Surrey and Sussex Healthcare NHS Trust

Crawley Hospital

Quality Report

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Date of inspection visit: 20-22 May 2014
Date of publication: 08/06/2014

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	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Surrey and Sussex Healthcare NHS Trust provide outpatient and day surgery services at Crawley Hospital. This hospital is owned and managed by NHS Property Services. The trust provides day case surgery and outpatient services at this location, which are two of the eight core services that are always inspected by the Care Quality Commission(CQC) as part of its new approach to hospital inspection.

We carried out this comprehensive inspection to Surrey and Sussex Healthcare NHS Trust as an example of a low-risk trust as determined by CQC's intelligent monitoring system. The inspection took place between 20 and 22 May 2014 and an unannounced inspection visit took place between 6pm and 10.30pm on 6 June 2014.

Overall, this hospital is good but the outpatient service required improvement.

Our key findings were as follows:

- Staff were caring and compassionate and treated patients with dignity and respect.
- The hospital was clean and well maintained. The trust's infection rates for Clostridium difficile and MRSA were within an acceptable range, taking account of the size of the trust and the national level of infections.
- Patients whose condition might deteriorate were identified and escalated appropriately and the mortality rates for the hospital were within the expected range.
- The vast majority of patients reported a positive experience to us during our visits. The NHS Friends and Family Test showed the trust performed above the England average between November to February 2014.
- Outpatient services required improvement. Patients were treated with compassion, but many appointments were cancelled at short notice; and because clinics were so busy, patients often had to wait a long time to be seen. Medical records were often incomplete because notes could not be obtained in time for clinic appointments.
- Mortality rates were within expected ranges and there were no indicators flagged as being a risk or an elevated risk.
- Medical records, medical secretaries and ward clerks felt they had not been listened to as much as they could have been and expressed concern about some of the changes that were taking place.
- Without exception, clinical staff were proud to work for the trust and spoke very positively about the effective leadership within the trust. Staff recognised the significant progress the trust had made, particularly in the past two years. The commitment to the trust was exceptionally good.
- The work the trust had done on major incident preparedness was good.
- The trust was focusing on the performance of complaint handling and extra resources had been put into place within some of the divisions. We saw performance was improving and both clinical staff and the executive team were committed to this.

We saw several areas of outstanding practice including:

- There was very poor mobile signal at the Crawley Hospital site. Relatives were given a bleep that meant they could be contacted if they left the clinical areas. This meant that people were not restricted to stay in one place for long periods and could be effectively contacted by staff.
- The pre-assessment clinic at Crawley Hospital had been extended into the evening in a response to feedback and local demand.
- We saw staff wearing "ask me anything" badges. These badges encouraged patients and their loved ones to engage with staff to improve communication.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Carry out a review of the outpatient service to ensure there is adequate capacity to meet the demands of the service.

Summary of findings

- Implement a system to monitor and improve the quality of the outpatient service that includes the number of cancelled appointments, waiting times for appointments and the number of patients that do not have their medical records available for their appointment.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery	Good 	Patients who used the service experienced safe, effective and appropriate care and treatment and support that met their individual needs and protected their rights. The care delivered was planned and delivered in a way that promoted safety and ensured that people's individual care needs were met. We saw patients had their individual risks identified, monitored and managed and that the quality of service provided was regularly monitored. We found the clinical environments we visited and other communal areas in the hospital meticulously cleaned. Hospital-acquired infections were monitored and rates of infection were of a statistically acceptable range for the size of the trust. Outcomes for patients were good and the department followed national guidelines. Complaints were investigated and handled in line with standard policy. We saw the trust use patient's complaints and comments used as a service improvement tool and the trust actively encourage feedback from its patients and their relatives or loved ones.
Outpatients	Requires improvement 	Patients received compassionate care and were treated with dignity and respect. Patients told us that staff were kind and supportive, and they felt fully involved in making decisions about their care. Medicines and prescription pads were securely stored. The outpatient areas we visited were clean and equipment was well maintained. However, many clinic appointments were cancelled at short notice. Clinics were busy and patients sometimes had to wait a long time to be seen. Patients and staff told us one of the biggest challenges was clinics running late. Outpatient clinics were overbooked; there was not enough time to see patients, so clinics often over-ran. The large number of ad-hoc clinics ensured that the trust was meeting its waiting time targets. However, these clinics were run on the goodwill of staff.

Summary of findings

Medical records for clinics were often not complete, and clinics often saw patients with a temporary set of notes because notes could not be obtained in time for clinic appointments.

Good

Crawley Hospital

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Detailed findings

Background to Crawley Hospital

Surrey and Sussex Healthcare NHS Trust provide services at Crawley Hospital. The trust is a provider of acute hospital services in West Sussex and East Surrey, providing care to a population of more than 535,000. It also provides services to non-local users due to the close proximity of Gatwick airport, the M25, M23 and local truck roads.

Crawley Hospital is not owned by Surrey and Sussex Healthcare NHS Trust but the trust uses the hospital location to provide day case surgery and outpatient care.

Crawley Hospital had been inspected once in August 2012 and was found to be compliant in the areas inspected.

We inspected this trust as part of our in-depth hospital inspection programme. We chose to inspect this trust as an example of a low risk trust as determined by CQC's intelligent monitoring system. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

The inspection team inspected the following eight core services at Crawley Hospital:

- Surgery
- Outpatients.

Our inspection team

Our inspection team was led by:

Chair: Dr Andrea Gordon, Deputy Chief Inspector of Hospitals, Care Quality Commission

Team leader: Carolyn Jenkinson, Head of Operational Delivery, Care Quality Commission

The team of 26 included CQC inspectors and analysts, two experts by experience as well as a variety of specialists. These included a medical consultant, a consultant orthopaedic surgeon, a consultant in critical care, a junior doctor, a student nurse, a retired trust chief executive, senior nurses and a midwife.

How we carried out this inspection

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

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

Before, during and after visiting the hospitals 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 (CCG), community trusts, NHS Trust Development Authority, NHS England, Local authorities, Health education England (HEE), the General medical Council (GMC), the Nursing and Midwifery Council, the Royal College and the local Healthwatch.

We held two listening events in Crawley and Redhill on 20 and 21 May 2014 when people shared their views and experiences of Surrey and Sussex Healthcare NHS Trust.

We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff and allied health professionals. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services at East Surrey and Crawley Hospital. We talked with carers and/or family members and reviewed patient's records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Surrey and Sussex Healthcare NHS Trust.

Detailed findings

Facts and data about Crawley Hospital

The local authority in Crawley, which is located in West Sussex, is the 170th most deprived local authority in England The deprivation score also increased between 2007 and 2010 meaning that the deprivation worsened. There was an increasing population in this borough and there is a higher than average proportion of black, Asian and minority ethnic residents. Life expectancy for this population was similar to the England average. All causes of mortality have fallen for women but the rates for men show no clear trends. The early death rate from heart disease and stroke had fallen and was similar to the England average.

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Good	Good	Good	Good	Good	Good

Surgery

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

Information about the service

The surgery department at Surrey and Sussex Healthcare Trust provided a range of surgical services to a population of 535,000. It delivered surgical specialities including colorectal, vascular, breast, gynaecology, urology, ear nose and throat, orthopaedics and obstetrics. It also offered a range of laparoscopic (keyhole surgery) procedures as well as a 24 hour emergency and trauma service.

The Crawley hospital site had a Day Surgery Unit (DSU) that offered a range of surgical procedures including Upper and Lower Gastrointestinal, Gynaecology, Ophthalmology, ENT (Ear, Nose and Throat), Chronic Pain, Breast Surgery, Orthopaedics, Dermatology as well as pre assessment clinic facilities.

In order to carry out this inspection, CQC reviewed information from a range of sources to get a balanced and proportionate view of the service. We reviewed data supplied by the trust, other external stakeholders, and held a listening event where members of the public were invited to share their experiences. We visited the surgical wards and observed care being delivered by staff. We reviewed online patient feedback and took the information we received before, during and after the inspection process from members of the public. The CQC held a number of focus groups and drop-in sessions where staff could talk to inspectors and share their experiences of working at SASH.

During the inspection the inspectors visited ward areas and the theatre department. They also visited the DSU at Crawley Hospital. We spoke to 36 staff, 21 patients, 11 relatives and attended two public listening events and staff focus groups.

