CESP (Portsmouth)

Quality Report

CESP (Portsmouth)
Queen Alexandra Hospital
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Portsmouth
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Website: n/a

Date of inspection visit: 28 November and 1 December 2017
Date of publication: 14/06/2018

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

CESP (Portsmouth) is operated by Consultant Eye Surgeons Partnership (Portsmouth) LLP. The partnership is composed of six ophthalmic surgeons. CESP (Portsmouth) provided surgery at a local NHS hospital under a service level agreement which will be referred to as the host hospital throughout this report.

The host hospital facilities included three operating theatres, one with laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination), X-ray, outpatient and diagnostic facilities. There was a bright, comfortable reception area where hot and cold drinks were available.

Because the host hospital is a separate registered provider these aspects are not included in this report.

We inspected the service using our comprehensive inspection methodology and inspected only the surgical element of the refractive eye service. We carried out the announced part of the inspection on 28th November 2017, along with an unannounced visit to the hospital on 1st December 2017.

The service specialises in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, usually under topical anaesthesia. Other treatments designed to improve vision after cataract surgery were also offered, including laser therapy.

CESP (Portsmouth) provided elective ophthalmic services to around 155 private patients yearly. Patients were generally referred by their optometrist and either funded their own treatment or paid through an insurer. These people had visual problems caused by the formation of cataracts, where the natural lens in the eye becomes cloudy.

Once accepted for surgery, patients were seen and managed using the same protocols, procedures and documentation as the host hospital. They were treated at the end of the host hospital theatre list, which was usually conducted at the eye day case unit in the host hospital. Under a service level agreement with CESP (Portsmouth), the host hospital provided all the facilities and support staff required as well as prescribed medication and medical devices such as intra-ocular replacement lenses.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

We rated this service as requires improvement overall because:

- There were inconsistencies with record keeping in patients' notes.
- Governance and oversight of the service level agreement with the host trust was not robust.
- We identified concerns regarding medicines management.
- We identified infection prevention control and cross-contamination risks.
- The patient leaflets did not include information on how to complain and how to obtain the advice in different languages.
- The vision and strategy did not sufficiently support risk management, succession planning and business sustainability.

Summary of findings

However, we also found areas of good practice:

- Through the management consultancy firm CESP (Portsmouth) employed, purpose-designed software that used clear visual indicators to calculate and show compliance with key safety and regulatory guidelines.
- There was a designated lead for safeguarding vulnerable adults and partners were trained appropriately to recognise and report suspected abuse in vulnerable adults.
- Partners were up to date with mandatory training and there were effective systems in place to ensure that the organisation had oversight of mandatory training, competency and validation.
- Care was delivered in line with national guidance and the outcomes for patients were good when benchmarked.
- Robust arrangements for obtaining consent ensured legal requirements and national guidance were met.
- Patients were treated with compassion and their privacy and dignity were maintained.
- A multidisciplinary approach was actively encouraged and we saw good examples of positive interaction between providers and partners.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Requires improvement** 	Elective intra-ocular surgery was the main activity of the service. Outpatient consultations were provided as part of the assessment before and after ophthalmic surgery. These consultations did not form part of this inspection and are not represented in this report. We rated this service as requires improvement. We rated safe and well-led as requires improvement because some elements of infection control, medicines management, governance and how risks to the organisation itself were managed needs more evidence to provide full assurance.

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at
Refractive eye surgery

Summary of this inspection

Background to CESP (Portsmouth)

Consultant Eye Surgeons Partnership (CESP) LLP was established in 2007. CESP (Portsmouth) is a consultant-led partnership of ophthalmic specialists, who all had substantive posts with a local NHS trust which will be referred to as the host hospital throughout this report.

The service primarily served the communities of Portsmouth and the surrounding areas in Hampshire. It also accepted patients' referrals from outside this area.

A limited liability partnership (LLP) is a business arrangement commonly used in professional practice, in which each owner (partner) is not legally responsible for another's misconduct or negligence. The LLP was set up in response to changes in the way private practice was managed within NHS hospitals.

CESP (Portsmouth) comprised of six ophthalmic specialists, one of whom was a non-practicing partner. The registered manager and nominated individual was Mr William Green, who had acted as the LLP lead since 2012.

CESP (Portsmouth) provided elective ophthalmic services to private patients aged 18 or over, who had been referred by their optometrist or had self-referred with visual problems caused by the formation of cataracts. The consultants specialised in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, usually under topical anaesthesia. Other treatments designed to improve vision after cataract surgery were also offered, including laser therapy.

In addition to the service agreements with the host trust, the LLP had contracted with a medical business management company to coordinate patients' bookings and the flow of records as well as control the LLP's own staff records, files and policy documents.

Our inspection team

The team that inspected the service comprised a lead CQC inspector for this service plus one other CQC inspector, who were overseen by a CQC Inspection Manager. Both had received specialist training for inspecting independent eye services and belonged to the CQC refractive eye service national group.

The inspection process was overseen by Mary Cridge, Head of Hospital Inspection.

Information about CESP (Portsmouth)

Consultant Eye Surgeon Partnerships (CESP) Portsmouth operated at a local NHS trust and used the host hospital facilities for all care and treatment. The service did not provide care to NHS patients.

The service only accepted patients through self-referrals through the patient's own GP or optometrist. The service operated Monday to Friday between 8.30am and 5.30pm.

There were six consultant surgeons who worked under practicing privileges operating at the service.

CESP (Portsmouth) LLP is registered with the CQC to provide the following regulated activities:

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

During the inspection, we visited the host hospital where CESP (Portsmouth) provided this service. We visited one operating theatre and the day case department where all day case patients were seen. This included a waiting area,

Summary of this inspection

pre-operative and post-operative recovery area. We spoke with CESP partners and CESP contracted staff, as well as employees from the host hospital including reception staff, registered nurses, doctors and senior managers. We spoke with four patients, a relative and reviewed 14 sets of patients' records. We also reviewed the 'patient satisfaction survey' which had been completed by 31 patients.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not been inspected since registering in December 2012, at which point the provider was meeting all standards of quality and safety it was inspected against.

