment in order to make an informed decision.
- The lead registered nurse (child branch) and matron reported that there was not a formal assessment tool for Gillick competence. However, the child's understanding of the procedure was documented in the child admission pathway.

- One child and their parents told us the staff had gained consent before undertaking their care or procedure.

Are services for children and young people caring?

Outstanding ☆

We have rated this service as outstanding for caring because:

- We felt that caring was outstanding because there was a strong person centred culture and care was tailored to individual needs.
- Children and their parents were partners in the care with their preferences reflected in the care provided.
- Parents praised the staff without exception for the care and supportive way it was delivered.
- Children and their families were treated with compassion, dignity and respect at all times.
- Staff were praised by children and their families for their kind, friendly and supportive manner.
- There was a strong patient centred approach to care that included children and their parents in decision-making. Staff valued the strong professional relationships built with children and their families.
- We saw staff supported children and their families emotionally.
- Parents were encouraged to accompany children to theatre and be present in recovery to give extra emotional support.
- The Friends and Family Test (FFT) results for the period October 2015 and March 2016 demonstrated 100% of patients would recommend the hospital.
- Children were given a choice of bed linen with a variety of different duvet covers to personalise their admission to ease anxieties.
- One room was prepared for a child to visit during their pre-assessment consultation as part of their preparation for admission to reduce anxieties.
- All children had a face-to-face pre-assessment to ensure that they were emotionally prepared for admission.

Compassionate care

- We saw care provided to children and young people in the outpatients department (OPD) and in the ward, and children and their families were consistently treated with compassion, dignity and respect. Staff were kind in their approach to children but remained professional at all times.
- We saw staff used appropriate language to ensure patients understood procedures and activities and to build trust with the child and their parents.
- We observed interactions between a child and a registered children's nurse in the outpatients department during a pre-assessment consultation. The registered children's nurse was caring and compassionate with the child and their parent in particular when discussing the symptoms the child experienced.
- We saw the privacy and dignity of children were maintained, staff knocked on doors before entering private rooms and ensured doors were closed when personal care was given.
- We spoke to one child and their family who reported that the nurses had been caring and compassionate. They said the nurse had taken time to understand any anxieties and to resolve them.
- The Friends and Family Test data was not subdivided into service specific information for children and young people's services. The Friends and Family Test (FFT) results for the period October 2015 and March 2016 demonstrated 100% of patients would recommend the hospital for every month with exception of December 2015 and January 2016.

Understanding and involvement of patients and those close to them

- Patients and their parents were involved in making decisions about the care provided. We observed an example of this in a pre-assessment consultation where the child and their parent were included in care planning using a patient centred approach.
- Children were given a choice of bed linen with a variety of different duvet covers to personalise their admission.
- One room was prepared for a child to visit during their pre-assessment consultation as part of their preparation for admission to reduce anxieties.
- All children had a named nurse who was responsible for delivering care though out their admission.
- We saw a variety books given to children before their admission to aid their understanding of being a patient and anaesthetics. There were different books for differing age groups.

- Parents were also given a variety of written information leaflets detailing the care their child would receive.

Emotional support

- We saw that children and their parents were supported emotionally throughout their hospital journey from pre-assessment to follow up after discharge.
- Parents were encouraged to accompany their child to theatre and support the child in the anaesthetic room. The registered children's nurses escorted parents to the recovery room when the child was transferred from theatre.
- The lead registered nurse (child branch) reported that all children had a face-to-face pre-assessment to ensure that they were emotionally prepared for admission.
- The lead registered nurse (child branch) contacted the patient or their parents the day after discharge to discuss any concerns with the child and the parents.
- We saw one patient supported emotionally through a cannulation as he had an allergy to anaesthetic cream. The registered nurse (child branch) planned distraction therapy with the child before the procedure. The nurse took time to answer any concerns from the patient and the parents.
- One parent told us the children's nurses had been supportive, and all the staff had taken time to discuss any concerns they had to reduce their anxiety.

Are services for children and young people responsive?

Outstanding ☆

We have rated this service as outstanding for responsive because:

- The services were flexible to meet the needs of children and their families, with processes in place to ensure continuity of care.
- The service provision for children and young people was planned according to the need of patients. The lead registered children's nurse planned all surgeries for children. Staffing was arranged around planned surgeries for children.
- Children had timely access to appointments and procedures, which were arranged at a convenient time for children and their parents.
- All admissions for children and young people were agreed with the admitting consultant and the lead registered nurse (child branch).
- The child and their parents/carers were offered food at various meal times throughout the day and there was a children's menu with a selection of meal choices. The hospital kitchen would also cater for any dietary requirements or individual requests.
- Children and young people were cared for in one area of the general ward. The rooms were larger and were able to accommodate a fold away bed to enable parents to stay overnight. This area was separate from the rest of the ward area.
- We saw books were given to children with stories to aid their understanding of the process of going to theatre and having an anaesthetic. There was a variety of books aimed at different age groups. For example, Rees bear has an anaesthetic was designed for young children, Davy the Detective – finding out about anaesthetics was aimed at older children and General Anaesthetic – a brief guide for young people was given to teenage patients. Parents were able to support their child during diagnostic imaging.
- In the x-ray rooms we saw colourful lead aprons decorated with child friendly images. One of the radiographers reported that parents were able to remain with their child by wearing the aprons during the x-ray process.
- The hospital had a robust complaints procedure; we found that there had been one complaint about the service for children and young people within the last 12 months.

Service planning and delivery to meet the needs of local people

- Children and young people had access to the privately funded services by general practitioner or self-referral for treatment.
- The service provision for children and young people was planned according to the need of patients. The lead registered children's nurse planned all surgeries for children. Staffing was arranged around planned surgeries for children.

Access and flow

- There was a specialist paediatric clinic held every Friday afternoon with the paediatric consultant assisted by the lead registered children's nurse.

- Appointments were booked by the administrative booking team and specifically allocated clinics to children in conjunction with set criteria from the children's team.
- All admissions for children and young people were agreed with the admitting consultant and the lead registered nurse (child branch). All children had a face-to-face pre-admission assessment with a registered nurse (child branch). The lead registered nurse (child branch) reported two occasions in the last 12 months where a face-to-face pre-assessment had not been possible.
- The lead registered children's nurse reported that all surgical procedures were planned and there had been no problems with patient flow.