Surgery

Summary of findings

Patients who used the service experienced safe, effective and appropriate care and treatment and support that met their individual needs and protected their rights. The care delivered was planned and delivered in a way that promoted safety and ensured that peoples individual care needs were met. We saw patients had their individual risks identified, monitored and managed and that the quality of service provided was regularly monitored. We found the clinical environments we visited and other communal areas in the hospital meticulously cleaned. Hospital-acquired infections were monitored and rates of infection were of a statistically acceptable range for the size of the trust.

Outcomes for patients were good and the department followed national guidelines. Complaints were investigated and handled in line with standard policy. We saw the trust use patient's complaints and comments used as a service improvement tool and the trust actively encourage feedback from its patients and their relatives or loved ones.

Are surgery services safe?

Good

The department use the safety thermometer to monitor and assess the quality of care being delivered. We saw people care needs were assessed, planned and delivered in a way that protected their rights and maintained their dignity. The hospital used an Early Warning Score (EWS) to identify and monitor deteriorating patients and the care pathways we reviewed provided an audit trail of the actions taken by staff when patients deteriorated.

Incidents were reported, monitored, investigated and learned from and reported as per national guidance. We found there were enough staff on duty to meet patients' needs. Staff had received appropriate mandatory training and reported feeling competent to meets peoples care needs. We did identify a lack of clarity surrounding mental capacity and Deprivation of Liberty Safeguards (DoLs) issues amongst some staff but did not find any impact to patient outcomes.

Incidents

- We saw the hospital incident reporting system used appropriately to report incidents. The incidents were reviewed regularly by team leaders/senior sisters. If the incidents reported were related to falls, pressure area care or nutritional concerns we saw that the specialist /consultant nurses were involved in review of the incident. This meant there was a multidisciplinary approach to clinical incident investigation and future prevention planning.
- We found the learning from incidents was consistent and led to changes in practice to ensure patient safety. Staff received information on incidents at ward meetings, emails, staff notice boards and participated in debriefing sessions. We saw documentary evidence that confirmed this.
- The trust performed better than average for staff reporting errors, near misses and incidents.
- Between March 2013 and February 2014 surgical specialties had a total of 47 incidents reported which were categorised as 37 moderate, five severe and five abuse and no deaths. We saw all incidents were reviewed, fully investigated and had a recorded outcome and action plan produced.

Surgery

- We reviewed trust board meeting minutes which demonstrated that incidents were reviewed regularly at board level.
- The trust submitted 30 severe harm notifications between March 2013 and February 2014, 77.7% of which occurred within inpatient areas. Surgical specialities accounted for five incidents with two being categorised as treatment, procedure, implementation of care and ongoing monitoring/review. The remaining surgical specialty incidents were categorised as consent, communication, confidentiality, patient accident and treatment/procedure, with one each.
- Team debriefs always took place after any incident had occurred. We saw documentary evidence that this practice had been well established in the department.
- A serious incident known as a Never Event is classified as such because they are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures had been implemented. The trust previously reported two never events happening between December 2012 to March 2014. One of the two events identified occurred in the surgical department. We saw evidence that this incident was fully investigated and learned from. One of these Never Events occurred at Crawley Hospital DSU and we saw evidence that the department had learned from the event and had increased the WHO (World Health Organisation) five step check to six steps as a result.
- The trust submitted document evidence that confirmed Mortality and Morbidity (M&M) meetings happened regularly in all surgical disciplines. We viewed comprehensive data that demonstrated M&M reviews were firmly embedded within the surgical department. We were also provided with minutes from the safety and quality committee which reviewed M&M data on a monthly basis and had documented actions and outcomes from the review.
- The trust had no indicators rated as risk or elevated risks in the March 2014 CQC Intelligent Monitoring Report.
- The NHS staff survey 2013 demonstrated the trust scored tending towards worse than expected for the fairness and effectiveness of incident reporting procedures. Staff we talked with during our visits did not raise this as a concern with us.

Safety thermometer

- The clinical areas we visited were able to demonstrate routine data collection for the national safety thermometer.
- We saw evidence that safety thermometer data was being used to improve the quality of care.
- We saw documentary evidence in ward areas that demonstrated good clinical practice in relation to pressure area care delivery. Patients had risk assessments in place and where a risk was identified, action was taken to ensure a patient's position was regularly changed and they had an appropriate pressure relieving equipment in place and specialist nurse input where required.
- We saw that the trust had a falls strategy in place that was having a positive impact and reduction on the amount of slips, trips and falls in the hospital. New incentives included patients being issued with anti-slip stockings and ensuring that a nurse was present in bays overnight where an increased risk of falls has been identified. The trust had employed a falls nurse consultant as a measure to reduce falls during hospital admission and provide expert advice and clinical support for staff.
- We found hand hygiene performance was recorded monthly. However, we noted a disparity in participation in the theatre department. We found that although the audit was carried out in the recovery area if was not carried out on the theatre staff. We brought this to the attention of theatre management at the time of inspection.
- The trust performance of new VTEs (venous thromboembolism) was worse than the England average for 10 months of the year.
- We saw day surgery patients had anti-embolism stockings in place where there use was indicated. We also found patients were having their risk of developing a VTE assessed.
- The trust recently performed a root cause analysis of hospital-acquired thrombosis for 2013/14. As a result, improvements to practice had been made and performance had improved in recent months.

Cleanliness, infection control and hygiene

- We found the surgical wards and theatre department to be adhering to national infection control guidance. We found a very high standard of cleanliness in all the areas

we visited and throughout the communal areas in the hospital. Each area had its own cleaning logs and audit process in place to ensure standards were consistently maintained.
- Where applicable, we saw there was provision of appropriate treatment for those who were affected by a healthcare associated infection.
- We found staff had access to an adequate supply of reusable medical devices and consumables.
- Sufficient hand washing facilities were available in all areas and there was an ample sully of PPE (Personal Protective Equipment) available for staff.
- We found ample supply of alcohol gel for visitors and staff.
- We saw that equipment was regularly cleaned and labelled to identify it was ready for use.
- Clinical areas, communal areas and visitors' toilets were reviewed at our unannounced inspection and we found all these areas to be cleaned to a very high standard.
- The clinical notes we reviewed contained evidence that demonstrated patients were MRSA screened prior to admission and on admission if they did not go through the pre-assessment pathway. We also reviewed evidence submitted by the trust that demonstrated MRSA screening compliance was monitored monthly and that the trust had an average compliance rate of 99% between September 2013 and Feb 2014.
- We viewed staff washing their hands and wearing appropriate PPE before they provided any care to patients.
- The trust had a dedicated infection control team that provides support to staff five days a week. The team was made up of a lead Infection prevention and control nurse, senior infection prevention and control nurse, infection prevention and control nurse and an intravenous nurse specialist.
- The trust's infection rates for clostridium difficile and MRSA infections lie within a statistically acceptable range for the size of the trust.
- We noted that the trust participated in mandatory surgical site infection surveillance service that occurred during the inpatient stay, on readmission and post discharge for hip and knee replacements and fractured neck of femur patients.
- We spoke to a dermatology consultant who could demonstrate a very in-depth audit system that took account of surgical site infection rates and surgical outcomes for the patient's receiving this service.

Environment and equipment

- We saw a wide range of equipment available and staff told us that they had access to the necessary equipment they required to meet peoples care needs.
- Staff told us the hospital operated an effective on site equipment library that was staffed five days a week. We were told that nursing staff and access to this area out of hours and weekends and that equipment was effectively provided at all times.
- We saw that equipment was regularly cleared and labelled to identify it as ready for use.
- Resuscitation equipment in all areas was found to be regularly checked and emergency drug kits were found to be readily available and in date.
- Each clinical area also had an in date anaphylaxis and first aid boxes available.
- The staff we spoke to told us they had received relevant training on how to use equipment and felt confident and competent they could deal with a foreseeable emergency in their clinical areas.

Medicines

- We found patients were receiving their medications at the time they need them and in a safe way.
- We saw medication was stored appropriately and handled safely in the department.
- The hospital regularly audited MARs (medication administration records) to identify medication errors of missed medication.
- We reviewed a sample of MAR's on each clinical area we visited and found them to be complete, legible and contained evidence of best practice in relation to medication administration.
- All staff received a competency based assessment before administering medication.
- We spoke to a member of staff form the pharmacy department who told us about medication audit activities in the hospital. This was also evidenced in the data submission made by the trust.
- We carried out random medication checks in some ward areas and found all stock drugs to be stored appropriately and in date.
- We also carried spot checks on controlled drug register, storage and expiry dates and found all the areas checks to be following national guidance.

