

Nuffield Health

Nuffield Health Chichester Hospital

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

Summary of findings

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when needed. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Feedback from patients and their relatives was very positive about the way staff treated them. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff went above and beyond to provide exceptional emotional support to patients, families and carers to minimise their distress.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- There was compassionate inclusive and effective leadership at all levels. Leaders understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. Staff understood the service's vision and values, and how to apply them in their work. Staff universally felt respected, supported and valued. They were highly focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services. Leaders encouraged innovation and all staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available six days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

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

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

Surgery

Outstanding



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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when needed. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Feedback from patients and their relatives were continually very positive about the way staff treated them. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff went above and beyond to provide exceptional emotional support to patients, families and carers to minimise their distress.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- There was compassionate inclusive and effective leadership at all levels. They understood and managed the priorities and issues the service faced.

Summary of findings

They were highly visible and approachable in the service for patients and staff. Staff understood the service's vision and values, and how to apply them in their work. Staff universally felt respected, supported and valued. They were highly focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services. Leaders encouraged innovation and all staff were committed to improving services.

Diagnostic imaging

Good



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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.

Summary of findings

Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We rated this service as good because it was safe, effective, caring and responsive and well led. Diagnostic imaging is a small proportion of outpatient activity. Where arrangements were the same, we have reported findings in the outpatients section.

Summary of findings

Contents

Summary of this inspection

Background to Nuffield Health Chichester Hospital

Page

8

Information about Nuffield Health Chichester Hospital

8

Our findings from this inspection

Overview of ratings

10

Our findings by main service

11

Summary of this inspection

Background to Nuffield Health Chichester Hospital

Nuffield Health Chichester Hospital provides elective surgery to patients who pay for themselves, are insured, or are NHS funded patients. Surgical specialities offered include orthopaedics, ophthalmology, general surgery, gynaecology, urology and head and neck. Nuffield Health Chichester Hospital does not offer surgical services for children.

There are two theatres, both with laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination). There is a dedicated recovery ward located within the main theatre unit.

Both inpatient and day care patients recover from surgery on Pallant ward and patients who have not undergone a general anaesthetic are admitted and discharged from Northgate ward. Both wards have single bedrooms, with en-suite bathroom facilities.

Nuffield Health Chichester Hospital provides outpatient appointments for a number of specialities. Outpatient appointments are delivered by consultants who also have practicing privileges. The outpatients department had seven consulting rooms, two treatment rooms, ophthalmic consultation and treatment room and gynaecology consultation and treatment rooms. The service refers patients for diagnostic tests or ongoing surgery within the hospital.

The service provides x-ray and ultrasound diagnostic imaging. The service has support from a third party mobile machine for magnetic resonance imaging (MRI) and computerised tomography (CT) five days a week.

The service provides a physiotherapy service as part rehabilitation following surgery. We did not inspect this service as part of our inspection.

The service is registered to provide the following regulated activities:

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

The service has a registered manager with the CQC.

The service had a comprehensive inspection in October 2017 and was rated good overall.

How we carried out this inspection

During the inspection the inspection team:

- visited the service and looked at the environment
- spoke with the registered manager, the clinical matron and the chair of the medical advisory committee for the service
- spoke with twenty members of staff including: managers, registered nurses, healthcare assistants, medical staff, theatre personnel, radiographers, operating department assistants and receptionist

Summary of this inspection

- spoke with ten patients who attended the hospital for either surgery, outpatient appointment or diagnostic imaging appointment
- reviewed fourteen patient records
- observed one x-ray scan
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

Action the service SHOULD take to improve:

Outpatients

- The service should ensure that all nurses and healthcare assistants have the appropriate level of safeguarding children and adults training (Regulation 13).
- The service should ensure information to tell a patient how to complain is clearly displayed (Regulation 16).







Diagnostic Imaging

- The service should ensure that all their local rules x-ray machines are reviewed regularly to ensure they are in date and meeting safe guidelines (Regulation 12).
- The service should ensure that all staff in the radiology department have the appropriate level of safeguarding children and adults training (Regulation 13).
- The service should ensure information to tell a patient how to complain is clearly displayed (Regulation 16).






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Surgery	Good	Good	 Outstanding	Good	 Outstanding	 Outstanding
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	 Outstanding	 Outstanding

Outpatients

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Outpatients safe?

Good 

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

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The service provided mandatory training in key skills to nurses and healthcare assistants employed by the service. All nurses and healthcare assistants were up-to-date with their mandatory training.

Medical staff received and kept up-to-date with their mandatory training. Where medical staff completed mandatory training from their substantive employer, the service ensured they received evidence of completion of mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The service had a mandatory training policy. Staff received training aligned to the Core Skills Training Framework (CSTF) outlined by Skills for Health.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training compliance. The online mandatory training system sent staff and managers an email. This alerted them when mandatory training was due. The hospital had a compliance management plan which highlighted staff with mandatory training due and had actions for each individual.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, not all staff had completed training.

Staff received training specific for their role on how to recognise and report abuse. However, not all staff had completed it. All staff were up-to-date with their level one mandatory training on safeguarding adults. However, not all nurses and healthcare assistants had completed level two safeguarding adults mandatory training. All staff had completed level one safeguarding children mandatory training. This is not in line with the intercollegiate document on children safeguarding. Whilst children were not seen at this hospital. Children sometimes attended the hospital with their parents for appointments. Following our inspection, the hospital assured us this was a system error and all staff were due to complete level two safeguarding children and adults training.

Outpatients

Staff knew how to identify adults and children at risk of, or suffering, significant harm. The service had a safeguarding adults, children and young people policy. This policy provided guidance for staff to support them, alongside their training, to recognise potential safeguarding issues and raise concerns with relevant individuals. Staff showed a good understanding of issues which would need to be raised as a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff demonstrated a good understanding of who to escalate safeguarding concerns to. Typically, this would be the consultant before they saw the patient. Staff knew who to contact for advice and support if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinical areas were visibly clean and clutter free. The service completed yearly environment audits. The environmental audits included the furnishings to ensure they were not damaged and intact. The most recent environmental audit scored 98%.

The service generally performed well for cleanliness. The services' most recent patient-led assessment of the care environment (PLACE) were 100%.

Cleaning records were up-to-date and showed all areas were cleaned regularly. Staff completed a schedule of daily and weekly cleaning of the outpatient environment. All cleaning records were complete and up-to-date. The service had additional deep cleans completed by a third party provider and records showed this had been completed. The service completed cleanliness audits. The most recent result was 93% compliance. The service audited decontamination of reusable equipment. The most recent audit showed 94% compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service completed hand hygiene audits. The average result was 94%. All staff wore appropriate PPE for the care they were giving. All clinical staff were bare below the elbows and cleaned hands between patient contacts. Staff cleaned equipment after patient contact. The service managed COVID-19 infection prevention and control measures well.

The service had carpets in the waiting area, corridor and five of the general consultation rooms. All carpets were visibly clean. In four of the carpeted consultation rooms there was a separated area with wipe clean flooring. The separated area had a consultation bed and equipment as this was where a patient would be examined. Therefore, the infection prevention and control risks were minimal. The fifth carpeted consultation room had an examination bed on the carpet. The hospital assured us specifically orthopaedic and dermatology consultations occurred in this room. Therefore, the infection prevention and control risks were minimal. The service had a standard operating procedure for decontamination of carpets. This was in line with recommendations in health building note guidance. The hospital had a business plan to replace all carpets by the end of next year.

Environment and equipment

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

The design of the environment followed national guidance. The environment layout was in line with health building notes guidance. All rooms had appropriate space for examination and treatment. Each consulting room had handwashing facilities.

Outpatients

Staff carried out daily safety checks of specialist equipment. The service had a resuscitation trolley. All equipment was in date. Staff checked it daily and kept records of this.

The service had enough suitable equipment to help them to safely care for patients. Each consulting room was set up with equipment required for the consultant's speciality. The service had an agreement with an external provider to maintain and calibrate equipment. All equipment was within its yearly maintenance and calibration date. All clinical staff had received training on use of equipment.

Staff disposed of clinical waste safely. The service had a waste management policy. Waste was segregated with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of in line with national guidance.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Nurses had received intermediate life support training and healthcare assistants had received basic life support training. The service had a process to manage medical emergencies in the outpatient department.

Staff shared key information to keep patients safe when handing over their care to others. Staff completed risk assessments for each patient who attended the hospital for surgery. These were recorded in patient notes which meant that staff in the outpatient department staff knew about specific risk issues in follow-up outpatient appointments. Patients who attended the outpatients department for a minor surgery completed a risk assessment for methicillin-resistant *Staphylococcus aureus* (MRSA), Creutzfeldt-Jakob disease (CJD) and blood born viruses.

Nurse staffing

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

The service had enough nursing and healthcare assistants to keep patients safe. The service had five nurses and six healthcare assistants to support with outpatient clinics and minor surgeries.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants needed for each shift. The service held a schedule of planned outpatient clinics. This helped the manager plan the number of staffing required. The manager adjusted staffing levels according to the needs of patients. The service had three members of staff on each shift to ensure safe care and treatment. The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates. The service had a few vacancies and were actively recruiting for a senior staff nurse for the outpatients department.

Managers limited their use of bank staff and requested staff familiar with the service. The service had one nurse which they used as bank staff. This individual had previously worked for the service and therefore had completed a full induction with the service. The service did not use agency staff.

Outpatients

Medical staffing

The service had enough medical staff to keep patients safe. The service did not employ medical staff. Medical staff held practicing privileges with the hospital to run services at the outpatients department, which were supported by nursing staff employed by the service. For new consultants wishing to work at the service under a practising privilege, relevant information was reviewed at the medical advisory committee (MAC). The service did not use locum or bank medical staff.

Records

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

Patient notes were comprehensive and all staff could access them easily. The service used paper records to hold patient notes. There were care records which held details of a patient's surgery and ward recovery care. Consultant notes for outpatient appointment were held in individual files for ease and stored with the medical secretaries. Individual patient records were comprehensive and complete. They included clinic letters, referral letters, clinic notes and test results. Patient details were stored on an electronic system these were protected with individual passwords. The hospital completed a quarterly care record audit to monitor quality of records. The average score in the last year was 87%.

When patients transferred to a new team, there were no delays in staff accessing their records. Records could be requested from Nuffield Health storage if the patient had not had treatment for a long time. It was rare for patient notes not to arrive in time for an outpatient appointment. If the patient had recent treatment and required a outpatients appointment, records could be sourced from within the hospital.

