

Western Sussex Hospitals NHS Foundation Trust

Southlands Hospital

Quality Report

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2015
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Good 

Surgery

Good 

Outpatients and diagnostic imaging

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection visits across all trust sites from 9 to 11 December 2015. We held focus groups with a range of staff in the hospital, including nurses of all grades, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and volunteers. We also spoke with staff individually.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patient records of personal care and treatment.

We carried out an unannounced inspection on 21 December 2015 at Worthing Hospital.

Overall we found that Western Sussex Hospitals Foundation NHS Trust was providing good care and treatment from Southlands Hospital. This site provides a limited service with the focus on ambulatory care. There are no overnight beds at Southlands hospital but outpatient and day surgery services are provided. A new eye centre is being opened in the hospital in 2017. The main inpatient services and emergency care are provided from the two other trust hospitals in Chichester and Worthing.

Our report only considers two core services at Southlands Hospital (Outpatients and Surgery) as other core services that we usually report on were not provided from this site. Both these core services are rated good overall. The responsiveness of the outpatient service was judged to be requiring improvement because the trust Referral to Treatment Time for some specialities was worse than the 18 week target.

We saw examples of good practice across the hospital. Where we identified shortcomings, the trust was aware of them and was already addressing the issues. The trust is one of the 16 members of NHS Quest, a member-convened network for Foundation Trusts who wish to focus on improving quality and safety within their organisations and across the wider NHS. NHS QUEST members work together, share challenges and design innovative solutions to provide the best care possible for patients.

Our key findings were –

- The executive team provided an exemplar of good team working and leadership. They had a real grasp of how their hospital was performing and knew their strengths and areas for improvement. They were able to motivate and enthuse staff to 'buy in' to their vision and strategy for service development. Middle managers adopted the senior manager's example in creating a culture of respect and enthusiasm for continuous improvement.
- Innovation was encouraged and supported. We saw examples that, when raised directly with the Chief Executive and her team, had been allowed to flourish and spread across the services. At Southlands hospital, the creation of the new eye centre was an example of innovative solutions to improve patient care and experiences.
- We saw respectful and warm relationships internally amongst staff teams, the wider hospital team and outwards to external stakeholders and the local community.
- Across the hospital there was an embedded culture of learning from incidents. Staff were encouraged to have an open and honest attitude towards reporting mistakes and incidents that were then thoroughly investigated. There was strong evidence of learning from incidents both locally and across the organisation.
- The hospital was performing better, and sometimes much better than comparable trusts across England on many measures. Where this was not the case, the trust had clear action plans and investigations on-going to bring about improvements.
- In 2014/15 the trust improved their infection control ratings for the sixth successive year.

Summary of findings

- We found a good knowledge and understanding of the policies and guidance relating to safeguarding vulnerable adults and children. Staff at Southlands hospital had completed safeguarding training.
- Staff of all grades talked with great pride about the services they provided and all agreed they would be happy for their family members to be treated there

We observed good practice at Southlands Hospital that included –

Staff knowledge of vulnerable adult and safeguarding children and how they should proceed if concerns arose was a significant strength. There was very good joint and interagency working.

The culture of safety and learning from incidents and complaints was well embedded. All staff felt responsibility for reporting mistakes and incidents and there was good dissemination of learning following investigation or review.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service Surgery

Rating Why have we given this rating?

Good



Overall we found that surgical services at Southland's Hospital were 'Good'. This was because; Patients were protected from avoidable harm as systems were in place to report, monitor, investigate and take action on any incident that occurred. There were effective governance arrangements to facilitate monitoring, evaluation and reporting and learning. Risks were identified and acknowledged and action plans were put into place to address them.

We saw patients' care needs were assessed, planned and delivered in a way that protected their rights and maintained their safety. Surgical care was evidenced based and adhered to national and best practice guidance. The trust's policies and guidance were readily available to staff through the trust's intranet. The care delivered was routinely measured to ensure quality and adherence to national guidance and to improve quality and patient outcomes. The trust was able to demonstrate that it continuously met the majority of national quality indicators. Patient surgical outcomes were monitored and reviewed through formal national and local audits.

There was clear local leadership, and staff knew their reporting responsibilities and took ownership of their areas of influence. All staff spoke with passion and pride about working at Southland's Hospital and spoke enthusiastically about their role and responsibilities. Staff attendance at mandatory training was good and staff were knowledgeable in how to safeguard and protect vulnerable patients.

Information from patients confirmed they were treated with dignity and respect and had their care needs met by caring and compassionate staff. During our inspection we observed patients being treated with kindness, respect, professionalism and courtesy. This positive feedback was reflected in the general Family and Friends feedback and patient survey results for the trust.

However, we found some areas that had scope for improvement. We considered that existing mitigating strategies and the expertise of clinical staff meant that risks to patients were minimised:

Summary of findings

The trust did not meet the referral to treatment (RTT) times for a number of surgical specialties. The ophthalmology and urology specialties were of particular concern at the current time.

We found that surgical activity at Southland's Hospital was often included with that of Worthing Hospital making it difficult to gain a true understanding of the levels of surgical activity, incident or complaints at the hospital.

Southlands Hospital was isolated geographically and organisationally, with staff needing to actively engage with the two main hospitals to stay informed and involved rather than being an integral part of their core business.

Outpatients and diagnostic imaging

Good



Overall, we rated this core service as 'Good'. There was a good incident reporting culture throughout outpatients and diagnostics and screening departments. Infection control practices and processes were good.

Team work was effective. There was evidence of some audit activity and staff shared learning across teams. Staff treated patients with dignity and respect and responded to patients individual and emotional needs. The trust consistently met its cancer waiting times. There was timely access to tests and results. The hospital provided one stop clinics for several specialities which reduced the number of appointments a patient needed.

Staff engagement was good and the senior management team were approachable to staff at all levels.

Southlands Hospital

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging

Detailed findings

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Background to Southlands Hospital

Western Sussex Hospitals NHS Foundation Trust became a foundation trust on 1 July 2013, just over four years after the organisation was created by a merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS trusts. Southlands Hospital in Shoreham, West Sussex is one of three hospitals provided by the trust.

The hospitals provide 953 inpatient beds which include 77 maternity beds and 32 critical care beds. The trust employs over 5,600 staff (Whole Time Equivalent at end of August 2015). In the year 2013-14, there were more than 127,000 inpatient admissions and 533,000 outpatient

attendances; over 135,000 patients attended the accident and emergency department. Its annual income is around £403 million. Last year there was a deficit of just over £9 million.

On the Shoreham site only day surgery and outpatient services are provided. There are no inpatient beds.

We inspected this trust as part of our comprehensive hospital inspection programme. Our inspection was carried out in two parts: the announced visit, which took place on the 9, 10, 11 December 2015 and the unannounced visit which took place on 21 December 2015.

Our inspection team

Our inspection team was led by:

Chair: Dr Nick Bishop,

Head of Hospital Inspections: Alan Thorne, Care Quality Commission

The team of 63 included CQC inspection managers, inspectors and a variety of specialists; medical consultants, surgical consultants, a consultant

obstetrician, a consultant paediatrician, and emergency medicine consultant, consultant midwives, junior doctors, board-level nurses, modern matrons, clinical nurse specialists in emergency medicine, critical care, oncology and sexual health, a student nurse, a physiotherapist, a radiographer, an occupational therapist a pharmacist, a dietician and an expert by experience.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

Before visiting we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the Clinical Commissioning Group, Monitor, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the royal colleges and the local Healthwatch. We held two public listening events (one in Chichester and one in Worthing). We also wrote to all the consultants working at the trust and offered all consultants the opportunity to meet with us.

We carried out an announced inspection visit from 9 to 11 December 2015. We held focus groups with a range of

staff in the hospital, including nurses of all grades, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and volunteers. We also spoke with staff individually.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patient records of personal care and treatment.

We carried out an unannounced inspection on 21 December 2015 at Worthing Hospital.

Facts and data about Southlands Hospital

The trust serves a population of around 450,000 across a catchment area covering most of West Sussex. The three hospitals are situated in the local authorities of Worthing, Chichester and Adur. These areas have a higher proportion of over 65's (between 21.8% and 25.8%) compared to the England average (17.3%). The three local authorities have a lower proportion of ethnic minority populations compared to the England average with 93.7% and 96.7% of the population being white, compared to an England average of 85.3%.

Adur and Worthing fall within the third quintile on the index of multiple deprivation, signifying that they are in the middle 20% in England for deprivation. Chichester lies in the second quintile, meaning it is in the top 40% of least deprived areas in the country.







Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Surgery

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

Information about the service

Southland's Hospital currently provides day surgery services for general surgery, gynaecology, urology, orthopaedic, maxillofacial and chronic pain day cases. The day care unit included two operating theatres and a minor operating room and the day care unit.

During our inspection, we reviewed information from a wide range of sources to get a balanced and proportionate view of the service. We reviewed data supplied by the trust, visited the day surgery unit and the operating theatre department. We also observed care being delivered by staff.

The CQC held a number of focus groups and drop-in sessions where staff from across the trust could talk to inspectors and share their experiences of working at the trust. We spoke with over 40 members of staff working in a wide variety of roles including divisional directors, the chief nurse and matrons. At Southland's Hospital we spoke with six members of staff. We reviewed a variety of documents including audits, minutes from meetings, clinical governance and performance monitoring data. We received information from members of the public who contacted us to tell us about their experiences both prior to and during the inspection and looked at patient feedback about the service over the past year.

Summary of findings

Overall we found that surgical services at Southland's Hospital were 'Good'. This was because;

Patients were protected from avoidable harm as systems were in place to report, monitor, investigate and take action on any incident that occurred. There were effective governance arrangements to facilitate monitoring, evaluation and reporting and learning. Risks were identified and acknowledged and action plans were put into place to address them.

We saw patients' care needs were assessed, planned and delivered in a way that protected their rights and maintained their safety. Surgical care was evidence based and adhered to national and best practice guidance. The trust's policies and guidance were readily available to staff through the trust's intranet. The care delivered was routinely measured to ensure quality and adherence to national guidance and to improve quality and patient outcomes. The trust was able to demonstrate that it continuously met the majority of national quality indicators. Patient surgical outcomes were monitored and reviewed through formal national and local audits.