Meeting people's individual needs

- All bedrooms had a flat screen television with a variety of different channels. Staff informed us they had a small selection of toys, games and colouring activities available for children and young people on the ward. However, we saw that patients were advised to bring tablets or electronic gaming devices with them on admission.
- Individual needs of the patients were discussed at the pre-assessment consultation with the registered nurse (child branch), for example dietary needs.
- The hospital had access to translation services via the telephone and was able to book translators visits when required.
- Children and young people were cared for in one area of the general ward. The rooms were larger and were able to accommodate a fold away bed to enable parents to stay overnight. This area was separate from the rest of the ward area.
- We saw books were given to children with stories to aid their understanding of the process of going to theatre and having an anaesthetic. There was a variety of books aimed at different age groups. For example, Rees bear has an anaesthetic was designed for young children, Davy the Detective – finding out about anaesthetics was aimed at older children and General Anaesthetic – a brief guide for young people was given to teenage patients. Parents were able to support their child during diagnostic imaging.
- In the x-ray rooms we saw colourful lead aprons decorated with child friendly images. One of the radiographers reported that parents were able to remain with their child by wearing the aprons during the x-ray process.
- We saw that one young person with mild learning difficulties had received treatment at the hospital. The records showed the individual needs of the patient had been discussed at the pre-assessment consultation.
- The child and their parents/carers were offered food at various meal times throughout the day and there was a children's menu with a selection of meal choices. The hospital kitchen would also cater for any dietary requirements or individual requests.
- We saw that parent/carers had access to drinking water and tea and coffee facilities on the ward and in the outpatients department.

Learning from complaints and concerns

- There were no complaints received in relation to children or young people's services.
- The matron and lead registered children's nurse reported that the hospital had received compliments about the service.
- Two members of staff we spoke to about complaints felt able to manage concerns raised by a patient or parents and try to resolve them promptly and were aware of the provider's policy.
- We reviewed the hospital complaints procedure and we were assured by the process in place for responding to complaints and learning from them.
- There were information leaflets available to patients about the complaints process. Patients or parents were able to raise concerns on the patient satisfaction questionnaire, which had a dedicated section for this purpose.

Are services for children and young people well-led?

Good

We have rated services as good for well-led because:

- There was a clear governance structure and this demonstrated a proactive approach to managing risk and quality improvement of services.

- The leadership team drove continuous improvement, actively seeking feedback from staff and service users.
- Staff were committed and cared about the services they provided and were supported by their managers.
- There were mechanisms in place to maintain staff and service user engagement.
- There was a focus on quality of services provided for children and young people.

However, we also found:

- There was no vision or innovation for future development for the service.

Vision and strategy for this this core service

- The lead registered nurse (child branch) identified that the quality of care provided by the hospital was important in sustainability of the service.
- There was a clear provider vision which staff were familiar with; "to transform healthcare in the UK by bringing together assessment, treatment and prevention services to provide integrated care - health as it should be".
- The hospital was part of the wider Nuffield Health organisation, and shared the organisation's set values. These values were to be "enterprising, passionate, independent and caring". There were notices throughout the hospital displaying this information, and staff we spoke with were familiar of the values.
- Since July 2016, the hospital had stopped treating NHS patients completely to become a "purely private" service. The service had previously struggled with recruitment and this allowed them to no longer be dependent on agency staff. They were working on increasing the service's contribution to the charity while ensuring patient care remained the central focus.

Governance, risk management and quality measurement for this core service

- There was a clear governance structure in place for children and young people's service. A paediatric consultant from the local NHS trust supported the service under a service level agreement. The service reported to the hospital board and medical advisory committee.
- Monthly CYP meetings started in June 2016, attended by the matron, lead registered children' nurse lead, heads of department, paediatric consultant, resident medical officer and anaesthetist. The meetings facilitated service provision, learning scenarios and to advise the medical advisory committee (MAC) on service quality and improvement.
- We saw the risk register for the hospital, which had no risks associated with the CYP service. The matron and lead registered children's nurse reported that there was not a risk register for the individual service, only the hospital wide risk register. They reported that there were no identified risks to the service.
- We reviewed minutes for four of the quality and safety committee meetings and the lead registered children's nurse was in regular attendance at the meetings. We saw completed records evidencing that actions arising from the meetings were in the CYP action log. One of the strategies for maintaining quality within the service was the face-to-face pre-assessment consultations. These facilitated a relationship with the child and their families with an evaluation of individual needs prior to admission
- There were no quality audits specifically for children's and young people's services. However, we were shown the patient feedback form developed by the lead registered children's nurse to aid children giving their views about their care. This was not in place at the time of the inspection.
- The hospital director signed off all root cause analysis (RCA) investigations following any incident but was not trained in RCA. The matron prepared all RCA documents and she had done RCA training alongside the heads of department.
- The service ran a training session on human factors in incidents in 2015, and as a result of learning from this, service leaders were welcoming the need to challenge behaviours. The hospital director provided an example of where a doctor had shown negative behaviours towards a patient and staff escalated this. The doctor had their practising privileges suspended.
- Learning groups were held for all heads of departments to discuss learning from incidents, audits, complaints and other feedback to identify lessons learnt. We found that lessons learnt were disseminated to all staff in CYP and used to improve service provision. For example, one incident recently discussed at a learning group related to a patient who was transferred to an NHS acute hospital. A thorough investigation showed that a bowel assessment had not been carried out pre-operatively.

We spoke with staff and read the hospital newsletter which showed that staff had subsequently been reminded to carry out bowel assessments pre-operatively.

Leadership / culture of service

- The children's service was led by a lead registered nurse (child branch), and had representation on the MAC for children's services.
- There was an established senior leadership team (SLT) at the hospital, which included the hospital director, the finance manager and the sales and service manager. The matron was appointed in April 2016. The inpatient ward, theatres, and the outpatient department had managers in post who received support directly from the SLT.
- A dedicated leadership team managed the hospital. Staff told us how the hospital director and matron were routinely visible and approachable.
- There was an open and transparent approach within the hospital. Improvements were made through learning and staff were encouraged to report when things went wrong. There were opportunities for staff to suggest improvements either face to face with the leadership team on their weekly walk arounds or by the suggestions box.
- The SLT walk around the hospital at least daily. Formal weekly quality walkabouts are also conducted by the SLT.
- The children's and young people's services had an identified lead registered nurse (child branch) and lead paediatric consultant. The paediatric consultant provided support to the service under an SLA with the local NHS trust. The consultant provided scenarios for staff training during the CYP meetings. We saw copies of complex scenarios involving children which were discussed at the CYP meeting.
- The senior leadership team and the ward manager, all of whom demonstrated competent leadership skills, supported the lead registered nurse (child branch).
- The matron reported feeling proud of the staff employed within the service for children and young people due to their flexibility to meet the needs of the service.
- Staff values were based around the acronym "EPIC" - Enterprising, Passionate, Independent, and Caring. The staff demonstrated these values during the inspection, they were committed and cared about the services they provided.
- We asked three members of staff if they enjoyed their job and all reported they enjoyed their job and felt valued as a staff member.