Activity

- 155 day cases were performed during the reporting period (April 2016 to March 2017). All of these were funded through non-NHS means. The most commonly performed surgical procedure was 60 cataract extractions and implants, and there were 50 Class 4 laser capsulotomies. The remaining procedures carried out included trabeculectomy, vitrectomy and cataract surgery combined, laser iridotomy and laser trabeculoplasty.
- All patients were treated as day cases and none required an overnight stay in hospital.
- All patients were aged 18 and over.

Track record on safety

In the same period (April 2016 to March 2017) there were:

- No never events or clinical incidents reported.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.difficile) or Escherichia coli (E-Coli).
- There were no complaints.

Services provided to CESP (Portsmouth) under service level agreement:

- Patient documentation and computerised record facilities.
- Perioperative day clinic services for patients including interpreters.
- Ophthalmic theatre services including nursing, medical and ancillary staff, medication and medical devices.
- Pathology and histology.
- Radiology and imaging.
- Laser protection service.
- Clinical (including sharps) and non-clinical waste removal.
- Catering and laundry services.
- Maintenance of facilities and medical equipment, including business continuity provisions.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- We had concerns regarding infection control. There were possible cross-contamination concerns with pots of iodine being used for multiple patients.
- We observed trolleys left unattended with medicines and open pots of iodine, which meant the service could not be assured they had not been tampered with.
- We saw take home medication being dispensed by staff who confirmed to us they had not received additional training to carry this role.
- We found inconsistencies in record keeping in patients' notes. This included incomplete or missing surgical safety checklists.
- We found inconsistencies regarding the accurate recording of medicines used during procedures both in the patient's notes and the register held in the operating theatre.

Are services effective?

Good

We rated effective as good because:

- CESP partners followed nationally agreed care management pathways such as the Royal College of Ophthalmologists cataract surgery guidelines.
- Patient complication rates were reported as being below (better) than the England average.
- The service monitored patient satisfaction through a comprehensive survey and acted on the results.
- Records showed that CESP (Portsmouth) staff were up to date with relevant mandatory training and all had received a recent appraisal.
- There was effective multi—disciplinary working between colleagues and between CESP (Portsmouth) staff and staff at the host trust.
- Consent to care and treatment ensured that patients were involved and informed consent had been gained.
- Patients were given information about pain relief and this included administration of anaesthetic eye drops prior to surgery or procedures.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- We saw all staff from CESP (Portsmouth) treated patients with kindness, compassion, courtesy and respect.
- Patients told us they received clear and concise information, with opportunities to ask questions throughout.
- Patients said they were treated with care and compassion and their privacy and dignity were maintained when receiving care and treatment.
- Patients were fully involved in their care and were supported in the management of long-term conditions.

Are services responsive?

Good

We rated responsive as good because:

- Access to treatment and care was timely and well managed and patients were seen within appropriate referral times.
- The service specialised in intra-ocular surgery, together with other treatments designed to improve vision.
- Patients had a choice of location regarding where to receive their treatment.
- The service had no waiting lists for private patients and were flexible with dates for clinic appointment and surgery.
- There was a robust process for investigations of complaints. Information on how to raise a concern or complaint was available to people using the service.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The provider did not have a clear vision or strategy for the service.
- There was a lack of appropriate governance by the provider of the equipment and medicine checks within the host trust. CESP (Portsmouth) had a service level agreement with the host trust which covered this area. However, they did not have in place appropriate checks to assure themselves actions were being completed.
- CESP (Portsmouth) did not have a risk register and so there was limited opportunity to effectively identify and manage or mitigate risks associated with carrying on the regulated activities.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Surgery

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

Are surgery services safe?

Requires improvement

The main service provided by this provider was surgery.

We rated safe as **requires improvement.**

Incidents

- The service had reported no 'never events' in the year prior to our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- In the period (April 2016 to March 2017) there were no clinical incidents or non-clinical incidents reported. We saw CESP (Portsmouth) meeting notes that showed safety performance was a standing item on the quarterly medical advisory committee (MAC).
- Patient safety incidents or those involving facilities, equipment or staff provided by the host hospital were reported on the host hospitals electronic incident system. The registered manager (RM) and other local staff we spoke with confirmed they understood what constituted an incident. They confirmed they had received training and felt confident about using the software.
- In addition to these processes, we saw copies of completed CESP (Portsmouth) 'quarterly incident reports' where each partner signed to confirm that key safety performance aspects during the patient's journey had been reported, such as unplanned returns to theatre and clinical incidents as well as any concerns about cleanliness (infection control), medicines management, premises or equipment. All signed forms were reviewed showed a nil return for quarterly incident reports.
- Managers explained that learning from incidents was shared across the hospital through email alerts, announcements on the trust intranet and at team meetings. CESP (Portsmouth) partners had access to these resources in addition to their MAC meetings. Opportunities for learning from incidents were also facilitated through communication between specialists and existing quality and professional links at the trust. CESP (Portsmouth) and NHS staff we spoke to said this was a positive feature and cited it as a strength of the formal arrangement between both providers.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- We saw that CESP (Portsmouth) had a current policy that included duty of candour. This meant partners and staff had clear guidance to follow in cases where this obligation applied.

- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the year prior to our inspection. However, staff we spoke with were able to describe actions they would take in the event of an incident requiring duty of candour.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- CESP (Portsmouth) did not contribute to the National Ophthalmology Database (NOD). This data is used to benchmark all consultant ophthalmologists in England and Wales and is published on websites operated by NHS Choices and Your NHS.
- CESP (Portsmouth) did not maintain a separate clinical quality dashboard, instead it had access to the host trust's clinical dashboards and audit reports. These had been identified in the service level agreement (SLA) between the two organisations. We saw the agreed list and we saw examples of the documents saved on the CESP (Portsmouth) database.
- We saw contractual terms in the SLA that specified sharing information monthly and an obligation on parties to "address promptly and respond in relation to any issue", which reinforced the rights and responsibilities of both organisations in terms of sharing information and concerns. According to managers we spoke with, this relationship "worked very well" and there were "no concerns".