There was clear local leadership, and staff knew their reporting responsibilities and took ownership of their areas of influence. All staff spoke with passion and pride about working at Southland's Hospital and spoke

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enthusiastically about their role and responsibilities. Staff attendance of mandatory training was good and staff were knowledgeable in how to safeguard and protect vulnerable patients.

Information from patients confirmed they were treated with dignity and respect and had their care needs met by caring and compassionate staff. During our inspection we observed patients being treated with kindness, respect, professionalism and courtesy. This positive feedback was reflected in the general Family and Friends feedback and patient survey results for the trust.

However, we found some areas that had scope for improvement. We considered that existing mitigating strategies and the expertise of clinical staff meant that risks to patients were minimised:

The trust did not meet the referral to treatment (RTT) times for a number of surgical specialties. The ophthalmology and urology specialties were of particular concern at the current time.

We found that surgical activity at Southland's Hospital was often included with that of Worthing Hospital making it difficult to gain a true understanding of the levels of surgical activity, incident or complaints at the hospital.

Southlands Hospital was isolated geographically and organisationally, with staff needing to actively engage with the two main hospitals to stay informed and involved rather than being an integral part of their core business.

Are surgery services safe?

Good



We rated Southland's Hospital 'Good' for 'Safe' because:

There were robust systems in place to monitor safety throughout the service. This included clinical aspects such as the five steps to safer surgery and the World Health Organization's (WHO) procedures for safely managing each stage of a patient's journey from ward through to anaesthetic, operating room and recovery. Environmental safety was assured through regular monitoring and on-going checking of issues such as infection control, equipment and facilities. Surgical services used the NHS Safety Thermometer to assess the quality of care provided by measuring, monitoring and analysing common causes of harm to patients.

Patients were protected from avoidable harm because there were systems in place to report, monitor, investigate and take action on any incident that occurred. Identified concerns were closely monitored and actions taken to mitigate the risks to patients.

Patients' care needs were assessed, planned and delivered in a way that protected their rights and maintained their safety. Recognised tools were used for assessing and responding to patient risks.

We found staff attendance of mandatory training was good and staff were knowledgeable in how to safeguard and protect vulnerable patients. All staff had had annual appraisals.

The general environment was visibly clean and a safe place to care for surgical patients. There were robust systems and processes to ensure that a high standard of infection prevention and control was maintained. There was sufficient emergency resuscitation equipment available, appropriately checked and ready for use in suitable locations throughout the surgical services.

Incidents

- It is mandatory for NHS trusts to monitor and report all patient safety incidents through the National Reporting and Learning System (NRLS). If an incident is assessed as a serious incident it is also reported using StEIS (Strategic Executive Information System). Serious

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incidents can include but are not limited to patient safety incidents for example loss of confidential information. Any serious incident which meets the definition of a patient safety incident should be reported to both StEIS and NRLS.

- All incidents at Southland's Hospital were reported appropriately through the trust's electronic reporting system. There was an incident reporting policy and procedure in place that was readily available to all staff on the trust's intranet. Staff we spoke with were aware of the policy and were confident in using the system to report incidents.
- There had been no 'Never Events' reported in the previous 12 months. (Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures are implemented).
- Staff told us that the outcomes of any incident would be discussed at staff meetings. We reviewed two copies of staff meetings and noted that incidents were not a standing agenda item.
- Across the trust ten serious incidents were reported on StEIS between August 2014 and July 2015. From the information available none of these related to Southland's Hospital.
- Staff confirmed they were encouraged to report incidents. The managing of incidents was included in induction and updated annually in mandatory training.
- Learning from incidents across the trust was fed back to staff and had led to changes in practice to ensure patient safety. Wider learning was disseminated through the trust through surgical division meetings and sister's meetings. We saw examples of learning from incidents included in the minutes of the clinical governance meetings although this was not a standing agenda item for the local staff meetings.
- All information relating to audits, complaints, incident investigations and never events were kept on the hospital's computer system where staff could access to review issues and identify any learning.
- We saw that across the trust staff, patients and relatives were supported and informed of the outcome in

accordance with the trust's duty of candour. The duty of candour requires healthcare providers to provide patients and their families with information and support when a reportable incident has, or may have, occurred.

- The trust kept appropriate records of incidents that had triggered a duty of candour response. The trust's policy included recording communication with the patient and any other relevant information on the electronic reporting system. There was no duty of candour information available that was directly related to Southland's Hospital.
- We spoke with consultants and senior managers, who told us about the clinical governance, risk and mortality and morbidity (M&M) meetings, which were held monthly by directorate and were used to discuss any learning from incidents. Minutes of the M&M meetings were available for inspection. These demonstrated learning from recent incidents had occurred. Managers told us that the details of each unexpected, preventable or unexplained death were reviewed by the corporate governance team. M&M meetings were held at Worthing Hospital although included information from Southland's Hospital when needed.
- There was a robust process in place to monitor the mortality and morbidity findings on a monthly basis. All deaths within the hospital were subject to a two stage review process. All consultants with in-patient beds were required to review eight sets of care notes to determine if an incident was avoidable. Then an in depth review took place by the mortality steering group. Reports were then fed into the quality groups and onto the board. We were told that there was robust challenge at every stage. For example why one hospital had a lower HSMR (Hospital standardised mortality rate) than the other. The medical director was required to explain in detail the reasons behind this.

Safety thermometer

- The NHS Safety Thermometer is a national tool used for measuring, monitoring and analysing common causes of harm to inpatients, such as falls, new pressure ulcers, catheter and urinary tract infections and venous thromboembolism.

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- We saw evidence that safety thermometer data was being routinely used to improve the quality of care. For example by recording the number of 'Harm Free Days' across the trust.
- We noted that the Patient Safety Thermometer data was discussed at clinical governance meetings at Worthing Hospital but the discussions did not include Southland's Hospital as there were no inpatient beds.

Cleanliness, infection control and hygiene

- There were infection prevention and control policies and procedures in place that were readily available to all staff on the trust's intranet. We found the day surgery unit and theatre department to be adhering to national infection control guidance. We saw a very high standard of cleanliness in all the areas that we visited.
- We noted that the trust's infection rates were consistent with the national average for bacterial infections such as MRSA (meticillin-resistant staphylococcus aureus) and C. difficile during 2013/2014. There were no particular issues noted with infection in the day surgical unit or theatres. The trust recorded less than the target number of hospital infections for the year to date. The Quality Scorecard to August 2015 indicated that there were no hospital acquired MRSA cases; 13 cases of hospital C. difficile; 29 reportable MSSA (meticillin sensitive staphylococcus aureus) bacteraemia cases and 125 reportable E. coli cases.
- We spoke senior staff who told us that MRSA screening took place at the pre-assessment clinics before patients were admitted for surgery and prophylactic antibiotics were given when indicated.
- Patient-Led Assessments of the Care Environment (PLACE) are environmental and non-clinical self-assessments undertaken by teams of NHS staff and include at least 50 per cent members of the public. (known as patient assessors). We noted that a PLACE assessment had taken place in September 2015 where the day surgical unit and theatres had scored 96.3% overall. Cleanliness and staff compliance with hand hygiene and safety both scored 100%.
- The trust participated in the mandatory surgical site infection surveillance service. The results were displayed on the theatre notice board. A Surgical Site Surveillance committee met monthly and the results fed into the surgical division clinical governance report.
- There were designated staff with infection control responsibilities. The trust had a dedicated infection control team, which provided support to staff. The theatre sister was the infection prevention and control link nurse for the hospital.
- We saw that regular infection prevention and control audits took place in order to make sure all staff were compliant with the trust's policies such as hand hygiene and the use of personal protective equipment (PPE). We saw that the last audit for Southlands Hospital day surgery unit took place in April 2015. The unit scored 98% which demonstrated improvement since the previous year.
- Where the unit had not scored 100% there was an action plan in place with recommendations to improve practice. For example the kitchen cleaning schedule had not always been completed.
- All surgical areas we inspected where patients were seen and treated were visibly clean and tidy.
- Hand washing sinks were readily available with sanitising hand gel throughout the unit. We found that staff were generally aware of the principles of the prevention and control of infection (IPC). We observed staff regularly use hand gel on entering clinical areas and between patients. The 'bare below the elbows' policy was adhered to and personal protective equipment (PPE) such as disposable gloves and aprons were readily available.
- Equipment was marked with a sticker when it had been cleaned and was ready for use. Disinfection wipes were available for cleaning hard surfaces in between patients.
- Decontamination and sterilisation of instruments was managed by an in-house accredited sterile services department that was compliant with the EU Sterile Services Medical Devices Directive. The facility was responsible for cleaning and sterilising all re-usable instruments and equipment used in the operating theatres, day surgery unit and clinics. Bi-annual audits took place to monitor compliance with the

Surgery

decontamination standards. The last audit took place in September 2015 and demonstrated a 96% compliance. An action plan was in place to address the outstanding areas.

- The trust had a waste management policy, which was monitored through regular environmental audits. We saw that waste was appropriately segregated, with clinical and domestic waste bins clearly marked for appropriate disposal. Disposable sharps were managed and disposed of safely.
- The cleaning of the hospital and theatres was undertaken by an in-house domestic service and healthcare assistants. Cleaning equipment was colour-coded and used appropriately. We saw cleaning rotas and cleaning checklists completed appropriately, which were checked and audited by a supervisor and the sister in charge.
- We spoke to staff who were aware of infection prevention protocols for example running the showers and taps in little used areas to help avoid legionella. We saw that records of this were kept and routinely checked by the estates department.
- Infection prevention and control was included in the trust's mandatory training programme. The trust provided training data which confirmed that the majority of staff had attended infection prevention and control training. Those staff we spoke with all confirmed they had completed this training.

Environment and equipment

- The general environment where patients were seen and treated was generally well maintained. We noted access corridors were light, airy with good signage. Emergency call bells were in place in each room and by each bed.
- We saw there was a wide range of equipment available. Staff confirmed they had access to the necessary equipment they required to meet people's care needs.
- Medical equipment was logged on an asset register which was supported by an outside contractor for maintenance purposes. The trust's estates department maintained general environmental equipment and services such as air handling, water safety and generators.