Records were stored securely. Paper records were stored securely behind a locked door behind the reception desk when the patient had an upcoming outpatient appointment. Otherwise patient records were stored securely in the hospital for a few months. Following completion of treatment patient records were sent to the Nuffield record stores.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. For surgical outpatient procedures as part of the care record staff recorded patient's current medications and allergies. The type of anaesthetic given during outpatient minor surgery was recorded. Consultants prescribed medicines as part of outpatients appointment for patients under their care. These prescriptions were fulfilled by a local pharmacy.

Medicines were stored securely and were all in date. The hospital had a pharmacy team who checked medicines stock regularly to ensure medicines were in date.

Staff provided specific advice to patients and carers about their medicines. Following a minor surgery procedure in the outpatients department, patients were sent home with discharge advice. This included advice about pain relief medicines and those they were taking home with them.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service had a medicines management policy. The service stored medicines securely in line with this policy. Prescription pads were stored securely and checked in and out each day by the staff in line with policy.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The service had a medicines management and medical gas committee. The committee met quarterly. Staff discussed medicines safety alerts and incidents and they shared learning and actions so everyone was aware of these.

Outpatients

Incidents

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents, serious incidents and near misses in line with service's policy. The service had policy for the reporting and management of all adverse events and serious incidents including unexpected or avoidable deaths and never events. This outlined staff responsibilities around incidents and how to report them. Staff understood how to report incidents on the services electronic reporting system. The service had a good reporting culture.

The service had no never events. The service had reported no never events or serious incidents in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Managers shared learning with their staff about never events that happened elsewhere. The service received feedback of learning from never events at other hospitals in the Nuffield Health group. When learning was relevant to work done at their hospital it was shared with staff.

The service participated in Nuffield Health wide learning from deaths meetings, which occurred quarterly. This meeting reviewed deaths and wider learning was shared.

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong. Duty of candour was carried out during the investigation of incidents. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service offered meetings with patients involved in incidents to discuss the investigation findings.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. The service held discussion on learning from incidents at the governance group which the incident most related. For example, clinical incidents would be discussed at the quality and safety meeting and infection control incidents would be discussed at the infection prevention committee. Where lessons were learnt these were fed back to individual team meetings by heads of department.

Outpatients

Are Outpatients effective?

Inspected but not rated 

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service completed an annual clinical audit schedule to monitor compliance. For example, audit of care records and consent. All of the service's policies were current and version controlled. They reflected and referenced national guidance.

Staff followed the National Institute for Health and Care Excellence (NICE) guidance in the speciality areas we visited.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff had a good understanding of the Mental Health Act and their responsibilities in protecting patients subject to the Mental Health Act.

Nutrition and hydration

The service ensured patients had access to water during their appointment.

Staff made sure patients had enough to drink. The service had water dispensers available in the waiting area for patients to use. This was sufficient as patients were at the department for a short time.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately. Staff gave pain relief in line with individual needs and best practice. The service used limited pain relief, mainly for minor surgeries. Staff regularly monitored patients pain during these procedures. Pain relief was in line with best practice guidance and documented on the patient record accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service carried out regular schedule of clinical audits and took appropriate action to monitor and review the quality of the service. These included audits of care records and consent. Audit results were not highlighting any significant issues.

Managers and staff used the results of audits to improve patients' outcomes. Managers monitored quality indicators such as safety events with harm to improve outcomes for patients. Managers also monitored infection rates for: *Clostridioides difficile* (C.Diff), MRSA and *methicillin-susceptible Staphylococcus aureus* (MSSA). Audit results were not highlighting any significant issues.

Outpatients

Managers used information from the audits to improve care and treatment and improvement was checked and monitored. Where an audit result fell below the target level, an action plan was created to ensure improvement. Action plans were monitored regularly to check compliance and progress.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had regular training to ensure staff had the right skills and knowledge to keep patients safe.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction policy. All staff had completed an induction. The service supported staff with a tailored induction based on their skills and competencies. For example, registered nurses completed an induction tailored to their job role. This included mandatory training and clinical training. Staff told us the induction supported them and they felt confident in their new role.

Managers supported nurse and healthcare assistants to develop through yearly, constructive appraisals of their work. Staff had the opportunity as part of their appraisal to discuss training needs with their line manager who supported them to develop their skills and knowledge.. For example, one member of staff was being supported to complete a tissue viability course. All nurses and healthcare assistants appraisals were up-to-date.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were given protected time to complete training. Nurses and healthcare assistants completed competency checks to ensure they could support an outpatient list safely before assisting alone. Managers made sure staff received any specialist training for their role. The service supported healthcare assistants to complete training to achieve the care certificate, as part of their continual professional development.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The managers completed regular supervision of nurses and healthcare assistants work, to ensure they worked in a way that was safe. The frequency of supervisions was on an individual basis but at a minimum occurred every quarter as part of staff one-to-one meetings.

The service received evidence of appraisals and clinical supervision from consultants' responsible officer in their substantive NHS employment.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held monthly team meetings, notes from these meeting were clear and comprehensive. Staff had to sign to acknowledge they had read the meeting minutes.

Managers identified poor staff performance promptly and supported staff to improve. Managers identified when staff were not showing the Nuffield Health core values and had processes to support staff to improve. For example, the service had one individual who had to have a meeting with the outpatients manager to discuss their performance and develop a plan of action. There was a disciplinary and grievance policy to support managers to address poor performance in a fair and effective way.

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

Outpatients

For new consultants wishing to work at the service under a practising privilege, relevant information was reviewed at the medical advisory committee (MAC). Approval was granted by the hospital director. The hospital director met regularly with the local trust to discuss consultants and any concerns about their practice. The hospital director and matron met with staff with practicing privileges every two years to discuss their performance.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Specific patient cases were taken to multidisciplinary meetings at the consultants local NHS trust to discuss patients and improve their care. Staff across the hospital worked together in a multidisciplinary approach. There was close collaboration across different services. Staff told us they felt well supported by other staff groups and there was good communication within the teams. We heard positive feedback from all staff about the how great staff were within the hospital generally and how “everyone pulls together”.

Patients could see all the health professionals involved in their care. The service offered “one-stop” clinics for certain gynaecology, urology and dermatology treatments. When a patient attended an outpatient consultation if the consultant required further tests such as an x-ray or blood tests the service aimed to complete those while the patient was there.

Seven-day services

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

Outpatients clinics were available Monday to Saturday. During weekdays the clinic ran between 8am to 8pm. On a Saturday the outpatient clinic ran between 8am to 1pm.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. Throughout the service there were posters and leaflets for patients to take home which promoted healthy lifestyle and offered advice on, for example, mental health and wellbeing.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients’ consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

The service had a Mental Capacity Act and Deprivation of Liberty Safeguards policy. Staff had a good understanding of their responsibilities outlined in the Mental Capacity Act and Deprivation of Liberty Safeguards policy. The outpatients service did not make applications to deprive a person of their liberty nor restrain individuals.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If staff were concerned about capacity of a patient, they informed the consultant before their appointment. The consultant then completed an assessment of capacity.

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Consent was sought for surgical outpatient procedures. A recent audit showed compliance with consent recording.

Are Outpatients caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients were able to speak to receptionists without being overheard. The service ran a patient feedback survey. Between 93% to 100% of patient agreed that staff treated them with respect and dignity. We saw staff treat patients with respect, kindness and understanding.

Patients said staff treated them well and with kindness. Patients were overwhelmingly positive about the service and staff in the outpatients department. The patient feedback survey showed that between 92% to 100% of patient agreed that they had confidence and trust in the outpatients team.

Staff followed policy to keep patient care and treatment confidential. The service's privacy policy described staff's access to patients' health records and what their duties where to keep them confidential. Staff maintained patient confidentiality. Consultants closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff used signs to confirm when a treatment or consulting room was in use and staff knocked and asked permission before entering a room. The service ran a patient feedback survey between 95% to 100% of patients agreed that they had privacy when discussing a treatment or condition.

The service had a chaperone process as part of the privacy and dignity of adults policy. The service displayed posters throughout the service to advertise patients right to a chaperone. Staff had additional training to enable them chaperone patients.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service signposted individuals to support when they needed it. The service had access to Nuffield Health mental health support which patients could access. The patient feedback survey showed between 91% to 100% of patients agreed that they had someone to talk to about their worries and fears.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff encouraged patients into a free room if they became distressed in the waiting area.

Outpatients

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff provided emotional support whilst caring for patients and were allowed time to provide emotional support patients where patients needed it. Patient feedback demonstrated emotional support, one individual commented "they supported me really well".

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt well informed about their treatment and staff gave them the opportunity to ask questions. Patient feedback showed staff took time to explain treatment plans with patients and those close to them and reassured them about their treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us the staff spoke with them in a way they could understand. The patient feedback survey showed 100% of patients agreed that the consultant explained everything in a way that was easy to understand.

The service identified where patients and those close to them require additional communication support. The service organised support to ensure patients and those close to them could understand; for example use of interpreters.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients were sent an email to invite them to complete a patient satisfaction survey. Staff also received patient feedback verbally and through the complaints process. Latest patient satisfaction survey results demonstrated positive feedback from patients. Patient feedback was overwhelmingly positive, complimenting the staff, environment and the service.

When a patient was self-funding, staff discussed costs before consent and treatment.

Are Outpatients responsive?

Good 

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The service organised clinics based on consultant availability, patient demand and local health system pressures. Patients were offered a choice of appointments based on consultant chosen, the service provided evening and weekend appointments.

Outpatients

The service minimised the number of times patients needed to attend the hospital by ensuring patients had access to the required staff and tests on one occasion. The service assisted with completing additional diagnostic tests requested by an outpatient consultant on the day if possible. This minimised the number of times a patient had to return to the hospital. The service also completed tests for other Nuffield Health hospitals if Nuffield Health Chichester Hospital was the closest for the patient.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. It was clearly signposted and easy to find, had a free car park, plenty of seating available in the waiting area and water machines. Toilet facilities were clean and accessible for all. The service was on the ground floor and the environment was wheelchair access friendly.

