

# Surrey and Sussex Healthcare NHS Trust

## Inspection report

Trust Headquarters, East Surrey Hospital  
Redhill  
Surrey  
RH1 5RH  
Tel: 01737768511  
www.surreyandsussex.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services to the residents of east Surrey, north-east West Sussex, and South Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill. At East Surrey Hospital, Redhill the trust has 697 beds and provide acute and complex services. The trust provides a range of outpatient, diagnostic and less complex planned services at The Earlswood Centre, and , in Surrey, and at and in West Sussex.

The trust was last inspected in 2014 and was rated good overall.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Outstanding**  

## What this trust does

Surrey and Sussex Healthcare NHS Trust (SASH) provides acute and complex services at East Surrey Hospital, Redhill alongside a range of outpatient, diagnostic and planned care at Caterham Dene Hospital, The Earlswood Centre, Oxted Health Centre in Surrey and at Horsham and Crawley Hospitals.

Serving a growing population of 535, 000, the trust provides care for people from East Surrey, north-east West Sussex and south Croydon, including the towns of Crawley, Horsham, Reigate and Redhill. East Surrey Hospital is the designated hospital for London Gatwick airport, as well as sections of the M25 and M23 motorways.

East Surrey Hospital has 697 beds and ten operating theatres along with four more theatres and a day surgery unit at Crawley Hospital.

The trust is a major employer with a diverse workforce of over 4, 200 staff.

The trust is an Associated University Hospital of Brighton and Sussex Medical School, providing education for final year medical students on placement with the trust.

Surrey and Sussex Healthcare NHS Trust holds contracts with 11 Clinical Commissioning Groups (CCGs); the co-ordinating commissioner for the Sussex contract is Crawley CCG with ten associates. The trust also holds a contract with NHS England for the provision of specialised services and secondary dental care.

In March 2015, the trust was selected to participate in a five-year development partnership to improve the quality, financial sustainability and performance of the trust and to share learning with others. Over a three and a half year period, the trust (along with the four other selected trusts) has been working in partnership with the Virginia Mason Institute in Seattle.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

# Summary of findings

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We use a risk based approach to determine which core services to inspect. This inspection was announced because of the number of core services we were inspecting, in accordance with our published methodology.

As part of the inspection, we reviewed information supplied by the trust and other national data and information that is available to us. We also considered any comments or concerns made directly to the Commission by members of the public or staff.

We carried out an announced inspection of several core services on 16 and 17 October 2018 at the East Surrey Hospital. We returned to review the leadership of the trust on 13 and 14 November 2018. The core services which we inspected were surgery, medicine, maternity services, urgent and emergency care and outpatients.

## What we found

### Our rating of the trust

Our rating of the trust improved. We rated it as outstanding because:

- Patient safety and the patient experience were the dominant thread running through the trust strategy and service delivery.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was an exceptional culture of data-driven continuous improvement and transformation at the trust, and this was supported by a comprehensive meeting structure and detailed performance reporting processes. The trust's risk management policy, processes and tools were well designed, albeit there are areas where the format and content of risk registers could be improved.
- We saw unmistakable evidence of sustained improvement achieved through investment in new facilities and increased capacity that resulted in enhanced effectiveness and responsiveness. This was due to a firmly-embedded and positive culture of openness and transparency, supported by a skilled, stable leadership and clear systems of control and governance.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The trust facilities and premises were accessible to patients and clearly signposted. Where there were limitations on space within waiting areas staff acted to mitigate risk and the trust was working to improve the environment. Signposting within the hospital had improved since our previous inspection.
- The trust provided care and treatment in accordance with evidence-based guidance. Evidence-based systems were used for treating very sick patients. Staff were aware of clinical guidance for patients with specific needs or diseases. There was parity in the quality of care given to all patients who attended the department regardless of their health needs.
- Staff provided care and treatment based on national guidance. Speciality clinics operating within the outpatient department followed relevant national guidance and participated in national and local audits.

# Summary of findings

- Care was delivered by staff that were competent, trained and supported by their managers, to provide safe and effective care. The service provided regular training and development opportunities for staff. There were established developmental career pathways for different roles.
- Patients were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- Staff felt confident they could raise concerns and report incidents, which were regularly reviewed to aid learning. Lessons learned were effectively shared and we saw changes implemented within the wards as the result of investigations.
- Staff at all levels clearly and passionately described how they met patients' needs and demonstrated a good awareness of protected characteristics including race, sexuality, and disability. We saw a variety of resources made available to staff to help them support these population groups. We saw flexibility, choice and continuity of care reflected in the service delivered. Staff were well supported by the mental health liaison team and the frailty and interface team.
- The way the trust supported and encouraged innovation was a real strength. We saw good examples across the divisions and our observations were consistent with positive feedback we received from staff individually and at the focus groups.
- The trust overall score for the National NHS Staff Survey was in the top 20% for the three years preceding the inspection. In some scores they ranked in the top 4 organisations nationally.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Are services safe?

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

- The trust had arrangements to keep both adults and children safe from abuse which were in accordance with relevant legislation. Staff had received training, were able to identify children and adults who might be at risk of potential harm, knew how to seek support and worked with other agencies.
- The trust ensured staff that were competent, trained and supported by their managers, to provide safe and effective care. The trust provided regular training and development opportunities for staff. There were established developmental career pathways for different roles.
- Overall, staffing levels and skill mix was planned, implemented, and reviewed to keep patients safe always. Staff shortages were responded to quickly and adequately. There were effective handovers and shift changes to help ensure that staff managed risks to patients who used the service. Staff recognised and responded appropriately to changes in the risks to patients who used the service. Risks to safety from changes or developments to services were assessed, planned for, and managed effectively.
- Medicines in outpatients were managed safely. Medicines and prescription pads were kept locked when not in use.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff followed trust policies and best practice with regards to the department's environment and equipment. Premises and facilities were presented to a high standard, visibly clean and suitable for their intended purpose. Infection control and equipment management were regularly monitored.

# Summary of findings

- Records we reviewed demonstrated that the National Early Warning Scoring system was being used consistently and correctly.
- There was evidence of a strong incident reporting culture and staff felt comfortable in raising concerns. These were investigated, learned from and used to prevent future recurrence.

## Are services effective?

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

- The trust checked the effectiveness of care and treatment and used the findings to improve them. They took part in relevant local and national audits, and other monitoring activities such as service reviews, benchmarking, peer review and service accreditation. Staff shared up-to-date information about effectiveness internally and externally. Staff understood the information and used it to improve care and treatment and patients' outcomes.
- The trust made sure staff were competent for their roles. Staff had the right qualifications and skills to carry out their roles effectively and in line with best practice. Staff received prompt supervision and appraisals of their work performance and they had access to learning and development. The service had a clear and proper approach for supporting and managing staff when their performance is poor or variable.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to information they need to assess, plan, and deliver care to patients in a prompt way. When there are different systems to hold or manage care records, these were coordinated.
- Staff understood and recognised that the deprivation of a person's liberty only occurred when it was in that person's best interest, was a proportionate response to the risk and seriousness of harm to the person, and there was no less restrictive choice that could be used to ensure the person got the necessary care and treatment. Staff used the Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person's liberty appropriately.
- There was a multidisciplinary approach to patient care. Staff, teams and services worked well to deliver effective care and treatment.

## Are services caring?

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

- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were satisfied with the information they had been given and was explained in a way they could understand.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- Complaints were fully investigated and responses reflected this. There was clear evidence that learning was taken from complaints and that learning was shared with the complainant.
- Staff at all levels clearly and passionately described how they met patients' needs and demonstrated a good awareness of protected characteristics including race, sexuality, and disability. We saw a variety of resources made available to staff to help them support these population groups. We saw flexibility, choice and continuity of care reflected in the service delivered.
- The trust coordinated care and treatment with other services and other providers. Facilities and premises were right for the services being delivered.

# Summary of findings

## Are services responsive?

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

- We found patients' individual needs and preferences were central to the delivery of tailored services. The trust had invested in facilities that led to innovative approaches to providing integrated person-centred pathways of care that also involved other service providers, particularly for patients with multiple and complex needs.
- Individual patient crisis risk plans were developed by the mental health liaison team for use across the emergency department for those patients who needed it. This meant that staff had an engagement protocol for that patient which had already been approved by the mental health liaison team to meet their needs quickly and help avoid long emergency department admission.
- Patients could access the service when they needed it, seven days a week. Services ran on time. Patients were kept informed of any disruption to their care or treatment. Trust performance for cancer waiting times was better than the operational standard and the national average in the most recent two quarters.
- The surgery service worked closely with a national charity that were based in the hospital. When a patient was ready for discharge from the ward, the charity workers would offer a take home and settle service. This ensure that the patient got home safely and had the basics for the initial period back in their own home.
- There was a noticeable reduction in the amount of ambulance turnaround times of over 60 minutes. Data showed during April, May and June 2018 95% of patients admitted, transferred or discharged within four hours of arrival in the emergency department.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. It was easy for patients to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, listened to, and responded to in a prompt way. The service made improvements to the quality of care as a result of complaints and concerns.

## Are services well-led?

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

- We saw comprehensive leadership strategies in place, such as the SASH+ programme, which helped promote and sustain the desired organisational culture. We found a skilled, stable and highly visible senior management team that possessed a deep understanding of issues, challenges and priorities affecting their service.
- All disciplines of staff had a shared focus and purpose to ensuring patients received the best possible care and experience. Staff morale was good, and staff were positive about the overall leadership of the trust.
- There was a universally held view that the executive management team understood and owned the challenges faced by the emergency department and were focused on implementing system-wide change by holding all partners to account.
- The trust had an effective process to find, understand, monitor, and address current and future risks. They escalated performance issues to the relevant committees and the board through clear structures and processes. We saw clinical and internal audit processes functioned well and had a positive impact on quality governance, with unmistakable evidence of action to resolve concerns.
- The trust and service managed financial pressures so that they do not compromise the quality of care.

# Summary of findings

- Staff understood candour, openness, honesty, and transparency and challenged poor practice. The service had mechanisms to support staff and promote their positive wellbeing. Behaviour and performance inconsistent with the values were found and dealt with swiftly and effectively, regardless of seniority.
- The trust had systems and processes in place to engage with patients, staff, the public and local organisations to plan and manage services. Patients had been involved in service improvement activities within the department.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care, medicine, maternity and outpatients. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found 14 areas the trust may wish to consider to improve service quality.

## Action we have taken

We did not issue requirement notices nor take enforcement action against the provider.

## What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

- Staff identified that there was a high rate of blood samples being unusable. This resulted in a delay as the blood sample had to be taken from the patient again. Haemolysis of blood samples occurs when the red blood cells get damaged and therefore the results of the blood tests are inaccurate and need to be repeated. The service researched the best way to prevent haemolysis. For example, by mixing the blood tubes with anticoagulant additives gently first or taking an extra sample first and discarding it. Prior to making the changes in the process there was a haemolysis rate of just under 21% which had now reduced to just under 2% (the national average is 8%).
- The maternity team were shortlisted as finalists at the HSJ awards under the maternity safety category for design and development of safety pins. Safety pin notices are used to share lessons learnt that improve patient care. These were displayed in all clinical areas, including safety huddles and were sent as weekly updates to all staff across the organisation. The initiative had been shared and adopted by NHS trusts across the country.
- The maternity unit had a learning form of excellence called GEMS (Great practice, excellent communication, multidisciplinary team working, safety first). GEMS were developed to share excellent practice that was reported on electronic incident reporting form. All staff who submitted a nomination for a GEMS award received a thank you letter. Staff nominated through GEMS received a certificate which could be used towards their revalidation.
- A clear and supportive preceptorship programme was developed by the maternity service that provided components that focused on vision of wellness as well as personal and professional growth was used. Having a more supportive environment during the years preceptorship programme aimed to build more confident midwives prepared for challenging cases.
- We found the overall standard of the built environment to be very high, which included the dementia-friendly decoration and signage.

# Summary of findings

- Given examples such as the SASH + scheme, we saw a commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. There was a culture of quality improvement within the hospital. There was evidence of quality improvement projects and staff had received training in the quality improvement methodology within the trust and were supported to identify areas for improvement themselves. Staff were given time as a team to explore quality improvement work and there was evidence of measurable improvements. This included improved efficiency of certain procedures due to the development of procedure kits within the outpatient department.
- We found unmistakable evidence that the medical division was actively improving services by learning from when things go well and when they go wrong, promoting training, research, and innovation.
- The way the trust supported and encouraged innovation was a real strength. We saw good examples across the divisions and our observations were consistent with positive feedback we received from staff individually and at the focus groups.
- Patients were treated with compassion. Staff went the extra mile to ensure they got to know their patients and their relatives were well cared for.

## Areas for improvement

### The trust should take action to:

#### In Urgent and Emergency Care:

- The trust **should consider** that all staff are aware of the trust policy for monitoring patients who have received rapid tranquilisation.
- The trust **should consider** ensuring all staff are aware of the trust policy for the storage of that prescription pads.
- The trust **should consider** staff are aware of the trust policy for the safe storage of Substances Hazardous to Health regulations 2002.
- The trust **should consider** introducing an audit process to monitor patient records and risk assessments during the transition to between systems.
- The trust **should consider** how to provide consultant presence 16 hours a day at weekends in line with the Royal College of Emergency Medicine's recommendations.

#### Medicine:

The trust **should consider** a review of mandatory training compliance.

#### Surgery:

- The trust **should consider** ambient temperature monitors are introduced in clinic rooms should be monitored and recorded.
- The service **should consider** whether the 80% target for mandatory training is sufficient.
- The trust **should consider** sharing good practice across all departments and wards in order to increase the Friends and Family Test response rate for surgery at Surrey and Sussex Healthcare NHS trust.