- We saw there were systems in place to monitor, check and maintain equipment. All the equipment we saw had been labelled to verify it had been electrically tested within the past year.
- Emergency resuscitation equipment, oxygen and suction equipment was available in each area and we saw it was recorded as checked daily. Theatres had emergency intubation equipment held in the main theatre corridor, recovery, the treatment centre and the day care unit. All were appropriately checked and signed off. There were tamper proof seals in place on the majority of the emergency equipment trolleys apart from in the main theatre.
- Although we did not see the equipment training records, staff told us they had received relevant training on how to use equipment and felt confident and competent to use it.
- There were four operating theatres although only two were in use at the time of our inspection. The two not in use, were being used for storage.
- In theatres, we saw that the Association of Anaesthetists of Great Britain and Ireland safety guidelines 'Safe Management of Anaesthetic Related Equipment' (2009) were being adhered to. Anaesthetic equipment was being checked on a regular basis with appropriate log books being kept.
- Single use equipment such as syringes; needles, oxygen masks and suction tubes were readily available and stored in an organised, efficient manner.
- We noted that the theatres were well organised with good signage.

Medicines

- There were medicine management policies and procedures in place that were readily available to all staff on the trust's intranet. The staff we spoke with were aware of the policies and protocols and knew how to access information regarding medicines management.
- There was no pharmacy on site; however staff told us they had excellent links with the Worthing Hospital pharmacy service. We also noted that the day unit staff were very organised in maintaining stock levels of drugs and ensuring that patients had their own drugs to use on discharge home.

Surgery

- In theatre the controlled drugs were stored in appropriate lockable cupboards. We reviewed the controlled drug registers in two theatres and noted they were checked twice daily by two members of staff. We found controlled drugs on the wards were regularly checked with entries double signed.
- The trust had established a Medicines Optimisation Committee with the objective of overseeing key progress and developments in the Medicines Optimisation framework and reviewing action plans.
- Although electronic prescribing and medicines administration had been rolled out to all medical wards and there were plans for a surgical roll out, staff at Southland's Hospital were unaware of when this would happen for them.
- The trust was about to start a Medication Safety Thermometer, which collected data relating to appropriate prescriptions and the administration of medicines.
- The Quality Scorecard indicated that trust wide there were 465 incidents involving drug or prescribing errors. This was less than expected for the year to date. The information did not specifically identify incidents at Southland's Hospital.
- Trust wide there were 18 moderate or above medication incidents occurring in August 2015 against a benchmark of 13. These incidents were being investigated. However there were no themes identified as they were not related to a single hospital, area or staff group.

Records

- The trust used a combination of electronic and paper records. A new IT system was in the process of being set up but this was not in use at Southland's Hospital at the time of our inspection.
- Medical, nursing and pharmacy records at Southland's Hospital were mainly paper based. There was not electronic prescribing of medicines.
- Managers told us that having electronic incident forms improved data collection as the system now didn't allow staff to submit without all the fields being fully completed.
- Patients followed standardised day surgery pathways, which were personalised through individual risk

assessments and the notes made in the care plans. The care pathways included pre-operative assessment such as previous medical and surgical history, allergies together with baseline observations. Anaesthetic risk scores were used to ensure that only those patients suitable for day surgery were admitted as such.

- The care records included multidisciplinary input where required, for example, entries made by the physiotherapists and specialist nursing staff such as the dietician and tissue viability nurses.
- The theatre and implant registers which recorded details of all surgical operations for each individual theatre was well completed.

Safeguarding

- The trust had a safeguarding vulnerable adults and children policy, and guidelines were readily available to staff on its intranet.
- There were safeguarding leads in the trust that acted as a resource for staff.
- Safeguarding training was included in the trust's mandatory training programme.
- We were told that all staff undertook basic safeguarding training. Those staff with additional responsibilities undertook level two and three training. The trust provided data that indicated 100% of staff at Southland's Hospital had completed safeguarding training.
- All the staff we spoke with confirmed they had received safeguarding training as part of mandatory training. They were aware of the safeguarding policy and knew how to access it.

Mandatory training

- Staff told us the trust provided good training and development opportunities. Mandatory training was monitored and all staff expected to attend on an annual basis. Training was provided through mainly online means supplemented by face to face where appropriate.
- We looked at the staff mandatory training records and identified there was generally a good uptake of training

Surgery

for the day surgery. Included in the mandatory training were safeguarding, infection prevention and control, information governance, health and safety, resuscitation, equality and diversity and fire safety.

- A weekly workforce report was produced which included staff training and appraisals. Ward sisters received monthly reports of staff compliance with mandatory training.
- We spoke with consultants and doctors of all grades across the trust. They told us that mandatory training, such as safeguarding and infection control, was available.

Assessing and responding to patient risk

- The trust had various systems in place to assess, record and respond to patient risks.
- The WHO checklist is a system to safely record and manage each stage of a patient's journey from the ward through the anaesthetic and operating room to recovery and discharge from the theatre.
- Across the trust regular and routine compliance with the WHO checklist was monitored through audits, peer review and mock inspections. We noted that compliance with the checklist was closely monitored at every surgical intervention and audits of compliance took place on a routine and regular basis. The audits confirmed there were few incidents where the checklist had not been fully completed and each incident was followed up and discussed with the theatre staff.
- Southland's Hospital did not use the National Early Warning Score (NEWS) used in the rest of the trust. We spoke with staff who told us that the theatre recovery pathway included escalation criteria. There was a 'Star' anaesthetist on duty each day, who was responsible for ensuring that all patients were ready to be discharged before they left the unit.
- Patients were assessed in the nurse led pre-admission clinics prior to being admitted for surgery.
- Recognised tools were used for assessing and responding to patients risk such as the Malnutrition Universal Screening Tool (MUST) and the venous thromboembolism (VTE) assessment tool to identify those at risk from developing blood clots.

- Risk assessments were undertaken where indicated for example moving and handling, skin integrity, nutritional needs, use of bed rails and Venous Thromboembolism (VTE). This information was then used to manage patient care.
- We saw day surgery patients had anti-embolism stockings in place where their use was indicated. Patients had their risk of developing a venous thromboembolism (VTE) assessed.
- Patients had risk assessments in place and where a risk was identified appropriate action was taken. For example we saw pressure relieving devices and bar hugger devices were used in theatre although they were day cases and not over long procedures.
- We saw theatre staff record that they followed the five steps to safer surgery, which included team brief, sign in, time out, sign out and de-brief. Theatre staff told us that theatre pathways were used for all patients. There was a recovery protocol in place which ensured access to anaesthetists and senior medical staff at all times.
- There was a transfer policy for use by staff, in the event of an unexpected deterioration of a patient. Any transfer of an unwell patient would be by an emergency ambulance to Worthing ED.

Nursing staffing

- The day surgery unit and theatres had set staffing levels. We reviewed staffing rotas and spoke with staff about safe staffing levels and patient acuity. We found there was usually appropriate staff numbers and skill mix in the clinical areas.
- However the Southland's Hospital day surgery unit was not specifically included in the trust's safer staffing scorecard. This was information relating to the safe staffing of all the wards in the trust with the exception of those at Southland's Hospital.
- The day surgery unit had no vacancies and did not use agency staff. We were told there was a small number of bank of staff who were used if needed but generally staffing was not a problem.
- We were told that any understaffing would be reported on the trust's electronic incident reporting system. We did not see any recent staffing related incidents recorded.

Surgery

- Specialist nurses such as the urology clinical nurse specialist were available and undertook procedures and diagnostic tests for example erectile dysfunction. Specialist nurses supported patients and acted as a resource for staff.
- There were also 'Link Nurses' who supported the staff with help and advice on subjects such as infection control, moving and handling and micturition.
- The day surgical unit at Southland's Hospital operated as one unit, with staff working across pre-assessment, the ward and theatres. Staff tended to work all day so there was no requirement for shift handovers.

Surgical staffing

- The day surgery unit was a consultant lead service with a daily 'Starred' anaesthetist. This meant that the designated 'Starred' anaesthetist was the key person on that day for staff to liaise with and contact if there were any problems. Both the consultant and the anaesthetist generally cared for their own patients.
- The most recent trust wide information indicated that between September 2004 and September 2014) the trust employed a lower percentage of consultants (37%) when compared to the England average (41%). There were also a higher percentage of junior doctors (16%) than the England average (12%).
- Middle grade doctors have at least three years' experience as senior house officer or higher grade within their chosen speciality. Registrars made up 36% of the medical workforce, against an England average of 37%.
- We spoke with groups of consultants who all told us they were proud of the surgical service offered in the trust. For example there were eight urology consultants who worked across all three hospital sites. One of the urologists explained how the urology service operated between the three hospitals in the trust with Southland's Hospital undertaking day cases such as biopsies, cystoscopies and prostatectomies.

Major incident awareness and training

- The trust had a major incident policy and business continuity plans in place. Staff were made aware of these through both electronic and paper means. The current policy was available on the trust's intranet with hard copies on the wards.

- Although Southland's Hospital did not have an emergency department any local major incident would have an impact on the day to day activities of the service.
- We were told that following any incident there was a staff debrief and the process was reviewed.
- Major incident training was available. However the training data indicated that there was poor uptake of the training within the day surgery unit with 29% of the nursing staff, none of the estates or ancillary staff and 43% of additional clinical services having completed the training.

Are surgery services effective?

Good



We rated Southland's Hospital 'Good' for 'Effective' because:

We found surgical care was evidenced based and adhered to national and best practice guidance. The trust's policies and guidance were readily available to staff through the trust's intranet. The care delivered was routinely measured to ensure quality and adherence to national guidance and to improve quality and patient outcomes. The trust was able to demonstrate that it continuously met national quality indicators. Patient surgical outcomes were monitored and reviewed through formal national and local audits.

Consultants led on patient care and there were arrangements for supporting the delivery of treatment and care through multidisciplinary teams and specialists. We found that training for staff was good with all staff well supported locally. Staff caring for patients had undertaken training relevant to their roles and completed competence assessments to ensure patient safety.

However:

We found that the hospital was not offering a full seven-day service. Constraints with capacity and staffing had yet to be addressed. The day unit was open during the day, weekdays only. Some additional clinics and operating sessions had been scheduled on Saturdays to address the waiting lists.