Managers monitored and took action to minimise missed appointments. The service monitored did not attend rates as part of monitoring of outpatient clinic utilisation. When a patient did not attend their appointment, managers ensured that the patient was contacted and rebooked an appointment.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff identified if a patient required additional support to meet their needs. Additional support needs for patients were recorded on the services electronic system and daily appointment list. This meant all staff were aware of any additional needs to accommodate. For example, the service noted when a carer would be present to attend the appointment or surgical outpatient procedure.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had a communication flag on the patient record system when a patient had accessible information requirements. This meant staff could be prepared for the time an appointment. The service had easy read and large print information available.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to translation and interpretation services. Interpreters were organised in advance of outpatient appointments and had information leaflets in languages spoken by patients.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service monitored the wait times across all outpatient specialities. Waiting times were within national targets. For example, the average waiting time was between two to three weeks. The maximum waiting time is eight weeks. The service's percentage of non-admitted pathways completed within 18 weeks was better than the independent health average. Staff monitored the amount of people in the waiting area. The reception staff informed patients when a clinic was running late.

Managers worked to keep the number of cancelled appointments and surgical outpatient procedure to a minimum. The service had a flexible approach to staffing. If one area of the hospital was short staffed, staff who were competent moved

Outpatients

between departments to keep the number of cancelled appointments to a minimum. However, if patients had their appointments or surgical outpatient procedure cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service had an average rate of 16% cancelled clinics in the last year.

Staff supported patients when they were referred or transferred between services. The service had administration support from medical secretaries and booking teams to support patients who moved between services.

Learning from complaints and concerns

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

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had a complaints management, goodwill gesture and persistent complaints policies. Staff demonstrated understanding of the complaints policy and process.

Staff received informal verbal complaints and it was their aim to resolve complaints at this stage, without the need for a formal complaint. The outpatients manager investigated formal complaints. If patients were not satisfied with the investigation and complaint response the service gave them advice on how to access an organisation review of the complaint which was handled by the Nuffield Health central customer relations team. The final stage would be to refer the patient to independent resolution services.

The service had five complaints in the last year. The service investigated complaints had following Nuffield Health process and policy. Two complaints were not upheld, one was upheld and the rest were still under investigation.

Managers shared feedback from complaints with staff and staff used learning to improve the service. Managers investigated complaints and identified themes. There was discussion of complaints during team meetings in the outpatient department to share feedback and learning from complaints. Managers of each department discussed complaints during their clinical governance meetings. This meant that themes were identified, and learning was shared. The hospital director and matron received information of complaints at other Nuffield Health hospitals where learning related to the specialties at their hospital.

However, the service did not clearly display information about how to raise a concern in patient areas on information boards or in leaflets in the waiting area. However, the service displayed the complaints process on their website for patients to access. The service had 'Your Opinion Matters' booklets. These outlined the complaints process for patients.

Are Outpatients well-led?

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

Outpatients

Leadership

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

The service had leaders who had the skills, knowledge, experience and integrity to run the service. The outpatients manager was appointed recently to cover for the previous manager whilst on maternity leave. The outpatients manager had worked for the service for a number of years and had experience and knowledge to run the service. The manager was skilled and demonstrated integrity in approach when running the service. The outpatients manager had appropriate support from the hospital matron and hospital director.

Leaders understood the challenges to quality and sustainability of the service. They were able to identify actions to address them. For example, the service had experienced staffing challenges. Rather than offering a service of poor quality appointments were rearranged. The service had a robust recruitment plan in action to address staffing concerns.

The outpatient service had a clear management structure in place with defined lines of responsibility and accountability. Staff told us they could approach immediate managers and senior managers with any concerns or queries. Staff throughout the outpatient service told us they felt supported, respected and valued by their managers, and they were visible and approachable. Staff told us the hospital director came to the department every day to check in with staff.

The service had clear oversight to ensure effective leadership. The service actively reviewed their hospital leadership team. This review included succession planning and a development programme to support staff to take on more senior roles.

Vision and Strategy

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

Nuffield Health as organisation have an overarching purpose which was centred around 'Building a healthier nation'. Nuffield Health as an organisation had a clear vision with quality as a top priority. Their vision is 'To 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.'

Underpinning the purpose and vision was a set of strategic objectives. The strategic objectives had quality and sustainability amongst their priorities. For example, 'Be the industry leader in Quality standards and health outcomes' and 'To enable sustainable investment in support of our purpose'. These strategic objectives provided a realistic direction to assist with the delivery of good quality and sustainable care.

Nuffield Health had a set of values depicted by the 'CARE' acronym. This is about being 'Connected', 'Aspirational', 'Responsive' and 'Ethical'.

The hospital had its own strategic objective aligned to the Nuffield Health organisational ones focused on sustainability and quality. For example, one objective was to stabilise the outpatients clinical team.

Outpatients

Staff understood the vision, values and strategy and what their role was in achieving them. Staff received corporate material on visions and values. Staff demonstrated an understanding of the vision, values and strategy of the hospital. Vision and values were discussed with staff during their induction at the hospital and were regularly discussed with staff as part of their ongoing appraisals when staff demonstrated how they met the Nuffield Health values as part of their daily work.

The strategy is aligned to local plans in the wider health and social care economy as the services' purpose was to deliver pathways of care which benefitted patients and local organisations. The benefit to patients would be felt by wider society which would give a social return on investment. Ultimately this leads to value created for society. Progress against delivery of the strategy and local plans was monitored and reviewed regularly.

Culture

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

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff; for example, the service had three wellbeing champions to provide direct support to staff. Staff had occupational health access for advice and support. Staff worked in a collaborative and cooperative team to ensure the patient journey within the hospital was smooth. This had been strengthened during the COVID-19 pandemic period when staff moved between departments to support those short staffed.

The service's culture centred on the needs and experience of people who used service. There were mechanisms to gain patient feedback and improve services as a result. For example, the service had a complaints and incident investigation process.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Patients and families were involved in investigation of complaints and incidents. The service complied with the duty of candour.

Leaders had an understanding of the importance of staff being able to raise concerns without fear of retribution and operated an 'open door' policy. Staff felt able to raise concerns without fear. If necessary, staff were able to raise concerns through a whistleblowing policy and process. The policy outlined how staff could speak up and gave details of the freedom to speak up guardian.

The service promoted equality and diversity within the organisation forms part of the organisations sustainability framework. Nuffield Health had introduced a 'Equity Forum' to discuss individual staff's opinions, ideas and life experiences to reduce inequalities experienced by minority ethnic staff.

The service had robust process to address behaviour and performance that is inconsistent with the vision and values. We saw evidence of these processes, regardless of seniority of the individual staff.

Outpatients

Governance

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

The service had effective levels of governance and management structures which interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

The hospital had a monthly board meeting, clinical governance committee, infection prevention team meeting and hospital leadership team meeting. The clinical governance committee included all clinical heads of departments. The meeting included discussion of learning from incidents, safety alerts, patient feedback, audits and guidance updates. Meeting minutes from the last year were clear and comprehensive. Managers cascaded relevant information from the clinical governance meeting to their teams through the monthly departmental team meeting.

The hospital had the following quarterly committee's: infection prevention and antimicrobial stewardship, resuscitation and critical care, medicines management and medical gas, medical devices, health and safety and information governance. The medical devices committee included a Nuffield Health corporate representative to discuss safety alerts related to medical devices.

The hospital had a quarterly quality and safety committee. This meeting was with clinical leads to discuss changes in clinical processes and associated competencies. Learning from complaints and incidents are discussed here to share themes more widely amongst the hospital.

The service had a quarterly medical advisory committee meeting. This sat at the top of the reporting structure for the hospital as a non-executive committee. Each speciality had a representative on the committee. This meeting looked at high-level data and focused on issues within the hospital. The committee discussed issues such as finance, risks and themes from significant incidents or complaints. The committee acted to problem solve and identify solutions to improve the quality of care.

Practicing privileges for each individual are reviewed every two years. The hospital director met with the individual to discuss their practice and review their appraisal information from their substantive employer. The hospital director held regular meetings with the medical director of the local NHS trust to discuss individuals and their practice. We saw meeting minutes documenting discussion points and actions.

The service had Nuffield Health central contracts with third-party providers. These included food, maintenance, diagnostic imaging. The service met with third-party providers regularly to discuss governance arrangements and receive assurance of quality standards.

Management of risk, issues and performance

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

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

The service had robust arrangements for identifying, recording and managing risks. The service had monthly board meetings where risk was a standard agenda item. The outpatients department was included in the hospital risk register

Outpatients

entry about staffing. All risks on the risk register had mitigating actions and controls to reduce their impact. For example, for the risk register entry around staffing the mitigation was weekly recruitment meetings with the recruiter and human resources to continue effort to recruit vacant posts. There was an alignment between the recorded risks and what staff said were their concerns.

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

Information Management

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

The service had a holistic understanding of performance which was presented at the medical advisory committee each quarter. This integrated people's views of the service with information the service had on care quality, operations and finance. The service used information measure for improvement.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. The service has an information security committee which met quarterly and chaired by the clinical matron.

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

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

Engagement

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

The service gathered people's views and experiences through patient informal discussions, compliments, patient surveys and complaints. Nuffield Health held patient forums to gather feedback and engage them in decision-making to shape services.

The service had regular opportunities to meet with staff and engage with them. The service had an outpatients department meeting every month. Their purpose was to update local teams on daily operations and share learning. Meeting minutes for the last year were clear and comprehensive. Staff had regular meetings to discuss their contribution to the performance of the service.

The service also conducted bi-monthly staff survey to receive feedback from staff. The service created an action plan following the staff survey results to address concerns raised.

A member of the Nuffield Health head office regional team visited the site every quarter; this gave staff the opportunity to engage and ask questions about Nuffield Health topics.

During the height of the COVID-19 pandemic the hospital had weekly meetings with the local NHS trust to discuss capacity and scheduling to support them. The trust was positive about their responsiveness.

Outpatients

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

Learning, continuous improvement and innovation

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

The service set to strive for continuous learning, improvement and innovation which was encouraged by the leadership team. The service had a robust audit process which identified actions and projects to be implemented to improve the service. The service had effective participation in and learning from internal and external reviews, including incidents and complaints. The service shared information effectively and used it to make improvements.

The service had recently created two additional outpatient rooms to add capacity. This included a room dedicated to urology. Which meant the service could provide a one stop service for patients as they are able to see the consultant urologist prior to their flexible cystoscopy investigation.

The service operated a number of virtual appointments due the COVID-19 pandemic where appropriate. The service received feedback from many patients about the benefits of a virtual appointment. Where beneficial to patients, the service is continuing virtual appointments.