Surgery

Records

- We found records including medical records were accurate, fit for purpose were stored securely and remained confidential.
- We were told by the ward clerks that notes were easily accessible and on the rare occasions where notes were not available there were systems in place to create temporary notes.
- We saw appropriate storage units in place for confidential paper shredding.
- The sample of care plans we reviewed in each area had relevant, updated and complete risk assessments in place. This included falls risk assessments, MUST (Malnutrition Universal Screening Tool) and where used bed rail risk assessments.
- We found that all patients had undergone an electronic VTE assessment on admission. We saw details of this assessment was printed out and stored in patients care plans. The MAR we reviewed did not always have the VTE assessment signed by the admitting doctors. We identified one patient on our unannounced visit who had had a completed VTE assessment in place, VTE medication administered but did not have anti-embolism stockings in situ.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found the trust carried out a snapshot consent audit in the surgical department in 2013. We noted Urology carried out a speciality specific audit in 2013/2014. This demonstrated that compliance with national guidelines for consent was audited.
- We were provided with evidence that all doctors at all grades were required to undertake online training in Deprivation of Liberty Safeguards (DoLS), mental capacity and consent. We saw documentary evidence that this training was followed up by a training day that included Vulnerable Adults/MCA teaching.
- Staff had received mandatory safeguarding training which had included information about the MCA and DoLS. However, we found not all of the staff we spoke with had a clear understanding of the MCA and DoLS. Staff were aware that there was a policy available and guidance was on the intranet.
- The consent forms we reviewed were complete, and demonstrated the risks associated with the surgical procedure were recorded.
- The patients we spoke to told us they received enough information about their procedures prior to consenting for treatment.

Safeguarding

- The trust submitted 34 abuse notifications between March 2013 and February 2014, 14.7% of those occurred within surgical specialties with just over half (55.9%) of incidents were categorised as patient abuse (by staff/ third party) with a total of 19, the remaining 15 were categorised as disruptive, aggressive behaviour (includes patient to patient).
- We found all staff had completed safeguarding training as part of their mandatory training programme.
- We were provided with documentary evidence that medical staff had undertaken a formal teaching session on safeguarding and online training.
- We saw that staff had access to a safeguarding adults pocket guide produced for the NHS in the south of England. This booklet contained information on the following areas: staff responsibilities, categories of abuse, staff role as an alerter, information sharing, capacity and consent, pressure ulcer categories, mental capacity act decision making flow chart, DoLS.
- The staff we spoke with were able to define a safeguarding incident and describe the steps they would take to report a concern. They were also able to locate the adult safeguarding emergency telephone numbers which we noted were displayed in each clinical area.

Mandatory training

- We found the trust had an annual three day mandatory training programme for staff.
- We reviewed the training matrix that confirmed that staff had received mandatory training.
- The staff we spoke to told us that their training needs were continuously met and that if they required extra training that it was provided.
- The NHS staff survey demonstrated better than expected results for: staff reporting receiving job relevant training learning or development in the last 12 months, percentage of well-structured appraisal.

Management of deteriorating patients

- The trust operated a EWS (Early warning score) to aid the identification and management of deteriorating patients.

Surgery

- The care plans we reviewed demonstrated that EWS was being used appropriately and care pathways contained an audit trail of actions taken by staff when the patient's condition required escalation.
- We were told by nursing staff that when a medical review was necessary that the on-site anaesthetic and surgical consultants were responsive in reviewing patients.
- There were measures in place to aid the transfer of deteriorating patients from the Crawley Hospital DCU to the main hospital site by ambulance.
- The surgical department had embraced and fully embedded the WHO (World Health Organization) safer surgery checks and the trust could demonstrate an audit cycle to reflect its use and identify any shortfalls.
- We noted that the trust had a continuous 100% completion rate for the completion of this check since November 2013. We observed the theatre team using the check list during the inspection.
- In response to a serious incident the trust had increased the five step check to six to ensure a higher standard of safety.

Nursing staffing

- From our observations, the rotas we viewed and the conversations we had we staff we found an appropriate staff numbers and skill mix in clinical areas.
- The hospital used a staffing acuity tool that monitored staffing levels on a daily basis and tool patient's acuity into consideration. This meant that clinical areas were appropriately staffed.
- Staffing was reviewed at a senior level on a daily basis or more regularly if the service indicated a change in acuity or identified pressures on service delivery.
- The staff we talked with told us that they felt these were enough staff to meet peoples care needs.
- We noted from rotas viewed and conversations with staff that every effort was made to offer permanent staff outstanding shifts to promote continuity of care.
- When this was not possible agency and bank staff provided cover where vacancy remained unfilled or when acuity had increased.
- Theatres used agency to fill the more specialised roles whilst the trust were in the process of recruiting staff.
- Agency and bank staff completed an induction prior to working at the hospital and records of the induction were viewed during the inspection.
- Nursing staff participated in regular handovers to ensure that patients care needs were discussed to ensure effective continuity of care.

Medical staffing

- The trust reported 20 vacancies (inclusive of all grades) in the surgical department. We saw from the data provided the trust had made significant progress in recruiting into these positions. The data suggested that nine positions had been filled; another three were in the interview phase of recruitment. The six outstanding posts were junior post in anaesthetics which were remained outstanding at the time of inspection.
- The junior doctors we spoke with during the inspection told us they felt there was enough doctors to meet peoples care needs.
- The trust performed similar to expected in the General Medical Council – National Training Scheme Survey 2013 in the surgical directorate. However, the trust scored worse than expected for junior doctors attending regional training. During the inspection we talked with juniors who told us that this was no longer the case.
- We saw the trust performed within the national expectations for handovers in the general medical council national training scheme survey. The junior doctors we spoke did not raise any concerns relating to handovers.
- The trust was employing locums to ensure appropriate medical cover and quality care for patients. We saw significant and successful attempts had been made to recruit permanently into these positions.
- The trust had consultants available on site five days a week and provided an on call system at weekends and out of hours.
- Consultant led ward rounds were in place at weekends.

Major incident awareness and training

- We reviewed the major incident policy and procedures.
- The staff we spoke with could tell us their role in managing a major incident and expressed confidence in doing so.
- The trust had an appropriate major incident/business continuity plan in place.
- Protocols for deferring elective activity to prioritise unscheduled emergency procedures existed and were deemed fit for purpose.

Surgery

Mandatory training

- We found the trust had an annual three day mandatory training programme for staff.
- We reviewed the training matrix that confirmed that all staff had received mandatory training.
- The staff we spoke to told us that their training needs were continuously met and that if they required extra training that it was provided.
- The NHS staff survey demonstrated better than expected results for staff reporting receiving job relevant training learning or development in the last 12 months, percentage of well-structured appraisal.

Are surgery services effective?

Good

We found the care delivered in the department to be evidenced based and adhered to national and best practice guidance. The care delivered was routinely measured to ensure quality, adherence to national guidance and improve quality and patient outcomes. The trust was able to demonstrate that it was continuously meeting national quality indicators.

The trust had a dedicated pain team that provided specialist pain services to patients and staff. The patients we spoke to told us that pain medicine was administered in a timely fashion and that they were satisfied with the way their pain was managed. We saw evidence of best clinical guidance was in place for patients who received patient controlled analgesia PCA and epidural infusions.

Evidence-based care and treatment

- For patients suffering new pressure ulcers the trust performed below the England average for eight months of the year, In January 2014 the trust was below the average by 1%. In June 2013 the trust performed above the England average by 0.8%.
- The trust's performance of new VTEs was worse the England average for 10 months of the year. In March 2013 the trust performed better the average by 3.4%. In August 2013 the trust performed below the England average by 0.2%.
- There was a multidisciplinary team approach to reviewing any cases where a patient developed a VTE whilst being an inpatient or within 90 days of surgery.
- For patients suffering new urinary tract infections (UTI's) the trust performed worse than England average for seven months out of 12.
- For patients suffering falls with harm the trust performed worse than the England average eight months out of 12, in August 2013 by 1.5%. In March 2013 the trust performed better than the England average by 0.5%.
- The trust's infection rates for clostridium difficile and MRSA infections lie within a statistically acceptable range for the size of the trust.
- We found evidence that national guidance was being followed in the department and that hospital policies were based on NICE/Royal Colleges' guidelines.
- Care was provided in line with NICE CG50 (Fall Prevention Guidance) and CG83 (Rehabilitation After Critical Care Guidance), CG92 (VTE Guidance), CG29 (Pressure Area Care), CG139 (Infection Control), and CG124 (Fractured Neck or Femur Guidance).
- There was evidence in the care plans and notes we reviewed to demonstrate compliance with local hospital policies.
- The trust complied with NICE CG 135 (organ donation identification) for any patient where the planned withdrawal of treatment was to be referred to the Specialist Nurse in Organ Donation.
- There was a planned focus in the department for 2014/15 of standardising orthopaedic protocols for surgical site dressings and skin preparation and to audit compliance with the Surgical Site Infection NICE Quality Standard 49.
- We saw evidence of local audit activity exclusive of mandatory submissions within the surgical department. Clinical audit was actively encouraged amongst staff.