#### Outpatients:

# Summary of findings

- The trust **should consider** ensuring all staff are aware of the consent processes for patients undergoing minor surgical procedures within the outpatient department so that they are in line with best practice.
- The trust **should consider** a formal cleaning schedule in place for toys within outpatient areas.
- The trust **should consider** it identifies issues impacting on the regular checks of emergency equipment and act to address this.
- The trust **should consider** it reviews the use of personal protective equipment within the phlebotomy department in line with trust policy.
- The **trust should consider** reviewing the space within the outpatient department so that all staff are aware of and have access to space for private conversations with patients and relatives, particularly where these related to the delivery of bad news.

## Is this organisation well-led?

- The trust had a very clear strategy, vision and values which underpinned an exceptional culture which placed patients at the heart of all they did, in all areas of the trust. Staff knew the strategy, vision and values. Recruitment was values led. Staff education was values led. Succession planning meant staff stayed within the organisation and grew within the values framework. It permeated all areas and was reflected in all the work we saw.
- The SASH+ quality improvement programme, which had been developed through work with the Virginia Mason Institute, had empowered staff by equipping them with the lean tools, methods and a structured process which had very successfully built a culture of continuous improvement across the whole trust. Investment in improvement and training had been a priority and this had resulted in a culture where staff at all grades and from all disciplines felt involved and enthused by the workstreams and the idea that they could make a real difference to patient safety and the patient experience.
- Role modelling and explicit behavioural expectations set by the executive directors devolved down through the senior leaders to leaders working in front line services. There was no tolerance of mediocracy in service delivery; a strong education and staff development programme enabled staff to gain the skill and competency to do their jobs well. Good practice was encouraged and rewarded. The Chiefs of Service (divisional leads) could recount many examples of where staff had exceeded expectations in care delivery. This included stories of 'going the extra mile' by staff in pathology, the mortuary, porters, healthcare assistants and junior doctors, as well as leaders and consultant colleagues. The board, non-voting directors and senior leaders were exceptionally proud of their staff; they felt a strong sense of ownership of their services and built on positive care provision and positive patient experience by recognising teams and individuals who had worked outside their remit for the good of their fellow staff or the patients.
- Patient safety and the patient experience were the dominant thread running through the trust strategy and planning. They were also the focus of the monitoring and governance work of the trust. Each member of staff we spoke to from the senior executives and other board members, to the facilities, portering and catering staff understood the specific impact their work and how they carried it out had on patient safety and the patient experience. Staff showed us their work with pride that mirrored the pride the senior leaders had in them.
- One example of 'living the values' occurred during the core services inspection. We observed the chief operating officer walking back from a site meeting that she had chaired quite robustly, setting a very clear expectation that staff in each area were aware of the movement of their patients. She was deep in conversation with another senior leader

# Summary of findings

as she walked. In the corridor she noticed a porter struggling to open doors, keep an elderly patient's belongings together and move the trolley at the same time. She stopped her conversation, introduced herself to the patient, picked up something that had dropped, tucked the blanket more firmly around the patient and then held the doors open. It felt like this was just something they did and which reflected the culture and behaviors agreed by the board.

- There had been a strategic decision that the hospital would be clinically led. It was necessary to involve consultants in the wider leadership issues facing the trust and that the board was keen that they work together with the chiefs of service and all the consultants to achieve this.
- Whilst the consultants provided clinical leadership and were strongly encouraged to become involved in the wider quality improvement and cultural initiatives, this was not a particularly hierarchical organisation. Respect for all was an absolute expectation and we saw friendly, collaborative and cross discipline working used effectively for the benefit of the patients. Staff at all levels and doing all jobs were encouraged to become involved in-service improvements and to work together for the benefit of the patients.
- The board knew their trust well and accepted full responsibility for the quality of provision. There was an unspoken but tangible ethos that where shortcomings were identified, the trust board felt a collective responsibility. There was a 'No blame' attitude which encouraged staff to feel safe about admitting to mistakes.
- There was a formal programme of board visits to services. More than this, the staff reported the executive leaders as being highly visible and approachable. We were told about the CEO bringing ice lollies to staff during the very hot days of the summer. We saw for ourselves that the relationship between operational staff and senior leaders was warm and respectful. The CEO was colloquially referred to as, "The Guv'ner" or "The Colonel" by certain groups of staff. Several staff, including consultants, described him as, "Omnipresent – but in a good way". The Chief Nurse was greeted warmly wherever she went and was said to be very, "Hands on". She would, apparently, help make a bed whilst talking to nursing staff or sit in on team meetings.
- The overall score for the National NHS Staff Survey were in the top 20% for the three years preceding the inspection. In some scores they ranked in the top 4 organisations nationally.
- The focus on quality had tangible results; including improved performance in several quality metrics and changing the public perception of the trust to a positive one. The trust values resonated with all staff members we spoke to and many commented on the open and honest culture.
- This was reiterated by the results of the 2017 NHS Staff Survey, which showed that the trust had achieved consistently higher percentages, compared to the national average for acute trusts, in relation to staff perceptions of the quality of care and the organisation encouraging staff to report incidents.
- The board received exceptionally comprehensive information about service quality, engagement with partnerships across the region and sustainability. The trust's governance structure is in line with expectations for a high performing trust, with the appropriate board committees, sub-committees, and divisional governance groups in place. Although, the structure meant that there were many governance forums, staff that we spoke to felt that this was right, discussion was not duplicated and that meetings were focussed.
- The dynamic we observed between board members throughout the inspection visits was supportive, inclusive and challenging. The relationships between the executives and the chiefs of services (and amongst the chiefs of services as a group) was also very strong with warmth and respect. They clearly knew and understood each other well and felt comfortable challenging.
- The board operated in a unitary manner, with both non-executive and executive directors providing scrutiny and detailed questioning across all areas of financial, operational and quality performance.

# Summary of findings

- The responsibilities and accountability across the trust was clear. Divisions operated a triumvirate leadership structure with a chief of service, associate director and a divisional nurse, this ensured divisions were clinically led with operational and quality representation. Each division had a monthly divisional board and a monthly performance review which was attended by executive directors. These meetings enabled strong oversight of performance.
- All new business cases, projects and waste reduction schemes required a Quality Impact Assessment to be performed. The Quality Impact Assessment template required the user to describe and rate risks to patient safety, clinical effectiveness and patient experience. All Quality Impact Assessments were reviewed and approved by the Chief Nurse and Medical Director, providing a control to prevent financial goals being inappropriately prioritised over quality. We saw evidence that financial pressures were managed so that they do not compromise the quality of care.
- There was an exceptional culture of data-driven continuous improvement and transformation at the trust, and this was supported by a comprehensive meeting structure and detailed performance reporting processes. The trust's risk management policy, processes and tools were well designed, albeit there are areas where the format and content of risk registers could be improved.
- There was evidence of meaningful risk discussion in key governance meetings. The trust had very strong processes for monitoring and addressing risks, including the use of innovative models to mitigate important strategic and operational risks. An example of this was the development of physician associate roles to alleviate workforce and capacity risks.
- The structure of performance management meetings and level of reporting was comprehensive, providing sufficient opportunity for executive directors to hold divisions to account. The quality of performance reporting at trust and division level was high. The use of data to drive performance improvements was exceptional.
- A clear framework set out the structure of ward/service team, division and senior trust meetings. Managers used meetings to share essential information such as learning from incidents and complaints and to act as needed.
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression. The Director of Corporate Affairs chaired the BME staff network. This gave senior support and helped steer the group, which was launched six months prior to the inspection. The BME network was well supported by senior staff and consultants. The group actively promoted role modelling and job opportunities with support for individual staff to progress.
- The trust had an inclusion steering group with terms of reference that was set up recently to oversee the action plan implementation from the annual equality report. The terms of reference were tested and agreed with the staff representative groups within the trust. This steering group had responsibility for review of the assurance and oversight of the implementation of the inclusion strategy
- One exceptional use of information was the control centre patient information dashboard. This was used by staff, led by the Chief Operating Officer and site managers, to ensure that patients were “in the right place to receive the right care”. The dashboard was a live tool that continuously updated where every patient was in the hospital and showed any plans to discharge or move them from one department to another. It enabled all staff from ward to the control centre to see at a glance where beds were available, whether any patients were allocated to those beds but not yet moved, whether the bed was ready and how far along the discharge process patients going home were.
- It allowed the organisation to think ahead about the number of beds likely to be needed over the next few hours and which was the most appropriate ward for them to be moved to. In general, patients requiring specialist care were accommodated on wards for that specialty. This improved patient outcomes and reduced the length of stay because patients received the right treatment quickly. Staff time wastage was reduced as there were fewer outliers on inappropriate wards. It also resulted in significantly less bed moves overall and improved the patient experience.

# Summary of findings

## Use of resources

Please see the separate use of resources report for further details.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good Oct 2018	Good Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
East Surrey Hospital	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018
Crawley Hospital	Good ↔ May 2014	Good ↔ May 2014	Good May 2014	Good May 2014	Good ↔ May 2014	Good ↔ May 2014
<b>Overall trust</b>	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for East Surrey Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Medical care (including older people's care)	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018
Surgery	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018
Critical care	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014
Maternity	Good ↔ Oct 2018	Outstanding ↑ Oct 2018				
Services for children and young people	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014
End of life care	Good ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014	Outstanding ↔ Aug 2014	Good ↔ Aug 2014	Good ↔ Aug 2014
Outpatients	Good ↑ Oct 2018	N/A	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
<b>Overall*</b>	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Crawley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014
Outpatients	Requires improvement ↔ May 2014	N/A	Good ↔ May 2014	Requires improvement ↔ May 2014	Requires improvement ↔ May 2014	Requires improvement ↔ May 2014
<b>Overall*</b>	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014	Good ↔ May 2014

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# East Surrey Hospital

Surrey and Sussex Healthcare NHS Trust  
Redhill  
Surrey RH1 5RH  
Tel: 01737 768 511

## Key facts and figures

East Surrey Hospital is part of Surrey and Sussex Healthcare NHS Trust. The trust is a provider of acute hospital services in West Sussex and East Surrey, offering care to a local population of 535,000 and people from elsewhere due to the proximity of Gatwick airport, the M25 and M23 motorways.

Surrey and Sussex healthcare NHS trust was formed in 1998, following a merger between East Surrey Hospital and Crawley Hospital. In addition to East Surrey Hospital, the trust delivers outpatient, diagnostic and planned care from Caterham Dene Hospital, the Earlswood Centre, and Oxted Health Centre in Surrey and at Crawley and Horsham Hospitals in West Sussex.

Since our last inspection in 2014, the trust had increased capacity at East Surrey from 650 to 697 beds, with another ward under construction at the time of our visit. It has ten operating theatres, along with four more theatres at Crawley Hospital and a day surgery unit. The hospital's trauma unit works in partnership with major trauma centres in south London and Brighton. The trust is a major local employer, with a workforce of over 4,200 staff. The trust is also an associated university hospital of a Sussex university and supervises final year medical students.

At our last inspection we rated the hospital overall as 'good.'

## Summary of services at East Surrey Hospital

**Outstanding**  

Our rating of services improved. We rated it them as outstanding because:

- There was a genuinely open culture in which all safety concerns raised by staff and people who use the service was highly valued as integral to learning and improvement.
- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. There was ongoing, consistent progress towards safety goals reflected in a zero-harm culture.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- There was an exceptional culture of data-driven continuous improvement and transformation at the trust, and this was supported by a comprehensive meeting structure and detailed performance reporting processes. All staff were actively engaged in activities to monitor and improve quality and outcomes.

# Summary of findings

- We saw unmistakable evidence of sustained improvement achieved through investment in new facilities and increased capacity that resulted in enhanced effectiveness and responsiveness. This was due to a firmly-embedded and positive culture of openness and transparency, supported by a skilled, stable leadership and clear systems of control and governance.
- There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff, was strong, caring and supportive.
- Staff at all levels clearly and passionately described how they met patients' needs and demonstrated a good awareness of protected characteristics including race, sexuality, and disability. We saw a variety of resources made available to staff to help them support these population groups. We saw flexibility, choice and continuity of care reflected in the service delivered. Staff were well supported by the mental health liaison team and the frailty and interface team.
- People's emotional and social needs was highly valued by staff and was embedded in their care and treatment.
- The trust overall score for the National NHS Staff Survey was in the top 20% for the three years preceding the inspection. In some scores they ranked in the top 4 organisations nationally.
- Patients could access the service when they needed it, seven days a week. Services ran on time. Patients were kept informed of any disruption to their care or treatment.
- Trust performance for cancer waiting times was better than the operational standard and the national average in the most recent two quarters.
- There was an active review of complaints, how they were managed and responded to, and improvements were made as a result across the services.
- We saw comprehensive leadership strategies in place, such as the SASH+ programme, which helped promote and sustain the desired organisational culture. We found a skilled, stable and highly visible senior management team that possessed a deep understanding of issues, challenges and priorities affecting their service.
- The strategy and supporting objectives are stretching, challenging and innovative while remaining achievable. A systematic approach is taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Urgent and emergency services

Good ● → ←

## Key facts and figures

Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services to the residents of East Surrey, North-East West Sussex, and South Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill. East Surrey hospital in Redhill provides acute and complex services to these areas.

Urgent and emergency care services at East Surrey hospital includes a separate children's department and resuscitation area, a majors area, minors area, resuscitation area, clinical decision unit and primary care streaming. There is also an ambulatory care unit, and frailty unit however, this is reported within the core service of medicine.