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Evidence-based care and treatment

- Staff were able to access national and local guidelines through the trust's intranet, which was readily available to all staff. Staff demonstrated the ease of accessing the system to look for the current trust guidelines.
- Throughout our inspection we observed patient care carried out in accordance with national guidelines and best practice recommendations. For example the day unit protocols were in accordance with the British Association of Day Surgery guidance and pre-operative investigations and assessment were carried out in accordance with NICE clinical guidelines.
- The staff we spoke with were aware of current relevant guidance and demonstrated how they were following NICE guidance on falls prevention, pressure area care, and venous thromboembolism. For example, anti-coagulant therapy was prescribed for patients at risk and anti-embolic stockings were measured and fitted to relevant patients. This was verified in the care pathways and clinical notes we reviewed.
- Within the theatre areas, we observed that staff adhered to the (NICE) guidelines CG74 relating to surgical site infection prevention and followed recommended practice.
- The trust participated in both national and local audits which demonstrated compliance with best practice and national guidelines. We saw the clinical audit programme for 2015 to 2016. This demonstrated that the trust had adopted the four step prioritisation audit programme as recommended by the Healthcare Quality Improvement Partnership (HQIP). This prioritised audits into external 'Must do' audits, internal 'must do' audits, divisional priorities and those with clinician interest. The audit programme identified 91 audits to be undertaken for the year.
- Example was the audit theatres undertook on care bundles, which demonstrated over 95% compliance over the past few months. These results were displayed on a notice board in theatre for staff to access.

Pain relief

- Southland's Hospital undertook two chronic pain lists each week, where patients with long standing pain were

seen and treated. Staff told us that they contacted the trust's specialist pain nurse and the pain team as required although they had their own anaesthetist and team which lead on pain control issues.

- The trust's pain team worked in across all the hospital's sites to help manage the patients' pain experience. They received referrals directly from the surgical teams, physiotherapists or from the patient or a relative. They also supported staff and patients with any pain issues through information and education.
- We noted there were few complaints about pain management within the trust over the past year.
- There were protocols and guidance on pain management available for staff including little prompt cards staff could keep on them as a reminder for post-operative analgesic medication.
- The hospital used a pain scoring tool to assess adult pain levels. We were told that an audit was currently taking place on pain relief in shoulder surgery in order to help improve pain control for these patients.
- Patient feedback from those who had recently undergone surgery indicated that obtaining prompt, adequate pain relief was not a problem. There was not any information specific to Southland's Hospital.
- Patients reported that the anaesthetist visited them during their recovery from surgery on the ward and ensured they were comfortable. Pain medication on discharge was also discussed with them before they went home.

Nutrition and hydration

- Prior to surgery patients had nutritional assessments undertaken as part of their general pre-operative assessment. The 'Malnutrition Universal Screening Tool' ('MUST'), a nationally recognised tool was used to assess patients. The MUST assessment resulted in a final score which then influenced the patients care and treatment. For example to ensure they were adequately hydrated before surgery.

Patient outcomes

- The trust routinely reviewed the effectiveness of care and treatment through the use of performance

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dashboards, local and national audits. Southland's Hospital results were linked in with the Worthing Hospital day surgery unit as both units were managed from Worthing Hospital.

- Senior staff told us that there were no issues with the results from any of the audit outcomes and this was confirmed in the results from the audits seen.
- Mortality and morbidity trends were monitored monthly through SHIMI (Summary Hospital-level Mortality Indicator) and CRAB (Copeland's Risk Adjusted Barometer) scores. Reviews of mortality and morbidity took place at local, speciality and directorate level within a quality dashboard framework to highlight concerns and actions to resolve issues. Staff told us that the mortality and morbidity meetings all took place at Worthing Hospital. Any learning that was identified was recorded in monthly updates and reported to the trust's Quality Committee and then to the board.
- The trust had taken action to implement the findings of national recommendations.
- The trust benchmarked their performance in comparisons with other NHS Trusts. For example the percentage of patients who developed pressure ulcers was 0.3%. This was better than the England average of 3%.
- Information on patient reported outcome measures (PROMs) for patients who had groin hernia surgery or varicose vein surgery indicated that the trust generally scored in line with the England average.
- Southland's Hospital did not undertake any surgery that was required to be monitored through National Confidential Enquiry into Patient Outcome and Death (CEPOD).

Competent staff

- We found that the trust invested in staff development including leadership and mentoring programmes.
- The trust had in place appropriate recruitment and employment policies and procedures together with job descriptions used for staff recruitment. Recruitment checks were made to ensure new staff were appropriately experienced, qualified and suitable for the post. Ongoing checks took place to ensure continuing registration with professional bodies.

- New employees undertook both corporate and local induction with additional support and training when required.
- Newly qualified nurses and those returning to practice were supported through a six to 12 month preceptorship programme designed to advance their clinical and management skills.
- There was a nurses' competency framework in place as staff rotated through the day care unit including theatres with checklists in place for bank staff. Competency assessments were available for inspection.
- Learning and development needs were identified during the appraisal process. According to data provided by the trust, the appraisal rate for staff working in the day care unit including theatres was 100%.
- Staff told us that mentors were available and that they felt supported in their role. They were able to access training via e-learning and outside training and development was available if relevant and agreed.
- Theatre staff told us they were supported to complete various courses to enhance their practice and gave examples of an external theatre course they had accessed.
- We saw from the minutes of meetings that the junior medical staff were not compliant with their mandatory training despite numerous requests. This was being addressed through their medical supervisors.

Multidisciplinary working

- Throughout most of the surgical specialities there was effective multidisciplinary working. Considerable work had been undertaken on this since the merger of the three hospitals within the trust. This included effective working relations with speciality doctors, nurses, therapists, specialist nurses and GPs. Medical and nursing staff, and support workers worked well as a team.
- There were clear lines of accountability that contributed to the effective planning and delivery of patient care. Staff told us that the day surgery multidisciplinary team meetings were held at Worthing Hospital.

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- The consultants told us there were good examples of joint working across all three hospital sites within the trust. In particular they told us that both the ophthalmic and urology teams worked well cross sites.
- We spoke with the ophthalmic team explained how the service was integrated across the three hospital sites. They were working well together to improve the ophthalmic service with a planned purpose built ophthalmic unit for Southland's Hospital.
- Urology consultants explained that urology services were offered across the three hospital sites with St Richard's and Worthing Hospital's taking inpatients and Southland's Hospital undertaking the surgical day patients.
- We spoke with senior staff who confirmed that radiology and physiotherapy services were available to support the day surgical unit. Radiology staff attended theatre as required and the physiotherapists saw patients both pre and post operatively on the day ward.
- Staff at Southland's Hospital worked with other NHS hospitals to provide services for patients such as urology patients having some tests and diagnostic interventions at Guildford hospital.
- The trust was also working with the local mental health trust on a project to provide support for patients living with dementia.

Seven-day services

- Southland's hospital did not yet offer a full seven day service. There were challenges related to capacity, staffing and the financial implications of providing additional seven day services.
- The day care unit and theatres were open between Monday and Friday between 7:30am to 6:30pm. At the time of our inspection there were some procedures taking place on Saturdays to clear waiting lists.
- We were told that the support services did not usually work weekends, however when additional clinics and lists were planned radiology, pharmacy and physiotherapy staff were involved.

Access to information

- The hospital used a combination of paper and electronic records. We were told that there were some problems with the electronic records system which were being addressed before whole system roll out in January 2016.
- There were notice boards around the hospital which gave information for staff about training opportunities, staff meetings minutes, and the results from audits and incidents.
- Departmental meetings took place at every level throughout the surgical division and both staff and managers told us there was good dissemination of relevant information both relating to patients and operational issues.
- Staff told us that most clinical information and guidance was available on the intranet. They also reported having access to information and guidance from specialist nurses, such as the diabetic, stoma and tissue viability nurses and the link nurses for dementia care, infection control and safeguarding.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust had a consent policy in place, which was based on guidance issued by the Department of Health. This included guidance for staff on obtaining valid consent, details on the Mental Capacity Act 2005 (MCA) guidance, and checklists.
- We reviewed the consent form in use which complied with department of health guidelines. Senior staff confirmed that no patient underwent any procedure without a properly signed consent. This was checked at all stages through the patient journey.
- We noted that the trust undertook an audit of consent in 2013 and there was an action plan in place to ensure consent practice met best practice guidelines. For example good medical practice recommends that consent should be obtained before the day of surgery. We noted that the audit did not include surgery undertaken at Southland's Hospital.
- At Southland's Hospital we noted that although some patients signed their consent forms as outpatients, the majority of patients consented to their surgery on the day of the operation. They were seen by the consultant pre-operatively who explained the surgery and the risks

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and benefits. This was not ideal and as identified by the trust, did not meet best practice guidelines. However, staff reported that it worked well for them and there had not been any incidents or adverse feedback about this method.

- Patient feedback indicated that they had been given information about the benefits and risks of their surgery prior to signing the consent form. For example one patient stated that “The surgeon explained the operation, telling me exactly what he was going to do and answered any questions I had.”
- Training on consent and the Mental Capacity Act 2005 was available and staff reported there was no problem with accessing the training.
- We were told that best interest decisions and deprivation of liberty decisions were taken where indicated and these were formally documented.
- Staff told us that they did on occasions treat patients who were living with dementia or a learning disability. They were aware of their responsibilities in relation to gaining consent from people, and were aware of the process for those who lacked capacity to consent to their care and treatment.
- We were told that best interest decisions and deprivation of liberty (DoL) decisions were taken where indicated and these were formally documented. There were no patients currently being treated under a DoL order.
- Patients were admitted to the unit at 7:30am. They were advised about not eating or drinking before admission. Staff told us they would telephone patients at home to advise them if there were any changes to this such as a delay in the operating list.
- There was a ward kitchen where light snacks and drinks could be prepared if needed.
- Staff had access to dietician services weekdays between 8am to 4pm, although for day surgery patients there was generally little need for their service.
- Staff confirmed that meal times were protected and that staff assisted patients with feeding when necessary.
- The hospital used a red tray system to identify patients who required assistance at meal times.

Are surgery services caring?