Pain relief

- The hospital used appropriate pain scoring tools to assess adult and paediatric pain levels.
- Pain levels were assessed pre and post operatively if applicable.
- Pain assessments and patient expectations were discussed with elective patients at pre assessment appointments with the clinical specialist nurses.
- The hospital employed a dedicated pain team that provided support to ward areas five days a week. Out of hours and at weekends clinical advice could be sought from anaesthetic staff or the recovery team.

Surgery

- The patients we spoke to told us that their pain was well controlled and that analgesia was administered in a timely manner when requested.
- The DSU used an appropriate pain scoring tool to assess adult pain levels.
- Patients in the DSU were prescribed and dispensed pain medication before leaving the department.

Nutrition and hydration

- We spoke to patients during our inspection who told us that they were very happy with the meals that they received during their stay.
- Patients were screened using the Malnutrition Universal Screening Tool (MUST). If a risk of malnutrition was identified a food and weight diary was kept by the staff.
- Patients' weights were recorded on admission and monitored to identify any weight loss during their hospital admission. These were evidence of good clinical practice on the wards with the majority of patients being weighed as per hospital policy.
- Post-operative patients were offered sandwiches, biscuits and a range of fluids.
- Patients were also given dietary advice specific to their surgery type prior to discharge.

Patient outcomes

- The trust participated in all the clinical audits it was eligible to take part in 2012/13.
- The trust's performance for two of the five National Bowel Cancer Audit Project indicators was found to be better than expected.
- The trust's performance was rated as within expectations for all of the 19 Royal College of Physicians Audit of Falls & Bone Health in Older People indicators, except for the indicator "Does an occupational therapist routinely assess for potential hazards within the patient's home", which was not included.
- The department was meeting all nine standards of care measured within the National Hip Fracture Database.
- The majority of patients admitted to the Day Services Unit were discharged on the same day unless their condition required overnight observation.
- Data supplied by the trust suggested it treated 90,175 patients in 12 months. Of those 5637 were readmitted within 30 days of surgery which demonstrated a readmission rate of 6% in the specified time frame. This rate is not concerning.

Competent staff

- Training data supplied by the trust identified that staff training was being delivered in an effective and consistent manner across the department.
- We saw records that demonstrated staff had received annual appraisals.
- The staff we spoke to during the inspection assured us that they felt competent to undertake their roles. We were also told that if staff identify a learning need, this was addressed and training was provided.
- Nursing staff had a competency based assessment before administering medication.
- Nursing pin numbers were checked annually to ensure all nursing staff had a valid registration and appeared on the national register.
- All medical staff took part in a regular revalidation process.
- There was an onsite library which we saw was utilised by staff using the inspection. There was an area where audit activity and best clinical guidance was on display for staff to access recent and relevant healthcare information.
- Staff at Crawley Hospital could access the post graduate facilities that were owned and managed by another trust. Staff did express concern that due to future planned changes they might not be able to access them in the future.

Multidisciplinary working

- It was evident that there was a functional multidisciplinary approach to the care delivered in the surgical department. The documents we reviewed and the staff we spoke with confirmed this.
- We observed physiotherapy, occupational therapy and specialist nursing input into care during the inspection.
- We were told about the positive relationship with adult social care and community care staff and the support provided for patients in the community.
- We saw a regular multidisciplinary team (MDT) meeting in progress whilst visiting a clinical area and we were told that this was only one of many MDT's that took place in the ward.
- We identified successful multidisciplinary working between the East Surrey Hospital site and Crawley Hospital sites

Seven-day services

- The DSU at Crawley Hospital delivered a day surgery service five days a week.

Surgery

- We were told that the unit occasionally operated on a Saturday to be able to meet its waiting time targets. The unit was undergoing an open consultation with staff relating to providing a 24-hour service in the future.

Are surgery services caring?

Good

The patients we spoke with during the inspection told us that they were treated with dignity and respect and have their care needs met by "kind" and "caring" and "dedicated" staff. We observed patients being treated in a professional and compassionate manner by staff. The staff we talked with told us that they loved their jobs and felt 'happy' coming to work. They also talked about being dedicated to delivering good quality patient care and making a real difference to people. We saw patients' feedback displayed in all ward areas that demonstrated satisfaction with the service provided.

Patients reported feeling involved in planning their care and told us they received enough information about their conditions. The trust employed a range of specialist nurses who were able to provide emotional support for patients and make referrals to external services for support if necessary.

Compassionate care

- We noted a very welcoming and pleasant atmosphere at the DSU at Crawley Hospital. This was confirmed by our conversations with patients during the site visits.
- The trusts friends and family test score was better than the national average. None of the surgical wards scored below the trusts average score.
- The staff team we observed and talked with during the inspection were noted as being hard working, kind, approachable and dedicated to delivering high-quality patient care.
- We observed staff treating patients with dignity and respect and conversations with patients and their relatives confirmed this.
- We observed staff being professional, empathetic and responsive to patients' individual needs.
- We also observed staff deal with patients private and sensitive concerns with great tact and professionalism.
- Staff provided support to patients and their loved ones so they could understand their care and the choices available to them.
- From the conversations we had with staff and our observations it was clear that the staff put patients at the centre of their care and treatment and supported them to make informed decisions.
- Patients were able to express their views, so far as they were able to do so and were informed in making decisions about their care options.
- The trust performed "within the expected range" for 10 of the 10 Adult Inpatient Survey sections.
- Patients were discharged with relevant information about their post-operative care and were given a telephone number to call if they were worried about their condition for 24 hours after their procedure.
- The ward staff on the DSU had an effective follow-up system in place for reviewing patients who had surgery. Staff phoned each patient the day after their procedures to assess their post-operative recovery and give advice and support if needed.
- There was very poor mobile signal at the Crawley Hospital site. Relatives were given a bleep that meant they could be contacted if they left the clinical areas. This meant that people were not restricted to stay in one place for long periods of time and could be effectively contacted by staff.
- The CQC inpatients survey revealed that patients were bothered by increased noise at night. There was evidence that the trust was addressing this issue by offering to move patients to quieter areas on the ward and supplying ear plugs.

Patient understanding and involvement

- The hospital ran a 'your care matters' programme which actively encouraged patients to comment on their recent experience of the services provided.
- The patients we spoke told us that they received good quality care. Some of the comments received about the staff were "Brilliant" and "Everyone has been so kind."
- Patients were encouraged to give feedback about the staff and service provided during their admissions. The feedback we reviewed was very complimentary.
- The patients we spoke with told us that they felt involved with their care and that they were given ample opportunities to ask any questions they had about their care and treatment.

Surgery

- We saw that each patient had a dry wipe board over their bed which displayed their named nurse (This is a ward nurse who had special responsibility for a patient while they were in hospital).

Emotional support

- The trust had a wide range of clinical nurse specialists available to provide support for patients. Specialists included pain, continence, stoma care, nutritional, falls prevention, infection control, pre-assessment nurses and Macmillan, mental health, learning difficulties and dementia.
- We were told that clinical nurses could provide some counselling for patients or refer to community services if appropriate.
- The chaplaincy team were available to provide support for patients.

Are surgery services responsive?

Good

There was evidence that the trust placed a great value on patients' comments and complaints and demonstrated that it listed to these and changes practice as a result. There was also evidence that it listened to its staff and encouraged open and honest feedback. We noted a vast improvement with engagement with local people and other external organisations.

Continuous work was being carried out to best understand the health needs of the community served by the hospital and plans were in place to increase and improve the services provided and the hospital site.