Cleanliness, infection control and hygiene

- There was a lack of assurance from the provider regarding infection prevention and control which was covered by the service level agreement with the host trust. The service level agreement detailed the local infection prevention and control procedures, including audits such as hand hygiene audits. For example, during our inspection we observed inconsistency regarding hand hygiene. We saw a member of staff not washing hands prior to putting on gloves and applying drops to the patient's eyes.
- We also observed a trolley laid out in the day surgery unit. On the trolley were three boxes of single–use eye drops and two gallipots of iodine (iodine was used to clean and disinfect the skin around the eyes of a patient). Staff used this trolley to prepare patients for surgery. The pots of iodine were prepared at the beginning of each theatre list, they remained on top of the trolley and were used for each patient. The was a risk of cross-contamination as the pots of iodine were shared between multiple patients.
- There had been no reported healthcare associated infections for this provider in the 12 months prior to our inspection.
- Clinical areas and ophthalmic examination rooms were visibly clean, well-lit, air-conditioned where required and supplied with sufficient equipment and furnishings for their role.
- We saw that intraocular surgery was performed within a standard ophthalmic operating theatre environment with air handling and other services provided to suit its purpose, which was in line with professional standards and guidance from the Royal College of Ophthalmology.
- We observed the consultant and operating team follow Royal College of Ophthalmology and National Institute for Health and Care Excellence (NICE) guidelines in regard to sterile and single use equipment, personal protective items and surgical site asepsis. Decontamination of reusable medical devices was provided through the SLA with the trust.
- Staff followed best practice during surgery which included drapes around the surgical site and the use of sterile gowns and gloves. There was a designated staff member to ensure all swabs, needles and blades used, were accounted for during and after the surgery and records were maintained. This further reduced the risk of surgical site infections and the risk of retained instruments and equipment post-surgery.
- As part of the contract with the trust, CESP (Portsmouth) obtained and reviewed copies of monthly hand hygiene and infection prevention and control audits. The audits were within or better than the host trust targets, which demonstrated that staff followed the correct technique for handwashing and other key aspect such as safe disposal of clinical waste and not wearing long sleeves when undertaking procedures in the day unit. Managers stated that this information, along with the partner feedback forms, was brought to the quarterly partners meeting and CESP (Portsmouth) medical advisory committee.

- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff followed guidance on sharps management which included no re-sheathing of needles. The sharp bins were clearly labelled and tagged to ensure appropriate disposal and to prevent risk of cross infection.
- We reviewed the SLA contract between CESP (Portsmouth) and the host Trust which was last revised in March 2017.
- The host trust had an item on their risk register regarding the transfer of soiled equipment through a patient area. The resolution identified required a reconfiguration of rooms within the department which the host trust were reviewing and costing.

Environment and equipment

- CESP (Portsmouth) had a service level agreement with the host hospital for the provision and maintenance of all surgical and other equipment.
- When we visited, clinical activities were undertaken in the eye daycase unit at the host trust. While this aspect is out of the scope of this report, we saw nothing of concern.
- Resuscitation equipment was available in the operating theatre. There was also a "difficult airway" trolley with appropriate equipment in use in the operating theatre. The resuscitation trolleys were kept in a secure area and these were tagged and tamper evident. Daily checks of resuscitation equipment were carried out and records of these were seen during the inspection. These checks were necessary and provided assurance that the equipment was ready for use and safe.
- The RM stated that the partners were already familiar with staff skills and abilities as well as the facilities and equipment provided. By combining this knowledge with reviews of audits undertaken, the RM felt confident that CESP (Portsmouth) could assure itself about the suitability and safety of the environment.
- There was a process for the recording of implants and single use instrumentsunique identifying labels was attached to the patients' records for audits and traceability if required. The surgeon and scrub nurse completed a double check to ensure that the correct implant was used. This included size, type and make of implant which was recorded.
- We noted a laser facility was also made available for post-surgical eyesight correction. Staff explained that the unit had a named laser protection supervisor (LPS), who retained overall responsibility for the safety and security of the device. As this was provided by the host hospital, we did not inspect the facility.

Medicines

- During the inspection, we found not all medicines were stored safely and securely and in line with the host hospital policy on medicines management.
- For example, we reviewed the trolley containing the take home medication and other eye drops: this was unlocked and unattended in the day unit. These consisted of over 20 eye drops in the trolley. Take-home medication was also left unattended on the nurse's desk. We informed the service of this during the inspection who told us they would change the lock on the trolley as it was unable to be secured properly immediately.
- We also observed a trolley laid out in the day surgery unit. The trolley contained eye-drops and was left unattended when staff were in theatre with patients. The was a risk that the medicines could be tampered with or removed without anyone being aware.
- Patients received medicines to take home following surgery which were prescribed by the consultant. In addition to containing aftercare advice about the procedure itself, patients were given printed leaflets which gave clear instructions about how and when to use the eye drops supplied.
- We saw nurses dispensing the take home medication; however, the nurses confirmed to us that they had not received additional training to carry out this role. This was a concern and we raised this issue with the service during the inspection. Managers told us that the trust pharmacy department were aware of the issue but did not have the resource to train the nurses and were submitting a business case to obtain pre-packed take home medications.

- Mitomycin C (MMC) is a cytotoxic drug used in some ophthalmic procedures. Cytotoxic drugs can be harmful, if exposed to certain groups of people. For example, women who are pregnant. As such, there should be strict controls around the handling and storage of such drugs. There should also be appropriate kits available in case of a spillage of a cytotoxic drug.
- We found, at the time of our inspection, that the host trust did not have any controls in place and no spill kits relating to cytotoxic drugs. Staff were collecting MMC from the pharmacy without being aware of the issues regarding cytotoxic drugs, which posed a potential risk to themselves. There was no record of collection or receipt of the drug from pharmacy into the department. Therefore we were not assured of the safety and management of cytotoxic drugs.
- MMC was stored in the medications fridge but was not separated from other medications. We highlighted this to CESP (Portsmouth) and managers of the host trust during the inspection. The host hospital immediately implemented a procedure to record collection and delivery, manage storage and obtained an appropriate spill kit. The host hospital re-issued their existing guidance regarding the management of cytotoxic drugs. We were provided with evidence of these changes after the inspection.
- We observed staff from the host hospital consistently checking patient identification and allergy status before administering the eye drops to prepare the patient for surgery.
- CESP (Portsmouth) had a service level agreement with the hospital for the provision of medicines and medical devices. This included eye drops dispensed to patients on discharge.