As the nearest accident and emergency to London's Gatwick airport, it is placed on standby when a serious aircraft incident is expected, and regularly receives travellers with diseases not commonly encountered in the UK.

Urgent and emergency care services are within the Medicine Division.

The adult emergency department has a five-bedded resuscitation suite; a majors area consisting of 16 majors cubicles, two side rooms, a minor injury area with four trolley spaces and three side rooms the clinical decisions unit had eight beds and two side rooms. The children's department has one resuscitation bay, two high dependency bays, three trolley spaces and three side rooms. There is emergency nurse practitioner and GP service for minor injuries and illnesses. The GP service is run by a different healthcare provider seven days a week between 7am and 10pm. The emergency department works closely with the ambulatory department; patients who do not require urgent care are referred to the ambulatory care department.

## Summary of this service

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

- There were arrangements to keep both adults and children safe from abuse which were in accordance with relevant legislation. Staff had received training, were able to identify children and adults who might be at risk of potential harm, knew how to seek support and worked with other agencies.
- The service was providing safe care. There were sufficient staff to meet the needs of patients although the service was heavily reliant on a temporary workforce. The children's department had two registered children's nurses on each shift. This was in line with Facing the Future: Standards for Children in Emergency Care Settings 2018.
- Staff kept themselves, equipment and the premises clean. Staff complied with systems to control and prevent the spread of infection. Staff demonstrated good hand hygiene practice and safe disposal of sharps.
- Medicines were stored, prescribed and given well and medicines fridge temperatures checked.
- The room used for assessing patients with mental health needs was compliant with the Psychiatric Liaison Accreditation Network standard.
- Patients were given enough food and drink to meet their needs. Pain levels were assessed, and patients received adequate pain relief.
- Staff understood and complied with the relevant consent and decision-making requirements of legislation, including the Mental Capacity Act, 2005.

# Urgent and emergency services

- Staff provided compassionate and respectful care. Staff provided emotional support to patients and relatives and involved patients and those close to them in decisions about their care and treatment.
- The service collected and monitored data about clinical outcomes and this was used to improve practice.
- The service was delivered by staff that were competent, trained and supported by their managers, to provide safe and effective care. The service provided regular training and development opportunities for staff. There were established developmental career pathways for different roles.
- Patients were encouraged to report concerns and complaints; these were treated seriously, investigated and lessons learnt. There was good oversight of complaints and incidents and there was learning from them.
- Adult patients arriving by ambulance were rapidly assessed in the rapid assessment and treatment area by the nurse in charge of the department. This assessment was required to determine the seriousness of the patient's condition and to make immediate plans for their ongoing care. This is often known as triage. Standards set by the Royal College of Emergency Medicine states that this should take place within 15 minutes. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust met the standard for four of the 12 months in the period (April, May, June and July 2018) from August 2017 to July 2018 and were better than the England average for all months in the period.
- All disciplines of staff had a shared focus and purpose to ensuring patients received the best possible care and experience. Staff morale was good, and staff were positive about the overall leadership of the trust.
- Staff in the emergency department felt well supported by the rest of the hospital and the executive team. There were some good examples of multidisciplinary working. The department was well supported by the mental health liaison team and the frailty and acute medical team.
- Leaders were visible and accessible in the emergency department; staff respected the local management team and felt well supported by them. Staff felt they were invested in and valued. Leaders and staff felt the executive management team understood the challenges they faced and were focused on implementing system-wide change.

However:

- There were significant numbers of registered nurse vacancies and heavy reliance on temporary staff. The service did not provide consultant presence 16 hours a day at weekends in line with the Royal College of Emergency Medicine's recommendations. Although the service provided 17 hours consultant presence Monday to Friday, which exceeded the RCoEM guidance, it only provided 14 hours per day consultant presence on a Saturday and Sunday which was not in line with the guidance. A consultant was on call outside the hours of midnight and 7am and were able to give advice over the phone or come in if required.
- Not all prescriptions were stored securely within the department we found some within a patient area. The following day we saw that managers had taken action to ensure these were stored securely.
- Substances subject to the Control of Substances Hazardous to Health regulations 2002 were not stored securely within one housekeeping trolley which was left unattended in the department. The following day we saw that managers had removed the product from the trolleys whilst they reviewed the processes surrounding substances subject to these regulations.
- Patient records and risk assessments were not consistently completed either electronically or on paper.
- A patient who received rapid tranquilisation was not monitored for signs of deterioration in line with hospital policy. After our inspection the department undertook an audit which showed patients who had received rapid tranquilisation who met the criteria of the policy had documented observations.

# Urgent and emergency services

- There were no chaperone signs advising patients of their right to a chaperone.
- We observed informal comfort rounds were undertaken but these were not always documented as completed.
- Staff were not able to tell us who the mental health lead was for the service.
- Mandatory training and appraisal compliance was low and did not meet the trust target. Additional information provided to us by the trust showed overall mandatory training compliance was 70% which was below the trust target of 80%. We saw the department had developed a rolling two-year educational programme which would ensure staff received mandatory and statutory training.
- The median time from arrival to initial assessment was consistently worse than the overall England median in all months over the 12-month period from August 2017 to July 2018. In the latest month, July 2018, the trust's median time from arrival to initial assessment was 18 minutes compared to the England average of eight minutes.
- Additional data showed between September 2017 and September 2018 the average median time for initial assessment for ambulance attendees was 20 minutes. This was still not in line with Standards set by the Royal College of Emergency Medicine. However, performance was improving between April 2018 and September performance varied between an average mean of 15 minutes (May 2018) and 20 minutes.
- We reviewed audit data in relation to screening for sepsis which showed variable compliance. Between January 2018 and July 2018 compliance varied between 62% (June) and 94% (February). The trust did not supply anymore up to date audit data in relation to sepsis. However, we saw the service had acted upon the poor audit results and had developed a comprehensive action plan to improve the screening and management of sepsis.

## Is the service safe?

Good   

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

- Staff adhered to processes and policies to ensure patient safety was maintained and there was appropriate management of patient risk. Patients with pre-existing physical or mental health illnesses were easily identifiable on the electronic patient system.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, there were a significant number of registered nurse vacancies and there was heavy reliance on temporary staff to ensure that assessed and planned staff to patient ratios were consistently met.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service had not reported any never events in the last twelve months. Two serious incidents of patient falls resulting in harm were reported.
- Awareness of sepsis was embedded in the department with continuous monitoring for improvement. Up to date and evidence-based guidelines for the management of sepsis were visible in all areas in the department. Sepsis is a life-threatening blood infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were arrangements to keep both adults and children safe from abuse which were in accordance with relevant legislation. Staff were able to identify children and adults who might be at risk of potential harm.

# Urgent and emergency services

- Staff complied with systems to control and prevent the spread of infection Staff demonstrated good hand hygiene practice and safe disposal of sharps.
- The room used for assessing patients with mental health needs was compliant with the Psychiatric Liaison Accreditation Network standard.
- Medicines were stored, prescribed and given well and medicines fridge temperatures checked.
- From August 2017 to July 2018 the monthly percentage of ambulance journeys with turnaround times over 30 minutes at East Surrey hospital has remained fairly stable. The winter period (December 2017 to March 2018) did see an increase in the percentage of turnaround times over 30 minutes.
- Additional data supplied to us showed a noticeable reduction in the amount of ambulance turnaround times of over 60 minutes. Between September 2017 and September 2018, the highest amount was 89 in February 2018. During the last five months (May 2018 -September 2018) there was only nine ambulance turnarounds of over 60 minutes. This was due to a change in the process and location of where and how ambulance attendances were managed.
- The average time between patients who brought themselves to the department waited for assessment was 20 minutes between September 2017 and September 2018. This was worse than the best practice time of 15 minutes. However, performance had improved between April 2018 and September 2018 with the exception of September the average time was less than 20 minutes.
- During our inspection we did not observe patients waiting significant lengths of time for initial assessment. Staff had oversight of patients waiting in the waiting area and therefore could monitor any deterioration in a patients condition. The computer system tracked the length of time a patient was in the department, so staff knew who had been waiting the longest.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust met the standard for four of the 12 months in the period (April, May, June and July 2018) from August 2017 to July 2018 and were better than the England average for all months in the period.

However:

- The service did not provide consultant presence 16 hours a day at weekends in line with the Royal College of Emergency Medicine's recommendations. Although the service provided 17 hours consultant presence Monday to Friday, which exceeded the RCoEM guidance, it only provided 14 hours per day consultant presence on a Saturday and Sunday which was not in line with the guidance. A consultant was on call outside the hours of midnight and 7am and were able to give advice over the phone or come in if required.
- Not all prescriptions were stored securely within the department we found some within a patient area. The following day we saw that managers had taken action to ensure these were stored securely.
- Substances subject to the Control of Substances Hazardous to Health regulations 2002 were not stored securely within one housekeeping trolley which was left unattended in the department. The following day we saw that managers had removed the product from the trolleys whilst they reviewed the processes surrounding substances subject to these regulations.
- Patient records and risk assessments were not consistently completed either electronically or on paper.
- A patient who received rapid tranquilisation was not monitored for signs of deterioration in line with hospital policy. After our inspection the department undertook an audit which showed patients who had received rapid tranquilisation who met the criteria of the policy had documented observations.

# Urgent and emergency services

- Mandatory training compliance was low especially amongst the doctors and did not meet the trust target of 80%. Additional information provided to us by the trust showed overall mandatory training compliance was 70% which was below the trust target of 80%. We saw the department had developed a rolling two-year educational programme which would ensure staff received mandatory and statutory training.
- The median time from arrival to initial assessment was consistently worse than the overall England median in all months over the 12-month period from August 2017 to July 2018. In the latest month, July 2018, the trust's median time from arrival to initial assessment was 18 minutes compared to the England average of eight minutes.
- Additional data showed between September 2017 and September 2018 the average median time for initial assessment for ambulance attendees was 20 minutes. This was still not in line with Standards set by the Royal College of Emergency Medicine. However, performance was improving between April 2018 and September performance varied between an average mean of 15 minutes (May 2018) and 20 minutes.
- We reviewed audit data in relation to screening for sepsis which showed variable compliance. Between January 2018 and July 2018 compliance varied between 62% (June) and 94% (February). The trust did not supply anymore up to date audit data in relation to sepsis. However, we saw the service had acted upon the poor audit results and had developed a comprehensive action plan to improve the screening and management of sepsis

## Is the service effective?

Good ● → ←

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

- Staff understood and complied with the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act, 2005.
- The service provided care and treatment in accordance with evidence-based guidance, including Royal College of Emergency Medicine and National Institute for Health and Care Excellence guidelines. There was a range of clinical guidelines, which were well organised and easily accessible on the intranet.
- National guidance specifically for children's care was displayed within the children's department. For example, we saw the clinical guidelines for managing a baby with bacterial meningitis displayed in the child resuscitation area.
- Information about clinical outcomes was collected and monitored. The trust participated in national Royal College of Emergency Medicine audits, so they could benchmark performance against best practice and other emergency departments. Performance was mixed but there were comprehensive action plans in response to these audits in order to drive improvement.
- The service provided training and support to ensure staff were competent for their roles. There was a comprehensive in-house training programme for different staff roles including advanced roles. In addition, there was a structured approach to developing nurses' skills and careers
- The children's department had two registered children's nurses on each shift. This was in line with Facing the Future: Standards for Children in Emergency Care Settings 2018.
- In the children's department we saw there was information on different phone applications that could be downloaded to provide support for children and adolescents suffering from depression or an eating disorder.
- Staff, teams and services worked well to deliver effective care and treatment. Staff told us they felt well supported by the rest of the hospital.

# Urgent and emergency services

- Speciality doctors were visible in the emergency department and the ambulatory emergency care consultant routinely attended the morning handover in the emergency department to identify patients suitable for transfer. There was good practice in staff working together to treat and care for patients who frequently attended the department.
- An acute admissions policy had been agreed with all admitting specialities, setting out the appropriate admission routes for patients and clarifying responsibility for the ongoing care of patients once they had been referred to the appropriate speciality.
- The frailty team worked closely alongside staff in the emergency department to support older people. The frailty team liaised with agencies to ensure this patient group received care and support on the most appropriate care pathway and hospital admission was avoided where possible.

However:

- Only 75% of nursing staff had undergone an appraisal in the last 12 months, which did not meet the trust target of 90%.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff reassuring patients who were anxious or upset, with specialist support available if this was needed.
- We observed many staff in different roles interact with patients in a kind, respectful and considerate way. Reception staff were welcoming, and staff introduced themselves to patients.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact on patients and carers of the care and treatment they provided.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were satisfied with the information they had been given and this was explained in a way they could understand.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was consistently better than the England average from August 2017 to July 2018. In the latest month, July 2018, trust performance was 95% recommended compared to the England average of 87% recommended.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The trust met the Royal College of Emergency Medicine standard that patients should not wait longer than an hour for treatment the period from August 2017 to July 2018 and were consistently better than the England average.
- In the latest month, July 2018, the trust's median time to treatment was 24 minutes compared to the England average of 64 minutes.

# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust met the standard for four of the 12 months in the period (April, May, June and July 2018) from August 2017 to July 2018 and were better than the England average for all months in the period.
- Over the 12 months from August 2017 to July 2018, no patients waited more than 12 hours from the decision to admit until being admitted.
- The services were planned and provided in a way that met the needs of the local people. The service had effective relationships with a variety of organisations and charities within the local area which provided support in the community for patients.
- Patients were able to access care and treatment in a timely way and in the right setting.
- The department had a campaign in place regarding patients that were 'fit to sit' on a chair rather than stay on a trolley. This helped staff make decisions to aid patient flow when patients arrived in the department on an ambulance trolley.
- The service had taken steps to support patients in vulnerable circumstances or those with complex needs.
- Individual patient crisis risk plans were developed by the mental health liaison team for use across the emergency department for those patients who needed it. This meant that staff had an engagement protocol for that patient which had already been approved by the mental health liaison team to meet their needs quickly and help avoid long emergency department attendance.
- The service treated concerns and complaints seriously. Complaints were investigated promptly, and lessons learned were shared with all staff.

## Is the service well-led?

Good   

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

- All disciplines of staff had a shared focus and purpose to ensuring patients received the best possible care and experience. Staff morale was good, and staff were positive about the overall leadership of the trust.
- The urgent and emergency service leadership team had the right skills and abilities to run a service providing high quality sustainable care. The leaders were visible and understood the challenges facing the service.
- There was a universally held view that the executive management team understood and owned the challenges faced by the emergency department and were focused on implementing system-wide change.
- The departmental leadership team shared the same sense of purpose and worked together to drive improvements and ensure patients received safe, high-quality care. They had a good knowledge of how services were provided and were quick to address any issues we highlighted during the inspection.
- The nursing team was established with experienced staff that provided clinical and professional leadership by supporting and appraising junior staff.
- Consultant leadership in the department was committed and consultants demonstrated clinical ownership of the patients in the department.

# Urgent and emergency services

- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Patients attending the department with a mental health illness were treated exactly the same as patients attending with physical health needs. The clinicians and leadership team promoted a culture of parity of care between patients who attended with either mental health or physical health needs.

However:

- Staff were not able to tell us who the mental health lead was for the service.

## Outstanding practice

- There were several quality improvement projects which were underway in the emergency department. Staff identified there was a high haemolysis rate of blood samples. This resulted in a delay as the blood sample had to be taken from the patient again. Haemolysis of blood samples occurs when the red blood cells get damaged and therefore the results of the blood tests are inaccurate and need to be repeated. The service researched the best way to prevent haemolysis. For example, by mixing the blood tubes with anticoagulant additives gently first or taking an extra sample first and discarding it. Prior to making the changes in the process there was a haemolysis rate of just under 21% which had now reduced to just under 2% (the national average is 8%).

## Areas for improvement

- The trust **should consider** that all staff are aware of the trust policy for monitoring patients who have received rapid tranquilisation.
- The trust **should consider** ensuring all staff are aware of the trust policy for the storage of that prescription pads.
- The trust **should consider** staff are aware of the trust policy for the safe storage of Substances Hazardous to Health regulations 2002.
- The trust **should consider** introducing an audit process to monitor patient records and risk assessments during the transition to between systems.
- The trust **should consider** how to provide consultant presence 16 hours a day at weekends in line with the Royal College of Emergency Medicine's recommendations.

# Medical care (including older people's care)

Outstanding  

## Key facts and figures

At our last inspection, medical care services and the hospital overall was rated as 'good.'

The medical division at East Surrey hospital is one of four clinical divisions and manages 382 medical inpatient beds located in 18 wards. The division offers acute assessment and inpatient services including elderly medicine, respiratory medicine, stroke care, cardiology, general medicine, endocrinology, and diabetes.

The division also delivers specialty medicine services in dermatology, rheumatology, and neurology. The hospital has a cardiac investigations department, chemotherapy day unit and haematology team.

Other facilities include the Tandridge ward, where care and support was available to patients medically ready for discharge and a discharge unit where patients who have been discharged from hospital can collect take-home medications and await transport or family.

*(Source: Routine Provider Information Request (RPIR) – Sites and acute context tab)*

The trust had 34,092 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 19,657 (58%). A further 734 (2%) were elective, and the remaining 13,701 (40%) were day case.

Admissions for the top three medical specialties were:

General Medicine, 16,598 admissions

Gastroenterology, 9,008 admissions

Respiratory medicine, 2,059 admissions

*(Source: Hospital Episode Statistics)*

On this inspection, we visited 10 medical wards or units. We reviewed 10 patient records, five medicine charts and checked over 25 items of medical equipment. We spoke with 14 patients and two visitors along with 37 staff who worked in medical care. These included senior managers, consultants and junior doctors, nurses and therapists, pharmacists, hospital engineers, hospital volunteers, housekeeping staff, estates and facilities staff, administrators, technicians, and care support workers.

The medical division is also responsible for urgent and emergency care services. Please see this section for our inspection report about these services.

## Summary of this service

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

- We saw unmistakable evidence of sustained improvement achieved through investment in new facilities and increased capacity, that resulted in enhanced effectiveness and responsiveness. This was thanks to a firmly-embedded and positive culture of openness and transparency, supported by a skilled, stable leadership and clear systems of control and governance.
- Staff felt confident they could raise concerns and report incidents, which were regularly reviewed to aid learning. Lessons learned were effectively shared and we saw changes implemented within the wards as the result of investigations.

# Medical care (including older people's care)

- Despite challenges in nurse recruiting, there were sufficient numbers of clinical staff with the right qualifications, training and experience to meet the needs of patients. Staffing was reviewed regularly to ensure the correct skill mix and numbers of staff on the wards and throughout the department.
- Staff followed trust policies and best practice with regards to the department's environment and equipment. Premises and facilities were presented to a high standard, visibly clean and suitable for their intended purpose. Infection control and equipment management were regularly monitored.
- The service undertook audits to ensure they regularly reviewed the effectiveness of care and treatment of patients. These showed that the care delivered was meeting national standards.
- Patients received co-ordinated care from a range of different staff, teams, and services. Staff worked collaboratively to meet patients' individual needs, including their mental health and emotional wellbeing. Patients and relatives, we spoke with gave overwhelmingly positive feedback about the care they received.

## Is the service safe?

Good ● → ←

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

- Overall, we found clearly defined and embedded systems, reliable processes, and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. These were reviewed regularly and improved when needed. Safeguarding was well understood by all staff and implemented consistently across the division.
- The division controlled infection risks very well. Staff kept themselves; equipment and their premises clean, tidy, and free from clutter. Divisional staff followed the national specifications for cleanliness in the NHS, which is a framework for setting and measuring standards.
- Clinical and public areas we viewed were maintained in excellent condition. In addition, storage, beverage and utility rooms such as cleaner's cupboards were also kept to a very high standard. The hospital had suitable premises and equipment and looked after them very well. The trust had invested in new facilities since our last inspection and patients were now benefitting from this. All areas we saw supported the safe delivery of care.
- Staffing levels and skill mix was planned, implemented, and reviewed to keep patients safe always. The medical division had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to give the right care and treatment. Patients received prompt consultant review on admission.
- Managers and senior clinicians expressed satisfaction with medical staffing levels and evident success of recruiting by the trust. We found that numbers of doctors at the right grades were suitable to meet the needs of patients.
- Nursing staff shortages were responded to quickly. There were effective handovers and shift changes to help ensure that staff managed risks to patients who used the service. Risks to safety from changes or developments to services were assessed, planned for, and managed effectively.
- We found staff responded well to the deteriorating patient and there was effective sepsis management. We saw clear processes of on-going assessment and escalation was clearly documented in patient records. and staff completed comprehensive risk assessments for the prevention of falls and pressure ulcers.

# Medical care (including older people's care)

- We saw that staff prescribed, gave, recorded, and stored medicines well. Patients received the right medication at the right dose at the right time. The trust had current medicines management policies, together with protocols for high-risk procedures involving medicines such as the intravenous administration of antibiotics.
- Staff kept proper records of patients' care and treatment. Records were clear, up-to-date, and available to all staff giving care.

However,

- Aspects of mandatory training compliance did not reach trust targets. We acknowledge that the trust was working towards improving these figures.

## Is the service effective?

Good   

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

- Overall, staffing levels and skill mix was planned, implemented, and reviewed to keep patients safe always. Staff shortages were responded to quickly and adequately. There were effective handovers and shift changes to help ensure that staff managed risks to patients who used the service. Staff recognised and responded appropriately to changes in the risks to patients who used the service. Risks to safety from changes or developments to services were assessed, planned for, and managed effectively.
- Staff carried out comprehensive assessments to meet their nutrition and hydration needs. They used special feeding and hydration techniques when needed. They adjusted to patients' religious, cultural, and other preferences.
- The service checked the effectiveness of care and treatment and used the findings to improve them. They took part in relevant local and national audits, and other monitoring activities such as service reviews, benchmarking, peer review and service accreditation. Staff shared up-to-date information about effectiveness internally and externally. Staff understood the information and used it to improve care and treatment and patients' outcomes. Patients in general medicine, respiratory medicine, and geriatric medicine all had a lower than expected risk of readmission for non-elective admissions.
- The medical service takes part in the quarterly Sentinel Stroke National Audit programme. On a scale of A-E, where A is best, the trust achieved grade C in the latest audit, August 2017 to November 2017. This had improved since the 2016 inspection where the trust achieved a grade D in the audit from August 2016 to November 2016.
- The service made sure staff were competent for their roles. Staff had the right qualifications and skills to carry out their roles effectively and in line with best practice. Staff received prompt supervision and appraisals of their work performance and they had access to learning and development. The service had a clear and proper approach for supporting and managing staff when their performance is poor or variable.
- The trust offered comprehensive learning and development to its staff and we heard many examples of people achieving significant career advancement through the opportunities created. This included the wide use of practice-based educators for clinical staff.
- A full range of seven-day services were available, including a discharge lounge.

# Medical care (including older people's care)

- There was effective multi-disciplinary team working across the service. Staff of different disciplines worked together as a team to assess, plan, and give patients coordinated care. Doctors, nurses, and other healthcare professionals worked collaboratively to understand and meet the range and complexity of patients' needs when planning patients' discharge or transition. Patients were discharged at an appropriate time and when all necessary care arrangements were in place.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to information they need to assess, plan, and deliver care to patients in a prompt way. When there are different systems to hold or manage care records, these were coordinated.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care. Staff understood and monitored the use of restraint and used less restrictive options where possible.
- Staff understood and recognised that the deprivation of a person's liberty only occurred when it was in that person's best interest, was a proportionate response to the risk and seriousness of harm to the person, and there was no less restrictive choice that could be used to ensure the person got the necessary care and treatment. Staff used the Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person's liberty appropriately.
- The trust offered comprehensive learning and development to its staff and we heard many examples of staff achieving significant career advancement through the opportunities created. This included the wide use on practice-based educators for clinical staff.

However:

- The trust took part in the 2017 Lung Cancer Audit and the proportion of patients with histologically confirmed Non-Small Cell Lung Cancer (NSCLC) receiving surgery was 10.8%. This was worse than expected. The 2016 figure was significantly worse than the national level. The Trust was aware of this and audited patient outcomes in response. The 2018 lung cancer audit shows surgery rates are now 13.9% and are now not significantly different from the national level.
- In the National Audit of Inpatient Falls 2017 for the site, the service did not meet the national aspirational standards for three of the four categories: the crude proportion of patients who had a vision assessment; the crude proportion of patients who had a lying and standing blood pressure and the crude proportion of patients with a call bell in reach. We saw the division had acted to address this including intentional rounding by senior nursing staff.

## Is the service caring?

**Outstanding**  

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

- The feedback we received from patients who used the service, those who were close to them and stakeholders was continually positive about the way staff treated patients.
- Patients we spoke with, including volunteers and support staff were unwavering in their praise about the ward-based staff of all grades for 'going the extra mile.' Their care and support exceeds their expectations.

# Medical care (including older people's care)

- The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. Relationships between patients who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff were genuinely encouraged to start improvements in quality of care. We saw several examples of innovation during our visit. We did not see any mixed-sex breaches during our inspection.
- Staff involved patients and those close to them in decisions about their care and treatment. We found patients who use services were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each person. Staff always empowered patients who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Patients' individual preferences and needs were always reflected in how care was delivered.
- Staff highly valued patients' emotional and social needs and we saw these were not only embedded in their care and treatment, but they went beyond on many occasions to help elderly patients keep dignity, social activity, mobility, and well-being whilst in hospital.

## Is the service responsive?

**Outstanding**  

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

- We found that patients' individual needs and preferences were central to the delivery of tailored services. The trust had invested in facilities that led to innovative approaches to providing integrated person-centred pathways of care that also involved other service providers, particularly for patients with multiple and complex needs.
- Staff at all levels clearly and passionately described how they met patients' needs and demonstrated a good awareness of protected characteristics including race, sexuality, and disability. We saw a variety of resources made available to staff to help them support these population groups. We saw flexibility, choice and continuity of care reflected in the service delivered.
- Patients could access the service when they needed it, seven days a week. Services ran on time. Patients were kept informed of any disruption to their care or treatment.
- Staff provided coordinated care and treatment with other services and other providers. Facilities and premises were right for the services being delivered.
- Staff made reasonable adjustments and removed barriers when patients find it hard to use or access services. The trust dementia service acted effectively to meet the needs of the local patients. The trust had adopted a range of initiatives such as the 'butterfly' scheme to help staff recognise and care for those patients living with cognitive impairment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. It was easy for patients to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, listened to, and responded to in a prompt way. The service made improvements to the quality of care as a result of complaints and concerns.