We did not identify any concerns with people accessing serves at the trust, but we did identify escalation beds in use during our onsite visit. We found the trust ensured that the care delivered for this client group was safe and responsive.

Service planning and delivery to meet the needs of local people

- Engagement with the local community was ongoing and their feedback was used as a service improvement tool.
- The DSU had been meeting the local demand for surgery by providing additional lists on a Saturday.
- The pre-assessment clinic at Crawley Hospital had been extended into the evening in a response to feedback and local demand.
- At the time of inspection the DSU was undergoing a consultation about providing 24-hour care.

Access and flow

- The hospital used electronic discharge system and we were told that this system worked effectively. The patients we spoke to told us that they were discharged effectively and did not have to wait for excessive lengths of time to be discharged. We observed the discharge process during the inspection and found relevant and appropriate information and advice leaflets were provided. Medication advice was given prior to discharge. We also note that the patients were given a discharge letter for their reference and a copy of the letter was sent to their GP electronically.
- 90% of patients needing surgery were treated within 18 weeks of referral.
- Between October 2013 and March 2014 a total of 5650 day case procedures at Crawley were booked and no cancelations were reported in that in that period. 100% of the cases were completed.
- We did not identify any concerns with the flow of patients in the cay case unit at Crawley Hospital.

Meeting people's individual needs

- Translation services were available.
- The trust had a learning difficulties team available to provide support for staff and patients.
- People's individual needs were identified at pre-assessment, which meant that there was ample time to ensure extra measures were in place prior to admission.
- The trust had a range of patient information leaflets available.
- We saw a wide range of condition specific information available for patients in the DSU. However, we noted the information had not been updated or reviewed for some time.

Learning from complaints and concerns

- There were effective systems in place to deal with comments and complaints, including providing patients with information about how to raise concerns or make a complaint.
- The trust provided support to patients and or others acting on their behalf to make comments and

complaints. There was a Patient Advice and Liaison Service (PALS) in the hospital and staff told us they were very responsive. Information about PALS was on display in the ward areas.
- We saw evidence that complaints were responded to and considered in full. Not all complaints were responded to within the timescales set.
- We saw evidence in every clinical area of learning from complaints and patients feedback. Service improvement information was displayed in each clinical area.
- The patients and relatives we spoke told us that they felt confident that any concerns they raised would be listened to and dealt with appropriately and were confident that they would not be discriminated against for raising concerns or making a complaint.

Are surgery services well-led?

Good

The trust operated an effective governance structure and a quality and a separate clinician led quality and safety board. The departments risk register demonstrated that risks were identified, recorded and actioned appropriately as well as ensuring a transparent audit trail of the risks identified.

We identified a very positive staff culture irrespective of grade or position. We saw evidence of patient and public engagement that influenced positive change on the services delivered. The service demonstrated that it was innovative and strived for continuous improvement. The last NHS staff survey revealed that staff at the trust were more likely to agree that their role 'made a difference', felt supported by their immediate management and were motivated and satisfied with their work. This was evident in the conversations we had with the majority of staff during the inspection. However, we did identify some dissatisfaction amongst the admin/ward clerk group.

Vision and strategy for this service

- The trust had a clear strategy to improve quality within the department and take account of recommendations from the inquiry reports by Sir Robert Francis and Sir Bruce Keogh. It underlined the responsibility and opportunity of all staff in contributing to patient care.
- There were regular reviews of data and information by the divisional governance meetings. There were four subcommittees in place (Patient Safety, Clinical Effectiveness, Patient Experience and Responsiveness). These committees reviewed progress against delivering their vision and strategy for 2014/15.
- The service was striving to improve 'Nil by mouth' times in the department and therefore reduce harm.

Governance, risk management and quality measurement

- It was evident from the documents we viewed and our conversations with staff that the trust had a very active and productive governance committee.
- There was a safety and quality committee in the surgical directorate that was predominantly led by clinicians. The purpose was to assist the board of directors in executing their responsibility for seeking and monitoring assurance around safety, quality and patient experience. Key areas for discussion at the monthly meetings were clinical audit, CQC compliance, mortality, incident managements, infection
- Information from governance meetings was cascaded to staff via emails, meetings, handovers and through ward newsletters.
- We found the trust risk registers accurately identified risks, were regularly maintained and reviewed and demonstrated an effective audit trail for any identified risk.
- There was evidence of regular quality monitoring in place which influenced changes to clinical care and service delivery.

Leadership of service

- The staff we spoke with reported a high level of confidence in their immediate line managers and senior hospital management.
- They described feeling involved in changes and felt 'listened to at all levels' when they raised a concern or make a suggestion to improve the services delivered.
- Staff told us how they had positive, open and supportive relationships with the chief executive, director of nursing and other senior staff.
- Staff reported feeling involved, consulted and encouraged to drive change that would improve standards and patient experience.

Surgery

- We visited Woodland ward where we judged the leadership to be outstanding. We saw a very effective multidisciplinary approach to care delivery and consistent commitment to ensuring patients' individual needs were met.
- The admin/ward clerk staff we spoke to reported feeling very involved respected and valued in their own teams.

Culture within the service

- All trust board meetings started with a patient story. We were told that this practice encouraged reflection and aids learning from a patient's perspective. We viewed minutes of the meetings that demonstrated that the 'patient story' was firmly embedded at board meetings.
- We perceived the surgical department to have a cohesive and positive work culture and attitudes. Staff morale appeared to be high and they described a feeling of 'enjoying' coming to work and 'locality' to the patients, service and executive management team.
- We found all staff at every level to be optimistic, enthusiastic and undisputedly sincere when expressing their dedication to patients, their colleagues and hospital management team
- We identified a positive approach to multidisciplinary working in the surgical department. The staff we talked with confirmed that multidisciplinary working in the trust was firmly embedded in the culture and approach to care delivery. We observed this during the inspection.

Public and staff engagement

- The trust regularly encouraged patient engagement. There was evidence in every clinical area in the surgical department to suggest that this information was valued and acted upon and used as a mechanism to change practice and drive standards upwards.
- The staff we spoke to were able to evidence changes to practice that was driven by patients and member of the public and we saw that ward areas proudly displayed 'you said, we did' information boards.
- Staff told us that they could attend meetings with the chief executive and other members of the senior management team.
- Staff reported feeling involved and consulted about changes.
- We saw a comments and questions boxes available in the staff room to encourage staff to raise concerns, questions or give feedback about the service and the proposed changes to the service.

Innovation, improvement and sustainability

- The trust had a smartphone application for the monitoring and management of antibiotic usage
- We saw staff wearing "Ask me anything" badges. These badges encouraged patients and their loved ones to engage with staff to improve communication.

Outpatients

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

Information about the service

The outpatient services provided by the trust were located at three hospital locations, East Surrey Hospital, Crawley Hospital and Horsham Hospital. The latter two hospitals were owned and managed by NHS Property Services. The main outpatient service was located at East Surrey Hospital in a dedicated area. This area was divided into sections with two separate areas for Ophthalmology and Breast Clinics. There were separate reception areas for each area.

Outpatients at Horsham Hospital were located over two floors with two main outpatient areas. There was a dedicated reception area which was located on the entrance to the department. The outpatient services at Crawley Hospital were located on the ground floor with two main outpatient areas. Each outpatient area had a separate reception area which was located on the entrance to the department.

The trust offered outpatient appointments for all of its specialties where assessment, treatment, monitoring and follow up were required.

During our inspection we spoke with twenty three patients, two relatives, and nineteen members of staff at East Surrey Hospital, seven staff, eleven patients at Crawley Hospital and seven patients, one relative and six staff at Horsham Hospital. Staff we spoke with included reception and booking staff, clerical and secretarial staff, cleaning staff, nurses of all grades, doctors, and consultants. We observed care and treatment. We received comments from our listening events, and we reviewed performance information about the department and trust.

Summary of findings

Patients received compassionate care and were treated with dignity and respect. Patients told us that staff were kind and supportive, and they felt fully involved in making decisions about their care. Medicines and prescription pads were securely stored. The outpatient areas we visited were clean and equipment was well maintained.

Many clinic appointments were cancelled at short notice. Clinics were busy and patients sometimes had to wait a long time to be seen. Patients and staff told us one of the biggest challenges was clinics running late. Outpatient clinics were overbooked; there was not enough time to see patients, so clinics often over-ran.