Records

- Each patient had electronic and paper records. An electronic file was created by the management company employed by CESP (Portsmouth) at the time of referral. This was augmented by a clinical file prepared by a medical secretary ready for the initial consultation, which included measurement and assessment of the eye (biometry) to help determine suitability for lens implantation and the type of lens to use.
- Staff at the host hospital trust created a patient file using the host hospital paperwork. CESP patients were given a unique patient number at the host hospital which identified them as CESP patients. The CESP (Portsmouth) coordinated this with hospital administrators and staff. The surgeon brought a copy of the patient's file from the initial consultation which included key documents such as the assessment notes and the consent form which was completed by the surgeon carrying out the procedure. This was added to the file created at the host hospital.
- We observed a pre-operative consultation where the surgeon checked the notes and briefly explained the procedure, aftercare and risks before answering any questions and obtaining another consent signature from the patient.
- After the procedure was finished, we saw a summary of the operation carried out printed in theatre and affixed with tracking labels from the intraocular implant used.
- CESP (Portsmouth) records containing patient information were stored securely and electronic records were password protected. We also saw evidence that CESP (Portsmouth) audited a sample of notes annually, which showed 100% compliance with selected indicators.
- We reviewed 14 sets of patients' records and saw that these contained details of the patient's medical history, previous medications, consultation notes, treatment plans and follow-up notes. We also saw consent for the procedure and consent to contact the patient's own GP was included.
- During our visit to the eye day unit, we saw that the patient records contained information on current medications, allergy status and medical histories to help the consultant prescribe new medications safely.
- However, we found inconsistency with record keeping in patient notes. We reviewed four sets of patients' notes which covered six separate operations. Of the four sets there were only five surgical safety checklists in the notes and only three of those five were dated. We highlighted this to the provider during the inspection.
- We reviewed another batch of three notes reviewed for patients which had been treated with Mitomycin C (MMC). We crossed referenced the patient notes with the

theatre register which should contain the batch number and expiry date of the MMC used. For the three patients treated only one had full MMC details recorded in the theatre register, one did not have any details regarding MMC used recorded and, for the last one the register was blank regarding the procedure and if MMC was given but was signed by the surgeon. This was a concern and we highlighted this to the provider during the inspection.

- CESP (Portsmouth) was registered with the information commissioners' office (IC0) and followed guidelines about document security.

Safeguarding

- The service did not treat patients under the age of 18 years. However, all CESP (Portsmouth) partners had safeguarding training for adults (level one) and children (level two) as part of their annual mandatory training programme with the host hospital. CESP members we spoke to were alert to any potential issues that might arise.
- The registered manager (RM) gave a clear description about who the safeguarding lead for the trust was and how concerns could be raised, initially using an electronic reporting system provided by the trust.
- CESP (Portsmouth) had a safeguarding policy in place.

Mandatory training

- CESP (Portsmouth) did not have a separate mandatory training policy but responsibilities relating to mandatory training were included in their 'Health and Safety Policy and Statement'. CESP (Portsmouth) had obtained agreement with the host hospital to utilise their electronic training and monitoring service.
- We saw current records of each partner's statutory and mandatory training status, which had been shared by the host hospital and stored on the CESP (Portsmouth) database. Topics recorded for each consultant on the 'medical staff - surgery' database were blood transfusion, conflict resolution, duty of candour, clinical supervision, equality and diversity, fire, health and safety, infection control, information governance, resuscitation, safeguarding adults (awareness), safeguarding children (level 2), trainees in difficulty and workplace based assessment. Some topics were marked 'e-learning' while others required attendance at lecture sessions
- Managers explained that both the host hospital and CESP's learning management system automatically sent reminders to each consultant and their line manager when training had expired. In addition, CESP used this information to maintain a training file stored on internet accessible software. This meant the RM or consultants could conveniently access the information from any computer at home or their office with an internet connection. Likewise, the host hospital e-learning packages could be accessed after hours and away from the hospital. This gave all staff the ability to complete training at a time and place to better suit their work and personal commitments
- We saw that all relevant staff were trained in basic life support (BLS) and the RM had also qualified in immediate life support (ILS). CESP (Portsmouth) rarely provided surgery under sedation and if this was the case the provider arranged for the patient to be added to a theatre list at the host hospital when an anaesthetist was made available by the host hospital.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- The RM said that patients were accepted for treatment if they fulfilled suitability guidelines related to age, health status, medication and optical suitability. The surgeon performing the procedure always completed the pre-operative consultation with the patient. Suitability criteria for acceptance included mental illness and patients who presented with psychological problems were referred on for an assessment. Another example included patients taking anticoagulant therapy who were asked to arrange a clotting test on the morning of surgery. Patients with high blood pressure were referred to their GP for further treatment before surgery was agreed.
- Staff explained that part of the initial consultation process included biometric measurements of the eye to determine the strength of the implant to be used. In addition, health status and other relevant medical information were collected to help assess and respond to risk.

- Once the patient arrived at the day unit, we saw pre-operative assessments completed by staff such as a general health check, blood pressure and heart rate and a prescription check undertaken to ensure patients were still suitable to proceed.
- The World Health Organisations (WHO) Surgical Safety Checklist is a tool for clinicians to improve the safety of surgery by reducing deaths and complications. The host hospital used their own Local Safety Standard for Invasive Procedures (LoCSSIP) in place of the WHO checklist. CESP (Portsmouth) used the same eye surgery safety checklist as the host hospital.
- We observed one private patient going through their pathway. Once the patient was in theatre and the procedure was underway we asked to see the LoCSSIP in use for the patient. At the point at which we asked, a LoCSSIP checklist was not available, had not been started and one had to be brought into theatre. The form was then completed and was placed in the patient file at the end of the procedure.
- Despite not having the LoCSSIP, in theatre, we noted good communications between all members of the team and their calm attention to detail allowed the sharing of information to enable a safe and smooth running of the surgical list.
- After the procedure, the patient remained in the day unit until they were seen again by the consultant and felt well enough to go home. The surgeon used the opportunity to remind the patient about aftercare, the review appointment and left his contact details should the patient experience concerns about their eye. As this procedure did not involve general anaesthesia or sedation, the patient did not require any observations post operatively.
- We spoke with the patient after the surgeon had departed. They felt confident they could manage the aftercare and commented favourably on the amount and level of information they had received, including an advice leaflet to take home that included the contact details of the surgeon and medical secretary. They recounted the advice given by the surgeon about the after hour's eye service at the host hospital, and felt able to access this in the event of any complication. We saw that 24 hour care was available at the host hospital and noted that access to afterhours specialist eye services was a feature included in the SLA between CESP (Portsmouth) and the host hospital.
- The RM later stated that a strength of the relationship with the host hospital was the availability of on-site medical support during a procedure, should a patient become unwell.