# Medical care (including older people's care)

## Is the service well-led?

**Outstanding** ☆ ↑

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

- We found a service that had compassionate, inclusive, and effective leadership at all levels. The management team demonstrated high levels of experience, ability and capability needed to deliver excellent and sustainable care. There was a firmly embedded system of leadership development and succession planning.
- We saw comprehensive leadership strategies in place, such as the SASH+ programme, which helped promote and sustain the desired organisational culture. We found a skilled, stable and highly visible senior management team that possessed a deep understanding of issues, challenges and priorities affecting their service.
- The board and other levels of governance within the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.
- During our inspection we saw excellent examples of very strong ward and department leadership. Staff told us they felt well supported, valued and that their opinions counted. Ward managers we spoke with knew what their wards were doing well and could articulate the challenges and risks their team faced in delivering skilled care.
- Staff spoke in very positive terms about the visibility of the executive management team in addition to their divisional leadership. There was also overwhelmingly positive praise for the chief executive and other members of the senior management team, who were regarded as highly visible and approachable.
- The service had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care is accurate, valid, reliable, timely and relevant. We saw information from patients' experience was reported and reviewed alongside other performance data to aid effective decision-making. A full and diverse range of patients' views and concerns are encouraged, heard and acted on. Information on patients' experience is reported and reviewed alongside other performance data.
- The service had an effective process to find, understand, monitor, and address current and future risks. They escalated performance issues to the relevant committees and the board through clear structures and processes. We saw clinical and internal audit processes functioned well and had a positive impact on quality governance, with unmistakable evidence of action to resolve concerns.
- The trust and service managed financial pressures so that they do not compromise the quality of care.
- The service had a strong focus on continuous learning and improvement at all levels. We saw the leadership team supported safe innovation and staff had goals focused on improvement and learning. The service encouraged staff to use information and review performance to make improvements.
- Staff understood candour, openness, honesty, and transparency and challenged poor practice. The service had mechanisms to support staff and promote their positive wellbeing. Behaviour and performance inconsistent with the values were found and dealt with swiftly and effectively, regardless of seniority.

## Outstanding practice

- We found the overall standard of the built environment to be high, which included the dementia-friendly decoration and signage.

# Medical care (including older people's care)

- Given examples such as the SASH+ scheme, we saw a commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- We found unmistakable evidence that the division was actively improving services by learning from when things go well and when they go wrong, promoting training, research, and innovation.
- The way the trust supported and encouraged innovation was a real strength. We saw good examples across the divisions and our observations were consistent with positive feedback we received from staff individually and at the focus groups.

## Areas for improvement

The trust should consider a review of mandatory training compliance.

# Surgery

Outstanding  

## Key facts and figures

The surgical division at Surrey and Sussex Healthcare NHS Trust provides a wide range of surgical services including; breast, colorectal, endoscopy, ear nose and throat (ENT), gastroenterology, ophthalmology, oral and maxilla-facial, orthopaedics, paediatric, upper gastrointestinal (GI), urology and vascular surgery.

The trust provides 24-hour emergency and trauma services and East Surrey hospital is the designated receiving unit in the event of a major incident, providing cover for Gatwick airport.

Outpatient services are provided from a number of locations, including Crawley and Horsham hospitals.

East Surrey Hospital offers elective and emergency surgery through ten operating theatres. It has an admission lounge, day-case unit, endoscopy unit and a dental and maxillofacial team.

There are 161 inpatient beds for surgical patients, split across eight wards:

Crawley Hospital offers elective day surgery through four operating theatres, including urgent gynaecology procedures and minor hand trauma. It also has a surgical short stay unit with 12 recliner spaces for patients having procedures under local anaesthetic, 27 recovery trolley spaces and a post-op lounge for up to eight patients awaiting discharge.

The trust had 33,497 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 8,858 (26%), 21,665 (65%) were day case, and the remaining 2,974 (9%) were elective.

For the purposes of this report we only inspected surgical services at East Surrey Hospital. The inspection was announced to ensure that everyone we needed to talk with was available.

We spoke with a total of nine patients, three relatives of patients, 19 nursing staff, six medical staff, seven allied health professionals and support staff and fully reviewed six sets of patient records.

## Summary of this service

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

- The management of medicines was good. Cupboards on the wards were well stocked, locked and labelled correctly. Medicine cupboards in theatres were also well stocked and medicines that were coming up to their expiry were marked to show this. We checked ten different packs at random and they were all in date.
- There was a strong incident reporting culture in the surgical division where staff felt comfortable to report incidents as there was a no blame culture. Staff we spoke with described how details of incidents were communicated in weekly messages from the chief of surgical services. They were then further shared and discussed in team safety huddles for those that hadn't yet seen the messages.
- Staff we spoke with had a good awareness of how to manage suspected sepsis following a wide-ranging review that had been carried out by the service.
- Patient's pain was managed well and pain relief was given when required. The surgical division had access to a dedicated pain team, seven days a week.

# Surgery

- Patients had a lower expected risk of readmission for elective admissions when compared to the England average. Patients at the trust also had a lower expected risk of readmission for non-elective admissions when compared to the England average.
- We observed many interactions between staff, patients and relatives. We saw that patients were treated with compassion. We heard examples of how staff, on different wards had gone the extra mile to do things for their patients.
- A number of other patients told us how the staff were all compassionate and did what they could for them. We also looked at some of the thank you cards that had been received across the surgical wards. These described how they or their loved ones had been cared for during their time in hospital and offered heartfelt thanks to the staff.
- Surgery services were planned around the needs of the local population. Patients were treated as individuals and the care provided reflected this.
- Complaints were fully investigated and responses reflected this. There was clear evidence that learning was taken from complaints and that learning was shared with the complainant.
- The surgical division was led by a triumvirate comprising the Chief of Surgery, the Associate Director, Clinical Services and the Divisional Chief Nurse.
- We found that they were an effective, cohesive team that were aware of their strengths and weaknesses.
- The surgical division had a well-defined governance structure. This was overseen by the Surgical Divisional Board. The aim of the Surgical Division board was to ensure local accountability for performance and risk management through regular review of its governance processes and oversight and review of local risk registers, incidents, complaints and clinical audit processes to ensure oversight and management of risks were well established. The service had had to close two theatres for major refurbishment in the summer of 2018. In response to this they had been able to build two temporary theatres and have them fully operational within four weeks.
- The service had a comprehensive risk register. This identified risks and categorised them using a Red, Amber, Green (RAG) system, defined by a method of scoring the risk by the likelihood of it happening and the impact.

However,

- The trust set a target of 80% for completion of mandatory training. Although compliance had been achieved in 24 out of 29 courses, it was considered that a trust target of 80% was low.
- Ambient temperatures were not being monitored in any of the clinic rooms where medicines were stored.
- General surgery and ophthalmology patients at East Surrey hospital had a higher expected risk of readmission for elective admissions when compared to the England average.
- Ear, nose and throat (ENT) patients at East Surrey hospital had a higher than expected risk of readmission for non-elective admissions when compared to the England average
- The Friends and Family Test response rate for surgery at Surrey and Sussex Healthcare NHS trust was 22% which was worse than the England average of 27% from July 2017 to July 2018

## Is the service safe?

Good   

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

# Surgery

- Staffing levels and skill mix are planned, implemented and reviewed to keep people safe. Any staff shortages are responded to quickly and adequately.
- Where relevant, there are effective handovers and shift changes to ensure that staff can manage risks to people who use services.
- Staff recognise and respond appropriately to changes in the risks to people who use services.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All areas of the surgical division we visited were visibly clean.
- There was sufficient hand sanitiser across the whole surgical division. Sinks that were used to wash hands had instructions on how to wash hands correctly. We saw nursing and medical staff in theatres use good hand cleaning technique. Personal protective equipment was available outside all the bays and outside the individual side rooms.
- We saw that store rooms were tidy, well-ordered and well stocked. Dirty utility rooms were clean and substances hazardous to health were well managed.
- Where equipment was stored in corridors, it was done so safely. Checks of resuscitation trolleys on the wards showed that all the contents were stored correctly, all equipment was in date and there were no gaps in the logs that showed that regular checks were being carried out. Checks of other equipment showed that regular maintenance and servicing had taken place on time.
- There were call bells in the theatres, recovery area and anaesthetic rooms. There was a system of lights that would direct staff to the site of any emergency
- In the event that a patient deteriorated significantly, the service had 24-hour, seven-day access to the critical care outreach team.
- We observed three instances where the World Health Organisation (WHO) Surgical Safety Checklist was completed. This was noted to be a well-rehearsed check. All staff in the theatre team complied with all elements of the check.
- Records we reviewed demonstrated that the National Early Warning Scoring system was being used consistently and correctly.
- On the surgical wards, records were kept secure and were completed to a good standard.
- The management of medicines was good. Cupboards on the wards were, well stocked, locked and labelled correctly. Medicine cupboards in theatres were also well stocked and medicines that were coming up to their expiry were marked to show this. We checked ten different packs at random and they were all in date.
- There was a strong incident reporting culture in the surgical division where staff felt comfortable in raising concerns. Staff we spoke with described how details of incidents were communicated in weekly messages from the chief of surgical services. They were then further shared and discussed in team safety huddles for those that hadn't yet seen the messages.
- Staff have received up-to-date training in all safety systems, processes and practices. Safeguarding training standards were consistently met.

However,

- The trust set a target of 80% for completion of mandatory training. Although compliance had been achieved in all but five courses, it was considered that a trust target of 80% was low.

# Surgery

- In theatres we saw that one member of staff that would have had access to the clinical areas was wearing nail varnish and false eye lashes. One member of staff directly working in theatres that was wearing a cotton bracelet and false eyelashes. This represented an infection control risk.
- A fire door into recovery was propped open with a wooden wedge. This was repeated in theatres nine and ten and was seen on two consecutive days.
- A drug fridge in theatre four contained drugs that would be used for surgical procedures to the eye. The fridge was not working and it wasn't known if it had stopped working or had been turned off. This was however the only fridge we saw that was defective across the whole service.
- Ambient temperatures were not being monitored in any of the clinic rooms where medicines were stored.

## Is the service effective?

Good   

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

- Trust policies and guidance reflected current evidence based guidance. Staff had easy access to relevant policies and were aware of the guidance that underpinned them.
- We saw that patients at risk of venous thromboembolism were assessed according to the National Institute for Care Excellence (NICE) Quality Standard
- Staff we spoke with had a good awareness of how to manage suspected sepsis following a wide-ranging review that had been carried out.
- Patient's pain was managed well and pain relief was given when required. The surgical division had access to a dedicated pain team, seven days a week.
- Patients had a lower expected risk of readmission for elective admissions which was better than the England average. Patients at the trust also had a lower expected risk of readmission for non-elective admissions which was better than the England average.
- In the most recent national hip fracture audit, when compared to other trusts, performance was better in two of the audit measures, worse in none of the audit measures, and similar in four of the audit measures.
- We observed many examples of good multi-disciplinary working. These were at safety huddles, ward rounds and reviews of the patients.
- Discussions between the multidisciplinary teams were detailed, yet focussed and efficient.
- The surgical services division had access to diagnostic services seven days a week. Interventional radiology was available 24 hours a day, seven days a week.
- In three sets of patient records we reviewed in theatres we saw that consent was obtained and recorded correctly.

However,

- While on the whole patients had a lower expected risk of readmission for elective admissions at the trust that was better than the England average, general surgery and ophthalmology patients at East Surrey hospital had a higher expected risk of readmission for elective admissions which was worse than the England average.

# Surgery

- While on the whole patients had a lower than expected risk of readmission for non-elective admissions at the trust that was better than the England average, ear, nose and throat (ENT) patients at East Surrey hospital had a higher expected risk of readmission for non-elective admissions which was worse than the England average.

## Is the service caring?

**Outstanding**  

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

- Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations.
- We observed many interactions between staff, patients and relatives. We saw that patients were treated with compassion. We heard examples of how staff, on different wards had gone the extra mile to do things for their patients.
- People who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- A patient that was receiving end of life care on a ward told staff about their passion for steam railways. Because the staff knew about this, they arranged for the patient to leave the hospital and spend the day at a nearby steam railway line. This involved having nursing staff arrange transportation and for the patient to be looked after by nursing and therapy staff while away from the hospital environment.
- A patient that was recovering from a stroke wanted to be able to spend some time outside of the hospital. The sister arranged for the nurses, physiotherapists and occupational therapists to ensure that the patient could sit up safely and be moved to the grounds of the hospital. Due to the benefits this had with the patient, they repeated this every day until the patient was discharged.
- One patient described to us how the staff had treated them with compassion and that some of them had a similar sense of humour, they shared jokes and that they made the patient laugh.
- We were also told about a patient that had had a fall from a horse. A senior nurse had considered that this may affect the patient's confidence to get back on a horse. With the patient's agreement they arranged for the patient to leave the hospital to visit the horse they had fallen off. This had a positive effect on the patient who could be discharged shortly after the visit.
- A number of other patients told us how the staff were all compassionate and did what they could for them. We also looked at some of the thank you cards that had been received across the surgical wards. These described how they or their loved ones had been cared for during their time in hospital and offered heartfelt thanks to the staff.

However,

- The Friends and Family Test response rate for surgery at Surrey and Sussex Healthcare NHS trust was 22% which was worse than the England average of 27% from July 2017 to July 2018. Although the response rate was slightly worse than the England average, there were wide variations across all wards and departments.

# Surgery

## Is the service responsive?

**Good** ● → ←

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

- Surgery services were planned around the needs of the local population. Patients were treated as individuals and the care provided reflected this.
- In the summer of 2017 the hospital opened a seven day a week surgery centre. This was a dedicated area for patients who needed day case or short stay surgery
- All surgical wards had a 'don't take you troubles home' board. This gave information about how patients and relatives could get support following their hospital admission and an opportunity to make comments and ask questions.
- The service worked closely with a national charity that were based in the hospital. When a patient was ready for discharge from the ward, the charity workers would offer a take home and settle service. This ensured that the patient got home safely and had the basics for the initial period back in their own home
- If patients had any confusion about why they were there and where they were, staff would place a small notice board at the end of their bed telling them that they were at East Surrey hospital, and how they got there, for example, if they had had a fall.