Public and staff engagement

- The hospital supplied information about public meetings held in the local community covering a range of topics with consultant speakers.
- We saw copies three of staff newsletters, which were produced weekly to update staff. In each newsletter staff were invited to give feedback to the senior leadership team.
- There were regular staff meetings, including quality and safety meetings and department meetings, to share information with staff. We saw minutes from these meetings that reflected this process.
- The hospital reported they had regular engagement with service users by means of a patient satisfaction survey. All feedback was discussed at safety and quality meetings. However, these were not specific to services for children and young people.

Innovation, improvement and sustainability

- There were ongoing plans and ideas for improvement in the sustainability and expansion of children's services at the hospital, now that the hospital was solely providing private patient care. However, no plans were formalised, written or approved at the time of our inspection.

Good

Outpatients and diagnostic imaging

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

Information about the service

Nuffield Health Ipswich Hospital provides a range of outpatient and diagnostic imaging services for privately funded patients, including children aged zero to 18 years. The hospital withdrew from performing NHS contract work in July 2016.

The outpatient services offered include: ophthalmology assessment, gynaecology, neurology, orthopaedics, general surgery, ear nose and throat (ENT), dermatology, cosmetic surgery, psychiatry, dietetics, dermatology, podiatry, gastroenterology and general medicine.

Within the department, there are 15 consulting and pre-assessment rooms, which included specialist ENT, ophthalmic, and oral surgery clinic rooms. There is also a phlebotomy room along with two clinic rooms used for dressing changes, joint injections, minor surgery such as dermatology procedures and gynaecological procedures.

The diagnostic imaging department has two main X-ray rooms, one ultrasound room, one mammography room, a dental and bone density scanning (DEXA) room, two mobile image intensifiers and one mobile X-ray unit. The department offered general X-ray, interventional radiology, mammography, dental, ultrasound and bone density (DEXA) scanning. An external provider provided computerised tomography (CT) scanning and magnetic resonance imaging (MRI) services.

The physiotherapy department has four treatment rooms and a specialist gym. Physiotherapists provide physiotherapy to patients aged eight years and over. Blood samples were collected in the dedicated phlebotomy room and the onsite pathology laboratory performed routine testing to patients aged one year and over. More complex blood tests were sent to an external provider.

Between April 2015 and March 2016 the hospital told us there were 2,111 total attendances at outpatients, of which 21 (1%) were NHS patients and 2090 (99%) were privately funded patients. The hospital treated 95 children aged zero to 18 years.

During the inspection, we visited the outpatients department, physiotherapy department and diagnostic imaging department and their respective waiting areas. We spoke with 11 members of staff, including the integrated clinical services manager, the diagnostic imaging department manager, the patient services manager and the outpatient department manager, two nurses, two healthcare assistants, one physiotherapist, one radiographer and one receptionist. We spoke with four patients and two relatives and we reviewed three patient records.

Are outpatients and diagnostic imaging services safe?

Good

We rated diagnostic and imaging services as good for safe because:

- Staff understood and fulfilled their responsibilities to report incidents and there was evidence of learning from incidents.

Good

Outpatients and diagnostic imaging

- The equipment we saw was in date and clean, processes were in place to ensure equipment was well maintained.
- Medicines and records were stored securely.
- There were safeguarding policies and procedures in place and staff were familiar with them.
- There were sufficient numbers of staff employed to ensure the safe running of the service.

However, we found:

- There was no single patient record held on site which meant that records of outpatient appointments were not available when patients saw their consultant.

Incidents

- All the nursing staff we spoke with understood their responsibilities to raise concerns and report incidents and could give appropriate examples of incidents they had previously reported.
- All the nursing staff we spoke with knew how to report incidents on the electronic incident reporting system.
- We saw the Nuffield Health Adverse Incidents Policy, which detailed how to report and investigate an incident and how learnings would be shared.
- We saw evidence of learning from incidents. The diagnostic imaging (DI) department manager described how the patient information sheet had been improved because of learning from an incident.
- We saw the team meeting minutes for July 2016 showing incidents and complaints were discussed. This assured us there was good feedback and learning from incidents.
- Since 1 April 2015, all independent healthcare providers were required to comply with the duty of candour Regulation 20 of the Care Quality Commission (Registration) Regulations 2014. The duty of candour is a regulatory duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of candour aims to help patients receive accurate, truthful information from health providers.
- All the staff we spoke with understood their responsibility with regard to the duty of candour.
- Two staff gave examples of when they had been open and honest with patients when things had gone wrong, once regarding the collection of insufficient blood samples and once when a clinic had been cancelled.
- The hospital reported 18 clinical incidents in the outpatients department (OPD) and diagnostic imaging department for the year April 2015 to March 2016. This was worse than for other comparable independent health care providers.
- The hospital reported two non-clinical incidents in outpatients and diagnostics for the year April 2015 to March 2016. This was similar to other comparable independent healthcare providers.
- There were no never events reported relating to outpatients and diagnostics for the period April 2015 to March 2016. A never event is an event which results in significant harm, and was wholly preventable if the available measures had been implemented correctly by healthcare providers.
- The diagnostic imaging manager was aware of their responsibility regarding Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) and there were policies and guidelines for the diagnostic imaging department developed in line with IR(ME)R. The manager explained how any radiation incidents would be entered onto the electronic incident reporting system as per “local rules” and details would be shared with staff at team meetings.

Cleanliness, infection control and hygiene

- All the areas we visited were visibly clean and tidy.
- We saw posters displayed throughout the department promoting the ‘bare below the elbows’ policy. All the staff we saw were abiding by the policy. One nurse explained how they would challenge consultants if they were not abiding by the policy.
- There was sanitiser hand gel in dispensers throughout the outpatient department, and posters were displayed encouraging visitors to the department to sanitise their hands.
- Personal protective equipment in the form of gloves and aprons was available and we saw staff using these correctly.
- Cleaning throughout the outpatient and diagnostic imaging department was done by a team of housekeepers on a daily basis but staff wiped down equipment and couches between patients using disinfectant wipes.
- We saw the May 2016 cleaning audit for the outpatient department identified dust on some equipment; we did not see any dust on equipment during our inspection.