Nursing and medical staffing

- Clinical and support staff were provided to CESP (Portsmouth) under service level agreements with the host hospital.
- The provider had assured themselves of sufficient staffing by the host trust. We saw sufficient staff on duty when we inspected and we noted that staffing numbers and skill mix complied with the Royal College of Ophthalmology guidance.
- The provider told us that for certain procedures some patients may require intravenous sedation. Should this be the case we were told that there was an anaesthetist present in all cases.
- The medical service itself was consultant-led and comprised of five active partners, all of whom were on the GMC specialist register for ophthalmology. The RM explained that consultant absences due to sickness or holidays were easily covered and managers stated the partners were used to working in this way.

Emergency awareness and training

- Managers stated that the business model adopted by the LLP resulted in enough flexibility to be able to respond effectively to major incidents. For instance, the electronic filing system maintained by the management service was web-based. Scanned files and saved documents could be recovered (restored) from remote servers should the need arise.
- CESP followed the internal emergency policy and procedures of the host hospital.
- The host hospital had an emergency generator in the event of power cuts and regular checks were completed.
- There were regular fire drills and fire alarms were tested weekly and evacuation procedures were in place. Fire training formed part of the service's mandatory staff's training.

Requires improvement

Surgery

Are surgery services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- The provider used up to date, regularly reviewed policies and procedures and best practice guidance.
- The service used guidance from the host hospital to ensure care and treatment reflected current evidence-based NICE guidance, standards and best practice. The service used the policies from the host hospital to inform their practice. This was agreed within the service level agreement between CESP (Portsmouth) and the host hospital.
- CESP (Portsmouth) informed us all consultant partners were Fellows of the Royal College of Ophthalmologists and followed their guidance in relation to cataract surgery. All consultants we spoke with told us they received regular bulletins and updates individually.
- CESP (Portsmouth) followed the same protocols set out by the host hospital for patients, such as the standards for invasive procedures (LOCSSIPs). However, we did find some inconsistency with the completion of these forms both in theatre and in patient notes.
- CESP (Portsmouth) partners attended host hospital departmental meetings as part of their substantive role within the host hospital. We reviewed minutes of meetings which confirmed their attendance.
- Pre-operative assessment included screening against a defined set of suitability criteria to ensure patients were suitable for their chosen treatment. The surgeon discussed with the patient any potential limitations of the treatment as well as the potential benefits and we observed the consultant briefly reviewing these discussions with the patient on the day of our inspection.
- Data provided by the service regarding complications included bruising, posterior rupture, endophthalmitis and dropped nucleus. We were not provided with combined figures for the partnership. The national benchmark for posterior rupture rates was 1.9%, the rate for CESP (Portsmouth) surgeons was below 1%.
- We saw evidence that policies and procedures were a standing agenda item on the medical advisory committee (MAC) meetings for the provider. However, there was limited evidence of thorough discussion of these policies within the meeting minutes.
- Technology was used by the provider pre-operatively, during surgery and at the clinic post operatively. Measurements of the eye were taken pre-operatively to improve the accuracy of the surgery outcome. A machine was used for the cataract surgery called a 'phaco-emulsification' machine and an auto-refractor machine was used post operatively to confirm the prescription of the patient following surgery. The service had reported no cases where the outcome of the prescription was different to that expected.

Pain relief

- Most patients undergoing ophthalmic surgery were treated under topical local anaesthesia. Anaesthetic eye drops were administered prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive.
- The provider told us that for certain procedures some patients may require intravenous sedation. Should this be case the patient would be admitted to the host hospital as a day case patient. An anaesthetist provided by the host hospital would supervise the administration of intravenous sedation and monitor the patient.
- We observed the surgeon and theatre nurse monitored the patient for signs of pain throughout the operation and ask if they were comfortable during treatment. Patients' pain was assessed during and after procedures using a pain score numerical tool.
- The patient we spoke with told us they did not feel pain during or immediately their procedure and they felt informed regarding the best way to manage any post-operative discomfort. We saw this advice was reinforced in the aftercare sheets given to the patient on discharge.

Nutrition and hydration

Requires improvement

Surgery

- Patients were offered tea or coffee and a biscuit following surgery completed under local anaesthetic.
- Patients requiring intravenous sedation for their procedure were required to be nil by mouth prior to surgery. The RM told us this was explained to the patient during the pre-operative assessment consultation.
- In addition, public restaurant facilities were available in the host hospital complex.

Patient outcomes

- CESP (Portsmouth) patients were treated as day case patients and no patients treated during the reporting period required an overnight admission to the host hospital. CESP (Portsmouth) monitored the number of patients that required readmission following surgery to help review the effectiveness and safety of procedures. In the reporting period (April 2016 to March 2017), there were no readmissions to surgery within 28 days.
- CESP (Portsmouth) used patient survey forms to help measure patient overall satisfaction with the outcomes. Managers stated this was collated and analysed and we saw examples of feedback during the inspection.
- Information about the outcomes of patients' care and treatment was routinely collected and monitored. The provider kept a manual record of surgical outcomes, this included peri and post-operative complications. Complications included bruising, posterior rupture, endophthalmitis (an infection inside the eye) and dropped nucleus. There had been no incidents of endophthalmitis or dropped nucleus within the provider's history.
- The provider did not submit data to the National Ophthalmic Database at the time of inspection. However, the host hospital was investing in a new electronic patient record that would automatically input this data and CESP (Portsmouth) informed us they would be using this to begin to submit data nationally.
- At the time of the inspection CESP (Portsmouth) was not contributing to the Private Healthcare Information Network (PHIN). The RM told us they were awaiting advice to determine if this would be required.