The large number of ad-hoc clinics ensured that the trust was meeting its waiting time targets. However, these clinics were run on the goodwill of staff. Staff were very concerned that patients' medical records for clinics were often not complete. Patients could be seen in clinic with either no notes or a temporary set of notes. This meant staff did not have a full and accurate medical history of the patient they were reviewing.

Staff were particularly concerned about this.

Outpatients

Are outpatients services safe?

Requires improvement

Staff were reporting incidents on Datix. However, we were told about incidents concerning medical records that had not been reported.

Medical records were not being managed safely. We were told multiple accounts of medical records being incomplete, incorrect because information had not been updated. We were also told that medical records could not always be obtained in time for clinics which were being routinely arranged on an ad-hoc basis. This meant that patients were being seen in clinic with temporary notes and medical staff could not obtain a past medical history of the patients that they were seeing in clinic. This could result in unsafe or inappropriate care.

Incidents

- Staff in the outpatients department (OPD) used an online reporting tool (Datix) to record any accidents, incidents or near misses that occurred. We were told that only senior nursing staff had received training on this system. This included band 6, band 7 and band 8 staff members who had passwords and were able to access and use the tool. Other grades of staff had to rely on trained staff to help them report incidents.
- We saw that staff had used the reporting system for a variety of incidents which included patient transport issues, IT issues which had affected clinics, and patient falls. There had been 18 incidents reported between December 2013 and March 2014 (nine at Horsham Hospital, two at Crawley Hospital and seven at East Surrey Hospital). All incidents were recorded as having no harm or minimal harm to patients.
- Staff told us about medical records not being available. They were not reporting these occurrences on the Datix system. Therefore, although staff from both the department and medical records told us that this happened regularly, there was no data available to establish the extent of the problem, which meant evidence of the extent of the problem could not be accurately assessed.
- The OPD manager told us that they would feed back any learning from incidents and accidents to staff. However, staff that we spoke with told us that they had never received feedback from any Datix forms that they had submitted. The manager told us that once they had submitted a Datix the person investigating would send an email outlining their investigation outcomes. However, they said that they did not consistently receive this feedback.

Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection.
- Patients we spoke with all told us that they felt the department was cleaned to a good standard. During this inspection, we walked around the department looking at the cleanliness of the patient waiting areas, some clinic rooms, patient toilets, dirty utilities and corridors.
- We observed that most of these areas were clean and free from unnecessary clutter.
- Cleaning staff were responsible for cleaning public areas, clinic rooms, and toilets in the OPD. The housekeeping department audited the cleaning standards against the national standards for cleanliness within the NHS. The required audit scores for this department were 85%. Audits showed that the department had scored 98% in its recent audit of cleanliness.
- Clinical staff had completed checklists to show that treatment couches and equipment were cleaned between patients. We saw that these checklists were comprehensive and had been completed correctly by staff.
- Mandatory training records held in the department showed that 75% of staff had received infection control training within the past year.
- Staff that we spoke with understood their role in the prevention of the spread of infectious disease.

Environment and equipment

- Building maintenance was managed by the estates department for the hospital. We were told that where issues were found these would be reported to the relevant estates department who would log the requirements and issue the department with a job number. The OPD kept a log of the work that they had reported to estates and kept track of when and how issues were resolved. We were shown the departments log book which evidenced that staff were reporting and tracking maintenance issues.
- When equipment failed staff followed guidance for decontamination and arranged for the electronics and

medical engineering department (EME) to collect, repair and return the item. We were told by the manager that when this happened they would borrow equipment from other areas of the hospital to replace equipment until it was repaired.

- The manager told us that when they required more equipment they would ask the division that the equipment was required for to supply this. They also said that the hospitals league of friends were always supportive where the department had asked for funding for equipment.

Medicines

- Medicines were stored in locked cabinets within the department. All medicines were ordered by nursing staff through the hospitals pharmacy.
- The majority of medicines were administered by doctors. Where nurses were required to administer medicines such as analgesia these would be prescribed by the clinician and recorded on a prescription chart which would be stored in the patient's medical records. The nurses would then sign and date the prescription to confirm that they had administered the medication.
- The department held prescription pads which doctors used to prescribe medications. Opposite the OPD entrance was a chemist that patients could use to collect their prescriptions. Patients told us that they found this to be convenient.
- Prescription pads were stored in a locked cabinet. The department had processes in place to ensure the safe use of prescription pads.

Records

- An ongoing safety issue in the OPD had been patient records not being available for clinics. This meant that staff were using temporary sets of notes for some patients in clinics. Therefore clinicians would not have all the information required for them to make safe decisions about patients care. This could lead to unsafe or inappropriate treatment.
- All of the staff that we spoke with told us of incidents where notes were incomplete, where records had not been updated with information such as a change of address, or where patients attended clinic with a temporary set of notes as there medical records could not be obtained in time for clinic. Some staff told us that this had happened on multiple occasions in the past month. However, although the manager told us that they would expect these incidents to be reported data showed that no incidents of this type had been reported since December 2013.
- We spoke with staff from medical records during a staff focus group. They told us that they were aware of this as an ongoing issue. They told us that ad-hoc clinics were being arranged at short notice on a daily basis. They said that this did not give them time to locate and prepare notes for the clinic appropriately. They also told us that they were often unable to update address labels in notes because their equipment had failed, or they had run out of the stationary required for the task.
- We were told that across the hospital the location of patient records could be challenging. The medical records staff told us that once records had been dormant for over twelve months they would be transferred to a facility in Southampton to be stored. However, they told us that this system had glitches and that records would often be sent to this facility when they were still needed in the hospital. This meant that staff were unable to obtain medical records at short notice.
- The trust had invested in a new electronic tracking system for medical records. Medical records staff told us that this system had glitches and did not always track records as it should. They said that this was due in part to staff throughout the hospital not understanding the way that the system worked. However, they also said that the system itself sometimes failed to recognise barcodes on notes. This meant that notes were not always located in the hospital in the place that the tracking system said they were.
- Medical records staff also told us that they were reliant on temporary staff due to vacancies and the staffing templates not meeting with the demands of the service. They also felt that their working space was too small and cluttered which impacted on their ability to perform tasks in a timely manner. We looked at their work areas and found them to be cramped, dirty and cluttered. We saw a desk space that was infested with what looked like mites. We brought this to the attention of the executive team at the hospital and this was dealt with immediately.
- The trust provided us with an audit of the number of patients who did not have their medical records available at the out patients clinic. The data showed that 1.5% of patients of patients attending clinic in

March 2014 and 1.8% of patients attending in June 2014 did not have their medical records present in clinic. All staff, including medical staff, reported concerns about the absence of medical records in clinic.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in the MCA and DoLS during safeguarding training.
- We found that staff knowledge around MCA and DoLs was varied. Some staff we spoke with were unable to demonstrate a good understanding of their responsibilities around MCA and DoLS legislation.
- The Macmillan breast care specialist demonstrated a good understanding of The Mental Capacity Act 2005 (MCA) and had applied its principles in an example given. They demonstrated that they had considered the least restrictive ways of caring for the patient concerned in accordance with the MCA and with DoLS safeguards.
- We saw an information folder was available for staff which contained information on MCA and DoLS.
- Some staff carried a card which outlined their main responsibilities around MCA.

Safeguarding

- Training records showed that 100% of staff had completed training in adult safeguarding at level 2 and child protection level 1. The Ophthalmology OPD had two nurses trained to level 3 in child protection.
- We spoke with staff during our inspection who demonstrated that they understood their role in the protection of vulnerable adults and children.
- The manager and sisters that we spoke with gave us examples where they had raised safeguarding concerns. They demonstrated that they had followed procedures when escalating their concerns.

Mandatory training

- The OPD kept their own records for mandatory training.
- The trust ran an enhanced statutory training course which covered all areas of mandatory training. Seventy five percent of staff had attended this training in the past year. Staff that had not attended were booked to attend future courses.

Assessing and responding to patient risk

- Staff that we spoke with were aware of their role in a medical emergency. For example, we spoke with a nurse who was able to describe their role and how this had worked in a recent medical emergency within their department.
- Seventy five percent of nursing staff in the department had received adult resuscitation and life support training within the last year. No nursing staff had received paediatric life support training.
- We saw evidence that adult resuscitation equipment stored in the department to assist staff during an emergency had been checked regularly by staff. Staff had signed to say that the equipment had been checked, was available and within its expiry date. We were shown the procedure for checking the resuscitation equipment.
- There was no resuscitation equipment in the out patients department at Horsham Hospital. In the event of a patient suffering a cardiac arrest, staff told us they would go to a ward within the hospital that belonged to another NHS trust to borrow that.