Good



We rated Southland’s Hospital as ‘Good’ for ‘Caring’ because:

Patients we spoke with during the inspection told us that they were treated with dignity and respect and had their care needs met by caring and compassionate staff. They told us their care was “First class.” We also received positive feedback from patients who had received care at Southland’s Hospital over the past few months. This positive feedback was reflected in the Family and Friends feedback and patient survey results for the trust.

During our inspection we observed patients being treated in a professional and considerate manner by staff. We observed staff treating patients with kindness, respect, professionalism and courtesy. They all undertook their duties with enthusiasm and commitment.

Patients reported they were satisfied with the quality and standard of care they received from doctors and nurses. They were involved in decisions about their care and treatment. There was access to counselling and other services, where patients required additional emotional and psychological support, including a number of specialist nurses who provided emotional support to patients and made referrals to external services for support if necessary.

Compassionate care

- The Friends and Family Test (FFT) is a feedback tool that gives people who use NHS services the opportunity to provide feedback on their experience. Friends and family information for the surgical services were available for inspection. We saw that across the surgical division the feedback was consistently positive with between 85% and 100% of patients happy to recommend the hospital to their family and friends in 2015.
- We reviewed the past years feedback comments on NHS Choices and other websites. The feedback was overwhelmingly positive with patients praising the whole team together with individual staff members. For example one patient particularly praised a member of the theatre team who had stayed after their shift had

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finished to see the patient back to the ward and made sure they were pain free. Another patient told how welcome they were made to feel with their partner being made a cup of tea while they were waiting.

- We saw six comment cards left on the ward from patients and complimentary cards thanking staff. They all praised staff for the excellent care and treatment they had received.
- Patients described their experiences as “Excellent.” One patient wrote “The care I received was excellent, the nurses were professional and made me feel at ease, they were exceptional in dealing with a problem that wasn’t in their field but they made sure I got to see the right people.” Another wrote “Brilliant care – so well organised, super, friendly team and attention to detail was first class – I couldn’t fault a single thing.”

Understanding and involvement of patients and those close to them

- Patient feedback demonstrated that they felt involved in their care and in decision making about their treatment. They were given adequate information about the specific surgical procedure that applied to them. Risks, benefits and alternatives were explained to them in a manner they could understand.
- Patient feedback documented that they were kept updated and informed throughout their stay. One patient wrote “They told me what was going to happen and when, discharge information was clear and well explained.”

Emotional support

- Southland’s Hospital had arrangements in place to provide emotional support to patients and their families when needed. This included support from clinical nurse specialists who all provided emotional support and practical help where needed.
- We noted that feedback on the unit indicated that staff were always patient, polite and sensitive to patient’s needs. One patient wrote about a particular nurse. They said “I cannot thank [the nurse] enough for the help she gave me. She helped me to relax and not to worry too much. When I went home she went through all the

painkillers and the follow up appointment – they even took me out to my car in a wheelchair! – all the staff were excellent and instead of being worried they helped me to relax.”

- Pre-admission staff told us that where it was identified that patients required extra support this was arranged where possible before admission and discussed with the multidisciplinary team.
- The hospital provided a chaplaincy service which provided spiritual, pastoral and religious support for patients, relatives, carers and staff. Chaplains together with volunteer ward visitors were available 24hours throughout the week and were contactable by staff, relatives or carers through the hospital switchboard.
- All the interactions we observed between patients, visitors and staff were relaxed, courteous and friendly. Staff were consistently respectful towards patients and mindful of their privacy and dignity. They demonstrated this by knocking on doors, asking before entering behind curtains and obtaining consent from the patients before undertaking any task.

Are surgery services responsive?

Good



We rated Southland’s Hospital ‘Good’ for ‘Responsiveness’ because:

The needs of local people, commissioners and stakeholders were taken into consideration when planning services. The majority of specialties within the surgical division consistently performed well. The trust was aware of those specialties which were performing below the England average and was taking steps to address the issues.

There was an established day surgical pathways of care from admission to discharge.

The hospital was able to meet the specialist individual needs of patients. There were arrangements in place to support patients with disabilities and cognitive impairments, such as dementia. There was access to

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patient information literature on the day surgical ward and in the clinics. The ward had access to a telephone translation service and information in alternative languages could be provided on request.

The complaints process was understood by staff, and patients had access to information to support them in raising concerns. Where complaints were raised, these were investigated and responded to, and where improvements were identified, these were communicated to staff.

However:

Patients across the trust did not always have consistency of treatment due to different historical and geographical links with other specialist hospitals.

The trust did not meet the referral to treatment (RTT) times for a number of surgical specialties. The ophthalmology and urology specialties were of particular concern at the current time.

Service planning and delivery to meet the needs of local people

- The trust had arrangements in place to discuss the planning and delivery of local services with commissioners. Meetings took place where feedback and discussion of current issues took place.
- Surgical services were configured to provide good access for patients where possible. There was a wide range of surgical activity, both general and specialised to meet the needs of the local population.
- However, there were trust wide challenges in providing a consistent responsive service, as each of the hospitals had different historical and geographical links with other specialist hospitals. For example Worthing and Southland's Hospitals had closer links with East Sussex hospitals than St Richard's Hospital which had closer ties to the Hampshire NHS hospitals. This meant that within the same trust patients did not always have consistency of treatment.
- The trust was aware of this and were taking action where possible. For example, by forging new links with other trust's in Surrey and providing as much treatment and diagnostic treatment locally as possible.

- The trust monitored performance on a daily basis for emergencies, weekly at executive level and monthly at corporate level. We were told that additional resources were in place for periods of high demand.
- Southland's Hospital had increased the number of clinics and theatre sessions due to a high demand and waiting list pressures for urology procedures.
- Every two weeks urology patients were admitted to the day care unit for a trial without catheter to help to improve their discharge to avoid hospital inpatient stays where possible.

Access and flow

- The hospital was aware there were challenges with variable access and flow across the trust and was taking action to address the historical and geographical difference.
- The unit was consultant led which meant that each consultant was responsible for populating their own operating list. Staff told us this generally worked well however as staff had no control over the lists they could not easily be increased to accommodate an extra patient if there was a cancellation.
- We noted that the theatre utilisation was good at 89%. The day care unit carried out a wide range of procedures including prostate surgery, laparotomies, shoulder and neck surgery.
- Staff told us that there were few operations cancelled. The cancellation rate was usually one or two a month. Staff told us this was usually the patients cancelling for personal reasons, not because they were unfit for surgery or hospital problems such as lack of staff.
- Operational standards are that 90% of admitted patients should start consultant led treatment within 18 weeks of referral. Admitted pathways are waiting times (time waited) for patients whose treatment started during the month and involved admission to hospital (adjustments are made to admitted pathways for clock pauses, where a patient had declined reasonable offers of admission and chosen to wait longer).
- The trust consistently performed similar to the England average but below the standard for admitted adjusted referral to treatment (RTT) wait times. We were told that ophthalmology and urology specialties were of

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particular concern at the current time, with urology patients waiting up to 21 weeks before treatment. For minor orthopaedic procedures such as knee arthroscopies, bunions, ganglions and tendon repair there was a 21 week wait and for surgical procedures such as hernia repairs there was a 20 week wait. Patients who used the gynaecology services at Southland's Hospital usually had their treatment within 18 weeks of referral from their GP. Additional clinics were being held on Saturdays to reduce the waiting list.

- Divisional managers told us that weekly RTT meetings were held where engagement with the commissioning CCGs, current backlogs and waiting lists were discussed. They told us that there were system wide issues with geographical location, increased capacity and the number of independent healthcare providers. These issues were under discussion with the CCG and they were working with local GPs to educate them in alternative pathways.
- The overall trust average length of stay (LOS) was lower than the England average for elective admissions but similar to the England average for non-elective admissions.
- Confirming discharge arrangements was part of the admitting procedures. We spoke with patients who confirmed that their discharge arrangements had been discussed and their individual situation taken into account. One patient wrote "It all proceeded in a timely manner. Discharge information was clear and well explained, I didn't have to wait unnecessarily long to be released."

Meeting people's individual needs

- Southland's Hospital day surgery unit was comprised of individual bays which enabled male and female segregation. There was appropriate access to toilet facilities and showers with a small office for private conversations if needed.
- We were told that patients generally received good care because it was the same team who looked after the pre-assessment through discharge and follow up. This meant there was continuity of care and less opportunity for miscommunication.
- We heard that the hospital was generally able to meet patients' individual needs. For example family and

carers were able to stay and accompany patients who were living with dementia or a learning disability. This was picked up in the preadmission clinics so the ward and theatres could be notified in advance. In recent documentation audits the trust scored 98.2% of patients living with dementia having the 'Knowing Me' booklet in place. This was used to help identify the patients' preferences and help to settle them.

- A dementia crisis team were available to support the discharge of patients living with dementia across the trust.
- A catheter clinic was held on the ward every two weeks for patients to undertake a trial without catheter. There were appropriate protocols in place to safely manage this.
- There was access to patient information literature on the wards and in the clinics. Patients we spoke with confirmed they had been given sufficient information about their treatment and care by the surgeon. However, there was not information readily available on the day surgery unit or in clinics in any language other than English. We noted the unit had access to a telephone translation service.
- The hospital's website also provided information, and signposted to further sources of information and helpful advice.

Learning from complaints and concerns

- The complaints process was outlined in information leaflets, which were available in the hospital. The information included how to access the Patient Advice and Liaison Service.
- Complaints were monitored and discussed at departmental clinical governance meetings. There were mechanisms in place for shared learning from complaints through team meetings, staff bulletins and the briefings given to junior doctors and the nursing staff. An annual complaints survey was completed however this did not give any information on complaints relevant to Southland's Hospital but provided a trust wide perspective.
- Where complaints were raised, these were investigated and responded to, and where improvements were

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identified, these were communicated to staff. Staff were aware of the reporting process for complaints, and confirmed they had received feedback where it related to the ward or their practice.

Are surgery services well-led?

Good



We rated Southland's Hospital as 'Good' for 'Well-Led' because:

Across the trust there were effective governance arrangements in place to facilitate monitoring, evaluation and reporting back to staff, and upwards to the trust board. Risks were identified and acknowledged and action plans were put into place to address them. Care was evidence based and action plans were constantly reviewed.