Good

Outpatients and diagnostic imaging

- There were daily cleaning schedules for each consulting room, we saw these were completed and signed, and there were no omissions.
- We saw monthly deep clean checklists in both of the treatment rooms. We reviewed the checklist and saw that no months had been missed.
- Staff explained the procedure for dealing with patients with communicable diseases. Patients were given the last appointment of the day and there was a consulting room, which had its own washroom facilities so patients could be isolated comfortably.
- The hospital had a dedicated infection prevention and control (IPC) team. The team carried out annual and random supervised hand washing checks, to ensure hand hygiene.
- The infection prevention and control (IPC) team carried out hand hygiene audits monthly. The manager showed us the last hand hygiene audit, which focused on consultants; it showed compliance was 80%, which was down from 100% in previous months. The outpatient's manager described how this would be addressed through feedback at team meetings and one to one discussions with the consultants concerned.

Environment and equipment

- The main outpatient department reception area was open plan and well lit. Patients who arrived at reception were sign posted to the specific waiting area they required.
- We found signage throughout the department was clear and easy to follow.
- Consulting rooms were half carpet and half vinyl flooring. Treatment rooms had only vinyl flooring, which is in accordance with best practice.
- We inspected the cupboards in the treatment rooms and found them to be well organised and well stocked with needles, syringes, eye pads and various dressing, which were all in sterile packaging and in date.
- There were clear signs in areas where ionising radiation was used; this included lights and warning notices.
- We saw equipment throughout the department had been cleaned and "I am clean" stickers had been applied.
- The hospital did not allow consultants attending the department to bring in their own portable diagnostic equipment. The outpatient's manager explained that if a consultant wanted to bring in a specific piece of equipment then it was added to the equipment inventory, logged with medical devices, an indemnity was drawn up and the care and maintenance of the equipment would become the responsibility of the hospital as per other equipment.
- We saw lead aprons were available for parents and carers to use if they had to support a patient during an x-ray. The diagnostic imaging department audited the aprons annually to ensure they were still fit for purpose. We saw the records of annual lead apron checks showing old or damaged aprons were replaced.
- An external company, usually the manufacturer, carried out maintenance of diagnostic imaging equipment. We saw records of maintenance visits.
- Electrical safety testing safety checks had been carried out for all electrical equipment we examined.
- The annual radiation protection equipment survey took place in May 2016. The radiation protection adviser (RPA) visited the diagnostic imaging department and audited the equipment. The diagnostic imaging manager explained that the report on the equipment had not yet been produced but the RPA had given verbal assurance of good compliance.
- All staff who could potentially be exposed to radiation wore personal monitoring badges, which were sent away quarterly to be checked for radiation exposure levels. We saw the most recent report, which showed there were no concerns.
- Resuscitation equipment for adults and children was located on trolleys in the corridor of the outpatient department. There was a second adult trolley in diagnostic imaging. We looked at all three trolleys and found them to be well stocked with equipment for adults and children. We saw the daily checklists were completed thoroughly and without omissions.
- We saw waste segregation and storage was according to hospital policy and bins and sharps boxes were not overfilled.

Medicines

- The onsite pharmacy department was available Monday to Friday from 9am to 5pm for outpatients to collect medications.
- We saw the three most recent medicine security audits undertaken by the pharmacist in November 2015, January 2016 and April 2016 to assess the safety of medicines in the outpatient department. There were no safety concerns.

Good

Outpatients and diagnostic imaging

- Medications to assist with diagnostic images, for example contrast, were stored in locked cupboards in the department. Radiologists prescribed and administered the medication. Patients completed questionnaires and blood tests were carried out to identify any medical problems, for example degrees of kidney failure, prior to administration of the medication.
- In outpatients, medicines such as eye drops and creams were stored in locked cupboards and the keys were held by nursing staff. We reviewed the contents of one drug cupboard and found all the medicines were stored correctly and were in date.
- The hospital did not use FP10 prescription forms. Nuffield Health prescription pads were kept in a locked cabinet in a locked room. Nurses explained how the nurse in charge held the key and consultants requested the pad. Records were kept of prescription numbers used and we saw the register to confirm this.
- Staff completed temperature checks on a daily basis where medication was stored. Records were also seen in the x-ray room of temperature checks of the medication cupboard and the room. This was to ensure the correct temperature was maintained and medication was stored appropriately.

Records

- We saw patient records were stored securely within the outpatient and diagnostics department. Rooms where records were kept had doors with key pads.
- Information provided by the hospital prior to inspection stated that zero patients had attended appointments without medical records being available, the hospital stated "Prior to a patient's appointment a request will be made for the onsite medical records team to bring Nuffield Health hospital notes to the outpatient department. These notes are kept on site in medical records".
- Following an appointment at an outpatients clinic, nursing staff recorded specific details of the patient's procedure on an outpatients appointment record note taking template; these sheets of paper were later inserted into the patient's medical records.
- We checked three patient medical records and found there was no documentation relating to attendance at outpatients.
- In the three medical records we reviewed, we saw there was evidence of communication with GPs. One record for a patient awaiting an operation had a GP referral letter and two records had discharge summaries.
- When we completed our unannounced inspection, we were informed there had not been any progress with regards to notes availability in outpatients.
- The service did not undertake any audits on notes availability but informed us they would commence doing so.
- Each department was responsible for the delivery of their own risk assessments and reported into the hospital's health and safety committee. The health and safety committee met bi-monthly to discuss risks.
- We saw the risk assessments, which had been produced for the diagnostic imaging department. The diagnostic imaging manager explained that they produced the risk assessments but the radiation protection advisor signed them off. Risk assessments were then shared with the health and safety committee.
- We saw the diagnostic imaging department risk assessments and found they were detailed and up to date. We saw risk assessments were stored on the hospital wide computer drive.
- The outpatient manager had recently implemented a patient medical record audit. Nursing staff reviewed 10 patient medical records, looking at presence of patient consent, legibility of writing, documentation of patient allergies and record of emergency contact numbers. We saw the first audit report from July 2016, which showed there was poor compliance with consultants signing consent forms and emergency contact details were not always present. However, there was evidence of good use of the safer surgery checklist. Audit findings were shared at team meetings and one to one with the specific consultants concerned. The audit was going to be performed by nursing staff on a monthly basis.

Safeguarding

- The hospital had systems, processes and policies in place to keep people safe. Safeguarding policies were available on the hospital intranet.
- We saw the Nuffield Hospital wide safeguarding policy (children, young people and adults). The policy detailed procedures for staff to follow if they suspected female genital mutilation (FGM) and child sexual exploitation (CSE) All the nursing staff we spoke with knew what to do if they suspected a safeguarding issue.