From July 2017 to June 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than the England average.

- Complaints were fully investigated and responses reflected this. There was clear evidence that learning was taken from complaints and that learning was shared with the complainant.

Care and treatment was co-ordinated with the families of patients living with dementia.

However,

- Two separate patients described how they had believed that they were due for surgery at a certain point in the list, but had not been told that that had changed. One patient had also been on a two-hour clear liquid fast, but had been waiting seven hours without being offered a drink.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.
- The surgical division was led by a triumvirate comprising the chief of surgery, the associate director, clinical services and the divisional chief nurse.
- We found that they were an effective, cohesive team that were aware of their strengths and weaknesses.
- Staff that we spoke with, of all grades, told us that leaders were visible, approachable and had the necessary skills for their roles. This message was repeated from the most junior managers through to the Chief of Surgery

# Surgery

- The service had a clear vision and a clearly defined strategy of how to achieve it.
- In turn, each ward had their own vision and strategy, that aligned to the one overarching the service
- We were told about SaSH+, an initiative the trust was involved in to develop a culture of continuous improvement
- The SASH+ culture of continuous improvement always put the patient first. When we spoke with the leaders of the surgical division they told us that in practice this meant that staff were encouraged to suggest improvement and given the time to take ideas forward.
- The culture had been sustained as staff told us that they 'own' what they are doing. The leadership team told us that most of the ideas for improvement come from those staff on the ground and not from the leaders.
- The surgical division had a well-defined governance structure. This was overseen by the Surgical Divisional Board. The aim of the Surgical Division board was to ensure local accountability for performance and risk management through regular review of its governance processes and oversight and review of local risk registers, incidents, complaints and clinical audit. There were monthly ward managers meetings and full ward meetings were held quarterly. Any immediate issues that needed to be passed to staff from the Surgical Divisional Board or the ward managers meeting were discussed in the daily safety huddles.
- Processes to ensure oversight and management of risks were well established. The service had a comprehensive risk register. This identified risks and categorised them using a Red, Amber, Green (RAG) system, defined by a method of scoring the risk by the likelihood of it happening and the impact.

There is a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems are identified and addressed quickly and openly.

- The service had had to close two theatres for major refurbishment in the summer of 2018. In response to this the senior leadership team took the decision to build two temporary theatres and have them fully operational within four weeks. This meant that there was minimal disruption to the service provided.
- The surgical division held quarterly performance review meetings. At these meetings the attendees would scrutinise the division's clinical and financial performance. The agenda devoted most of the time to Performance and Quality Alerts / Issues and Finance and Activity. All items that were on the agenda were supported by documents that demonstrated their performance.
- The service ran a scheme which was supported by the education team at the trust. The scheme was called Springboard. It was developed to assist band five and band six nurses to obtain the skills needed for promotion to their next role and demonstrate leadership skills. The scheme ran for four months and included four study days over that period.
- The staff on Copthorne ward told us how they had used a 'Rapid Process Improvement Workstream' methodology to improve their sepsis management. Their goal was to reduce the time spent between suspected sepsis being recognised and antibiotics being administered. After 30 days, they had reduced the length of time taken to start antibiotics from 240 to 30 minutes.

## Outstanding practice

We found examples of outstanding practice in this service.

- Patients were treated with compassion. Staff went the extra mile to ensure they got to know their patients and that the patients and their relatives were well cared for.

# Surgery

- The senior leadership team worked well together and were an effective and cohesive team.
- There was a clear thread through the management structure which was demonstrated by the fact that ward strategies fed in to the service strategy which in turn fed in to the trust strategy.
- The SASH+ scheme that focussed on continuous improvement had become embedded and was seen by staff to ultimately benefit the patient.

## Areas for improvement

- The trust should consider ambient temperature monitors are introduced in clinic rooms should be monitored and recorded.
- The service should consider whether the 80% target for mandatory training is sufficient.
- The trust should consider sharing good practice across all departments and wards in order to increase the Friends and Family Test response rate for surgery at Surrey and Sussex Healthcare NHS trust.

# Maternity

Outstanding  

## Key facts and figures

Surrey and Sussex Healthcare NHS Trust provide a maternity service throughout the whole maternity pathway; from the first point of contact (booking) to postnatal discharge in the community.

The maternity unit for all the trusts geographical area is based at East Surrey Hospital. The maternity team last year cared for around 5,000 women and was the location for 4,500 births. The service provided a range of obstetric and midwifery led services, antenatal, intrapartum (labour and birth) and postnatal care.

Community midwives were based in the maternity unit and provided antenatal care in GP surgeries. Obstetric led antenatal clinics were also facilitated at Horsham hospital, Crawley hospital and East Surrey hospital.

Except for home births, all intrapartum care was provided at East Surrey hospital, where there was an obstetric led unit, alongside a midwifery led unit.

The maternity unit consisted of the early pregnancy unit, antenatal ward, antenatal day unit, delivery suite, midwifery led unit and postnatal ward. The unit had two obstetric theatres and was also placed alongside the neonatal unit.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We carried out our inspection on 16 and 17 September 2018 and reviewed all areas where maternity patients received care and treatment. These included the antenatal clinic (including the day assessment unit), antenatal, labour ward, maternity led unit post-natal ward, the triage service, obstetric theatres and recovery.

We spoke with 25 staff from across the department including the obstetric consultant, the consultant anaesthetist, junior doctors, senior house officers, the maternity governance team, head of midwifery, deputy head of midwifery, lead midwives, screening midwives, maternity voices partnership, administrators, a community matron, and maternity care assistants.

We also spoke with seven patients and relatives and reviewed six sets of maternity records. Before, during and after our inspection we reviewed the hospitals performance and quality information. This information included meeting minutes, policies and performance data. There were designated specialist midwives for safeguarding, perinatal mental health and bereavement support. Women also had access to a debriefing service facilitated by senior midwives.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff we spoke to had clear understanding of key midwifery skills and were regularly provided with training updates.
- Safeguarding vulnerable adults, children and young people was given sufficient priority. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Maternity

- There was an active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations. The named safeguarding midwife received supervision from the deputy safeguarding designated nurse from Surrey and West Sussex CCG. The trust had implemented an online child protection information sharing programme to enhance the safeguarding processes and sharing of information. The system checked national database to identify any pregnant woman who may be on a pre-birth child protection plan.
- The service had suitable premises and equipment and looked after them well. The maternity unit was starting an extension and redesign of the neonatal unit and antenatal clinics. Work had started to move clinics but work for the neonatal unit was planned to go ahead in 2019. The extension will increase the size of the neonatal unit, providing two intensive care cots, six high dependency cots and 17 special care cot's.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. A risk assessment was completed on initial booking assessment with some mandatory fields in place to ensure questions to assess risk were asked by midwives. Women were continued to be risk assessed during each antenatal contact and postnatally. This ensure up to date risks were considered at all times.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and felt supported to do so. Monitoring and reviewing activity enabled staff to understand risks and give clear, accurate and current picture of safety. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The service provided care and treatment based on national guidance. New evidence-based techniques and technologies were used to support the delivery of high quality care. Managers checked to make sure staff followed guidance.
- Policies and clinical updates were monitored well. Audits were reviewed yearly and updated in line with any clinical updates from the National institute for health and clinical effectiveness (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidelines. All policies we reviewed were current and a review date was seen.
- Staff were committed to provide and promote a normal birth. The birth options team worked collaboratively with women to personalise their birth choices and a woman's individualised needs were reflected when planning how care was delivered. The 'bumps to birth' initiative was in place to provide women information in regard to the birth options available to them at the trust.
- Women who had a intrapartum death had a plan in place to ensure pain relief was adequate for labour. Staff discussed women's level of pain and subsequent management plans during handover. This ensured all staff knew which women required review of their needs in relation to pain. Intrapartum death is the death of a baby in the uterus.
- Evidence showed the service regularly reviewed the effectiveness of care and treatment through local and national audits to improve outcomes. The service developed safety pin notices from areas of concern highlighted, following review of audits. The safety pins were used to share lessons and guidance with all staff to improve patient care. Safety pins were displayed in all clinical areas, discussed within safety huddles and weekly updates sent to staff.
- There was a 24-hour multidisciplinary review of specific high-risk cases as well as twice daily safety huddles. Safety huddles were short multidisciplinary briefings designed to give, clinical and non-clinical, staff opportunities to escalate and discuss any operational concerns. Staff felt these briefings were beneficial and inclusive to all staff.
- People were truly respected and valued as individuals and were empowered as partners in their care and feedback from patients confirmed this. In line with the National Institute of Health and Care Excellence guideline QS15, Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

# Maternity

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- The women and partners we spoke with during the inspection were very complimentary about the care and attention they had received. For example, women and partners described their care as 'outstanding'. Other comments included 'staff were amazing', 'my midwife listened and was supportive' and 'staff were caring and listened'.
- The bereavement midwife worked closely with the gynaecology team to ensure women received sensitive care following a pregnancy loss at any gestation. Pathways of care had been designed to support women and partners with contact and support was offered up to two years following the birth of their baby. We observed examples where parents were supported to take their baby home for a few hours, for a walk outside or given the time to hold, bathe and dress their baby.
- People's individual needs and preferences were central to the planning and delivery of tailored services. The maternity unit offered a consultant led and midwifery led birthing unit. The services are flexible, provide choice and ensure continuity of care. Home births were encouraged and the service provided a team of specialist home birth community midwives.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The service had a birth options team. The team met with women and their partners to offer choices around the birth of their baby. Senior managers told us the birth options clinic gave women a voice and an active part in their birth.
- The service took account of patients' individual needs. The unit provided support and arrangements for women whose first language was not English. The maternity unit were aware of the local demographic and knew there was a high population of Asian and Polish women using the service. Two midwives recognised the need to support these patients and produced national birth records in Urdu and Polish.
- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Senior managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The leaders within the maternity unit showed they had integrity. They were knowledgeable, experienced and well respected by all staff we spoke to during our inspection.
- The midwifery senior leaders and matrons had an inspiring shared purpose to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. We found the head of midwifery to be highly respected by all staff we spoke with. Staff felt valued and listened to and told us the head of midwifery was visible daily and would offer support whenever asked.
- The leadership focused on continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. The introduction of the innovation huddle encouraged maternity teams to integrate ideas and improvement into their practice. The huddle took place on the delivery suite and was complemented by the use of a visual management board.

However:

- The trust had a target of 100% for one to one care in labour which is in line with NICE NG4 Safer Midwifery Staffing guidelines. Since June 2018 to the trust were compliant on average between 97%. However, we were informed by senior midwives that all women in established labour did have one to one care.
- Staff did not check medicines kept in the emergency drug fridge every day. We found out of 90 days, there were 15 days where checks were missed.

# Maternity

- Daily checks of controlled medication had mostly been carried out on the maternity ward and delivery suite. However, we saw out of 88 checks there were three checks missing and with two on consecutive days.
- The unit had experienced high rates of induction of labour and an audit was due to take place to assess why the high increase had occurred. National guidelines show induction of labour to be 29%, the average for the maternity unit was 34% at the time of our inspection.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff we spoke to had clear understanding of key midwifery skills and were regularly provided with training updates.
- Safeguarding vulnerable adults, children and young people was given sufficient priority. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- There was an active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations. The named safeguarding midwife received supervision from the deputy safeguarding designated nurse from Surrey and West Sussex CCG. The trust had implemented an online child protection information sharing programme to enhance the safeguarding processes and sharing of information. The system checked national database to identify any pregnant woman who may be on a pre-birth child protection plan.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. The maternity unit was starting an extension and redesign of the neonatal unit and antenatal clinics. Work had started to move clinics but work for the neonatal unit was planned to go ahead in 2019. The extension will increase the size of the neonatal unit, providing two intensive care cots, six high dependency cots and 17 special care cot's.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. A risk assessment was completed on initial booking assessment with some mandatory fields in place to ensure questions to assess risk were asked by midwives. Women were continued to be risk assessed during each antenatal contact and postnatally. This ensure up to date risks were considered at all times.
- The midwife: woman ratio was 1:32 which was an improvement since our previous inspection. The service accommodated a 90:10 split of qualified midwives to band three support workers. Maternity support midwives were not taken into account within the midwife to birth ratio. Senior leaders recognised the importance of band three support workers but felt their priority was to recruit qualified midwives. However, the midwife: woman ratio would be lower than the current figure if the service had taken into account the number of maternity support workers on each shift.
- Senior managers presented a case to the executive board requesting funding for more midwives and after a recent review, 4.5 extra midwives were recruited and due to start in October 2018. An external review of staffing using the nationally recognised tool Birth-rate plus had taken place. The outcome of the review had not yet been received but the unit were aiming the recommendation would be to recruit a further 7.6 midwifery staff, which would mean the midwife to birth ratio would be within national guidelines.

# Maternity

- Consultant staffing levels were better than the Safer childbirth (2017) recommendation recommended of 40 hours per week. The average number of hours a consultant presented on the labour ward being 98, which was well above the trust target of 60 hours
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. We looked at six patient paper records and found them to be legible, dated, signed and contained full clinical details in line with NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
- Prescribed antimicrobials on patient's medication charts were noted as to when the medication had started. Temperatures were recorded which were not in the required range and we could not see documentation to state that this had been reported to pharmacy.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and felt supported to do so. Monitoring and reviewing activity enabled staff to understand risks and give clear, accurate and current picture of safety. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The service had a maternity specific dashboard which monitored specific safety results. A red flag would be in place if the incidence of a risk was higher than the trust target.