All staff spoke with passion and pride about working at Southland's Hospital and spoke enthusiastically about their role and responsibilities. Staff reported effective leadership, of feeling valued and respected by their immediate line managers. There was an open culture within the hospital.

The trust actively engaged with the public and staff through meetings, surveys and communications. Patients and the public were encouraged to contribute to the running of the service, by feeding back through on their experiences and sharing ideas. We saw the trust encouraged local initiatives to improve patient experience, care and treatment.

However;

We found that surgical activity at Southland's Hospital was often included with that of Worthing Hospital making it difficult to gain a true understanding of the levels of surgical activity, incident or complaints at the hospital.

Southlands Hospital was isolated geographically and organisationally, with staff needing to actively engage with the two main hospitals to stay informed and involved rather than being an integral part of their core business.

Vision and strategy for this service

- The trust undertook an annual planning and reporting cycle, and had developed a two-year operational plan and a five-year strategic plan.

- The Operational Plan set out the trust's immediate objectives and identified the levels of activity, the type of facilities and the bed and staffing numbers required to achieve these.
- The Strategic Plan set out the trust's longer-term term aims to improve standards of care and ensure sustainability.
- We reviewed the trusts Quality Report for 2015/16. This gave the achievements the trust had made over the past year and set out the priorities for providing a service that met the current and future needs of the local population.
- We noted that the first priority was to reduce mortality and improve outcomes with the goal to be in the top 20% of NHS organisations with lowest risk adjusted mortality.
- The second goal was to improve patient safety so that all patients received safe, harm-free care.
- The third goal was to ensure that 95% of patients received reliable care. This included ensuring equity in care for patients regardless of the day of the week in line with national developments in providing a seven day service.
- The fourth goal was to be in the top 20% of trusts nationally for patient and staff experience surveys.
- We reviewed the trusts Quality Strategy for 2015 – 2018 which set out the trusts strategic priorities for the next three years and identified improvement targets. The report stated the trust's long term transformation strategy was driven by the Patient First agenda. This was led by front-line staff who were empowered to initiate and lead the change programme.
- We did not see a separate surgical service plan or the strategic plans for Southland's Hospital but the overarching trust plan encompassed goals and priorities for the surgical services.
- We saw that the trust's vision and values were available on the trust's website for patients, visitors and staff to comment and understand.

Governance, risk management and quality measurement

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- The trust had in place clinical and corporate governance structures with board level quality assurance oversight. The surgical division met monthly with business partners such as human resources and finance to discuss governance issues. Monthly integrated performance meetings were held where areas of concern were highlighted and discussed. Minutes were available from these meetings and we saw that issues such as incidents, complaints and risks were standing agenda items.
- The surgical division was divided into five care groups with a matron associated with each of the care groups. Each of the care groups reported at the weekly care groups meeting. Every other week the meetings were held cross site.
- Strategic operational planning meetings took place monthly with attendance from each of the clinical directorates. Quality dashboards were used as a multidisciplinary tool for performance monitoring across the surgical division.
- However we noted that most of the quality measurement, governance and risk management information related to the two main hospital sites with Southland's Hospital either not mentioned or amalgamated with Worthing Hospital's results and data. There was little information on Southland's Hospital as a separate entity as most of the information was centred on St. Richard's Hospital and Worthing Hospital being the two main centres for acute care. For example we looked at the minutes from various meetings such as the ophthalmology and urology clinical governance meetings, Southland's Hospital was not mentioned in any of the information, action plans, data or comments. Information on day case admissions were amalgamated with Worthing Hospital. This meant it was not possible to have a full understanding of the levels of surgical activity, incidents or complaints at the hospital.
- We were told that half day clinical governance meetings were held monthly with good attendance. Staff told us that training and education facilitators were brought in as required. Staff gave the example of training in safeguarding and the mental capacity act was scheduled for the February meeting with nursing revalidation on the agenda for January. They told us that pain relief in shoulder surgery was currently being monitored to help improve pain control for these patients.
- We found that clinical governance was embedded at local level with minutes and action logs kept. The local groups reported to the quality committee and to the board via the trust's clinical governance committee. Minutes from these meetings were available for inspection and we noted that all risks, incidents and complaints were discussed.
- In addition monthly staff meetings were held where all aspects of clinical governance were discussed including the results from audits, incident and investigations. The minutes from these meetings and the results of any audits were displayed on the notice boards and available on the intranet.
- We spoke with the surgical divisional team who explained that all risks were routinely discussed; with the higher level risks being referred at trust level to the board.
- We were told that the highest risks currently being monitored by the trust were staffing, ophthalmology and referral to treatment times.
- Divisional risk and governance meetings took place monthly, and we reviewed minutes of such meetings, in which we saw discussion of incidents, and presentations from departments.
- The local risk registers were managed by the day surgery unit and theatre managers. These fed into the directorate risk assurance framework, which were reviewed and updated monthly. These reported to the Board via the Clinical Governance Committee.

Leadership of service

- The day surgery unit at Southland's Hospital provided a unique service that was managed remotely by the theatre manager at Worthing Hospital.
- We noted that the band 7 nurses were very positive and aware of best practice in managing a day surgery unit. They told us they did link in with Worthing Hospital but tended to 'get on with it' without too much external

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contact. All the staff gave the impression of knowing the surgical service at Southland's Hospital 'Inside out', knowing where the unit was going and how they were going to get there.

- We spoke with the senior directors and senior clinicians with responsibilities for the surgical divisions. They told us that the Chief Executive was very approachable. They gave examples of support in improving staffing levels and a clear strategic direction.
- There was dedicated leadership and management training in place for staff with individual learning needs identified at appraisal.
- Staff told us there was good teamwork, and that staff were motivated to deliver good patient care.
- Consultants reported that there were good opportunities for development.

Culture within the service

- There was a good atmosphere observed throughout the hospital with many staff having worked at the trust for many years. Clinicians reported that they were very involved in the delivery of the services, and we heard examples of this in our discussions.
- Theatre staff told us about the open culture where they felt free to raise concerns and discuss issues.
- The trust encouraged staff members who had a genuine patient safety concern to raise this within the organisation at the earliest opportunity through the 'Speak out safely' campaign. Staff we spoke with told us they would have no hesitation in raising concerns.
- We noted there were mechanisms in place for acknowledging and giving staff praise and positive feedback. Individuals had their contribution and efforts recognised in the annual staff awards and employee of the month awards.
- The 'Employee of the Month' award enabled patients, staff and members of the public to nominate a staff member who had gone above and beyond what was expected of them to make a difference to patients, visitors and/or their colleagues. The results of this were acknowledged in trust publications, local media and on the trust's website.

Public engagement

- The trust involved patients and the public in developing services by ensuring their views were integral to the planning, designing, delivering and improvement of services. The various means of engagement included a range of patient participation groups including the Stakeholder Forum, League of Friends and Healthwatch; feedback from the 'Friends and Family Test', inpatient surveys, complaints and the 'How Are We Doing?' initiative.
- The trust's website provided quality and performance reports and links to other web sites such as NHS Choices and NHS England consultant performance outcomes. This gave patients and the public a wide range of information about the safety and governance of the hospital.
- The importance of public engagement was also included within the Quality Strategy 2015-18. The public and stakeholders were invited to comment on the trust's draft strategy document and to give feedback highlighting their concerns and priorities.
- We did not see any Southland's specific public engagement forums but they were included in the trust wide groups.
- The trust told us that patient feedback surveys were used to drive improvement at ward and multi-disciplinary team meeting level. These discussions were included in the minutes of these meetings.
- We were told that where things may have gone wrong the chief executive and trust board met with patients and their relatives to apologise properly and take action to prevent the same thing happening again in future.

Staff engagement

- The trust had various means of engaging with staff and the 2015 annual report identified that valuing staff was a priority. The annual staff survey was used as a benchmark to identify areas for improvement. A priority over the next three years was to improve the trust's engagement score.
- For 2014/15, the trust's staff engagement score was similar to the national average of 3.74 at 3.73 within a score of 1 to 5, with 1 indicating that staff were poorly engaged and 5 indicating that staff were highly engaged.






Surgery

- The trust had identified that staff engagement from the medical, dental, facilities and estates staff were staff groups to address.
- We found that staff working at Southland's Hospital were generally very happy there. They felt that there had been an investment in their education; they felt well supported through their immediate manager. Many staff had worked at the hospital for some time and they spoke warmly of the "Family feel" within the unit.
- The doctors and consultants were able to raise any issues through the medical staff committee. Consultants told us that approximately 25% of all the consultants attended regularly. There were also monthly meetings held with the consultant body and the executive team. Although the timings made this difficult for some consultants to attend they told us that they were assured that the management team were aware of any issues they had. They felt that this was a "Step change" in the culture which had improved over the past two years.
- The 2014 annual staff survey indicated that 63% of staff responding would recommend the trust as a place to work with 71% who would be happy for a friend or relative to receive care at the trust. This was better than similar results for similar trust's across the country.
- Staff appraisals for the day surgery unit at Southland's Hospital were running at 100% with medical appraisals were fluctuating between 80 – 85%. The trust was looking to improve upon this with a new deanery appointment and an electronic appraisal system. Medical revalidation was supported within the trust but they were looking at improving the surgical revalidation support.
- New employees were supported through regular meetings at three, six and nine months to ensure they were settling into their post and there were no problems.
- There were no formal supervision sessions held but staff told us that staff all supported each other and gave examples where they had the opportunity to debrief following any upsetting or traumatic event with their peers or their line manager. All staff we spoke with felt well supported.
- Staff were supported through regular staff meetings. We reviewed the minutes from the two most recent meetings and noted that governance issues were not included. The meetings recorded day to day issues such as audits and housekeeping items, formal discussions were not recorded.
- We found that the staff working at Southland's Hospital were more isolated than those working in the other two hospitals within the trust. Although Southland's Hospital maintained links with Worthing Hospital the geographical distance between the hospitals meant that staff had to work harder to maintain those links. For example the majority of divisional meetings were always held at Worthing Hospital. Although staff had access to the minutes on the intranet and the matron emailed relevant governance minutes to the band seven nurses there was not so much face to face meetings held at Southland's Hospital.
- There were arrangements in place to support the health and wellbeing of staff such as arrangements with an annual flu vaccination programme, occupational health provider, and support from a counselling service, a staff physiotherapy service and mindfulness and stress management training for staff and managers.
- There were also trust wide health and social events such as exercise sessions; yoga, palates and 'Zumba', try-a-bike sessions, healthy eating and lifestyle road shows, sing-a-long stress busters and massage.
- There were staff notice boards available on the day surgery unit and theatres giving staff information about local and trust wide issues including training, development and team meeting minutes.