- One-hundred per cent of the staff in OPD and physiotherapy had undertaken safeguarding children and young adults level two training. One-hundred per cent of radiology staff had undertaken safeguarding children and young adults level one training.
- The hospital had a chaperone policy in place. Nursing staff explained when a chaperone would be used and what they would do if a patient refused a chaperone. Posters were displayed throughout outpatients and diagnostic imaging advising patients on the use of chaperones.

Mandatory training

- The staff we spoke with had received mandatory training by e-learning and face to face on a variety of topics, including but not limited to incident reporting, safeguarding, manual handling, information governance and health and safety.
- Mandatory training was provided on an annual basis to all staff and was delivered either in classroom settings or via online modules. Subjects covered included: incident reporting, fire safety, safeguarding children and young adults level one and two, safeguarding adults level one, information governance, infection prevention, basic life support and basic paediatric life support, consent to examination or treatment, moving and handling, Mental Capacity Act, Deprivation of Liberty Safeguards, managing stress and whistleblowing.
- Training figures confirmed that overall 94% of staff had completed their mandatory training packages.
- Management informed nursing staff of the mandatory training dates in writing at the beginning of the year. The outpatient manger reported that the purpose of this was to reduce staff missing mandatory training due to annual leave.
- Staff told us managers were supportive of them taking time to complete their training.

Assessing and responding to patient risk

- The diagnostic imaging manager informed us that all patients were asked if they had undergone a recent x-ray. If the x-ray was applicable to the appointment, the image would be obtained via picture archiving software (PACS) to prevent the risk of over exposure to radiation.
- The diagnostic imaging department had a list of who was entitled to make a referral for diagnostic imaging in accordance with IR(ME)R. For example, all medical and dental practitioners were entitled to act as referrers; other healthcare professionals, such as physiotherapists and osteopaths could act as referrers after undergoing appropriate training and checks by the hospital. Radiologists screened referrals for suitability.
- There were clear signs and information in the radiology department informing people about areas and rooms where radiation exposure was taking place.
- All women within childbearing age were asked whether there was a possibility they could be pregnant and there was a poster in the x-ray rooms prompting ladies to tell the radiographer if they thought they might be pregnant. This was to ensure appropriate actions were taken to reduce any potential risk to the unborn foetus from radiation.
- The radiology department had clear processes in place to ensure the right patient received the correct radiological scan. Staff used 'PAUSED' guidance, which encouraged staff to pause and follow a checklist prior to proceeding. The 'PAUSED' checklist included checking the patient details verbally, checking the correct site to be x-rayed/scanned, confirming the examination was on the right date and the right time, selecting the correct imaging protocol, recording the dose used, ensuring images were stored correctly and informing the patient on how they could get the results.
- We saw World Health Organisation (WHO) safer surgery checklists were in use for minor procedures. In a treatment room we saw blank WHO checklists laid out ready for completion.
- The nursing staff we spoke with were knowledgeable about the actions they would take if a patient deteriorated in the outpatient department. This included using the emergency call bells that sounded in the main reception area.
- All nursing staff undertook Modified Early Warning Score (MEWS) for patient deterioration training as part of their basic life support training.
- If a patient became unwell whilst in either the outpatient or imaging department, they were reviewed by the registered medical officer (RMO) and could be admitted to the inpatient unit if the patient collapsed or needed a higher level of care.
- There was an agreement in place with the local NHS trust to transfer patients who were unwell, in accordance with the Nuffield Health patient transfer policy.

Nursing staffing

Good

Outpatients and diagnostic imaging

- There is no national baseline acuity tool for nursing staffing in outpatients. The outpatient department manager told us that staffing levels were determined two weeks in advance and were based on clinic activity levels, which consultants were booked to attend and what procedures would be occurring. However, nurse staffing levels were found to be of a safe level.
- The service employed a mix of registered nurses (RN), allied health professionals (AHP) and healthcare assistants (HCA). There were three full time equivalent (FTE) RN and five HCA.
- The hospital employed a breast care nurse specialist who was available in breast clinics to support those patients newly diagnosed with breast cancer.
- The hospital employed a children and young people's lead nurse, who could be contacted by telephone for advice when not on site.
- There was minimal use of bank and agency nursing staff in outpatients. The hospital used an induction process to ensure that bank and agency staff had specific competencies and understanding of local policies.
- The use of bank nurses and healthcare assistants (HCA) was low and this was comparable to other independent health care providers. All the departmental managers we spoke with said they did not use agency staff.
- We reviewed the outpatient department staff rota for the period January 2016 to March 2016, and saw there were no unfilled shifts. Department mangers told us any sickness was covered by staff being flexible and the use of bank staff.
- During our inspection, we observed that staffing levels were adequate to meet the needs of patients and there was an appropriate skill mix, including HCAs, RNs and administration staff. The rota for staffing on the day of inspection stated four RNs and three HCAs in the outpatient department, and this was what we saw.
- There were no nursing staff vacancies in outpatients or diagnostic services at the time of our inspection.
- The department employed a cosmetic nurse who had specific competencies to work in cosmetic services and they covered two cosmetic clinics per week.

Medical staffing

- Consultants and a radiologist attended the outpatient department and diagnostic department on set days at set times. This meant the OPD managers knew in advance which consultant was attending and were able to allocate staff appropriately to the clinics.
- Medical staff were contacted by telephone, email or via their secretaries to offer advice to staff if they were not present at the hospital.
- There was a resident medical officer (RMO) at the hospital 24 hours a day. Nursing staff told us they could easily contact the RMO for advice or to review a patient.
- There were four consultants with practicing privileges who performed cosmetic surgery procedures. All four were registered with the GMC.

Major incident awareness and training

- We saw the Disaster Recovery & Major Incident Handling Business Continuity Plan. The plan described who needed to be contacted in the event of a major incident such as fire, loss of water or power or bomb threats. The policy was in date.
- The nursing staff we spoke with were aware of the policy although they had not received any specific training or carried out scenarios.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

We did not rate outpatients and diagnostic imaging services for effective. During our inspection we found:

- Care and treatment was planned and delivered in line with current evidence based guidance, standards and best practice.
- Policies and guidelines were up to date and based on best practice and National Institute for Health and Care Excellence (NICE) guidelines.
- Multidisciplinary team (MDT) meetings took place with input from external colleagues.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 (MCA) by the consultants.