The service has introduced a new system where competent patients can complete their own COVID-19 swab to return to the department. This has added capacity to staff in the outpatients department.

Staff received continuous training to use the outpatient department eye equipment. This improved their competency and assisted with smooth running of the clinic.

The service had one member of staff dedicated to pharmacy ordering. This improved stock rotation and reduced wastage.



Surgery

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

Are Surgery safe?

Good



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

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. Mandatory training targets were met and monitored. Mandatory training figures averaged 93% across all staff groups and modules which was better than the target of 90%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff had a mix of online and face to face training. Staff did not complete this outside of normal working hours most training took place on allocated days.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers offered staff additional dementia training due to an increase in patients who presented with dementia at the hospital.

Managers monitored mandatory training and alerted staff when they needed to update their training. The ward manager alerted staff via email when training was due. The service presented a monthly compliance report at head of department meetings overseen by the matron.

Safeguarding

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

Nursing and medical staff received training specific for their role on how to recognise and report abuse. The service trained all staff to level three in safeguarding adults and children. The matron was the local safeguarding lead at Nuffield Health Chichester. There was a regional lead for further advice when needed.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A recent example where staff had raised a safeguarding and demonstrated a good knowledge of the process and support available. Staff knew how to make a safeguarding referral and who to inform if they had concerns.



Surgery

Clinical staff had more in-depth safeguarding training with an external company. This was to level three also, and additional to the mandatory training offered to all staff.

Guidance was readily available and contained contact numbers of the relevant authorities, alongside an easy to follow flow chart of actions. Staff raised concerns using an online incident reporting tool. Safeguarding referrals were reviewed at quarterly quality meetings.

Female genital mutilation (FGM) formed part of all safeguarding training. Staff had a good knowledge of the signs and reporting lines if FGM was suspected.

Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. An infection prevention and control (IPC) lead worked seven and a half hours a week dedicated to the role. The IPC lead completed regular audits, did equipment spot checks and followed up on actions plans from audits.

The service performed well for cleanliness. Audits results were positive and used to improve the service. Additional audits had been taken as a result of staff highlighting areas they felt needed follow up. For example, staff had noticed fluff from uniforms had been collecting in the corner of a room. Auditors highlighted this to the theatre lead and audited to ensure the room remained clean.

An external company completed a deep clean of both theatres and the surgical wards including all filters, every six months.

Monthly theatre meetings, and the bi-monthly IPC forum (held with other Nuffield Health IPC leads), had an IPC focus where learning was shared and discussed.

Staff followed infection control principles in the use of personal protective equipment (PPE). Staff used the right level of personal protective equipment. Hand sanitiser gels were available throughout the service. Staff were bare below the elbow and washed their hands appropriately.

Staff cleaned equipment after patient contact and labelled equipment to show when it was clean. The hospital was managing the decontamination of re-useable medical devices effectively. The endoscopy suite was separate from other areas. Separate clean and dirty utility areas were designed to facilitate flow from dirty to clean areas. This demonstrated adherence to the health and safety executive (HSE) standards and recommended practices.

Staff screened patients for Methicillin-resistant Staphylococcus Aureus (MRSA), other skin flora and signs of infections prior to admission.

Staff worked effectively to prevent, identify and treat surgical site infections. The hospital reported four surgical site Infections (SSIs) post discharge from January to October 2021.



Surgery

The hospital scored 100% on the last patient-led assessments of the care environment (PLACE) assessment. PLACE assessments are self-assessments undertaken by teams of NHS and independent health care providers and include at least 50% of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services such as cleanliness.

Environment and equipment

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

The design of the environment followed national guidance. All patient rooms were en-suite. Doors indicated when the rooms were in use and additionally a light indicated when a staff member was present in the room. The service had suitable facilities to meet the needs of patients' families. Patients could reach call bells and staff responded quickly when called. Patients reported a quick response after the use of call bells.

Staff carried out daily safety checks of specialist equipment. An external company maintained specialist medical equipment under a service level agreement. Filters for the laminar flow, in theatres, were changed every three months. Staff reported the maintenance company responded quickly to any equipment issues.

A facilities staff member maintained the non-medical equipment and undertook regular maintenance of the buildings. A spreadsheet identified any work that needed to be completed and was red, amber and green rated (RAG) for priority.

A medical devices lead attended a bi-monthly committee meeting dedicated to medical devices. The theatre lead, occupational health, physiotherapists, x-ray staff and supplies staff also attended.

The service had enough suitable equipment to help them to safely care for patients. The medical devices lead completed regular audits of staff knowledge in relation to equipment. Each month the theatre manager would ask five staff a series of questions to demonstrate understanding. For example, the lead asked them to show when a piece of equipment was last serviced, or how to raise a job card with the facilities team.

Staff disposed of clinical waste safely. There was good system to remove clinical waste from theatres. A corridor ran along the back of the theatres for removal of waste and medical instruments from the clean area, for disposal.

The bins and skips located outside of theatre were secure. There was a service level agreement for the collection and safe disposal of sharp bins and clinical waste which was collected regularly.

There was a clear decontamination pathway for endoscopes. This included an area where staff passes dirty scopes through to the cleaning area. There was a washing sink and a rinsing sink as well the washer machine. The wash machine carried out leak tests on the scopes. There were two drying cupboards and a storage cupboard for the endoscopes.

Assessing and responding to patient risk

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

The hospital did not have any level two or three critical care beds. To mitigate this risk, the hospital only operated on patients pre-assessed as grade one or two in accordance with the American society of anaesthesiologists (ASA) grading system. Grade one patients were normal healthy patients, and grade two patients had mild disease, for example well controlled mild asthma.



Surgery

Staff completed risk assessments for each patient prior to arrival during a pre-assessment phone call. On arrival patients were reassessed, using a recognised tool, and reviewed regularly, including after any incident. Records contained falls assessments, assessment of pressure areas and nutritional status

Staff knew about and dealt with any specific risk issues. All patients identified as high risk had an additional anaesthetic review. If issues were highlighted staff emailed the team for to review the patient. For example, if a patient had a latex allergy or heightened risk of venous thromboembolism (VTE).

There was a clear inclusion and exclusion criteria based on the access to emergency treatment. Staff discussed patients who were borderline on the exclusion and inclusion criteria to assess if they could effectively care for them

Staff used a nationally recognised tool was to identify deteriorating patients and escalated patients appropriately. The national early warning system (NEWS) charts identified patients whose condition may be getting worse. Staff had completed the NEWS charts and patients escalated appropriately in seven notes we reviewed.

Staff used the five steps to safer surgery (WHO) checklist. Staff audited the checklists for completion. Recent audits showed 98% of checklists were completed correctly from January to September 2021. The service had additional provider specific five steps to safer surgery (WHO) checklists for different procedures, for example for eye surgery. This ensured staff checked the most important safety factors relating to a specific procedure.

Consultant anaesthetists were present during all theatre procedures requiring general anaesthesia, spinal anaesthetic or sedation. An appropriately qualified operating department practitioner (ODP) and recovery practitioner also attended.

A consultant endoscopist trained in sedation techniques and a registered nurse or ODP supported patients having a procedure under conscious sedation in endoscopy.

Staff used a patient discharge criterion for patients leaving recovery after their operation. Staff ensured patients were feeling well and pain free prior to being transferred to the ward.

Shift changes and handovers included all necessary key information to keep patients safe. Staff shared key information to keep patients safe when handing over their care to others. Handover sheets contained relevant information. Staff would photocopy notes and send them with the patient for any urgent transfers.

The anaesthetist made arrangements with the local NHS trust prior to hospital transfer. This was a recent change in practice following feedback from the trust, previously the theatre staff did this. Post transfer a specific staff member was allocated to follow up and feedback to the team.

Consultants and the resident medical officer (RMO) provided 24 hour medical cover to respond to any clinical issues. Patients were able to contact the ward post operatively if they had any concerns. Ward staff could contact the consultants for advice and a rota was displayed in the ward office so staff quickly knew who to contact.

The management of emergency medicines in the anaesthetic environment standard operating procedure (SOP) outlined the requirements for preparation and administration of emergency medication required due to an anaesthetic critical event. This was in line with legislation and professional standards of practice.

The service gave patients information that explained how appointments were managed to minimise risks during the COVID-19 pandemic.



Surgery

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. There were currently four vacancies for nursing staff. The unit used regular agency staff who were booked several weeks in advance.

Managers made sure all bank and agency staff had a full induction and understood the service. The theatre lead booked an additional staff member to work with any new agency staff members. This allowed the new starter to shadow and undertake a full induction.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. If there was a shortage of staff then the service cancelled theatre lists and re-booked patients to ensure safe staffing levels were achieved. Staffing levels met the association of perioperative practice (AfPP) guidelines on staffing for patients in the perioperative setting. The guidelines suggested a minimum of two scrub practitioners, one circulating staff member, one anaesthetic assistant practitioner and one recovery practitioner for each operating list.

A ward manager worked every day shift on Pallant ward, and a manager on call was available outside of these hours. The ward manager told us she ensured there was always a good skill mix.

The ward manager adjusted staffing levels daily according to the needs of patients. The ward manager had recently introduced a tool for calculating the specific units of staffing time that each patient would need. This was specific to the surgical procedure, recovery and pre and post-surgical care. This was a new initiative but had been successful and had meant staffing had been calculated more effectively.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough medical staff to keep patients safe. There were 116 consultants who had practicing privileges at the hospital, all of whom had been undertaking work at the hospital for over 12 months. Practicing privileges is a term which means consultants have been granted the right to practise in an independent hospital and to admit patients under their care.

The service always had a consultant on call during evenings and weekends and a resident medical officer (RMO) was onsite 24 hours seven days a week. Consultant surgeons and anaesthetists were available within thirty minutes for the duration of their patient's stay in hospital. This ensured anaesthetic cover if a return to surgery become necessary or if pain relief advice was needed. Staff told us anaesthetists were contactable and approachable when needed.

The resident medical officer (RMO) conducted regular ward rounds to ensure patients were receiving appropriate treatment and to review their condition. The RMO reported any changes in a patient's condition to their consultant and followed the consultant's advice regarding further treatment. Staff told us there was a good relationship with the two RMOs at Nuffield Health Chichester and they were approachable and responsive.



Surgery

Records

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

Patient notes were comprehensive and all staff could access them easily. Records were paper based but an online notes system was due to be introduced next year. The same online records system had been in place at other Nuffield Health locations so staff were assured it would be a smooth transition.