Innovation, improvement and sustainability

- We found that staff across the surgical division were passionate, committed to the hospital, and their role within it. From the ward clerks and ports to the consultants and senior managers, all told us how they loved working at the trust hospital.
- The surgical day unit was conducting trials without catheters for patients who had undergone prostate surgery five days after their surgery. The aim was to improve the quality of life and patient experience following surgery.

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

Information about the service

Southland's Hospital offers outpatient appointments for some specialties where assessment, treatment, monitoring and follow up are required. The hospital offers blood tests, assessments for surgery, cardiac rehabilitation, physiotherapy, speech and language therapy, dietetics, x-rays and clinics for medical and surgical specialties. In the last year 84,143 patients attended the hospital for outpatient services.

During the inspection we spoke with nine members of staff, observed the environment and reviewed records relevant to the running of the service.

Summary of findings

Overall, we rated this core service as 'Good'. There was a good incident reporting culture throughout outpatients and diagnostics and screening departments. Infection control practices and processes were good.

Team work was effective. There was evidence of some audit activity and staff shared learning across teams.

Staff treated patients with dignity and respect and responded to patients individual and emotional needs.

The trust consistently met its cancer waiting times. There was timely access to tests and results. The hospital provided one stop clinics for several specialities which reduced the number of appointments a patient needed.

Staff engagement was good and the senior management team were approachable to staff at all levels.

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Are outpatient and diagnostic imaging services safe?

Good 

Overall we rated 'Safe' as 'Good' because there was a well embedded incident reporting culture amongst all staff groups. Good systems of feedback were in place and there was evidence of changes made as a result of reporting incidents.

Full medical records were available more than 99% of the time and there were good systems in place to ensure referrals were processed securely.

The areas we visited were clean, tidy and staff demonstrated good infection control practices.

However, in the imaging department we had concerns about staff monitoring of the output of the machines. Staff had difficulty accessing information about the appropriate levels of exposure to radiation. A prescribed medicine was not securely stored and there were some incomplete cleaning checklists in the diagnostic imaging rooms.

Incidents

- Staff reported incidents using an electronic reporting system. Feedback was automatically received from this system.
- Outpatient staff discussed incidents at communication meetings each morning. Senior staff reviewed information about reported incidents at the trust's governance meetings. Any lessons learned were shared with the rest of the team.
- In the last calendar year, the radiology department had not reported any incidents to the Care Quality Commission in line with ionising radiation (medical exposure) regulations (IR (ME) R 2000). Staff were aware of the requirement to do so.

Cleanliness, infection control and hygiene

- Staff had clean uniforms and followed the 'bare below the elbows' policy. The hand hygiene audit score for the last month was 100%, which was better than the target score of 85%. We saw staff using hand gel which was available in reception areas.

- The outpatient areas we visited were tidy, clean and uncluttered. We saw complete daily cleaning checklists for this area. An environmental audit completed in August 2015 scored 97% which was better than the target score of 85%.
- We saw three out of three pieces of equipment had green 'I am clean' stickers on them. This indicated equipment was clean and ready for use.
- Waste in clinic rooms was separated and in different coloured bags to identify the different categories of waste. This was in line with Health Technical Memorandum (HTM) 07-01, control of substance hazardous to health and the Health and Safety at work regulations.
- We saw sharps bins available in treatment areas where sharps may be used. This was in line with health and safety regulation 2013 (The sharps regulations), 5 (1) d. This requires staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw labels on sharps bins had signatures of staff, which indicated the date it was constructed and by who. Temporary closure mechanisms were engaged.
- Equipment in the ear, nose and throat (ENT) clinics, was obtained from Worthing Hospital. It arrived vacuum packed, indicating it was clean. Following use, equipment was flushed through, packed up in a locked box and sent back to Worthing Hospital for more thorough cleaning. Equipment was tracked through this process.
- In the diagnostic imaging department cleaning checklists were available. In room three there were gaps in the cleaning records. From 29 September to 9 October the checklist had not been completed. From the 23 October to the 2 November the checklist had not been completed at all, which indicated the equipment in the room may not have been cleaned during this period. During November 2015 the checklist had not been completed on 11 occasions. During December 2015 the checklists had not been completed on six occasions.
- None of the staff we spoke with were sure of whose responsibility it was to complete the checklists or who

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would be checking if it had been completed. This meant there was a risk that equipment may not be kept in a clean and hygienic condition which posed a risk of cross infection.

- We saw walls were marked and cobwebs on a skylight. This showed that the checking of cleaning was insufficiently robust to maintain the environment in a clean and hygienic state.
- There was no body spillage cleaning kit kept in the diagnostic imaging department. This meant that a spillage of potentially hazardous body fluid could not be managed safely.

Environment and equipment

- All equipment was regularly serviced, we saw electronic service records. An annual quality test of diagnostic imaging equipment occurred each year, we saw documents confirming this. In addition to this a radiation protection committee reported annually on the quality of radiology equipment. These mandatory checks were based on the ionising regulations 1999 and the ionising radiation (medical exposure) regulations IR (ME) R 2000).
- Staff reported no issues with accessing equipment in a timely manner for outpatient clinics.
- We saw two resuscitation trollies in the outpatient areas. They had equipment for adults and children. Both trolleys were sealed units and staff checked them weekly. We saw checklists were complete. This was in line with the trust's policy.
- However, we looked at a resuscitation trolley in the diagnostic imaging department. The trust's policy stated equipment should be checked weekly and we saw that this was usually adhered to.
- There was no equipment on this trolley for children although outpatient services to children were provided. This meant that staff could not access equipment to manage the care of children in the event of a serious emergency.
- In the diagnostic imaging department we saw equipment to protect patients from exposure to x-rays. Regular checks of the effectiveness of this equipment were carried out. We saw records of these checks.

Medicines

- In the radiology department, we saw a single item prescription medicine stored in an unlocked cupboard in an unlocked room. The room was easily accessible to staff and patients so there was a risk of unauthorised access.

Records

- In the last year, on average, the medical records department had 58,881 requests for records across the trust each month. At Southland's and Worthing Hospitals the medical records department had on average 32,380 requests each month. The department consistently made more than 99% of complete records available each month for a 12 month period. We saw performance management data which confirmed this.
- Staff told us they had good access to medical records for clinics. Medical records could be obtained at short notice by tracking them around the trust. A dedicated car took notes between different hospital sites to ensure prompt and secure delivery of records.

Safeguarding

- 98% of outpatient staff had attended adult safeguarding training. In addition to this, 100% of staff had attended children's safeguarding training.
- In diagnostic imaging staff told us they had safeguarding children training to level one. Children attended the department for x-rays. This was not in line with the Safeguarding Vulnerable groups Act 2010 or the Royal College of Paediatric Child Health guidance, 2010. This requires staff interacting with children to attend level three safeguarding training.

Mandatory training

- At Southland's Hospital 97% of outpatient staff had attended mandatory training which was better than the trust's target score of 90%.

Assessing and responding to patient risk

- There was no medical emergency team based at Southland's Hospital. If a patient became acutely unwell, switchboard would be contacted via an emergency number. Staff on the switchboard would contact an ambulance.
- In clinics where surgical procedures occurred, the World Health Organisation (WHO) surgical safety checklist was

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completed for patients. The WHO Surgical Safety Checklist was developed to decrease errors and adverse events, and increase teamwork and communication in surgery. We saw four examples of surgical checklists completed for patients. All four were fully completed. In addition to the most recent audit the WHO checklist (June, July and August) was 100% compliant.

- The diagnostic imaging department displayed clear warning notices, doors were shut during examination and warning lights were illuminated. This prevented people from entering an area where they may be exposed to radiation.
- In the imaging we saw signs indicating to female patients they should inform staff if they could be pregnant. This is in line with advice from the royal college of radiographers in order to limit exposure to radiation for the unborn child.
- In the diagnostic imaging department staff had difficulty locating diagnostic reference levels (DRL's) when these were requested. DRL'S are required under ionising radiation (medical exposure) regulations (IR (ME) R 2000). They ensure patients receive the lowest dose of radiation required to obtain a clear examination result. When staff located them, they were on a computer and we saw they were incomplete. This meant that there was insufficient monitoring of patients exposure to potentially hazardous radiation.
- A daily detector test is required in diagnostic imaging to check the amount of radiation a machine gives out when in operation. Staff told us daily detector tests were being done, but they did not record them. Assurance could not be given this was being undertaken as required.
- Potentially hazardous cleaning products were found in an unlocked cupboard meaning they could be accessed by unauthorised people including patients. However, relevant information required by the Control of Substances hazardous to health (COSHH) were available on the internet and staff knew how to access them.

Staffing

- Staff we spoke to worked across all three hospitals within the trust. We saw staffing data which indicated that the appropriate number of nursing staff were available for the outpatient departments across the trust through May, June, July and August.
- Diagnostic imaging staff worked at both Southland's and Worthing hospitals on a rotational basis and there was sufficient cover provided to run the service and meet patients' needs.

Are outpatient and diagnostic imaging services effective?

It is CQC policy that outpatient services are inspected but not rated.

Evidence based care followed guidelines and legislation and staff were appropriately qualified and competent to do their jobs. Staff shared learning and had combined training sessions. We found there was collaborative team working in clinics and staff worked together to provide one stop clinics for patients.

There was a programme of audit and the provider used the outcomes of audit to improve the quality of services.

Staff had training in the requirements of the Mental Capacity Act (2005).

Evidence-based care and treatment

- We saw a variety of audits were being undertaken on a regular basis in outpatients and radiology. They included checking the quality of external reporting for chest x-rays, assessments of clinical areas and infection control audits. This meant the provider was using audit to improve the quality and safety of services.