Evidence-based care and treatment

- Policies were up to date and followed guidance from the National Institute for Health and Care Excellence (NICE).

Good

Outpatients and diagnostic imaging

- The imaging department used diagnostic reference levels (DRLs) as an aid to optimisation in medical exposure. DRLs were cross-referenced to national audit levels and if they were found to be high, a report to the radiation protection advisor would be made.
- The hospital had policies and guidelines for the diagnostic imaging department which included details on "local rules", radiation protection supervisor (RPS) and radiation protection advisor (RPA) in line with Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).
- The hospital had access to a radiation protection advisor (RPA) through an agreement with another provider.
- The diagnostic imaging department manager was the radiation protection supervisor (RPS) for the diagnostic imaging department in line with IR(ME)R. The main role of the RPS was to ensure that staff complied with requirements of IRR99 and the local rules. IRR99 are the main legal requirements for the use and control of ionising radiation in the United Kingdom.
- The hospital complied with the NICE quality standard for breast care recommendation that a clinical nurse specialist was present during appointments.
- Patients undergoing cosmetic surgery were given the mandatory two-week cooling-off period between the initial consultation and committing to the procedure, to allow them time to reflect on the information prior to making a final decision.
- The service undertook audits locally within the service. This included audits on records and the safer surgery checklist.

Pain relief

- There were no policies for the prescription of pain relief in outpatients but a consultant or the RMO was able to prescribe paracetamol, which patients could obtain from the onsite pharmacy if they needed to.
- Should a patient be in pain during their appointment, this would be assessed by the clinical team and pain relief offered if required.

Patient outcomes

- The hospital told us all patients undergoing a joint replacement were consented to have their prosthesis registered on the National Joint Registry (NJR). These patients were followed up in outpatient clinic and clinical outcomes recorded.
- The hospital participated in the Public Health England (PHE) surveillance for total knee and hip replacements and the nursing team carried out 30 day follow up phone calls for these patients to monitor their outcomes.
- The diagnostic imaging department did not participate in the Imaging Services Accreditation Scheme (ISAS) but the diagnostic imaging manager told us this was under review corporately. Imaging Services Accreditation Scheme (ISAS) is a patient-focused assessment and accreditation programme designed to help diagnostic imaging services ensure that their patients consistently receive high quality services, delivered by competent staff in safe environments.
- The diagnostic department undertook local audits on cleanliness, hand hygiene, safer surgery checklists and records. We reviewed the audits for diagnostic imaging referrals for August 2016, which showed 100% compliance with documenting patient consent and 100% completion of safer surgery checklists.

Competent staff

- Pre-inspection data received from the hospital stated that 100% of outpatient nurses and healthcare assistants had attended an appraisal for the year January 2016 to December 2016. All the staff we spoke with had attended an appraisal in the past year.
- All doctors who had practising privileges at the hospital were at consultant level and were registered with the General Medical Council (GMC). This meant patients could be assured that registered practitioners treated them.
- The hospital followed the Nuffield-wide policy for granting and maintain practising privileges.
- One healthcare assistant we spoke with had recently completed a health and social care diploma, which had been funded by the hospital.
- Nursing staff told us management were supportive of training and that they could attend external courses if they wanted to. For example there was training on catheters and procedures so that some clinics could be nurse led.
- All new nursing and administration staff attended an induction and were supernumerary until they had been deemed competent. We asked a bank receptionist if they had attended an appraisal and they confirmed they had.

Good

Outpatients and diagnostic imaging

- The outpatient manager told us how she had supported two nurses through their revalidation.
- Medical staff went through the revalidation process and were required to provide evidence of revalidation as part of their practicing privileges.
- Practicing privileges for medical staff were reviewed every two years by the hospital senior management team and medical advisory committee (MAC).

Multidisciplinary working

- The hospital was involved in external multidisciplinary team (MDT) working with two neighbouring trusts for breast care. Consultants shared images by image exchange portal (IEP) and involved consultants and breast care specialist nurses. Specialist consultants in gynaecology, dermatology, colorectal and urology also referred patients with a diagnosis of cancer to MDT at the neighbouring trust.
- The hospital had specialist nurses for breast care and cosmetic surgery. Staff and patients could access them for support and information.

Seven-day services

- The outpatient and diagnostic imaging department did not offer a seven-day service, although one radiographer was available on an on-call basis overnight and at weekends.
- Patients could phone the ward staff for advice when the outpatient department was closed.
- The service was considering the expansion of some outpatient services to be open over the full seven days, but were working on stability and service demand to meet this need prior to starting the work.

Access to information

- The hospital had a policy for the storage and management of patient medical records, which detailed storage and retention, who could access them and what to do with them when the patient was discharged.
- All diagnostic images were digital and were archived on picture archive communication system (PACS). Consultants had access to PACS on computers in all consulting rooms so previous x-ray and scan images could be viewed quickly and easily.
- All pathology results were available online although many consultants used the hard copy of reports sent by the laboratory.
- The diagnostic and imaging lead described to us how patients could have their images stored on an encrypted compact disc to take away, if they needed to share the image with another care provider who did not have access to PACS.
- Hospital policies were stored on an internal computer drive and staff showed us how they accessed them.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We reviewed the hospital policy on obtaining consent to investigations or treatment and found it was comprehensive, in date and compliant with national guidance.
- We saw the Patient Agreement to Investigation or Treatment consent form. There were spaces to detail discussions of benefits and risks, a space for the patient to sign the form and guidance on what to do if a patient was deemed to lack capacity to consent.
- Nursing staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and these were covered in mandatory training. Nursing staff explained consultants carried out MCA assessments where appropriate and were responsible for obtaining written consent. We saw a blank consent form laid out in treatment room two prior to a minor operation taking place. An audit of patient records in August 2016 showed 100% compliance with patient consent forms being signed.
- The outpatient manager told us that for many patients consent to procedures was implied but as a minimum consent was obtained from the patient verbally.

Are outpatients and diagnostic imaging services caring?

Good

We rated diagnostic and imaging services as good for caring because:

- Patients were treated with dignity and respect.
- Feedback from patients was consistently positive about the way staff cared for them and the treatment they had received.
- Patients told us they were well informed regarding their care and treatment.

Good

Outpatients and diagnostic imaging

- The hospital-wide Friends and Family Test scored between 94% and 100% in the six months from October 2015 to March 2016.