Patient records were comprehensive, clear and included all the relevant information. Records had the name and grade of the person reviewing the patient clearly documented, patient observations recorded on the national early warning score (NEWS) charts and diagnosis management plans.

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

Notes were photocopied and sent with patients if they needed a transfer to another care setting. General practitioners (GP)s were sent a letter following treatment outlining the patient's treatment and follow up.

Paper copies of patient records were kept in the Nuffield Health patient records archive systems. Patients received a paper copy with discharge information and this was electronically submitted to the patient's GP.

Records were stored securely across all areas.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. There was a service level agreement (SLA) to get medicines out of hours from the local NHS trust.

We saw effective management of medicines. There was an on-site pharmacy and staff reported they were very responsive.

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

Medicines and controlled drugs (medicines requiring additional controls due to their potential for abuse) were stored safely and securely.

Staff stored and managed medicines and prescribing documents in line with the provider's medicines management policy.

Medicines stored in fridges were temperature controlled. This was monitored by an external company who informed the hospital of any changes to the temperature outside of the normal range. There was a digital display in the staff area which showed all the fridge temperatures across the department as a failsafe.



Surgery

Incidents

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

Staff knew what incidents to report and how to report them. All staff had access to guidance and training on identifying an incident and how to report it.

Staff raised concerns and reported incidents and near misses in line with provider policy which the provider reviewed twice a year. The service shared learning from serious incidents with all Nuffield Health matrons and theatre leads.

The Nuffield Health Executive Board held a quarterly 'learnings from deaths review' meeting and a quarterly governance meeting where staff reviewed serious incidents across all Nuffield Health Hospitals.

The theatre lead reviewed all incidents and discussed any rated moderate harm or above with the matron.

Staff reported receiving feedback from incidents that they had reported. Staff also received feedback from incidents during divisional meetings and via email updates.

The service had no never events on any wards. Managers shared learning with their staff about never events that happened elsewhere. There had been a recent example of a wrong side implant. Staff were aware of this never event and the theatre lead could describe how they had implemented changes because of this learning.

Staff reported serious incidents clearly and in line with trust policy. There had been one serious incident at Nuffield Health Chichester in the past twelve months. Relevant staff members completed a root cause analysis (RCA) and learning shared with all staff. The staff involved had also had a debrief and support following the incident.

Staff met to discuss the feedback and look at improvements to patient care. Staff discussed Incidents at ward meeting, divisional meeting and the quality and safety meetings. Any incidents relating to specific issues were also discussed at various committees. These included the infection prevention and control, medical devices and health and safety committees.

There was evidence that changes had been made because of feedback. For example, following an incident at different Nuffield Health Hospital, the department now had a dedicated area to access the correct lenses for ophthalmology procedures. Staff had previously bought lenses for surgery into the operating theatre. Staff now had a dedicated area with no distractions to carry out this job.

Staff understood the duty of candour. Staff were open and transparent and gave patients and families a full explanation if and when things went wrong.

Are Surgery effective?

Good



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



Surgery

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were dated when reviewed and there was an indication of the next review date. There was a central risk assessment which included the updating of policies.

Department managers and team leaders received and cascaded any policy updates to the relevant staff. This included corporate functional and operational bulletins and line managers updates.

The ward manager and theatre lead checked staff followed procedures, for example, by checking emergency equipment was correctly audited and following up on actions after infection control audits.

The theatre lead had recently updated staff scrub competencies to reflect changes in national guidance. They had produced a booklet for staff to complete. The matron and clinical director had reviewed and ratified this.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff completed mental health training as part of their mandatory training.

Clinical staff also had specific dementia training. Staff were able to describe how they managed patients who may have additional needs in relation to their mental health.

A COVID-19 risk assessment document showed that the service was functioning in line with current government guidance. We saw indications of the numbers of people allowed in each area alongside signage to advise on COVID-19 procedures.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patient notes included a dietary requirement record completed as part of pre-assessment. This allowed staff to identify any special dietary requirements, such as gluten intolerance, before admission.

Patients who had specific dietary requirements for religious or cultural reasons could also request and have a choice of options from a range of menu choices.

Patients received information on meals and nutritional advice in a welcome pack placed in each room. This included information of making healthy choices and recovery.

Staff fully and accurately completed patients' fluid and nutrition charts where needed and used a nationally recognised malnutrition universal screening tool (MUST) as part of pre-assessment screening. The MUST tool enabled staff to identify patients at risk of malnutrition and make adjustments to mitigate any risk where appropriate.



Surgery

Patients waiting to have surgery were not kept nil by mouth for long periods. Staff informed patients of fasting times prior to admission and aimed to ensure fasting times were as short as possible before surgery.

Patient-led assessments of the care environment (PLACE) scores for food were 96% which was better than the England average of 92%.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Patients had a pre-assessment for pain which helped guide post-operative pain relief. Pain was well managed and considered at all stages of surgery. This included information about different types of pain relief and pain scoring.

Patients received pain relief soon after requesting it. Staff checked pain levels regularly following specific guidelines if pain levels increased.

We spoke to three patients who said they were happy with the pain relief they received and felt staff checked on them regularly to ensure their pain was managed in a timely manner.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits. There were several processes used to measure and audit patient outcomes; these included a quarterly internal audit programme, a monthly internal audit of surgical site infections, patient reported outcome measures (PROMS), the national joint register, Public Health England, the endoscopy management system and a number of consultant speciality specific registers such as British Association of Urological Surgeon's database.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Nuffield Health Chichester benchmarked against other Nuffield health hospitals and was consistently performing well against targets. Outcome measures for national joint register showed the hospital was performing better than the national average for one metric and the same for all other measures.

PROMs data for adjusted average health gain over time for hip replacement for NHS patients was better than the England average for 2020 to 2021 and in line with the England average for knee replacement.

Cancer MDT audits showed 100% compliance and Nuffield Health Chichester was at the top of the Nuffield Health league table.

Leaders reviewed and improved outcomes with the use of dashboards and regular audits. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used information from the audits to improve care and treatment.

Recent audit results included pre-operative clinical notes which showed 98% compliance. The ward manager recognised when an audit result was below target and implemented an action plan to understand why and improve compliance. For



Surgery

example, the way that temperature was recorded in recovery meant the most recent compliance was 70%. This was not because the monitoring was not happening, it was because they monitored the temperature more often and at different times that the audit was asking for. The ward manager was in talks with the matron to change the metrics to ensure an accurate picture of temperature recording as.

Managers shared and made sure staff understood information from the audits. The service discussed these regularly at staff meetings, committees, quality and safety meetings and during staff one to ones which were held monthly. The service displayed audit results in staff areas and ward offices.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Competencies were logged on electronic staff records and paper copies kept in individual staff folders in the manager's office.

Managers gave all new staff a full induction tailored to their role before they started work. The theatre manager had recently re-written the staff induction booklet following on from feedback from staff through human factors and internal reports

Managers supported staff to develop through several, constructive appraisals of their work. Staff set individual objectives in April, this was reviewed in July and a formal annual appraisal of performance against objectives carried out in February.

The ward manager recorded staff annual appraisals and monthly one to ones on an online system. They included information on wellbeing and any emerging issues or concerns.

The clinical educators supported the learning and development needs of staff. There were several members of staff who had taken 'train the trainer' courses to enable in house training. This included learning disabilities, dementia training and routine skills like taking bloods.

The service recorded competencies in staff files including for the use of specific medical equipment.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Attendance at team meetings was good, staff told us they came in on their days off if they could, as they found them so valuable. Minutes were available in staff rooms and emailed to all staff after the meeting.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We spoke to several staff who were taking external training to enhance their skills. For example, the hospital had funded a staff member to do their level three National Vocational Qualification (NVQ).

Staff had the opportunity to discuss training needs with their line manager and supported to develop their skills and knowledge. Training needs formed part of one to ones and appraisals. However, staff could ask at any time for additional training if they found a course of interest.



Surgery

There were processes for the confirmation of practicing privileges. Consultants were offered privileges by the Medical Advisory Committee (MAC) only after human resources had received the necessary assurances. The hospital director had bi-annual meetings with the responsible officer within the local NHS Hospital trust. All consultants had an annual appraisal reviewed by the hospital director and there was a transfer of information between the hospital and the local NHS trust.

Managers identified poor staff performance promptly and supported staff to improve. There was an open culture where staff could raise concerns. We heard an example where staff had challenged a consultant's behaviour. This was dealt with professionally and taken seriously by the leadership team.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. A wide range of staff including consultants, anaesthetists, nurses, physiotherapist, occupational therapists and general practitioners (GPs) worked together for the benefit of the patient.

There was good communication between the pre-assessment team, ward staff and theatre nurses and between the pre-operations team, anaesthetists and surgeons. Safety measures were planned and put in place to prevent patient harm. This sometimes meant cancelling or rescheduling planned surgery until the patient's health has been fully optimised.

The hospital worked closely with GPs and held regular events. These included 'lunch and learn' events where consultants would deliver a talk to local GPs.

Consultants worked with the local NHS hospital for the benefit of patients. Diagnostic test results from investigations carried out in the local NHS trust were available on the NHS portal to which appropriate Nuffield Health Chichester staff had access. The service could transfer any diagnostic imaging electronically between the local NHS trust and Nuffield Health Chichester.

Staff worked across health care disciplines and with other agencies when required to care for patients. Following discharge, Nuffield Health staff uploaded relevant patient clinical care records back onto the NHS online system so that they were available as part of the patient's single patient record within the NHS. Staff discussed any patients having surgery for a cancer diagnosis at the local NHS hospital trusts MDT meeting. There was a regular timetable for MDT meetings within the local NHS trust.

Seven-day services

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

Consultants or the resident medical officer (RMO) led daily ward rounds on all wards, including weekends. Consultants reviewed patients depending on their care pathway.

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

An onsite pharmacy was open five days a week, and an SLA with the local NHS hospital operated outside of these hours. The hospital had an on-call pathology service. Theatres, pathology and radiology had an on call team rota. In addition, clinical and senior managers were available on call out of hours.



Surgery

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on wards. Nuffield Health actively promoted healthy lifestyles through leaflets and posters. It was one of the provider's key values.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Patients were able to access the local Nuffield Health gymnasium facilities to help their recovery.