Nursing staffing

- We were told that the skill mix of staff did not meet with the needs of the service. Both staff and managers told us that there were not enough trained nurses in the department as a result of inadequate staffing templates.
- All of the staff we spoke with told us that although care was safe the trained nurses were “run ragged” trying to work between clinics.
- We were told that the main OPD only used bank staff that had been assessed in the department’s competencies and were therefore able to perform their roles.
- We spoke with agency nurses working in the cardiac OPD on the day of our inspection. They told us that they felt able to perform their roles and had been orientated by the OPD sister prior to starting work in the department.

Medical staffing

- The medical cover for clinics was arranged within the divisions, who agreed on the numbers of clinics and patient appointment numbers. The divisions had provided the appointment teams with templates which showed where appointment spaces were available.

Outpatients

- We spoke with one consultant who told us that morale was low in their department (ophthalmology) as they had difficulty recruiting consultants.
- We were unable to speak with all of the medical staff during our inspection. However, doctors that we spoke with told us that workloads were increasing, and that ad hoc clinics were used excessively in order to meet with the demand of increased referrals.

Major incident awareness and training

- The major incident plan was on the intranet and staff were able to access this as required. The manager demonstrated an understanding of the department role in a major incident.
- A business continuity plan was in place for the service and was accessible to staff through the trusts intranet.

Are outpatients services effective?

Not sufficient evidence to rate

We report on effectiveness for outpatients below. However, we are not currently confident that, overall, CQC is able to collect enough evidence to give a rating for effectiveness in outpatients departments.

Evidence-based care and treatment

- National Institute for Health and Care Excellence (NICE) guidance for smoking cessation had been met within the department. The OPD assessed each patient who accessed the service to establish whether they would benefit from a referral to the smoking cessation service. Staff would refer patients to the service where a need was established.
- National Institute for Health and Care Excellence (NICE) guidelines for Macular Degeneration had been met in the Ophthalmology OPD. The department had ensured that patients referred into the service had been given an Optical Coherence Tomography (OCT) and had seen the consultant and started on a five-week treatment plan where needed within two weeks of referral.
- National Institute for Health and Care Excellence (NICE) guidelines for Diabetic Macular Odema had been met in the Ophthalmology OPD. The department had also ensured that patients had been seen by the consultant and received diagnostic tests within two weeks of referral.

Patient outcomes

- The OPD ran a continuous patient experience survey which patients were encouraged to complete following their visit to the department.
- Results of these surveys were shared with staff in department newsletters.

Competent staff

- Along with mandatory training staff in the OPD were expected to demonstrate competencies in the areas that they worked in. For example, we were shown competency assessments for staff who administered eye drops in ophthalmology.
- Staff attended a trust induction on starting work at the service. The OPD also ensured that staff completed a local induction programme. We were shown the band 5 registered nurse orientation programme for Ophthalmology OPD.
- Records demonstrated that staff had a 100% record for appraisals. These records showed that staff had all received an annual appraisal and a six-month progress check. Staff in ophthalmology OPD had also attended appraisal and development courses to prepare them for their appraisal.

Multidisciplinary working

- Specialist nurses supported medical staff in clinics (for example, rheumatology).
- Ophthalmology clinics were always multidisciplinary with medical staff, nurses and optometrists working side by side. These clinics were also supported by volunteers.
- Staff referred patients to other disciplines where needed for example, district nurses came into clinics to liaise over wound care.
- The OPD also made relevant referrals to services such as osteoporosis specialist nurses, occupational therapists, orthotics and the psychiatric liaison service where appropriate.

Seven-day services

- Both ad-hoc and routine clinics were running during the evenings throughout the week, and on Saturdays.
- These clinics were supported out of hours by pathology and radiology.

Are outpatients services caring?

Outpatients

Good

Patients received compassionate care and were treated with dignity and respect. Patients told us that staff were kind and supportive, and they felt fully involved in making decisions about their care.

Compassionate care

- We observed staff interactions with patients as being friendly and welcoming. We saw staff stopped in clinics to greet patients that they knew and ask after their wellbeing. We observed that patients that attended clinic regularly had built relationships with the staff that worked there.
- The Your Care Matters score for April 2014 showed that 90% of patients felt that they had been treated with dignity and respect.
- All of the patients we spoke with were complimentary about the way the staff had treated them. A patient said, "They are too busy, but the staff are lovely." Another patient said, "They do their best, and always have a friendly smile for me."
- Patients also told us that they had been treated with dignity in the department. One patient told us, "They are always respectful."
- The OPD reception areas were mostly situated in the waiting areas. These areas were busy with patients waiting for appointments. Reception staff told us that when patients arrived for appointments their name, date of birth, address, and telephone number were checked with them at this desk. The receptionist told us that as they checked patients personal information they ensured that other people stood back and lowered their voices so that they could not be overheard. This showed that staff had considered ways to ensure that patient's personal information was protected. However the OPD layout was not ideal for protecting patient's personal information.
- Clinic rooms did not have privacy signs on the doors. However, we were shown that each room had a lock on the door and we were told by staff that they locked doors to protect patient's dignity during examinations.

Patient understanding and involvement

- All of the patients we spoke with told us that their care was discussed with them in detail, and in a manner that they were able to understand. Patients told us that they felt included in decisions that were made about their care and that their preferences were taken into account.
- There were patient leaflets in each waiting area which provided patients with information about the department, how they could complain, and information on diseases and medical conditions. We saw patients reading this information. When asked, they all said that the information was in a format that they understood.
- Patients received a copy of the letter that was sent to their General Practitioner (GP) that outlined what had been discussed at their appointment and any treatment options.

Emotional support

- The OPD was a calm and well-ordered environment, although at busy times waiting rooms became overcrowded. We saw nurses constantly updating patients on clinic waiting times and checking that patients were comfortable and happy. One patient said, "My appointment is delayed but they have offered me a cup of tea which I think is very kind."
- Although we saw staff informing patients of clinic delays during our inspection. Your Care Matters scores for April 2014 showed that 70% of patients who had been delayed by more than 16 minutes in clinic had not been informed of delays by staff.
- With the exception of the breast clinic the OPD did not have specific rooms set aside for patients who had received distressing news. Staff told us that if this happened they would find an unused clinic room to give people privacy in these circumstances.

Are outpatients services responsive?

Requires improvement

Clinic appointments were often cancelled at short notice. There were 3,154 clinics cancelled between April 2013 and April 2014. Outpatient clinics were overbooked; there was not enough time to see patients, so clinics often over ran. Although staff and patients were all aware of this issue the department had not routinely audited how long patients were waiting, or how many clinics were overbooked.

Outpatients

Poor communication meant that on occasions clinics would be cancelled but patients were still arriving for their appointments. This caused stress and anger to patients, and anxiety and frustration in staff.

Service planning and delivery to meet the needs of local people

- The clinic waiting areas were crowded, some patients had chosen to wait in other areas or stand as there were not enough chairs for them in the area of the OPD they were placed in.
- The ophthalmology department was particularly busy and staff and doctors in this area told us that the current area was not fit for purpose as they needed more clinic rooms and waiting area space to meet with the demands of the service. There were plans in place to address this in the future.
- Although there were some children's toys, separate play areas were not available.
- Waiting areas had televisions showing patients information about the trust.
- The OPD was clearly signposted to allow patients to find their way around.
- Multiple patients complained to us about the car parking facilities and prices. They told us that it was very difficult to get a space to park and that this put pressure on them when they had an appointment time to meet.
- Staff told us that there was a facility for patients to claim back parking costs if their clinics had been delayed for over one hour. Patients that we spoke with were unaware that this was available to them.