Competent staff

- The partnership was restricted to ophthalmic consultants holding an NHS contract with the host hospital, which helped provide assurance that the partners were competent for their roles.
- All partners had received a recent appraisal, which indicated the host hospital was actively involved in performance management and development. CESP also kept records of medical revalidation for each partner and the date which it was next due. Records showed all partners to be in date.
- Theatre and clinic staff were all employed by the host hospital and were subject to their selection, supervision and training processes.
- As part of the SLA with the trust, CESP (Portsmouth) maintained copies of key competency indicators including mandatory training, appraisal and revalidation status. We saw these records stored on an electronic system that displayed each partner's name and showed summaries of compliance using coloured icons (red, amber and green). This gave a clear visual indication and meant that the RM or management company could quickly determine if any actions were outstanding.
- We saw training records which showed CESP (Portsmouth) partners were trained to basic life support level by the host hospital. This was appropriate for the procedures undertaken.
- All CESP (Portsmouth) staff had developed skills and experience through their substantive post working for the ophthalmic department at the host hospital.

Multidisciplinary working

- We saw good team working between CESP (Portsmouth) members and other healthcare staff in the day unit and operating theatre. Senior managers and administrative staff at the host hospital were complimentary about CESP (Portsmouth) and the way they worked with the hospital.
- Care was delivered in a coordinated way between different teams, for example the medical and administrative teams. Staff told us patients using the service had been assessed to be at low risk of complications and so the operating list ran smoothly.

- There were clear arrangements in place to inform GPs that treatment had taken place on the patient's discharge from the day surgery unit if the patient consented to this. This was done in a timely way.

Access to information

- The registered manager (RM) stated that that notes were always readily available. Patient records were held both electronically and in paper form.
- Through the SLA with the host hospital, CESP (Portsmouth) had access to the appropriate systems to allow them to access information such as pathology or imaging services.
- All of the information needed to deliver effective care and treatment was available to the relevant staff in a timely and accessible way. This included patient notes and risk assessments. Administrative staff were required to provide the records for each operating list. Staff informed us this system worked well and there had been no instances to their knowledge when records were not available. Staff followed their internal processes to ensure records were always available prior to surgery.
- When people moved between teams (for example following discharge), information was sent to other professionals in a timely way to ensure continuity of care. The consultant completed an electronic discharge summary following completion of the surgery, a copy of which was posted to the patients GP, if the patient consented, to ensure they were kept informed of the treatment. The service used paper records from the host hospital and used a specific cataract care pathway to document episodes of care. These were then returned to the hospital records department.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The CESP (Portsmouth) followed the host hospital policy for consent to examination and treatment, which set out the standards and procedures for obtaining consent from patients prior to examination or treatment. This was in line with guidance from the Royal College of Ophthalmology.
- Consent was obtained at initial consultation and again prior to the procedure.by the surgeon performing the treatment. Written and verbal information was given to the patient, along with an opportunity to clarify any questions, in order to ensure the consent was informed.
- We saw that consent was ongoing throughout the patients' journey, which was undertaken under local anaesthesia (eye drops). For example, when theatre draping was applied or the patient's eye washed, this was explained and patient comfort checked.
- Patient's capacity to consent to treatment was taken into account. It was the responsibility of the surgeon to assess whether the patient had capacity to consent and we were told that if there were any concerns, the surgeon would contact the patient's GP for further clarification or, as the result of a best interest decision, refer them for treatment into the NHS.
- We saw that all consultants had undertaken their annual refresher training about the application of the Mental Capacity Act.
- We also saw that patients were asked for consent to communicate with their GP and again we saw evidence of this in the patient's record.

Are surgery services caring?

Good

We rated caring as **good.**

Compassionate care

- We saw the consultant and staff treat the patient with kindness, compassion, courtesy and respect.
- The surgeon took time to interact with the patient and relative in a considerate manner and during surgery, maintained a reassuring dialogue with the patient. Each step was clearly explained and key aspects of the aftercare reinforced both before the procedure, at the end and again on departure. This good practice complied with the Royal College of Ophthalmology professional standards for refractive surgery.

- All day unit staff wore name badges and along with the theatre staff introduced themselves to patients and their relatives. We saw that patient's privacy and dignity was maintained at all times.
- Our observations were supported by verbal feedback from the patient we spoke with and the consistently good comments contained in the letters of appreciation and patient survey forms supplied to us by CESP (Portsmouth). The patient and relative we spoke with said were always treated kindly and respectfully by the consultants and staff. The patient did not differentiate between the standard of care they received at either the private or NHS facilities used by CESP (Portsmouth).
- Staff showed an encouraging, sensitive and supportive attitude to patients and those close to them. Staff told us they were aware, as procedures were carried out under local anaesthetic, care was needed to reduce any anxiety felt by the patient. We observed one staff member holding the hand of a patient to reassure them throughout the procedure.
- Staff were observed respecting patients' privacy and dignity. Patients wore their own clothes throughout the procedure and staff did not discuss personal information with patients when in the ward area. However, when giving eye drops within the day surgery unit there were no curtains to give the patient privacy.