Nuffield Health further promoted a healthier lifestyle to patients through information in welcome packs and through post-surgery information leaflets.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Nuffield Health had a consent policy. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff completed a consent audit quarterly through the quality management system. Managers communicated any issues, reviewed and discussed them, and formulated any necessary action plans. The audit of consent forms from January to September 2021 showed 98% compliance. Patients completed an additional consent to treatment during the COVID-19 pandemic. Patients (or legally sanctioned representative), the consultant and health care professional all had to sign these.

Staff made sure patients consented to treatment based on all the information available. Consultants ensured all patients were fully informed about their procedure and that they have a cooling off period prior to treatment. Patients received procedure specific information.

Staff clearly recorded consent in the patients' records. Records reviewed had consent documented in line with best practice.

The Nuffield Health clinical policy for the mental capacity act and deprivation of liberty safeguards was reviewed twice a year. When patients could not give consent, staff made decisions in their best interest, and took the patients' wishes, culture and traditions into account.

Consultants escalated patients where lack of capacity to consent was observed, or notified, to the matron prior to booking. The pre-operative assessment team followed the same procedure to ensure they discussed best interests of the patient with the relevant people. This could include patients with their representatives, consultants, GPs, specialist clinicians and the hospital matron. Patients with advanced directives were discussed with anaesthetists prior to surgery.

The matron also had access to advice from the Nuffield Health central clinical team and the safeguarding team.



Surgery

Are Surgery caring?

Outstanding



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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and their relatives were continually positive about the way staff treated them.

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

Patients said staff treated them well and with kindness. Three patients we spoke to said they were very happy with the care they received. Patients reported, “Nothing is too much trouble for the nurses.” And “The staff are all lovely, very kind.”

Feedback from patients and their relatives were continually positive about the way staff treated them. We reviewed many positive feedback letters; thank you cards and reviewed comments on patient feedback questionnaires. Patients comments included:

“I wanted to let you know what wonderful treatment I received from the minute I stepped into your hospital.”

“I will always remember your efficiency, warmth and kindness”.

Staff followed policy to keep patient care and treatment confidential. Doors were knocked before entering and a light was illuminated outside the room if there was a member of staff assisting the patient.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff members had a good understanding of the needs of their patients. We saw staff asking a consultant for an estimated time that they would be available to be on the ward. They reported this straight away to the patient and reassured them in the process.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patient information that was available in each room detailed chaplaincy information.

Pre-assessment conversations used personal preferences in relation to care needs.

Emotional support

Staff went above and beyond to provide exceptional emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. For example, an extremely worried patient with learning difficulties was supported to attend hospital. A staff member with specialist training in learning difficulties supported them throughout. This support included several visits preoperatively to all areas of the hospital and the same staff member supporting them before and after the surgery.



Surgery

Training was provided on breaking bad news and staff demonstrated empathy when having difficult conversations. For certain specialties (ophthalmology) staff telephoned patients 48 hours after discharge to check on recovery; all patients were provided with written advice to contact the hospital with any concerns during their recovery.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The hospital provided counselling services for patients. We saw counselling leaflets available for patients, which contained details of how to book an appointment. Trained counsellors provided this service five days a week, Monday to Friday. Patients' family and friends could also access the counselling service.

Patient feedback we reviewed spoke of staff being supportive and comforting to patients.

"I cannot finish without mentioning the ward staff who looked after me and never tired of coming in and out and undertaking their checks and offering much comfort when it was needed."

"The team were so kind to me and recognised how anxious I was".

"I wanted to comment on the professionalism of the entire Chichester team end to end, which was outstanding. Staff were very kind, relaxing and supportive throughout - this really helped as I was very nervous about the procedure".

The Nuffield Health Policy included a competency document for staff without a professional qualification, for example health care support workers, who acted as a chaperone.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Discharge planning included supporting relatives and carers.

Staff supported patients to make informed decisions about their care. During the COVID-19 pandemic, vulnerable patients such as those living with dementia, severe sight loss or a mental health disorders could be accompanied by a person significant to them. The nominated person had to confirm they have been following the same infection prevention isolation process as the patient.

Patients felt well supported and described how staff supported them post operatively. One feedback emailed commented, "I particularly appreciated the 'hotline' available to me after I came home as I was able to have my concerns discussed, reinforced by immediate visits to the hospital for checks-so reassuring."

Staff talked with patients, families and carers in a way they could understand. We witnessed caring and kind interactions between patients and staff. Patients told us they were listened to and felt well cared for.

Specialist nurses supported patients with mental health problems, learning disabilities and dementia.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Nuffield Health Chichester consistently scored highly in patient feedback questionnaires. In the past twelve months they scored very well across several metrics.



Surgery

The service had introduced additional metrics because of COVID-19 which asked patients how safe they felt in the hospital and how clean it was.

Managers used patient feedback data to drill down to specific procedures, and areas of the care received to look for trends and themes to improve the patient experience.

Staff Induction programme included understanding the Nuffield Health values of being 'Connected', 'Aspirational', 'Responsive' and 'Ethical' (CARE). Staff needed to demonstrate how they were working to Nuffield Health CARE values as part of the annual performance review process.

Are Surgery responsive?

Good



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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. Patients awaiting surgery had a level of urgency assigned to them which ensured that patients with the greatest clinical need were treated first. Private patients could be referred to the local NHS trust's surgical senate to ensure that they are allocated theatre time appropriately and not discriminated against because they are not on an NHS waiting list. Surgical senates provide advice that is clinical, impartial, strategic, and multi-professional.

The service relieved pressure on other departments. The hospital worked with the local NHS trust to relieve pressure on the waiting times for surgery. The theatre lead reviewed NHS lists every two weeks and booked in as many operations as possible to help alleviate pressure following a backlog after the COVID-19 peaks.

Facilities and premises were appropriate for the services being delivered. There were enough operating theatres, anaesthetic rooms and recovery space for the number and type of operations. Wards were well organised. Pallant ward was used for patients who required general anaesthetic and Northgate ward for all other patients. This was not exclusive and could change depending on demand.

The service had systems to help care for patients in need of additional support or specialist intervention. The theatre manager reviewed operating lists in advance. This ensured there was enough time to arrange all the necessary staff and equipment.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patient information boards highlighted patients that had extra needs, for example, people with diabetes and those at risk of falling.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Pre assessment checks enabled any individual needs to be arranged before the patient arrived.



Surgery

Wards met the needs of patients living with dementia. People living with dementia were given blue pillows and blankets to identify they had additional needs. Staff felt this was less intrusive than identifying these patients on information boards. Patient-led assessments of the care environment (PLACE) scores for dementia were 86% which was better than the England average of 80%.

Nuffield Health had an agreement with an external company for interpretation services. These could either be remote or face to face dependent on patient need.

Information was sent electronically to those with visual disabilities who had appropriate software on their computer.

The service had information leaflets available in languages spoken by the patients and local community. For example, treatment-specific consent Information was available in the more common foreign languages.

Access and flow

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

The average wait times across all specialties in surgery was three to five weeks. Private patient wait times were a maximum of 12 weeks. Nuffield Health Chichester received NHS referred patients around 52 weeks from Initial consultation; Nuffield Health Chichester time-to-treat from NHS Referral was on average 12-weeks.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. A shared patient database tracked all patient referrals from the local NHS trust. Progress of treatment pathways incorporated the patient's clinical priority level. The priority level was set by the clinical specialty leads within the NHS trust via the formal surgical senate review process. Waiting times were monitored and patients requiring urgent care were also presented to the NHS trust senate for review and prioritisation.

Due to COVID-19 pressures and complications patients on completed admitted pathways waiting less than 18 weeks was 53% this was worse than the national target of 92%. The previous year (2020) the service met these targets 99% of the time.

The percentage of admitted pathways completed within 18 weeks in a medical speciality was better than the independent health average for three months out of 12. The percentage of admitted and non-admitted pathways completed within 18 weeks in a surgical speciality was better than the independent health average for eight months out of 12.

There were nine emergency readmissions following orthopaedic procedures in the past 12 months. There were low numbers (0.13%) of patients who had an unplanned readmission or transfer.

When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Cancelled surgery accounted for 0.24% of all procedures. From June to September 2021 there were an average 3% of theatre procedures were cancelled and not re-booked within the next 28-days. This was because the hospital was filling all available slots with NHS patients to relieve pressure on the local trust.



Surgery

Managers and staff worked to make sure that they started discharge planning as early as possible. Discharge information was discussed at pre-assessment and post operatively. Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. Staff arranged transfers to care settings or to hospitals and ensured patients and staff were aware of any additional needs.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients received 'Your Opinion Matters' leaflets. These contained information on what to do if they wanted to complain and the complaints team contact details. The service clearly displayed information about how to raise a concern in patient areas

Staff understood the policy on complaints and knew how to handle them and were committed to resolving any concerns or complaints. There were four stages of the complaints process, informal local resolution, formal local resolution, organisational review, and independent external adjudication. Complaints information gave details on how to contact the independent sector complaints adjudication service (ISCAS) and the parliamentary and health service ombudsman (PHSO).

Managers investigated complaints and identified themes. Staff recorded complaints on the incident reporting system and aimed to acknowledge the concern within two working days. The theatre lead looked at all complaints and involved specific staff and the patient if needed. The service aimed to have a first response within 20 working days.

There were 10 complaints from January to September 2021. This accounted for 0.18% of all patients treated. On average it took a total of 43 days to close complaints.

Managers shared feedback from complaints with staff and they used this learning to improve the service. Complaints formed regular agenda items at several meetings including departmental and quality and safety meetings. Staff could give examples of how they used patient feedback to improve daily practice. For example, the ward was being repainted and renovated following some complaints about the environment.

Are Surgery well-led?



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

Leadership

There was compassionate inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders at all levels demonstrated high levels of experience capacity and capability to deliver excellent and sustainable care. The hospital director and matron were known to all staff and seen regularly on the wards. They had a clear understanding of the issues within the hospital and plans to manage them which were shared with staff.



Surgery

Staff were positive about the theatre lead and ward manager. The ward manager was new in post but had introduced several new initiatives which staff welcomed. This included monthly one to ones and staffing and patient acuity tool.

The hospital director had received several emails from the local NHS hospital and consultants with positive reports about the leadership and management of theatres and wards.

Leaders across the surgical division were dedicated and provided safe and effective care. Local leaders showed us several ways in which they had improved the service offered to patients. This included the introduction of the 23 hour joint replacement pathway.