Competent staff

- In the diagnostic imaging department, in compliance with IR(ME)R regulations, certificates were held for those staff within the hospital who were able to refer patients for diagnostic imaging tests. We saw copies of these. This gave assurance that only those qualified to request a diagnostic examination were able to do so. We saw that all employed radiology staff were registered with the Health Care Professions Council (HCPC). Managers checked registration of their staff and were shown electronic records to indicate all staff were registered.

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- Nursing staff told us they had access to local and national training. This contributed to maintaining their registration with the nursing and midwifery council (NMC).
- Staff felt their appraisal was a useful process and development was encouraged. 91% of outpatient staff had an appraisal in the last year, this was above the target score of 90%.

Multidisciplinary working

- Therapy staff shared learning across the trust and attended regular teaching sessions together. Staff from different professional groups told us they attended and benefitted from these sessions. They felt well supported by colleagues in other staff groups.

Seven-day services

- This hospital did not provide seven day services. However, the trust provided a radiology consultant service seven days a week and a diagnostic imaging department on call service at Worthing Hospital.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- 98% of outpatient staff had attended training for vulnerable adults which included knowledge of the Mental Capacity Act. This was better than the trust's target score.

Are outpatient and diagnostic imaging services caring?

Good 

We rated 'Caring' as 'Good' because feedback from patients and those close to them was positive about the way they were treated. Staff treated patients with kindness and respect.

We saw staff had processes in place to respond to patients individual and emotional needs.

Compassionate care

- In the most recent Friends and Family Test (October 2015), 90% of patients would recommend the trust's outpatients department, which is broadly in line with the national average of 92%.

- We saw staff interact with patients in a professional manner.
- We saw written examples of patient feedback which indicated staff were professional, friendly and caring.
- In outpatient areas we saw 'testing toilets'. These were used by patients who needed to give a urine specimen. They passed the specimen through a hatch, with a closed door, which maintained their dignity.

Understanding and involvement of patients and those close to them

- We saw staff giving explanations to patients about what would happen during their appointment and when they would get the results of their tests.
- The cardiac rehabilitation team had produced a comprehensive advice booklet, which included advice for carers.

Emotional support

- The cardiac rehabilitation team provided emotional support from patient volunteers who had accessed the group sessions in the past. The team operated a 'buddy' system. Patients were paired up with buddies who had experienced similar symptoms in the past.

Are outpatient and diagnostic imaging services responsive?

Requires improvement 

We rated 'Responsive' as 'Requires improvement' because the trust had consistently not met the referral to treatment time standard or England average for the past two years.

However, the trust consistently met its cancer waiting times. The diagnostic imaging department was providing access to tests and results in a timely manner. The hospital provided one stop clinics for several specialities which reduced the number of appointments a patient needed.

Service planning and delivery to meet the needs of local people

- The diagnostic imaging department at Southland's Hospital offered a walk-in service for patients referred

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from their GP who required an x-ray. The department was open from 9am to 5pm for x-rays. Ultrasound appointments were pre-booked and were available from 8:45am. The department closed at 5pm.

- Patients within the local area were able to refer themselves to physiotherapy. Just over half of all patients who attended the physiotherapy department referred themselves. Physiotherapy patients could also access a telephone line, where they could discuss their symptoms and receive advice appropriate to their symptoms. This was especially beneficial for patients finding it difficult to attend the department.
- A one stop clinic ran for urology patients. On attending the department, they had an appointment with the doctor and received the appropriate investigation. They waited for the results of their investigation and were either discharged or had an appointment for further treatment. This meant that patients experienced a co-ordinated service which minimised the need to return for repeat appointments.
- Patients attending one stop clinics received their clinic letter with results once their investigations and procedures were complete.
- The cardiac rehabilitation service offered advice and exercise classes for patients who had experienced heart problems. They offered attendance to their classes at either Worthing or Southland's Hospitals. If patients had difficulty attending either site a member of the team would visit them at home. A comprehensive, easy to understand booklet was given to each patient who attended. Additional advice was available via telephone. The service offered an open invite to patients up to a year after their initial referral.
- The occupational therapy team offered home visits for patients. When issuing aids and splints to patients' verbal and written information was provided and carers were included in advice and explanations about their use.

Access and flow

- Non-admitted pathways are waiting times (time waited) for patients whose treatment started during the month and did not involve admission to hospital. Operational standards are that 95% of non-admitted pathways should start consultant led treatment within 18 weeks of

referral. The non-admitted referral to treatment times (RTT) for this hospital from December 2013 was consistently below the England average and the standard of 95%. Since March 2015 the non-admitted referral to treatment times for children's services were below the standard of 95%. There was a decline in compliance and in October 2015 it was at 70%.

- The call centre, which used an electronic system, could be accessed by all members of the booking team. This meant that if there were more than two patients waiting on the phone, other staff could answer the call. During inspection, call centre staff numbers were low due to sickness. We witnessed waiting list staff assisting the call centre staff by answering calls.
- Waiting list staff had responsibility for individual specialities. They had a good awareness of the capacity available for their specialities. They had good working relationships with care group managers and could contact them via phone or email if any issues arose or to discuss setting up additional clinics when required.
- Urgent patients, on a two week wait pathway, had a unique code which identified them to waiting list staff. This enabled them to monitor and manage their appointments as appropriate. We saw this on the electronic system.
- Patients referred to physiotherapy waited a week or less for their first appointment.

Meeting peoples Individual needs

- Patients attending one stop clinics received their clinic letter with results once their investigations and procedures were complete.
- The cardiac rehabilitation service offered advice and exercise classes for patients who had experienced heart problems. They offered attendance to their classes at either Worthing or Southland's Hospitals. If patients had difficulty attending either site a member of the team would visit them at home. A comprehensive, easy to understand booklet was given to each patient who attended. Additional advice was available via telephone. The service offered an open invite to patients up to a year after their initial referral.

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- The occupational therapy team offered home visits for patients. When issuing aids and splints to patients' verbal and written information was provided and carers were included in advice and explanations about their use.
- Waiting areas were spacious and free of clutter. We saw adequate seating in waiting areas and clear signage to the different departments around the hospital.
- Access and around the hospital was level and therefore suitable for wheelchair users. A disabled toilet was available.
- There was a coffee bar so waiting patients and their relatives could access food and drinks.
- Staff told us they could book interpreters for deaf patients and those for whom English was not a first language. If required, a translation service was available on the phone via dedicated line.

Are outpatient and diagnostic imaging services well-led?

Good 

We rated 'Well-led' as 'Good' because; Staff engagement was good across all staff levels and there was a positive culture within the outpatients and radiology departments.

Staff felt involved in decision making and were aware of developments throughout the trust. The senior management team were approachable to all staff.

Vision and strategy for this service

- Staff had good awareness and knowledge of the vision for the hospital. There was a real sense everyone was working together for the same aim. Staff spoke proudly about their achievements and working at the hospital.
- In outpatients managers had worked with an external company to identify areas of improvement. An action plan had been developed to deliver these suggested improvements.

Governance, risk management and quality measurement

- Clinical staff oversaw the management of referrals to outpatients and radiology, both urgent and non-urgent.

There were many failsafes in place to ensure that patients did not get lost in the system. The booking centre staff alerted care group managers if issues arose. Booking centre staff worked with care group managers to assess and deliver outpatient services.

- The diagnostic imaging department was following policies and procedures in accordance with ionising radiation (medical exposure) regulations (IR(ME)R) regulations. This was overseen by a radiation protection committee and advisor. There were twice monthly clinical governance meetings where risks, complaints and incidents were discussed. We saw the minutes of these meetings.
- A divisional clinical governance review meeting occurred every three months. Minutes from these meetings were available for inspection and we noted that all risks, incidents and complaints were discussed. We saw action plans arising from these meetings.
- Meetings to discuss and manage the referral to treatment times for medical and surgical divisions occurred every week. They involved clinical oversight of long waiting patients, which included an action plan for each patient. This mitigated risk to long waiting patients. We saw minutes of these meetings and action points arising from these.
- There were a variety of audits on-going in the outpatients and diagnostic imaging departments. They continually measured the quality of reporting and the environment and we saw action plans that arose from these.

Leadership of service

- Staff felt their managers were approachable and they could discuss any issues with them. They were aware of who the senior managers were and the changes on-going in the hospital. Staff told us that the senior management team were visible on the floor and were contactable if issues arose.
- There was inconsistent leadership or supervision in the diagnostic imaging department as staff rotated. That resulted in poor implementation of safety measures such as checking of the crash trolley, cleaning checklists daily detector checks.

Culture within the service

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- Throughout the areas we visited there was a very positive culture amongst all staff groups. There was a pride in the work they did and a “can do” attitude displayed.
- Staff of all levels had an appreciation for what other staff members did within and between teams.
- Staff we spoke with felt valued within their teams and as part of the trust. Supportive relationships were evident in areas we visited.

Public engagement

- When considering a new service development, the physiotherapy team set up a stall in the town centre. This was to gain views from patients on how the service would best serve the local population. This had led to the department extending its clinic times up to 6pm in the evening and opening on a Saturday morning. This showed a commitment to providing a service that met the needs and preferences of the local population.
- The cardiac rehabilitation team held focus groups with local people prior to setting up their service. This was in order to understand what patients would want from their service. The team had regular feedback from patients using their service. They gave us examples of changes they had made as a result of feedback.

- The hospital regularly gained feedback from patients with patient satisfaction surveys and friends and family tests.
- At the time of inspection they did not hold regular engagement meetings with members of the public.

Staff engagement

- Staff felt they were able to raise any concerns or ideas with managers. They told us staff conferences were a valuable source for seeing what was going on elsewhere in the trust. All staff we spoke with felt the Chief Executive was visible within the trust, had an open door policy and was approachable. Some staff felt that although the Chief Executive had not visited their service or department, they felt informed by the regular newsletters.
- The introduction of ambassador roles enabled some staff groups to have a greater involvement with other teams and staff groups, where prior to this they had felt isolated from other teams.

Innovation, improvement and sustainability

- There were plans in place to develop an Ophthalmology department in Southland's hospital.

Outstanding practice and areas for improvement

Outstanding practice

Areas for improvement

Action the hospital MUST take to improve

Action the hospital SHOULD take to improve