Understanding and involvement of patients and those close to them

- During our inspection we observed staff interacting with the patients before, during and after their treatment. The consultant and staff checked the patient understanding of the information they were given at each stage and were encouraged to ring the medical secretary to arrange a further discussion should they have any further questions or concerns.
- We saw the consultant using an advice sheet to help explain aspects of the aftercare and we noted generic literature being distributed produced by a pharmaceutical company and the international glaucoma association. This information was printed in English and managers stated that if need be translation services could be accessed through the service level agreement with the trust.
- Relevant information about the treatment was clearly presented in the advice sheets we saw and this included the costs of the treatment, which comprised a fixed fee for the consultations, surgery and medication. Biometry was charged as an extra and this was transparently presented.
- The patient confirmed they were given enough information at a level they could understand and were encouraged to ask any questions.
- Staff informed us they involved patients in their own care and treatment. For example, consultants asked patients what outcome they desired before surgery as some people preferred to remain slightly short sighted as they had been used to wearing glasses. Staff recognised some people wished to continue wearing glasses after their cataract operation and therefore the prescription would be tailored to their request. We observed consultants describing the procedure to patients by explaining what they would do and why. Consultants discussed the risks of the procedure and what outcome could be reasonably expected. For example, if glasses would still be required for reading.
- Staff ensured that patients were able to find further information and ask questions about their care. Staff provided patients with clear instructions on who to contact following discharge should they need advice and staff were observed encouraging patients to ask questions about anything they were unclear of.
- The provider carried out a patient satisfaction survey. We saw evidence of the results of this survey. There was a high response rate of in excess of 90%. The survey requested numerical responses between 1 to 5, with 1 being Poor and 5 being Excellent. The results of the survey were very positive, the majority of of answers were 4 or 5. There were no scores below 3.

Emotional support

- The patient we observed was supported to manage their own health. Staff were observed giving clear advice following a procedure which included information about the use of sunglasses and how and when to put in eye drops. The patient told us instructions were clear and, as well as written advice, staff had explained if eye drops needed to be taken four times a day this could be at every mealtime, which had helped them to understand.

Requires improvement

Surgery

Are surgery services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- The service provided a specific pathway and process which ensured that care was planned to meet the needs of people choosing to use the service. Patients were referred to a named consultant who undertook all pre-operative, operative and post-operative care to ensure continuity of care and treatment.
- The service specialised in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, under topical anaesthesia. Other treatments designed to improve vision after cataract surgery was also offered, including laser therapy, which reshapes the surface of the eye.
- CESP (Portsmouth) did not provide an emergency eye surgery service. They provided elective and pre-planned procedures to people who wished to pay to choose the time of the operation and the surgeon performing the treatment. CESP (Portsmouth) offered patients a choice of consultation appointments offered during the day and on evenings. Managers stated the consultants could see patients "very quickly". Minutes from MAC meetings confirmed there were no concerns regarding waiting times for patients.
- A fixed fee was clearly advertised and patients could choose one of the two locations offered for the surgery.
- All CESP (Portsmouth) patients, had access to lifts for the less mobile, waiting and treatment rooms, car parking, shop and cafeteria. We saw that treatments were delivered in an appropriate premises with suitable facilities for patients, staff and people living with reduced mobility or vision. Drinks facilities, magazines and information leaflets were available in the day unit waiting area.
- Services were offered on an ad hoc basis, with typically one private patient being added to an existing operating list as required.

Access and flow

- As all patients were self-funded or insured, the provider did not have an NHS contract for the provision of this service.
- CESP (Portsmouth) provided elective ophthalmic services to 217 patients during the period April 2016 to March 2017. Patients self-referred generally via their optometrist and either funded their own treatment or paid through an insurer.
- Measurements of the eye (biometry) were taken at this stage to determine the strength of the implant to be used.
- Should the patient prefer to see their consultant at a private facility in Portsmouth, this was available through the use of existing practicing privileges with the relevant independent hospital.
- Once accepted for surgery, patients were seen and managed using the same protocols, procedures and documentation as the host hospital they attended. Patients were scheduled at the end of the host hospital list.
- As a pre-planned elective service, the partnership was able to control the numbers of patients they could accommodate in each list and be flexible around choice and availability of the surgeon.
- Initial consultation appointments and admissions to the day unit were managed by the business management firm and coordinated through each partner's medical secretary.
- Managers stated that there was no waiting list for refractive eye surgery and waiting times were not applicable, as appointments were elective and mutually agreed around the theatre sessions. This meant patients did not have to wait for their treatment and could arrange a time around holiday or other commitments.
- CESP (Portsmouth) provided for unexpected return to theatre and out of hours cover through the service level agreement with the host hospital. There were no incidences of unplanned transfer of a patient to another health care provider in the 12 months preceding our inspection.

Requires improvement

Surgery

- In the year prior to our inspection, the service had not cancelled any refractive eye surgery procedures for non-clinical reasons.
- Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting on the day surgery unit.
- Patients told us the appointments system for the follow up appointment was very good. When patients left the day unit they were given a discharge letter, with their consent this letter was also posted to their GP.
- The patient was provided with a date and time for their appointment at the outpatients clinic for follow up within the next month. Patients told us this system worked very well and they felt the information they had on discharge was clear.
- We saw evidence of leaflets provided to patients which included contact numbers in case the patient had any concerns. There were numbers for the day surgery unit and also out of hour's contacts.

Meeting people's individual needs

- CESP (Portsmouth) staff gave examples that emphasised the individually tailored approach and flexibility offered by the provider which was supported by letters of appreciation and patients' feedback.
- CESP (Portsmouth) offered patients a choice of locations for their initial appointment with their consultant.
- Using the host hospital facilities meant the service also offered reasonable adjustments for people with limited vision, wheelchair users and people with restricted mobility. We noted the availability of disabled parking spaces and other features such as corridors wide enough to accommodate a wheelchair and accessible toilets for patients and visitors who required this facility.
- The CESP (Portsmouth) service did not treat patients with complex health and social needs or learning disabilities. These people were referred into the NHS.
- Interpreting services were available for patients who required this service and staff we spoke with explained how it could be accessed. In addition to CESP's own literature, we saw a range of patient information leaflets on display in the waiting area. These explained the various conditions and we saw a small selection in languages other than English.
- There were toilets available for patients with mobility issues in the day surgery unit. Staff told us they would assist any patients that needed additional support to access these.
- Information leaflets were available to patients outlining information specifically around cataract surgery. These could be produced in large print.

Learning from complaints and concerns

- We reviewed the provider's current complaint procedure which was available to people using the service. It detailed how complaints would be dealt with and the responsibilities of those involved and investigating. We saw this information included in the patient letters and leaflets, and staff were able to describe the process accurately.
- There had been no complaints received by the provider in the reporting period (April 2016 to March 2017).
- The registered manager explained they would lead an investigation into any complaint, a formal written response would be made and if required a meeting set up with the complainant.
- CESP (Portsmouth) managers said that all patients were asked to complete a short survey to help to gauge their satisfaction with the service they received. The business consultancy, employed by CESP (Portsmouth), then phoned any patient to discuss any adverse comments or suggestions for improvement
- We saw evidence that complaints were a standing agenda item at the medical advisory committee (MAC) meeting held by the provider. As no complaints had been received by the provider we were unable to see evidence of any discussion about complaints and any learning or action taken as a result.