Access and flow

- NHS England and CCGs in the responsibilities and standing rules regulations 2012 state that patients have the legal right to start their NHS consultant led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate that they wait longer.
- Patients also have the right to be seen by a specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected. In order to manage the demands of this legislation the trust ran a central OPD booking system which opened between 8:00am and 8:00pm.
- The 'Choose and Book' system (choose and book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic) accounted for 20% of appointments booked by the OPD.
- The trust had met national targets for the two-week wait target for patients with a suspected cancer. The trusts 2013 data showed over 94.19% compliance (national average 93%) from April 2013 to April 2014. The trust had maintained an above national average outcome consistently on every month of the year.
- The 18 week targets had also been met. In the latest data for February 2014 the trust had seen 95.9% of patients within the 18 week target (NHS operating standard is 92%).
- In order to manage the appointment waiting times the central booking team updated each division of the trust daily and passed on the relevant information for patients that had not been seen within the 18 week target.
- Templates for clinics were agreed in divisions. In order to meet with two-week and 18 week targets templates were consistently overbooked (meaning patient waiting times were long), or ad-hoc clinics were arranged.
- The high number of ad-hoc clinics caused significant problems for staff and patients. We heard many accounts of patient records not being available for these clinics. Data showed that from April 2013 to April 2014, 677 ad-hoc clinics were arranged in the trust. This involved 20,626 patients having their appointments moved due to template changes.
- Patients told us about the frustration of their appointments being rearranged multiple times.
- 3,154 clinics had been cancelled between April 2013 and April 2014 due to the absence of clinicians. The trust's policy required clinicians to give a minimum of six weeks' notice prior to cancelling clinics. However, in that period 32% of the clinics were cancelled at short notice.
- We heard accounts from staff of clinics that had been cancelled without patients being informed. Staff told us of the pressure this put on them when angry patients had come to clinic to be told that their appointment's had been cancelled.
- Patients and staff also told us about frustration over clinic waiting times. One patient feedback comment said, 'I didn't manage to see my consultant as my appointment was two hours past my appointment time so I couldn't wait'.

Outpatients

- Staff and patients also talked about notes not being in clinic due to ad-hoc clinics being arranged at late notice. One patients feedback on patient surveys said, 'I was unwell, I got out of bed to get to my appointment. My notes were not there. I waited 45 minutes as I was told they would be there soon. As they did not arrive and I was unwell I told reception that I was going home to bed'.

Meeting people's individual needs

- Where patients required translation services the OPD would access these. This could be done over the phone using a telephone translating system which could be accessed by staff at any time with no requirement for prior arrangement with the service. The manager told us that where patients needed a more complex consultation and where it had been identified that telephone translation was not appropriate the OPD was able to book face to face translators, although this service needed to be organised in advance. The manager told us that some of patients attending the department from supported living environments bought with them a 'Healthcare Passport' document. This outlined to staff how they should be supported with their care needs.
- Those patients attending the department without this information would have their needs met by the OPD contacting their carers or family for advice on ways that the department could best support them with their care.
- Staff told us that they would identify patients with dementia and provide them with the support they required during their treatment.
- The OPD did not have any specific tools that they used to identify patients that may require extra support.
- Patients' specific religious and cultural needs were met for example, when a female patient's culture or religion required that they only be examined by a female doctor, the OPD staff would ensure that this requirement was respected.

Learning from complaints and concerns

- Complaints were handled in line with trust policy. Staff would direct patients to the PALS if they were unable to deal with concerns directly. Patients would be advised to make a formal complaint if their concerns remained.
- In all the areas we visited information on how to make a complaint was displayed.
- Patients told us that, if necessary, they would not hesitate to raise a concern.
- The outpatient department had the best performance in the trust for responding to complaints within timescales.

Are outpatients services well-led?

Requires improvement

Although data, and patient feedback identified areas of concern regarding the amount of ad-hoc clinics, patient records, and clinic delays these areas had not been addressed.

Staff were all aware of the issues in the OPD but did not feel empowered to make changes that they felt would improve patient experience.

Vision and strategy for this service

- Trust wide communications had been displayed in staff areas for staff to read.
- The manager and sisters that we spoke with were all aware of the trust's current strategy. Most staff were also able to express the trust's values and commitment to patient care.
- Staff told us about open sessions with the chief executive that all staff were able to attend. They said that staff from all grades and departments were invited to ask any questions that they had. Staff spoke positively about this experience. They said that it made them feel listened too.

Governance, risk management and quality measurement

- Outpatients held a monthly clinical governance meeting and produced a monthly governance report which was used to inform the trust's board and other stakeholders. During the meeting all areas of governance were discussed and reported on along with any learning or changes to the service. The agenda for this meeting included incident reporting, complaints, training, human resources (HR) management, infection control, risks, health and safety, and audit results.
- The OPD used a number of tools to gather the data required to meet with the trust's governance arrangements. Incidents/accidents and near misses were recorded and investigated using the Datix

electronic recording system. The number of datix incidents and whether they were of a minor, moderate or serious nature were fed up to the trust board in the department's governance report.
- The governance report also outlined staff attendance at mandatory training, staff sickness levels, and compliance with the departments audits such as the hand hygiene audit.

Leadership of service

- Staff were positive about trust leadership, but some staff identified problems with senior leadership in OPD. Staff in some areas did not feel listened to by the OPD senior management team.
- Medical records and medical secretary staff were less positive about their leadership and felt they were not listened to. We brought this to the attention of the executive team during our visit. The chief executive had previously met with medical secretaries. These staff were concerned about changes that were being introduced.
- Nursing staff reported that the trust level leadership team was visible and proactive. One member of staff said, "The chief executive not only comes to see us, but he listens to us. He has turned this trust around. My biggest fear is that because he has been so successful here he will be head-hunted and will move on elsewhere."

Culture within the service

- We spent some time during the inspection sitting and observing the staff, the flow through the department and the experiences of patients. We saw that staff treated patients with respect, and worked hard to make their experience a positive one.
- We saw staff interacting with their managers and saw that they did this in a relaxed and friendly way. The managers were seen supporting more junior members of staff when it was required.
- One member of staff told us, "The priorities in this trust have changed. It is a really positive place to work now."
- Another staff member told us, "We have come under a lot of direct criticism as a trust in the past but that really does feel in the past now. We have moved forward."
- Staff did however speak with us about the frustrations they had within the department. One consultant said that morale was low because the medical staffing did not meet with the demands on the service. Another member of staff told us, "We are the ones taking the brunt of it when patients are kept waiting for hours, or turn up and their clinic is cancelled. Its demoralising and we feel that our managers are not listening."

Public and staff engagement

- Staff we spoke with felt engaged with the trust wide improvements but demonstrated less engagement with potential changes to improve their department.
- The exception to this was the ophthalmology team. The sister for this area had engaged staff and was enthusiastic about their department and what they could do to improve the patient experience.

Innovation, improvement and sustainability

- Staff we spoke to were aware of the issues in the OPD around overbooked clinics and waiting times for patients. Staff told us that these were decisions that were made and influenced outside of their department and did not therefore feel able to make changes.
- The central booking service was able to give patients appointments within the NHS England and CCGs regulations 2012 two and 18 week targets. However, the cost of this was that the trust was relying on large numbers of ad-hoc clinics to meet with the demands of the service. We were unable to see evidence of clear strategies to monitor and maintain robust systems to ensure that the trust met with these targets.
- Templates set for some clinics did not meet with patient requirements. Data which evidenced this was being collected daily by the OPD, the central booking department, and medical secretaries. Although we were told that the trust was working on a 'five year plan' to improve these issues staff we spoke with did not feel that problems which they felt had persisted for a long time were being recognised or improved.
- The department relied on the goodwill of its staff in being flexible with their shifts and taking on extra hours. This meant that, although the department's staffing currently met the needs of the service, this might not be sustainable in the long term.

Outstanding practice and areas for improvement

Outstanding practice

- There was very poor mobile signal at the Crawley Hospital site. Relatives were given a bleep that meant they could be contacted if they left the clinical areas. This meant that people were not restricted to stay in one place for long periods of time and could be effectively contacted by staff.
- The pre-assessment clinic at Crawley Hospital had been extended into the evening in a response to feedback and local demand.
- We saw staff wearing "Ask me anything" badges. These badges encouraged patients and their loved ones to engage with staff to improve communication.

Areas for improvement

Action the hospital MUST take to improve

- Carry out a review of the outpatient service to ensure there is adequate capacity to meet the demands of the service.
- Implement a system to monitor and improve the quality of the outpatient service that includes the number of cancelled appointments, waiting times for appointments and the number of patients that do not have their medical records available for their appointment.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **How the regulation was not being met:** **People who used the outpatient service were not protected against the risk of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to enable the registered person to:** 1. Regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of the Regulations; and 2. Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk form the carrying on of the regulated activity. **Regulation 10 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010**