However:

- The trust had a target of 100% for one to one care in labour which is in line with NICE NG4 Safer Midwifery Staffing guidelines. Since June 2018 to the trust were compliant on average between 97%. However, we were informed by senior midwives that all women in established labour did have one to one care, but did not in early labour.
- Staff did not always follow best practice when checking and recording medication. We looked at checks completed for the medicines kept in the emergency fridge. Out of 90 days there were 15 days where checks were missed.
- Daily checks of controlled medication had mostly been carried out on the maternity ward and delivery suite. However, we saw out of 88 checks there were three checks missing and with two on consecutive days.

## Is the service effective?

**Outstanding**  

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

- Policies clinical updates were monitored well. Audits were reviewed yearly and updated in line with any clinical updates from the National institute for health and clinical effectiveness (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidelines. All policies we reviewed were current and a review date was seen.
- Staff were committed to provide and promote a normal birth. The birth options team worked collaboratively with women to personalise their birth choices and a woman's individualised needs were reflected when planning how care was delivered. The 'bumps to birth' initiative was in place to provide women information in regard to the birth options available to them at the trust.

# Maternity

- Staff measure and recorded fundal height from 24 weeks and there was a clear escalation policy and pathway for abnormal findings in line with MBBRACE-UK (2015) and current National Institute for Health and Care Excellence (CG62). The antenatal screening team worked alongside obstetric sonographers and two consultant obstetricians with a special interest in fetal medicine to develop a care pathway for any high-risk group.
- Women were risk assessed for gestational diabetes and offered glucose tolerance testing in line with National Institute for Health and Care Excellence (NG3,2015). There was a link midwife for diabetes who supported and encouraged women with gestational diabetes throughout their pregnancy. A monthly antenatal class was facilitated where colostrum harvesting was discussed and kits provided. A midwife led diabetes clinic ran alongside the diabetic consultant clinic. Colostrum harvesting is expressing colostrum before birth as a backup in case the newborn baby has difficulties feeding for the few days following birth.
- The World Health Authority and UNICEF baby friendly breastfeeding initiatives were in place within the trust. The trust was currently at level one, and aiming for level two accreditation. At the time of our inspection the service had two objectives to complete to gain the level two status. The trust aimed to reach level three breastfeeding accreditation by the following year.
- Women received support to breastfeed after birth and this continued onto the post-natal ward. The trust's breastfeeding initiation target was 85% and the service over a six month period had achieved between 83% to 87%.
- The National Institute for Clinical Excellence Quality Standard 37 was adhered to in respect to post-natal care. Examples included staff discharging patients with appropriate checks and with correct medicines. All women we spoke with had been given feeding advice and support. The department had increased the numbers of midwives undertaking New-born Infant Physical Examination (NIPE) training, with 60% of the midwives trained and examinations were provided 7 days a week.
- Women had access to a range of pain relief methods in accordance with National Institute for Health and Care Excellence (NICE) guidance, CG190. This included pharmacological pain relief such as entonox (gas and air), pethidine (a morphine-based injection) and epidurals during labour. Epidurals were available 24 hours, seven days a week.
- Women who had a intrapartum death had a plan in place to ensure pain relief was adequate for labour. Staff discussed women's level of pain and subsequent management plans during handover. This ensured all staff knew which women required review of their needs in relation to pain. Intrapartum death is the death of a baby in the uterus.
- The maternity service worked closely with the neonatal unit to review term admissions. This was measured and reported at a divisional and network level. The neonatal matron and Clinical audit facilitator undertook a national survey on behalf of the jaundice working group of the Avoiding Term Admissions into the Neonatal unit (ATAIN) programme. The results were published in a specialist neonatal journal.
- Evidence showed the service regularly reviewed the effectiveness of care and treatment through local and national audits to improve outcomes. The service developed safety pin notices from areas of concern highlighted, following review of audits. The safety pins were used to share lessons and guidance with all staff to improve patient care. Safety pins were displayed in all clinical areas, discussed within safety huddles and weekly updates sent to staff.
- The service had seen a rise in the number of home births. We found 23.5% of women birth outside of the labour ward. Safer birth reported home births safer practice than on a high-risk labour ward.
- The service took part in 2017 in the National Neonatal Audit programme. The service exceeded the national aggregate for mother's given at least one dose of antenatal steroids. 90.3% of mothers in the service were given a complete or incomplete course compared to 86.1% nationally and the trust target of 85%.
- As of the 10 September 2018, the trust had no active maternity outliers.

# Maternity

- The trust took part in the 2018 MBRRACE audit (2016 data) and their stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was 4.8. This was up to 10% lower than the average for the comparator group rate of 5.0 and better than expected.
- The continuing development of staff skills, competence and knowledge is recognised as being integral to ensuring high quality care. Staff are proactively supported to acquire new skills and share best practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Maternity services had introduced a new model of midwifery supervision. All supervisors of midwives were transferring to the professional maternity advocate (PMA) role. The new model was seen to be clear and concise with the emphasis on providing more personalised and meaningful appraisal. There were 10 PMAs in place with one PMA being the head of midwifery. All were experienced practising midwives trained to support and guide midwives to deliver care developed nationally and locally. Staff told us that this new method of appraisal was more focused to their individual needs.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services. The woman's care was delivered and reviewed in a coordinated way when different teams were involved in patients care. Women who had used the service completed a 'walk the patch' to collect feedback from women on the antenatal and postnatal wards, as well as women using the midwifery led unit, or had given birth at home. The information was collated and audited and presented with the maternity voices partnership, a forum for maternity service users, commissioners and providers of care to ensure women's views were incorporated into the planning and delivery of services
- We observed obstetric staff and midwives working well together. There were systems to manage and share information. Effective care was fully integrated and provided real-time information across teams and services. We heard from managers and staff that multidisciplinary working was essential for the smooth running of the department. We heard good examples of community midwives engaging with midwives and consultants on the hospital site. For example, a weekly innovation huddle took place with midwifery and obstetric staff. We observed professionals sharing ideas and working together to produce working groups and projects to improve services within the maternity unit.
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- There was a 24-hour multidisciplinary review of specific high-risk cases as well as twice daily safety huddles. Safety huddles were short multidisciplinary briefings designed to give, clinical and non-clinical, staff opportunities to escalate and discuss any operational concerns. Staff felt these briefings were beneficial and inclusive to all staff.

However:

- The service had a high incidence of induction, with rates worse than the trust target of 29%. This was found to have a detrimental impact on the neonatal unit. An induction of labour pathway group had recently started an audit to look at whether the induction was appropriate and whether the induction meant there was a higher risk of intervention.

## Is the service caring?

**Outstanding**  

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

# Maternity

- People were truly respected and valued as individuals and were empowered as partners in their care and feedback from patients confirmed this. In line with the National Institute of Health and Care Excellence guideline QS15, Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- People's emotional and social needs were highly valued by staff and embedded in their care and treatment of women. Staff provided outstanding emotional support to patients to minimise their distress and offered.
- Midwives and obstetricians displayed an understanding and a non-judgemental attitude when talking about women who have mental ill health or a learning disability. Staff recognised when extra time and support may need to be given to a woman who had an additional need.
- The women and partners we spoke with during the inspection were very complimentary about the care and attention they had received. For example, women and partners described their care as 'outstanding'. Other comments included 'staff were amazing', 'my midwife listened and was supportive' and 'staff were caring and listened'.
- From September 2017 to March 2018 the trust achieved 100% recommended for their maternity Friends and Family Test (antenatal) performance and were better than the England average, which was slightly below 100%.
- Staff provided emotional support to patients to minimise their distress. The service provided an appointment based weekly listening service for parents called 'maternity birth reflections'. Women were offered a 1:1 appointment with a senior midwife to discuss their birth experience and feelings.
- The bereavement resources and care offered to women, partners and their families were outstanding. The services provided were in line with the SANDS guidelines; Pregnancy and Loss.
- The bereavement midwife worked closely with the gynaecology team to ensure women received sensitive care following a pregnancy loss at any gestation. Pathways of care had been designed to support women and partners with contact and support was offered up to two years following the birth of their baby. We observed examples where parents were supported to take their baby home for a few hours, for a walk outside or given the time to hold, bathe and dress their baby.
- We observed consultants and midwives in the antenatal clinic discuss birthing options, explain the risks and benefits of each to expectant mothers. This was in line with NICE QS15 statement 5: patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

## Is the service responsive?

**Outstanding**  

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

- People's individual needs and preferences were central to the planning and delivery of tailored services. The maternity unit offered a consultant led and midwifery led birthing unit. The services are flexible, provide choice and ensure continuity of care. Home births were encouraged and the service provided a team of specialist home birth community midwives.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The service had a birth options team. The team met with women and their partners to offer choices around the birth of their baby. Senior managers told us the birth options clinic gave women a voice and an active part in their birth.

# Maternity

- There was a proactive approach to understanding the needs of vulnerable women or women with complex needs. The service delivered care in a way that met their needs and promoted equality. Women living in vulnerable circumstances, such as those who were drug dependant, living with learning disabilities or complex needs were referred to the MAPLE team. The service provided early help assessment and continuity of care. MAPLE team worked closely with the perinatal mental health service to provide additional support.
- Midwives could access the learning disabilities nurses for advice and support when needed. The trust were in the process of starting a working group to establish guidance for staff to meet the needs of transgender patients.
- A maternity voices partnership group took place monthly. The group included the head of midwifery and women from minority groups, fathers, teenagers and bereaved parents. The information we received from the group was that it was well attended and the group felt listened to and well supported by senior maternity managers.
- The service took account of patients' individual needs. The unit provided support and arrangements for women whose first language was not English. The maternity unit were aware of the local demographic and knew there was a high population of Asian and Polish women using the service. Two midwives recognised the need to support these patients and produced national birth records in Urdu and Polish.
- There was an active review of complaints. The service treated concerns and complaints seriously, investigated them, learned lessons and improvements were made as a result. People who use services and staff were involved in the review.
- An e-midwife 'SASHA' was in place for women who had any non-urgent questions or concerns about pregnancy, birth, breastfeeding or postnatal issues. A senior midwife led on the service. Messages to 'SASHA' were responded to within three working days and the service had received 450 messages within the past 12 months.
- A birth reflections service was set up last year to provide a listening service offering a one to one appointment with a senior midwife. The service saw up to seven women each week. The service provided women who had experienced a traumatic labour and birth to review their birth records, talk about their birthing experience and to talk about their feelings. The birth reflections group was well attended and women found it a good source of support.
- A specialist perinatal mental health midwife provided support to women with mental health issues. Women had access to a perinatal mental health clinic which provided advice, assessment and treatment for women with a past or current history of severe mental illness, for example, bipolar disorder, schizophrenia or severe depression.
- Electronic tablets were also used for women who were unwell in the maternity high dependency unit, the staff used 'facetime' so mums could see their babies in the neonatal unit.
- On average 90% of women receiving care at the hospital saw a midwife for their booking appointment before 12 weeks. This met the trust target and the target agreed with the local CCG.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Complaints and the learning gained from the was shared with all staff.

## Is the service well-led?

**Outstanding** ☆ ↑

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

# Maternity

- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Senior managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The leaders within the maternity unit showed they had integrity. They were knowledgeable, experienced and well respected by all staff we spoke to during our inspection.
- The midwifery senior leaders and matrons had an inspiring shared purpose to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. We found the head of midwifery to be highly respected by all staff we spoke with. Staff felt valued and listened to and told us the head of midwifery was visible daily and would offer support whenever asked.
- The head of midwifery was highly respected by all staff we spoke with. Staff felt valued and listened to and told us the head of midwifery was visible daily and would offer support whenever asked.
- Feedback we received about the head of midwifery included 'She is a great leader', 'very much about normalising birth and natural birth', 'the head of midwifery does not side step anything, I believe she wants to provide the best possible service'.
- The leadership focused on continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. The introduction of the innovation huddle encouraged maternity teams to integrate ideas and improvement into their practice. The huddle took place on the delivery suite and was complemented by the use of a visual management board.
- Staff were empowered to make changes to the service and to push forward ideas they had for improvements to the department alongside their own personal development. The head of midwifery spoke about the importance of the whole team developing ideas for the maternity unit from band five midwives to senior managers.
- A 'sharing matters' session had been introduced encouraging staff engagement in service development and delivery. The head of midwifery attended sessions once a month to provide staff the opportunity to speak face to face about any concerns or ideas that were important to them.
- A supportive model of clinical supervision had been introduced through professional midwifery advocates. There were 10 midwives, including the head of midwifery trained to complete the new approach. All midwives were attached to a professional midwifery advocate.
- The strategy and supporting objectives were stretching, challenging and innovative whilst remaining achievable. Midwifery and obstetric staff were involved in innovation and change. For example, innovation huddles took place once a week in the delivery suite. All midwifery and obstetric teams were invited to attend. The aim was teams to engage together to look at performance and continuous improvement. Staff were asked to contribute and think of solutions for improvements and change.
- There was a strong collaboration and support across all maternity services and a common focus on improving quality of care and people's experiences. The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was a plan to provide midwife reflection session for all maternity staff. Senior staff felt that this would be a good way of supporting staff following traumatic deliveries or difficult cases. Staff were receptive to this idea and felt this would be a good way of support and reflection.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

# Maternity

- The maternity department took part in the national maternal and neonatal collaborative training five staff to become quality improvement leads. They undertook quality improvement projects with the overall aim of contributing to the national agenda of reducing maternal, neonatal deaths and stillbirths by 2020.
- A 'friends and family' survey was completed for the maternity department. Comments and feedback from women and family were positive, staff were praised and they liked the service and support provided. Overall care and support was rated as excellent or very good.
- The maternity team were shortlisted as finalists at the Health Service Journal (HSJ) awards under the maternity safety category for design and development of safety pins. Safety pin notices are used to share lessons learnt that improve patient care. These were displayed in all clinical areas, including safety huddles and were sent as weekly updates to all staff across the organisation. The initiative had been shared and adopted by NHS trusts across the country.
- The unit had a learning form of excellence called GEMS (Great practice, excellent communication, multidisciplinary team working, safety first). GEMS were developed to share excellent practice that was reported on electronic incident reporting form. All staff who submitted a nomination for a GEMS award received a thank you letter. Staff nominated through GEMS received a certificate which could be used towards their revalidation.
- A clear and supportive preceptorship programme was developed that provided components that focused on vision of wellness as well as personal and professional growth was used. Having a more supportive environment during the years preceptorship programme aimed to build more confident midwives prepared for challenging cases.