Are surgery services well-led?

Requires improvement

We rated well-led as **requires improvement.**

Requires improvement

Surgery

Leadership / culture of service related to this core service

- The registered manager and current chair of CESP (Portsmouth) was the ophthalmology governance lead for the host hospital and this was seen by other managers as a strength in terms of leadership experience.
- Partners and staff were positive about the fact that the provider was a small team of consultants, all of whom have current NHS contracts and elect a leader from their own group.
- They had named leads for clinical governance, speaking up and auditing. This indicated the organisation was actively focussed on quality and regulatory compliance.
- The partners had invested in a management and invoicing service who worked with their medical secretary team as well as the nursing and management teams within the hospitals.
- The management company employed by CESP (Portsmouth) provided and maintained an electronic record of key documents including policies, training and patient records and audit reports. In addition, the management company coordinated patient bookings and flow through the stages of the treatments.

Vision and strategy for this core service

- CESP (Portsmouth) offered a single specialty service which involved limited procedures conducted by highly qualified individuals. Apart from business objectives and a commitment to choice, quality and safety, there was no formal vision or strategy.
- CESP (Portsmouth) was led by and consisted of consultant ophthalmic surgeons, who provided services from already registered hospitals.
- Staff told us they worked to the values of the host hospital where they were employed.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The registered manager (RM) acted as the lead clinician for CESP (Portsmouth) and was the ophthalmology governance lead for the host hospital. In this capacity, the RM attended ophthalmology governance meetings at the host hospital and brought any issues which had arisen to the CESP (Portsmouth) medical advisory committee (MAC) meeting.
- CESP (Portsmouth) did not have adequate oversight of the completion of equipment and medicine checks which formed a key part of the service level agreement the host hospital had agreed. CESP (Portsmouth) did not have in place appropriate checks to assure themselves that these actions had been completed satisfactorily. There was no evidence of discussion around these risks nor was there any discussion of shortfalls within the medical advisory committee meeting minutes.
- CESP (Portsmouth) did not have adequate oversight of infection prevention and control issues. Our observations led us to have concerns regarding hand hygiene with staff applying eye drops to patients having not washed their hands before putting on gloves and potential cross-contamination issues with the use of iodine of which the provider was unaware.
- CESP (Portsmouth) used commercial software to view and manage audit reports, including a system that used colours (green, amber and red) to indicate if the audit topic was overdue. This helped the partners identify and prioritise auditing tasks. At the time of our inspection there were no overdue audits listed on the system. Policy documents were version controlled with details of date produced and author. The documents were stored electronically and the controls helped staff to ensure the information and guidance they were reading was current.
- We saw the minutes from eight meetings from April to November 2017 (excluding September as there was no meeting that month) which contained brief comments about host hospital governance meetings and business risks. We also saw a copy of the host hospital ophthalmic risk register, which had been stored on the CESP (Portsmouth) management database.
- The provider held medical advisory committee (MAC) meetings to discuss governance and management of CESP (Portsmouth). MAC meetings were held on a quarterly basis and we were provided with minutes from three meetings for March, May and August 2017. These meetings had a set agenda including, but not limited to,

the discussion of incidents, national patient safety alerts, alerts from MHRA, complications, complaints, facilities, staffing, finances and contracts. This committee was well attended by consultant partners.

- Risks identified by CESP (Portsmouth) included a reliance on space and availability of facilities at the host hospital and gaining information from the host hospital to help provide assurance that aspects such as infection protection and control (IPC) were compliant.
- However, it remained unclear what was done to manage these risks within the CESP. For example, we could not see any evidence of contingency plans should the level of support provided by the host hospital change.
- There were limited systems in place to effectively identify, record and manage risk. The service did not have a risk register. They were guided by risks identified through the host hospital systems. There was limited evidence within the meetings held specifically for this provider that risks were discussed comprehensively. Senior partners had recognised that the service was reliant upon service level agreements with the host hospital but there were no contingency plans should this arrangement change at short notice.
- All of the consultant partners working for CESP (Portsmouth) held indemnity insurance in accordance with the Health Care and Associated Professions Indemnity Arrangements Order 2014.

Public and staff engagement (local and service level if this is the main core service)

- We saw that patient feedback was obtained from patients following their treatments. The feedback we read was overwhelmingly positive with patients recommending the service and describing good results. We saw copies of the medical advisory committee minutes that showed the results of patient questionnaires were a standing agenda item.
- The patient survey asked a series of questions under four headings; Overall Experience, Consultant Surgeon, Non-CESP Nurses and Non-Medical Staff and Host Hospital Facilities. Scores were rated one to five (one being poor and five excellent). Responses for all categories were scored three or above, with the majority of scores being four or five.
- The registered manager told us CESP (Portsmouth) did not undertake 'staff surveys'. As a small group of colleagues, he believed they had effective on-going communication and felt well engaged within their team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that surgical safety documentation is used, completely fully and filed in the patient notes.
- The provider must ensure that robust governance arrangements are put in place to monitor service level agreements with the host trust. Specifically in relation to the proper and safe management of medicines and infection prevention and control.

Action the provider SHOULD take to improve

- The provider should consider introducing a staff survey.
- The provider should consider developing and maintaining a risk register separate from that of the host hospital.
- The provider should considerintroducing an incident reporting system separate from that of the host hospital.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Through oversight of the service level agreement the provider must ensure the proper and safe management of medicines. Through oversight of the service level agreement the provider must ensure assessment of the risk, and prevention, detection and control of the spread of, infections, including those that are health care associated. Regulation 12 (1)(2)(g)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure that governance arrangements regarding the oversight of the service level arrangement with the host trust are put in place. The provider must ensure that accurate, complete and contemporaneous records are kept for all patients. Surgical safety documentation must be completed for each patient being treated. Regulation 17(1)(2)