Evidence of succession planning was robust and well managed. Staff were encouraged to progress their careers through regular one to ones and appraisals. Staff could access these through talent management and leadership programmes.

Line managers fed back any corporate communication at team meetings. The head office regional team came to the hospital every quarter to speak with staff and answered any questions they had.

Vision and Strategy

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

Values were based on Nuffield Health being a charity and not for profit. It was focused on giving patient care without return of money. The Nuffield Health purpose was to “build a healthier nation”. They aimed to help customers and patients improve, treat and maintain their health and wellbeing. The hospital displayed the vision, values and mission statement for staff and the public to see. Staff could describe this and knew the core values for Nuffield health.

The hospital director produced a document annually that focused on objectives. This normally included five strategic objectives. These were refreshed and agreed yearly by senior management team and were changing currently, due to learning from the pandemic.

The local objectives linked with the corporate objectives but were relevant to the Nuffield Health Chichester. Objectives were discussed in heads of department meetings and formed the personal objectives for staff at appraisals.

The vision and values of the service promoted collaborative working with the local NHS to improve waiting times, especially in relation to managing the backlog cause by the pandemic. There were arrangements to ensure cancer care were managed jointly with the local NHS in a seamless way.

Corporate emails were set alongside values and behaviours. Staff induction included information on the values and described what it meant to be a charity. Staff appraisals included objectives which aligned with the core values and discussed how staff were meeting these behaviours.

Under the new streamlined energy and carbon reporting (SECR) legislation, 2020 was the first year Nuffield Health reported on energy consumption, emissions, intensity metrics and all energy efficiency improvements implemented during the year. The annual report produced for 2020 highlighted what improvements Nuffield Health had made and raised awareness among staff to promote sustainability.



Surgery

Culture

Staff universally felt respected, supported and valued. They were highly focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff were encouraged to raise concerns without fear.

Staff reported the leadership culture made them feel valued, included and respected. Relationships between staff at the hospital were positive and there was strong teamwork and collaboration. There was a strong emphasis on the safety and well-being of staff; for example, the service had three wellbeing champions to provide direct support to staff. Staff had occupational health access for advice and support. Staff worked in a collaborative and cooperative team to ensure the patient journey within the hospital was smooth.

Staff were proud to work for the hospital and spoke highly of the culture and support they received and gave to others. There was a strong working relationship between the local NHS hospital and the surgical staff at Nuffield Health Chichester.

Staff received positive feedback via email or personally as soon as possible after it was received. Staff could nominate each other for 'We CARE' values recognition scheme. These were awards for staff going above and beyond. Recent examples included the theatre lead being nominated for their work on theatre efficiency. Patients were encouraged and supported to raise queries and concerns.

The service promoted equality and diversity. All policies and guidance had an equality and diversity statement. This confirmed that the document did not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

The service had expanded fields of its Human Resource (HR) system to include personal profile fields this included optional questions to give a clearer picture of the diversity of the workforce. In July 2020, Nuffield Health created the equity forum, comprising around 100 people from across the charity, to discuss individual staff's opinions, ideas and life experiences to reduce inequalities experienced by minority ethnic staff.

Nuffield Health introduced a fortnightly wellbeing pulse surveys to check how staff were feeling throughout the COVID-19 pandemic. This enabled them to gauge how staff were feeling, so we could take action to support them in a timely manner. In response a national confidential helpline was set up that all staff could access.

There was a speaking out policy which encouraged and reinforced to staff that it was acceptable to speak up. Staff told us they could raise concerns with anyone in the hospital and felt there was no hierarchy or blame applied when things went wrong. There was a very strong culture of acting in accordance with the duty of candour. Executive board members and staff showed an understanding of their responsibilities and a willingness to acknowledge shortcomings.

Governance

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

Governance arrangements were proactively reviewed. Additional governance had been put in place because of the COVID-19 Pandemic. This included patient feedback and demonstrated a commitment to patient focused care.

The hospital had a clear diagram of the governance structure. The medical advisory committee (MAC), quality and safety committee met quarterly and discussed several metrics following a set agenda. These meetings were well attended and included discussions around risks, learning from incidents, complaints and plaudits.



Surgery

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

Regular meetings ensured the right information was seen by the right people and that staff identified issues through several means. The leadership team used the Nuffield assurance framework tool along with national lessons learned, national policy change and compliance with national guidance such as NICE and safety alerts.

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

Surgery staff reported to either the theatre manager or ward manager. Managers met with other heads of departments monthly and reported to the executive team.

Nuffield Health Chichester recently changed from the South West to the South East regional team. A weekly regional hospital director and matron call took place to ensure changes to policy and procedure were well communicated. There was also a monthly national meeting.

Consultants with practicing privileges were reviewed by the hospital director every two years. Consultants were also subject to standard appraisals through the MAC and local NHS hospital. For example, the medical director at the local NHS hospital had a meeting every six months with hospital director for Nuffield Health Chichester to discuss performance and any concerns.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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

Heads of department reviewed the risk register to understand at what level the risks were sitting. Local risks were all rated as low risk and most were site related due to infrastructure, COVID-19, and issues to do with staffing levels.

Actions had been put in place and documented on the risk register, for example, the division had a weekly recruitment meeting and this had been raised regionally. Incidents where staffing had affected service delivery were reported through the hospital incident reporting system to reinforce the impact on services.

The service held quarterly mortality and morbidity meetings. Minutes showed multidisciplinary attendance and reviews for all deaths and serious incidents. All Nuffield Health hospitals attended so shared learning was evident.

The division had set up a service level agreement with an anaesthetic group which provided a pathway for anaesthetic review of all patients with comorbidities that may make them unsuitable for surgery at the hospital.



Surgery

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

The service had business continuity plans, which included major incident plans. Staff told us how to access this information and leaders were aware of their responsibility in relation to this.

Information Management

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

Parameters had been set in agreement with local and national thresholds, which allowed the service to benchmark themselves against other independent hospital and NHS acute trusts. The service submitted data to external bodies as required, such as the Patient Reported Outcome Measures (PROMS) and the National Joint Register. This enabled the service to benchmark performance against other providers and national outcomes.

The service had recently won award for data quality from the National Joint Registry in recognition of the quality of data that it provided.

Nuffield Health Chichester consistently had good results when benchmarked alongside other Nuffield health locations. This benchmarking enabled the services to work together to improve patient outcomes across the corporation not just at location level.

The service had not reported any data breaches and systems were secure. Patient identifiable information was handled correctly and patient names were not visible from the ward areas to ensure privacy.

Engagement

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

The service engaged with patients to improve the service. Patients received an email 48 hours after discharge and invited to participate in the patient satisfaction survey (PSS). Staff discussed results from PSS relevant clinical meetings and actioned where necessary. Reports from survey results contained comparisons to other Nuffield Health hospitals and were circulated to all staff. There were several metrics that could be explored to really understand the patient experience and see where improvements could be made.

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

There were several examples of cross organisational working with the aim of improving services for both staff and patients. The new ward manager had recently been to a neighbouring Nuffield Health location to see share her quality improvement ideas.



Surgery

The hospitals gathered knowledge from other Nuffield Hospitals and the local NHS trust to drive potential improvements. There was a genuine want to improve the experience for patients and learn about new ways of working. Recent examples included shorter stay for orthopaedic patient and learning from preoperative assessments and post-operative physiotherapy.

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

Staff arranged regular social events, including those employed through the third party contractors.






Learning, continuous improvement and innovation

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

Staff had opportunities to use quality improvement methods to improve the service. A quality improvement tracker monitored on-going projects. The matron and hospital director and the leads spoke enthusiastically about staff involvement projects.

In September 2020, Nuffield Health launched a free 12 week pilot rehabilitation programme to support patients recover after they had received medical treatment for COVID-19. It was a multidisciplinary programme that included clinical teams, physiotherapists, emotional wellbeing and clinical exercise. The first six weeks were delivered remotely, with weeks seven to 12 taking place at the participant's local Nuffield Health fitness and wellbeing centre. Patients could be referred to the programme by their local NHS trust or self-referral. Initial feedback from the pilot showed significant improvements in breathing, strength and stamina, along with a reduction in symptoms of anxiety.

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided mandatory training in key skills to staff. All staff were up-to-date with their mandatory training.

Radiographers working at the hospital under practicing privileges completed mandatory training from their substantive employer. The service ensured they received evidence of completion of mandatory training.

See outpatients section for our findings.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, not all staff had completed training.

Nursing staff received training specific for their role on how to recognise and report abuse. However, not all staff had completed it. All staff were up-to-date with their level one mandatory training on safeguarding children and adults. However, one of five staff had completed level two adults safeguarding mandatory training. All staff had level one safeguarding children mandatory training. This is not in line with the intercollegiate document on children safeguarding. Whilst children were not seen at this hospital. Children sometimes attended the hospital with their parents for appointments. Following our inspection, the hospital assured us this was a system error and all staff were due to complete level two safeguarding children and adults training.

See outpatients section for our findings.

Diagnostic imaging

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Diagnostic imaging areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and showed all areas were cleaned regularly. Diagnostic imaging areas were visibly clean and clutter free.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE for the care they were giving. All clinical staff were bare below the elbows and cleaned hands between patient contacts. Staff cleaned equipment after patient contact. Staff followed appropriate cleaning procedures for ultrasound probes following intimate examinations.

Environment and equipment

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

The design of the environment followed national guidance. The environment layout was in line with health building notes guidance. Each room had appropriate space for examination, handwashing facilities and changing facilities. The service had signs to tell people when x-rays were in use.

Staff carried out daily safety checks of specialist equipment. The service shared the use of the resuscitation trolley in the outpatients department. Records showed the service completed regular checks on the suction and oxygen wall ports.

The service completed quality assurance checks on imaging equipment. For example, weekly check of the fluoroscopy equipment to look at constancy of exposure. The service completed a six weekly check of x-ray and fluoroscopy to ensure the equipment was safe and the images of good quality.

The service had enough suitable equipment to help them to safely care for patients. The service had ultrasound and x-ray machines. The service had use of a mobile magnetic resonance imaging (MRI) and computerised tomography (CT) which was run by another service. Equipment was regularly serviced and maintained. All staff had been trained to use equipment. The service recognised that their equipment had aged. The service had received funding from Nuffield Health to update the equipment by the end of the year.

See outpatients section for our findings.