## Outstanding practice

- The maternity team were shortlisted as finalists at the HSJ awards under the maternity safety category for design and development of safety pins. Safety pin notices are used to share lessons learnt that improve patient care. These were displayed in all clinical areas, including safety huddles and were sent as weekly updates to all staff across the organisation. The initiative had been shared and adopted by NHS trusts across the country.
- The unit had a learning form of excellence called GEMS (Great practice, excellent communication, multidisciplinary team working, safety first). GEMS were developed to share excellent practice that was reported on electronic incident reporting form. All staff who submitted a nomination for a GEMS award received a thank you letter. Staff nominated through GEMS received a certificate which could be used towards their revalidation.

A clear and supportive preceptorship programme was developed that provided components that focused on vision of wellness as well as personal and professional growth was used. Having a more supportive environment during the years preceptorship programme aimed to build more confident midwives prepared for challenging cases.

## Areas for improvement

# Outpatients

Good  

## Key facts and figures

The outpatient department at the East Surrey Hospital is part of the Surrey and Sussex Healthcare NHS trust.

Between June 2017 and May 2018 there were 385,547 appointments at East Surrey Hospital, which equated to 67% of the overall appointments across the trust during the same period.

Outpatient services at East Surrey Hospital were located throughout the site, with the main outpatient department located on the ground floor.

As part of our announced inspection we visited the main outpatients department; ophthalmology outpatients; the therapies department; the fracture clinic; phlebotomy (taking blood for testing); the breast clinic; the ear, nose and throat clinic; maxillofacial; dental clinics; the Kaizen (Kaizen means continuous improvement in business) office; cardiology; medical records; and, the booking office.

The hospital provides outpatient services covering a range of specialities including but not limited to: medicine, cardiology, neurology, rheumatology, diabetes, respiratory and dental.

The service provided both consultant and nurse led outpatient clinics across a range of specialities. Outpatient clinics were held between 08:00am and 8:00pm with some additional clinics on a Saturday and some ad hoc clinics on a Sunday.

During our inspection we spoke with nine patients and one carer. We spoke with 35 members of staff including nurses, health care assistants, consultants, therapists, phlebotomists, divisional leads and managers. We reviewed three patient records and three complaint records. We reviewed performance information about the department and the trust.

The service was previously inspected in 2016. That inspection also included diagnostic imaging services. Diagnostic imaging services are now inspected separately and have a separate report and therefore we cannot directly compare ratings. During this inspection, we only looked at services provided within outpatients.

The last inspection rated the service as requires improvement overall. On this inspection we rated this service as good.

## Summary of this service

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

- Staff received effective training in safety systems, processes and practices and understood how to protect people from abuse and their responsibilities regarding the Mental Capacity Act 2005.
- Standards of cleanliness across the department were maintained. There were systems in place to monitor and audit infection control activities.
- The design, maintenance and use of facilities and equipment kept people safe. Equipment was maintained and monitored to ensure it was fit for use.
- People's individual care records, including clinical data was written, stored and managed in a way that kept people safe. The management of medical records had improved since our previous inspection.

# Outpatients

- Medicines in outpatients were managed safely. Medicines and prescription pads were kept locked when not in use.
- Lessons were learned and improvements made when things went wrong. Issues were discussed in daily safety huddles where improvements were identified and shared.
- The service provided care and treatment based on national guidance. Speciality clinics operating within the outpatient department followed relevant national guidance and participated in national and local audits.
- The service made sure staff were competent for their roles. There were induction arrangements for new staff and the department's compliance with appraisal rates exceeded the trust target.
- Staff gave patients enough food and drink, where appropriate, to meet their needs whilst in the outpatient department.
- People were treated with compassion, kindness, dignity and respect, when receiving care. Staff communicated with people in a way that supported them to understand their care and treatment.
- A working group to review access to the department for patients with physical and learning disabilities was in operation.
- The facilities and premises were accessible to patients and clearly signposted. Where there were limitations on space within waiting areas staff acted to mitigate risk and the trust was working to improve the environment. Signposting within the department had improved since our previous inspection.
- The 'did not attend' rate for the outpatient department at East Surrey Hospital was better than the national average.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways had improved and was better than the national average in recent months.
- Trust performance for cancer waiting times was better than the operational standard and the national average in the most recent two quarters.
- Data showed that the proportion of cancelled clinics within outpatients had reduced.
- There was evidence of learning and improvement from complaints. Complaints were responded to in line with the trust's complaints policy.
- Leaders were visible and there was a clear vision and set of values, with quality and sustainability as the top priorities. An outpatient strategy had been developed in line with the trust strategy.
- Staff and leaders alike reported that the culture within the service had improved since a previous inspection when staff reported feeling frustrated and not listened to by managers. Staff told us they felt valued.
- There were governance structures and processes to manage current and future performance and robust arrangements for identifying, recording and managing risks, issues and mitigating actions.
- There were clear and robust service performance measures which were reported and reviewed.
- The trust had systems and processes in place to engage with patients, staff, the public and local organisations to plan and manage services.
- There were standardised improvement tools and methods, and a trust-wide continuous improvement approach in operation within the outpatient department.

However;

# Outpatients

- Patients undergoing minor surgical procedures within the outpatient department were not giving consent until they were in the procedure room which was not in line with best practice.
- In some outpatient areas there was limited space for private conversations to be held with patients, including those where bad news was being delivered.
- Toys in the department were not subject to routine cleaning schedules.
- Resuscitation equipment within the cardiac clinic was subject to daily and weekly checks but there were some gaps in the recording of these.

## Is the service safe?

**Good** ● ↑

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

- Staff received effective training in safety systems, processes and practices. The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust target of 80% compliance for all mandatory training was met or exceeded in the general outpatient department.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Standards of cleanliness across the department were maintained, with reliable systems to prevent healthcare associated infections.
- The design, maintenance and use of facilities, premises and equipment kept people safe. All equipment we reviewed had up to date maintenance labels evident or had been taken out of use while waiting for maintenance.
- People's individual care records, including clinical data was written, stored and managed in a way that kept people safe. The management of medical records had improved since our previous inspection. There was an audited system for ensuring medical records availability for clinics and recent improvements to the systems meant that less than 0.1% of patients were seen in the outpatient department without their full medical record.
- Medicines in outpatients were managed safely. Medicines and prescription pads were kept locked when not in use.
- Lessons were learned and improvements made when things went wrong. Staff understood their responsibilities to raise concerns and issues were discussed at daily safety huddles with an emphasis on learning and preventing recurrence.

However;

- Toys in the department were not subject to routine cleaning schedules.
- Resuscitation equipment within the cardiac clinic was subject to daily and weekly checks but there were some gaps in the recording of these.
- Issues with limited space within some areas of outpatient services had been escalated and were on the trust risk register with mitigating action identified and ongoing work as part of an outpatient improvement programme. However, staff told us that space was an ongoing concern, for example patients would sometimes have to wait standing up in the phlebotomy clinic.
- Staff working in phlebotomy were seen to take blood without wearing gloves, this was not in line with trust policy.

# Outpatients

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate outpatients service for effective. Our findings are as follows:

- The service provided care and treatment based on national guidance. Speciality clinics operating within the outpatient department followed relevant national guidance and participated in national and local audits.
- The service made sure staff were competent for their roles. Staff that were new to the department had an appropriate induction and appraisal rates within outpatients were high.
- Staff gave patients enough food and drink, where appropriate, to meet their needs whilst in the outpatient department.
- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005 and received training on this as part of their safeguarding level two training.

However;

- Patients undergoing minor surgical procedures within the outpatient department were not giving consent until they were in the procedure room which was not in line with best practice.

## Is the service caring?

**Good** ● → ←

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

- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- We observed staff speaking with patients in a kind and supportive way.
- Staff communicated with people so that they understood their care, treatment and condition. At the end of their appointment patients were informed of the next steps, such as when they would receive test results or when their next appointment would be and with whom.
- Friends and family test results recorded and displayed within the outpatient department showed that 90% of patients would recommend the service. Action was taken to improve services based on patient feedback. Survey data provided by the trust between July 2017 and July 2018 showed that 92% of patients had trust and confidence in the staff treating them in the outpatient department.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

# Outpatients

- Outpatient services ensured people's needs were met through the way services were organised and developed. Patients with dementia were identified using a symbol on their patient record. A working group to review access to the department for patients with physical and learning disabilities was in operation.
- The facilities and premises were designed for the services delivered. However, there were limitations on space within clinics and waiting areas. Staff acted to mitigate risk and the trust was working to improve the environment through an outpatient improvement programme. Signposting within the department had improved since our previous inspection, with clear signage in a colour that was more visible to patients with impaired vision. All areas within the hospital, including outpatient areas, were colour coded.
- The 'did not attend' rate for the outpatient department at East Surrey Hospital was better than the national average.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways had improved and was better than the national average in recent months.
- Trust performance for cancer waiting times was better than the constitutional standard and the national average in the most recent two quarters.
- Delays and cancellations were explained to people and the trust closely monitored clinics that were cancelled in less than six weeks with a view to reducing late cancellations and the impact these had on patients. Data showed that the proportion of cancelled clinics had reduced.
- There was evidence of learning and improvement from complaints. Complaints were responded to in line with the trust's complaints policy.

However;

- However, in some outpatient areas there was limited space for private conversations to be held with patients, including those where bad news was being delivered.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The outpatient services had the leadership capacity and capability to deliver high-quality, sustainable care. Leaders from all levels were visible within the department.
- There was a clear vision and set of values, with quality and sustainability as the top priorities. Outpatient staff had been involved in the development of a service strategy that was aligned with the trust strategy and had clear objectives.
- The culture within the outpatient department was centred on the needs and experience of people who use the service and staff felt supported, respected and valued. At a previous inspection we were told that morale within the outpatient department was low and that there were frustrations within the department and staff did not feel listened to. At this inspection staff and leaders alike reported that the culture within the service had improved.
- There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. Staff at all levels were clear about their roles and understood their accountabilities.

# Outpatients

- There were processes to manage current and future performance and robust arrangements for identifying, recording and managing risks, issues and mitigating actions.
- There were clear and robust service performance measures which were reported and reviewed. There were arrangements for information used to monitor, manage and report on quality and performance across the outpatient department.
- The trust had systems and processes in place to engage with patients, staff, the public and local organisations to plan and manage services. Patients had been involved in service improvement activities within the department.
- There were standardised improvement tools and methods, and a trust-wide continuous improvement approach SASH+ programme had been developed and was in operation within the outpatient department. Staff had been trained to use the improvement tools and there was evidence of measurable improvements taking place.

## Outstanding practice

We found areas of outstanding practice in this service.

- There was a culture of quality improvement within the department. There was evidence of quality improvement projects being underway and staff had received training in the quality improvement methodology within the trust and were supported to identify areas for improvement themselves. Staff were given time as a team to explore quality improvement work and there was evidence of measurable improvements. This included improved efficiency of certain procedures due to the development of procedure kits within the department.
- There had been a focus on transforming the medical record service to make it more patient centred. Specific actions to develop this had included collaborative improvement meetings with representatives from different departments. Staff had clear work plans and attended daily huddles to ensure that records were prepared in a timely way. Since 2015 there had been a significant reduction in the use of temporary notes within outpatient clinics. For example, this had reduced from approximately 100 a week to less than five a week.
- Clinical staff had worked together with booking office staff to make improvements to the booking processes and to make them more patient centred. Text reminders had been implemented for patients where they could reply via a two-way text and receive a response from a member of the booking team. The proportion of short notice hospital cancelled clinics had reduced from 32% to 17% since 2014.
- Improving the culture within the outpatient department had been a focus for department and divisional leads. We observed a culture of improvement and received feedback from staff that morale and communication had improved and that they felt valued.

## Areas for improvement

- The trust **should consider** ensuring all staff are aware of the consent processes for patients undergoing minor surgical procedures within the outpatient department so that they are in line with best practice.
- The trust **should consider** a formal cleaning schedule in place for toys within outpatient areas.
- The trust **should consider** it identifies issues impacting on the regular checks of emergency equipment and act to address this.
- The trust **should consider** it reviews the use of personal protective equipment within the phlebotomy department in line with trust policy.

# Outpatients

- The **trust should consider** reviewing the space within the outpatient department so that all staff are aware of and have access to space for private conversations with patients and relatives, particularly where these related to the delivery of bad news.

# Our inspection team

The inspection was overseen by Catherine Campbell, Head of Hospital Inspection,.

An executive reviewer, Crishni Waring supported our inspection of well-led for the trust overall.

The team included six CQC inspection staff and four specialist advisers, .

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.