Compassionate care

- We saw a nurse speaking respectfully with a patient and offering to find a room so the patient could speak privately if they wanted to.
- We saw the matron interacting with a patient who was waiting for their appointment. The matron was asking the patient how they had been and about their family. This showed a clear knowledge of the patient's history and circumstances.
- We heard a healthcare assistant patiently explaining the appointment system and pointing out contact details for queries to a patient.
- Three patients we spoke with told us they had no cause for complaint or concern and were very happy with the service that they received at the hospital.
- The three patients we spoke with were positive about the way the staff were helpful and respectful.
- Nursing staff used blankets to cover patients during diagnostic imaging procedures to protect their dignity.
- One patient said, "consultants and staff are fantastic; treatment in the past has been first class".
- Nursing staff gave examples of when they had gone above and beyond their role to provide patients with care, coming in at weekends, staying after routine hours, slotting patients in to already full clinics and chasing up test results to ensure patients had them on time.
- The hospital wide Friends and Family Test consistently scored above 85% for the number of patients who would recommend the hospital between April 2015 and March 2016. The response rates were around 25% for the same period, which was low when compared with the England national average response rate (approximately 40%). All the patients we spoke with in the outpatient and diagnostic imaging department said they would recommend the hospital to their families and friends.
- The hospital wide Patient Led Assessment of the Care Environment (PLACE) scores were the same or better than the England average for six of the parameters scored including; cleanliness (99%), condition and appearance of the environment (92%) and privacy, dignity and wellbeing (90%).
- Although results and feedback was not broken down by department, the patient satisfaction survey results were positive regarding patient satisfaction with their experience (over 85%) and with the treatment they received (over 85%).

Understanding and involvement of patients and those close to them

- Three patients told us they had been provided with information about their appointment and they had been offered a choice of suitable appointment time.
- One patient said the written information provided was very good but they had not been made fully aware that not all the treatments they required could be provided at Nuffield Health Ipswich and would mean they had to go back into NHS.
- One patient told us they took a list of questions in with them to their appointment and the consultant always took time to go through them.

Emotional support

- The hospital had a breast care specialist nurse who was available to support patients who had been diagnosed with breast cancer.
- The hospital had two dementia ambassadors who could be called upon to provide information and support to dementia patients and their carers.
- Through the local NHS hospital the service could access the chaplaincy service, counselling services, as well as specialist nursing services and oncology services to support patients' and relatives' emotional needs.

Are outpatients and diagnostic imaging services responsive?

Good

We rated diagnostic and imaging services as good for responsive because:

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.
- The hospital routinely met and exceeded the Department of Health target for referral to treatment time.

Good

Outpatients and diagnostic imaging

- One-stop clinics were available for breast care to minimise the amount of attendances for patients.
- Outpatient and diagnostic imaging offered evening appointments for patient convenience.
- There was a telephone interpretation service available for those patients who did not speak English.
- There was good evidence of learning from complaints.

However, we found**:**

- There was no defined process for treating patients with learning difficulties.
- There was a five week waiting time for a dermatology clinic appointment.

Service planning and delivery to meet the needs of local people

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.
- In April 2016 the Nuffield Health Ipswich Hospital withdrew from NHS standard acute contract work for financial and resourcing reasons. The hospital director told us this had led to decreased hospital activity and decreased reliance on agency staff, and while the hospital revenue was reduced, the hospital contribution to the charity had increased.
- The hospital offered a consultant led "one-stop" breast care clinic on Mondays and Wednesdays. Patients could undergo consultation and diagnostic tests all in one visit. A breast care nurse specialist always attended the clinics to offer support to the patients.
- The outpatient department manager told us consultants could access rooms in emergencies if they needed to.
- There was free car parking available and there were disabled spaces close to the entrance to the department.

Access and flow

- The outpatient department was open from 8am to 8pm Monday to Thursday and 8am to 4pm on Friday. Diagnostic imaging was available Monday to Friday 9am to 5pm and one radiographer was available on an on-call basis overnight and at weekends. Out of hours the on call radiologist at another local provider provided radiology cover. Physiotherapy was available from 8am to 7pm Monday to Friday.
- There were two clinics available per week for cosmetic surgery.
- The hospital routinely met and exceeded the Department of Health target of 92% for referral to treatment time (RTT) between April 2015 and February 2016. The hospital consistently achieved 96% to 100%. The RTT is the time between a referral for treatment being made and the initial consultation.
- Patients attended the hospital for radiography and mammography by referral from the consultant or GP only. Patients could self refer for bone density scans (DEXA) and ultrasound of the aorta or ovaries.
- Three patients told us they had never been kept waiting for their appointments.
- The outpatient manager told us about a cancelled clinic. The consultant had taken annual leave and forgotten to inform the hospital. Nursing staff apologised to the patients affected and rebooked their appointments. The consultant concerned was spoken with in a one-to–one meeting.
- Waiting times for appointments at the outpatients clinic ranged from one day for a colorectal appointment to five weeks for a dermatology appointment, the average wait was one week for all other clinic appointments.

Meeting people's individual needs

- Staff gave examples of when patients had been seen for dressing changes outside normal clinic hours, without appointments and, on occasion, at weekends.
- The hospital had a dementia lead who could be called upon for advice and support when seeing patients with dementia.
- There was a small area dedicated to children in the waiting room. There were age appropriate toys and books in closed toy boxes, crayons and colouring books and drawing easels.
- The hospital used a translation service called Language Line for patients whose first language was not English. A nurse told us of an occasion when a translator had been brought to the hospital to be present during a patient's appointment.
- Nursing staff told us that they were not always aware that a patient had a special requirement until they were actually in the clinic. If staff were aware prior to the appointment they would make sure the patient was the first or last appointment of the day and allow extra time.

Good

Outpatients and diagnostic imaging

- Although the hospital did not have a patients' café, hot drinks and water were available free of charge throughout the department.
- Patients who needed to get undressed for procedures such as DEXA and x-ray were shown to individual changing rooms where there were lockers for their possessions and a chair. Patients were given gowns to put on and offered robes to cover up further.
- Once patients were changed ready for their procedure they waited in the changing room to be collected by staff. This protected the patients' dignity.
- Waiting areas had tea and coffee machines and water dispensers, which patients and carers could use freely.
- The hospital had a very comprehensive website providing details about specific procedures carried out in outpatients.
- The outpatient department did not have a dedicated room for patients to sit quietly but nursing staff told us that if patients needed that then one of the consulting rooms, which had two comfortable armchairs, would be made available.