Assessing and responding to patient risk

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

Staff knew about and dealt with any specific risk issues. The service had process to ensure the correct person was receiving the correct scan. With each patient staff went through a 'pause and check' checklist to confirm the patient's name, address and body part for the scan. This is in line with legal requirements of IR(ME)R, to prevent radiation exposure to the wrong patient. The service audited pause and check procedures. The most recent audit showed 85% compliance.

The service had pregnancy notices in each room, this was to ensure women who are or may be pregnant inform staff before exposure to radiation. The service audited pregnancy checks. The most recent audit showed 100% compliance.

Diagnostic imaging

The service had access to a radiation protection supervisor for advice. The radiation protection supervisor visited the site yearly.

In areas where medical radiation was being used, we saw local rules displayed as required by the Health and Safety Executive who regulate Ionising Radiation Regulations 2017. The local rules include a framework of instructions for staff to follow. However, the local rules for the mobile x-ray machine were out of their review date. These were last reviewed in April 2010.

See outpatients section for our findings.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number staff required. The service had enough radiographers and radiologists to keep patients safe. Managers calculated and reviewed the number of staff for each shift based on the number of patients booked in and the demand from the theatres and wards.

The service had low vacancy rates. The service had few vacancies and were actively recruiting for a bank radiographer for the department.

See outpatients section for our findings.

Records

Staff kept records of patients' diagnostic imaging. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Diagnostic imaging records were stored and accessed on an electronic system. Records were stored securely as the electronic systems were protected with individual passwords. This meant when patients transferred to a new team, there were no delays in staff accessing their records. Records were comprehensive and clear.

Medicines

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

Staff followed systems and processes when safely administering, recording and storing medicines. The service administered contrast medicines for specific ultrasound scans. We saw contrast medicines recorded on patient records. The hospital had an electronic temperature monitoring system, which monitored the fridge and ambient room temperature where medicines were stored. This alerted staff when the temperature went out of the safe range.

See outpatients section for our findings.

Diagnostic imaging

Incidents

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

The service had four incidents in the last year. The highest number of incidents by category was 'documentation'. The service had a recent incident where the wrong patient name was linked to an image. The staff corrected the incident at the time so this incident did not breach patient confidentiality. However, the staff recorded the incident on their electronic reporting system.

The service had no never events. The service had reported no never events or serious incidents in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

See outpatients section for our findings.

Are Diagnostic imaging effective?

Inspected but not rated 

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service completed an annual clinical audit schedule to monitor compliance with latest guidance. For example, the service audited the radiation dose. This was to ensure radiation doses are kept as low as reasonably practicable. All of the service's policies were current and version controlled. They reflected and referenced national guidance.

Staff followed the National Institute for Health and Care Excellence (NICE) and Royal College of Radiologists (RCR) Standards in the speciality areas we visited.

See outpatients section for our findings.

Nutrition and hydration

The service ensured patients had access to water during their appointment.

Staff made sure patients had enough to drink. The service had water dispensers available in the waiting area for patients to use. This was sufficient as patients were at the department for a short time.

Diagnostic imaging

Pain relief

The service did not give pain relief.

Staff did not give pain relief as patients were in the department for a short period of time. Pain relief was managed by the ward if the patient was receiving a post-procedure diagnostic scan. Pain was managed by consultants and the patient if the scan was part an outpatient consultation or investigation.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers and staff used the results to improve patients' outcomes. The service carried out regular schedule of clinical audits and took appropriate action to monitor and review the quality of the service. These included clinical referral request audit and audit of retaken diagnostics images. Audit results were not highlighting any significant issues.

The clinical referral request audit monitored compliance with the referral process. This included a check of the patient's clinical details with radiologist justification and the dose of radiation. The latest audit showed between 95-100% compliance in recording.

The audit of retaken diagnostic images helped the service identify reasons why images were repeated and implement plans to reduce unnecessary radiation to patients. The service audited the percentage of rejected images. Staff had to record the reason for the rejected image. This meant the service could monitor and take appropriate action where needed. The service had low percentage of rejected images.

The service completed peer reviews in x-ray as part of their quality assurance processes. This involved a monthly review of three scans for each radiographer. The latest audit showed compliance against the criteria of peer review.

See outpatients section for our findings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers made sure staff received any specialist training for their role. Staff had regular training to ensure staff had the right skills and knowledge to keep patients safe. Staff completed radiation protection training for radiographers as part of their role.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction policy. All staff had completed an induction which was tailored to the diagnostic imaging service.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity as part of their appraisal to discuss training needs with their line manager who supported them to develop their skills and knowledge. Managers supported radiographers to develop through yearly, constructive appraisals of their work. During the appraisal staff had opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff appraisals were up-to-date.

Diagnostic imaging

For new radiologists wishing to work at the service under a practising privilege, relevant information was reviewed at the medical advisory committee (MAC). Approval was granted by the hospital director. The hospital director meets regularly with the local trust to discuss consultants and any concerns about their practice. The hospital director and matron meet with staff with practicing privileges every two years to discuss their performance.

See outpatients section for our findings.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Patients could see all the health professionals involved in their care at one-stop clinics. The service did not offer one-stop clinics. However, if the consultant required further tests such as an x-ray or blood tests the service aimed to complete those while the patient was there.

See outpatients section for our findings.

Seven-day services

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

Diagnostic imaging services were available five days a week. Between Monday to Friday 9am to 5pm.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

See outpatients section for our findings.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Staff completed Mental Capacity Act and Deprivation of Liberty Safeguards training. All staff were up-to-date with this training.

The service had a Mental Capacity Act and Deprivation of Liberty Safeguards policy. Staff had a good understanding of their responsibilities outlined in the Mental Capacity Act and Deprivation of Liberty Safeguards policy. The diagnostic imaging service did not make applications to deprive a person of their liberty nor restrain individuals.

See outpatients section for our findings.

Are Diagnostic imaging caring?

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

Diagnostic imaging

Compassionate care

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

Patients said staff treated them well and with kindness. Patients were overwhelmingly positive about the service and staff in the radiology department. The service ran a patient feedback survey. One hundred percent of patient agreed that they had confidence and trust in the radiology team.

See outpatients section for our findings.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service signposted individuals to support when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff provided emotional support whilst caring for patients and were allowed time to provide emotional support patients where patients needed it.

See outpatients section for our findings.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt well informed about their diagnostic imaging and staff gave them the opportunity to ask questions. Patients were sent away with aftercare information following an injection as part of their imaging scan.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us the staff spoke with them in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service.

See outpatients section for our findings.

Are Diagnostic imaging responsive?

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

Diagnostic imaging

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. The service organised clinics based on patient demand. Patients were offered a choice of appointments. The service provided evening and weekend appointments.

See outpatients section for our findings.

Meeting people's individual needs

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

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Interpreters were organised in advance of appointments.

See outpatients section for our findings.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service monitored wait times. Waiting times were within national targets. For example, the average waiting time was between one to three weeks. The maximum waiting time is eight weeks.

Managers worked to keep the number of cancelled appointments to a minimum. If patients had their imaging appointment cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service had an average rate of 5% cancelled appointment per week.

See outpatients section for our findings.

Learning from complaints and concerns

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

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had a complaints management, goodwill gesture and persistent complaints policies. Staff demonstrated understanding of the complaints policy and process. The service had one complaint in the last year which related to an MRI scan. This complaint had been investigated following Nuffield Health process and policy and was not upheld.

However, the service did not clearly display information about how to raise a concern in patient areas on information boards or in leaflets in the waiting area. However, the service displayed the complaints process on their website for patients to access.

See outpatients section for our findings.

Diagnostic imaging

Are Diagnostic imaging well-led?

Good 

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

Leadership

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

The service had leaders who had the skills, knowledge, experience and integrity to run the service. The radiology manager has worked for the service for a number of years and had experience and knowledge to run the service. The manager was skilled and demonstrated integrity in approach when running the service. The radiology manager had appropriate support from the hospital matron and hospital director.

Leaders understood the challenges to quality and sustainability of the service. They were able to identify actions to address them. For example, the service had aged equipment. The service had secured funding for a replacement of imaging equipment which was due to be completed by the end of the year.

See outpatients section for our findings.

Vision and Strategy

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

Staff understood the vision, values and strategy and what their role was in achieving them. Staff received corporate material on visions and values. Staff demonstrated an understanding of the vision, values and strategy of the hospital. Vision and values were discussed with staff during their induction at the hospital and were regularly discussed with staff as part of their ongoing appraisals when staff had to demonstrate how they met the Nuffield Health values as part of their daily work.

See outpatients section for our findings.

Culture

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

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work.

See outpatients section for our findings.

Diagnostic imaging

Governance

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

See outpatients section for our findings.

Management of risk, issues and performance

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

The service had robust arrangements for identifying, recording and managing risks. The service had monthly board meetings where risk was a standard agenda item. The radiology department was included on the hospital risk register with an entry about aging equipment. All risks on the risk register had mitigating actions and controls to reduce their impact. For example, for the risk register entry around aging equipment the mitigation was funding secured for equipment to be replaced by the end of the year. There was an alignment between the recorded risks and what staff said were their concerns.

See outpatients section for our findings.

Information Management

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

See outpatients section for our findings.

Engagement

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

The service had regular opportunities to meet with staff and engage with them. The service had a radiology department meeting every month. Their purpose was to update local teams on daily operations and share learning. We looked at the most recent three meeting minutes. These were clear and comprehensive. Staff had regular meetings to discuss their contribution to the performance of the service.

See outpatients section for our findings.

Learning, continuous improvement and innovation

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

The service set to strive for continuous learning, improvement and innovation which was encouraged by the leadership team. The service had a robust audit process which identified actions and projects to be implemented to improve the service. The service had effective participation in and learning from internal and external reviews, including incidents and complaints. The service shared information effectively and used it to make improvements.

Diagnostic imaging

The service had a large sum of money invested in improvement for this year. For example, the main x-ray room is due to undergo a full refurbishment. This will enable the department will be fully digitalised and ensure they can support the surgical case mix currently offered at the hospital. This will improve the patient experience as it will be faster and the radiation dose is lower.

The service had also secured investment for an MRI relocatable. This is to replace the current MRI mobile scanner on site four days a week by a third party provider. This will allow the service to add capacity for MRI scanning and open the service up to five days a week, with consideration that they can scan seven days a week.

During the COVID-19 pandemic the service aided the local NHS trust by offering CT and MRI capacity for them. The service set up pathways to ensure that this could safely be carried out. The service continues to help ease their backlog by scanning patients needing MRI.