Learning from complaints and concerns

- We saw the Nuffield Health Group policy for the management of concerns and complaints. The policy was in date and detailed a clear complaints handling procedure and post complaint learning plan. Nursing staff told us complaints were discussed at team meetings or on a one-to-one basis if required.
- Information provided by the hospital prior to our inspection showed one complaint against outpatient and diagnostic service in the period October 2015 to March 2016.
- The complaint was regarding the injection of contrast and the follow up care. We spoke with the diagnostic imaging manager about the incident and we were assured lessons had been learned.
- The hospital complaints procedures were communicated to patients in a leaflet called 'How to make a comment or formal complaint'.
- All the patients we spoke with told us they had no complaints but knew how to complain if they ever needed to.
- The hospital was proud of the large number of compliments and "thank you" letters they regularly received.

Are outpatients and diagnostic imaging services well-led?

Good

We rated diagnostic and imaging services as good for well-led because:

- Staff knew and understood the hospital vision and values.
- The hospital had a clear governance structure.
- Information was cascaded from the clinical governance committee to all hospital staff via team meetings.
- Hospital senior management members were visible, approachable and supportive.
- Staff were proud to work for the hospital and felt supported and valued.
- There were multiple ways of communicating with staff such as newsletters, 'Town Hall' meetings and emails.

However:

- No action had been progressed with regards to ensuring that patient records were available for outpatient appointments.

Vision and strategy for this this core service

- We saw the Nuffield strategy "Nuffield Health will help individuals to achieve, maintain and recover to the level of health and wellbeing that they aspire to, by being a trusted provider and partner" displayed on posters throughout the outpatient and diagnostic department.
- The hospital was part of the wider Nuffield Health organisation, and shared the organisation's set values. These values were to be "enterprising, passionate, independent and caring". There were notices throughout the hospital displaying this information. All staff we spoke with were familiar with the values, and departmental managers said they thought the staff lived by the values.
- Since July 2016, the hospital had stopped treating NHS patients completely to become a "purely private" service. The service had previously struggled with recruitment and this allowed them to no longer be dependent on agency staff. They were working on increasing the service's contribution to the charity while ensuring patient care remained the central focus.

Good

Outpatients and diagnostic imaging

Governance, risk management and quality measurement for this core service

- We reviewed the hospital wide risk register prior to our inspection. Risks identified within each department were discussed at the quality and safety meeting before being added to the risk register. There were no risks specific to outpatients and diagnostic imaging identified.
- The hospital held regular ward, senior leadership team (SLT), medical advisory committee (MAC), heads of department, quality and safety committee (QSC) meetings, which were all minuted and well attended. We looked at the last two meeting minutes of each of these meetings. We also found that the SLT and QSC meeting fed into the quarterly MAC meetings.
- Heads of department attended capacity meetings on Monday mornings to discuss the week ahead and what impact that would have on each department. A summary of the meeting was emailed to all staff following the meeting.
- Formal team meetings happened monthly but nursing staff told us that because teams were so small, informal meetings happened daily.
- We saw minutes from team meetings where incidents, safeguarding, infection control, audits and policies were standard agenda items.
- The hospital director signed off all root cause analysis (RCA) investigations following any incident but was not trained in RCA. The matron prepared all RCA documents and she had done RCA training alongside the heads of department. No investigations that required root cause analysis at the service related to outpatient services.
- The service ran a training session on human factors in incidents in 2015, and as a result of learning from this, service leaders were welcoming the need to challenge behaviours. The hospital director provided an example of where a doctor had shown negative behaviours towards a patient and staff escalated this. The doctor had their practising privileges suspended.
- Where we identified concerns we found that managers took immediate action to resolve the issues in other services and with the concerns regarding cancer services. However, no action had been progressed with regards to ensuring that patient records were available for outpatient appointments.

Leadership / culture of service

- The outpatient service was led by a head of department, and each outpatient service had a manager of the day to oversee the day to day management and staffing levels. The diagnostic department had a head of department in post for the service.
- The heads of department reported to the hospital matron and the hospital director.
- The hospital director told us the overall culture of the hospital was based on open communication and supportive leadership.
- All the staff we spoke with spoke positively about the hospital senior management and told us the head of department, hospital director and matron were very visible in the outpatient department.
- One HCA we spoke with said they would feel comfortable raising concerns directly with the hospital director.
- Staff told us the senior and local management within outpatients and diagnostics were very supportive and actively promoted training and career development through in-house training and more formal education.
- All the staff we spoke with told us they felt valued and were proud of the teams they worked in and of the service they provided.
- One member of staff said, “this is a lovely place to work and I feel lucky to work with such lovely people”.

Public and staff engagement

- Staff engagement was achieved by a range of regular communication tools such as the weekly SLT newsletter, EPIC board, comments box, regular ‘Town Hall’ meetings to which all staff were invited with an additional evening session for night staff.
- One member of staff told us about a long service award, which they had received along with a “generous” gift voucher which they had been very happy with.
- Patient engagement was by open evenings held both in the hospital and in local hotels. Patients attended presentations and one to one informal discussions with consultants on a range of procedures before deciding to book a formal consultation.
- Patients completed the hospital wide patient satisfaction survey, which they were given at discharge.

Innovation, improvement and sustainability

Good

Outpatients and diagnostic imaging

- Administration staff told us they were looking forward to the installation of new reception desks, which would be lower, allow wheelchair access and be more welcoming to patients.
- The hospital had an ongoing plan of refurbishment for consulting rooms and reception areas which was due to be completed in September 2016.

Outstanding practice and areas for improvement

Outstanding practice

- Staff, teams and other services worked exceptionally well together as a multidisciplinary team.
- Care provided to adults and children was outstanding.
- The range and selection of home cooked food available to patients, and the ability to provide a patient's dedicated food request was outstanding.
- The hospital provided regular training events for local GPs, which demonstrated outstanding practice.
- Outcomes for people who used the service were outstanding. The hospital participated in certain national audits, including the National Joint Registry (NJR), which showed 100% consent rate.
- Outcomes from the Oxford Hip and Knee score, as well as PROMS outcomes were outstanding.

Areas for improvement

Action the provider SHOULD take to improve

- Ensure medical notes are always available for staff who are treating patients in the outpatients department.
- Ensure that assessment of Gillick competence is recorded in the patient record.
- Consider further development of the vision and strategy for future of children's services.
- Improve the process for treating patients with learning difficulties.
- Review the plans for the endoscopy suite to ensure it meets the Medicines and Healthcare products Regulatory Agency (MHRA) requirements as soon as reasonably practicable.
- Undertake further audits on the World Health Organisation (WHO) 'Safer Surgery' checklist.
- Consider the need for an admission policy setting out safe and agreed criteria for selection and admission of people using the service.